

**2019 East Coast Migrant Stream Forum
DRAFT Program**

WEDNESDAY, OCTOBER 9, 2019

7:30AM – 4:30PM	Registration Open
TBD	Voucher Program Meeting (Private Meeting)
7:45AM – 12:30PM	Service Project
12:00PM – 1:00PM	Sponsor and Exhibitor Set-Up
1:00PM – 6:00PM	Exhibitor and Sponsor Hall Open
1:00PM – 2:30PM	Adverse Childhood Experiences and Toxic Stress among Agricultural Worker Families: The Role of Community Health Workers & Promotores(as) (PART 1) Track: Outreach/Lay Health/CHW Room:

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 discuss strategies that community health workers and promotores(as) can utilize to increase awareness of toxic stress among agricultural worker families. This session will also present on the development of a social marketing campaign to educate agricultural communities on the impact and prevention of toxic stress. Participants will learn how to access patient educational materials and other resources to utilize in their communities.

Upon completion 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) Understand the role of promotores(as) and community health workers in addressing Toxic Stress, and
- 3) Access electronic resources on the education, prevention and treatment of toxic stress.

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

The Critical C's – A Program for Effective Health Care Delivery (PART 1)

Track: Programmatic/Administrative

Room:

Most health center staff and providers understand intuitively that communication, customer service and cultural competency are absolutely critical to effective patient care. But what if these “Critical C’s” were consistently practiced on a daily basis in the health center? What if the health center evaluated, developed and reinforced these three competencies in all staff every year? Could such a program also help with staff engagement?

In this session, you will participate in skills activities – great to bring back to your own organization - designed to build effective communication habits and to help your staff create a respectful culture of customer service.

You’ll also discuss and reflect on the main causes of staff disengagement in health centers and discover some ways to turn that round. Included in this session is an overview of the Critical C’s program, a health center transformation initiative. The purpose of the Critical C’s is to propel a health center into high performance in communication, customer service and cultural competency. The program engages all health center employees, from leaders to staff, and key management processes such as recruitment, training and development, mission and values and more. In addition to providing consultation for system wide changes in the organization, the program utilizes three eLearning courses for staff training.

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

- 1) Identify common communication issues and solutions in health centers,
- 2) Explain the distinction between internal and external customers and why it is valuable to include both in customer service development, and
- 3) Describe how cultural competence can enable effective interactions with patients and fellow employees.

Alicia Gonzales, MSW, Chief Operating Officer, National Center for Farmworker Health

Salud Mental

Track: Programmatic/Administrative

Room:

Accessing mental health services is especially challenging for Migratory and Seasonal Agricultural Workers (MSAW). Farmworkers face obstacles to health care including transportation, language, privacy, confidentiality, and the cultural stigma of seeking services. That cultural stigma casts shame, disbelief, and disapproval to those who openly seek mental health services or resources. Farmworkers also struggle to access services due to their geographical locations. The resources and services of far-Western North Carolina are severely limited for non-English speaking clientele, particularly in mental health. How can a clinic dedicated to farmworker health overcome so many obstacles to provide such a needed service?

Vecinos is a non-profit organization who serves MSAW with integrated health care through a mobile clinic and a weekly static clinic. With funding from the North Carolina Farmworker Health Program and personnel support from Western Carolina University's Department of Psychology and Department of Social Work, Vecinos assembled a mental health program with a framework suitable for the needs and particular situations of MSAW, including substance abuse counseling. Program planning began in outreach clinics in October 2018, with implementation in static clinics in January 2019. The process began with direct service outreach, a literature review, a survey of national benchmarking data, and finally a community needs assessment to attempt to identify a model and framework. The development was guided by the Mental Health Advisory Council, made up of psychology, social work, and counseling experts in the region.

In this session, we will discuss our recently established integrated health care model. This process includes building the framework, recruiting providers, meeting patients where they are both geographically and emotionally, providing culturally sensitive services, the effectiveness of mental health treatment for MSAW, and our plan for longevity of the program. We will present the effectiveness of mental health services provided in the clinic through data collected with Multidimensional Behavioral Health Screen (MBHS), a new test assessing 9 core dimensional concepts which were validated against Minnesota Multiphasic Personality Inventory MMPI-2-RF.

The results and outcomes will be shared with participants in order to learn program development and implementation techniques for mental health needs of MSAW and different approaches to both migrant and seasonal workers. Participants will engage in an interactive and personalized initial planning process.

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

- 1) Understand and be able to replicate the process of establishing integrated health care for MSAW,
- 2) Learn and discuss mental health education and implementation for MSAW, and
- 3) Assess the results and effectiveness of one approach to offering mental health services.

Kenneth A Hummel, LCSW-A, MSW, Therapist, Vecinos Farm Worker Health Program, Inc.

Marianne Martinez, MPA, Executive Director, Vecinos Farm Worker Health Program, Inc.

Structural Competency: A Framework to Analyze and Address Social Determinants of Health and Health Disparities

Track: Policy

Room:

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

due to structural factors consisting of policies, systems, and social hierarchies of structural racism, power, and privilege.

The Structural Competency framework aims to strengthen the capacity of health centers to identify, analyze, and address patient health and illness not solely as the outcome of individual actions or cultural factors, but rather as the product of social, political, and economic structures. When health center staff are trained in structural competency to analyze and respond to health disparities as the results of harmful social structure this can (1) improve the work experience of health center staff; (2) improve patient health outcomes; and (3) empower health center staff to advocate for systemic change. This workshop is intended for all health center staff, including administrators, clinicians, outreach workers, and other frontline staff.

In this workshop, participants will be introduced to the Structural Competency framework and related key concepts, including structural racism, implicit frameworks, and structural violence and vulnerability. Participants will gain a broader understanding of structures and develop a lens and shared language to use in order to be better advocates for their patients and communities. Participants will also learn ways to provide responsive, holistic care from through individual to policy level interventions.

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

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

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

Liam Spurgeon, Project Manager, Health Outreach Partners

2:30PM – 3:00PM

Networking Break with Sponsors & Exhibitors

3:00PM – 4:30PM

Adverse Childhood Experiences and Toxic Stress among Agricultural Worker Families: The Role of Community Health Workers & Promotores(as) (PART 2)

Track: Outreach/Lay Health/CHW

Room:

The Critical C's – A Program for Effective Health Care Delivery (PART 2)

Track: Programmatic/Administrative

Room:

Reducing Barriers to Access to Behavioral Health Using Telehealth

Track: Clinical

Room:

In 2018, the Maine Mobile Health Program (MMHP) became one of the very few health centers in Maine to offer behavioral health services using telehealth. MMHP uses Telehealth, a videoconferencing technology, to allow Behavioral Health Providers (BHPs)

to provide credible behavioral health encounters to patients. Since, MMHP started to provided assistance to other health centers sharing its telehealth policies and procedures, and now participates in the Maine Primary Care Association telehealth working group.

All BHPs who provide telehealth services are fully credentialed in the state of Maine, and work hard to provide the same quality of services as in an in-person encounter. Prior to initiating care, both BHPs and Community Health Workers (CHWs) assess the appropriateness and viability of telehealth services for each patient. Telehealth encounters are voluntary and patients are informed of the risks and benefits of the service, the standards and limits for confidentiality, who has access to the information, who may be present at the Receiving (location of the patient) and Originating (location of the provider) sites. Additionally prior to commencing care, patients are given MMHP's Telehealth Informed Consent to sign.

Without a doubt MMHP has faced some challenges when delivering services through Telehealth including: ensuring connectivity in remote areas, replicating the quality of care equal to an in-person encounter, ensuring confidentiality on the Receiving end (given that patients are given the opportunity have their encounter from home), and establishing boundaries and limits between BHPs and patients.

Telehealth technology enables MMHP to meet the needs of patients across the state and in various languages to provide timely and culturally appropriate behavioral health services. In 2018, MMHP was able to offer behavioral health services to our Haitian patients for the first time, a population that is often underserved due to lack of language access. Telehealth has also helped to reduce the number of no-shows, decreased travel time for staff and patients, increased availability of BHPs, given patients more autonomy on their access to treatment, and been especially instrumental to providing tobacco treatment follow-up.

In this session the presenter will provide copies of MMHP's policies, procedures, and guidelines to allow participants to learn about how MMHP uses telehealth to offer behavioral health services to farmworkers. The session will end with a discussion on the feasibility of establishing and using telehealth in other migrant health centers.

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

- 1) Describe how MMHP provides behavioral health services to farmworkers through telehealth,
- 2) Discuss challenges and successes when using telehealth, and
- 3) Summarize how other migrant health programs can use this model to provide behavioral health services using
- 4) telehealth.

Laura Valencia Orozco, LMSW-cc, Behavioral Health Coordinator/Provider, Maine Mobile Health Program

Working with the HRSA Diabetes Quality Improvement Initiative—Making It Work for Your Mobile and Agricultural Worker Populations

Track: Clinical

Room:

The HRSA Diabetes Quality Improvement Initiative is an agency-wide effort to improve diabetes outcomes and lower health care costs. Migrant Clinicians Network is working in support of the Improvement Initiative by assisting health centers to access resources and develop performance improvement skills that will enable health centers to address diabetes care in mobile and agricultural worker populations. Diabetes care is a complex mix that includes medication, education, self-care behaviors, and continuity of care. Adding the factors of mobility, immigration status, and culture takes the challenge to another level. In this session, we will provide an overview of the HRSA Diabetes Quality Improvement Initiative goals and describe the elements of the Diabetes Performance Analysis process that is part of HRSA's Operational Site Visit (OSV) process—root cause analysis, restricting and contributing factors, action steps. We will also explore relevant approaches to diabetes care for mobile populations and agricultural workers and data metrics for monitoring diabetes performance.

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

- 1) Describe the intent of the HRSA Diabetes Quality Improvement Initiative,
- 2) Participate in the root cause analysis process related to diabetes outcomes for your MSAW patients, and
- 3) Define the elements of a SMART goal.

Deliana Garcia, MA, Director of International Projects and Emerging Issues, Migrant Clinicians Network

5:00PM – 6:00PM

Welcome Reception

6:00PM

Dinner on Your Own

Ask the Concierge about San Juan's best restaurants!

THURSDAY, OCTOBER 10, 2019

8:00AM – 4:00PM

Registration Open

8:00AM – 5:00PM

Exhibitor and Sponsor Hall Open

8:00AM – 8:30AM

Breakfast

8:30AM – 10:00AM

Opening Plenary

Welcome

Local Greetings

Keynote Address:

10:00AM – 10:30AM

Networking Break with Sponsors & Exhibitors

10:30AM – 12:00PM

Concurrent Educational Sessions

Agricultural Worker Health 101: An Introduction to Agricultural Worker Health

Track: Programmatic/Administrative

Room:

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

Liam Spurgeon, Project Manager, Health Outreach Partners

Jennifer Bishop, Program Director, MHP Salud

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

Track: Policy

Room:

As the population to be 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 eligible 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 agencies responsible for various programs and 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

**Empowering Outreach Workers to Engage in Farmworker Health Research:
Development of a Web-Based Tool**

Track: Research

Room:

Farmworker health outreach workers or community health workers (CHWs) are a bridge between researchers and farmworkers. CHWs have not traditionally been involved in the prioritization and design of research studies. This session will focus on the development of a web-based tool for outreach workers that empowers them to effectively partner with researchers to develop and implement farmworker health research projects. Additionally, the tool aims to build CHWs confidence in recruitment, data collection, and reporting. Utilization of this bilingual website dedicated to farmworker CHWs will allow them to understand and evaluate research projects that they may be invited to participate in by researchers or may propose to researchers. The foundation for this tool is a survey of CHWs conducted at the 2017 East Coast Migrant Stream Forum. During the session, we will review the content of the website and discuss the risks and benefits of engaging in farmworker health research. We will solicit feedback from the CHWs and researchers in attendance to improve the website for its intended audience of CHWs. Additionally, we will demonstrate and provide opportunities for practice accessing existing farmworker health research findings.

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

- 1) Attendees will demonstrate proficiency in navigating the web-based tool,
- 2) Attendees will critically evaluate proposed research projects that they are invited to participate in by researchers, and
- 3) Attendees will access and utilize existing farmworker health research findings to answer their own and farmworkers' questions.

Catherine LePrevost, PhD, Teaching Associate Professor, Agromedicine Extension Specialist, North Carolina State University

Gayle Thomas, MD, Medical Director, North Carolina Farmworker Health Program

Allison Lipscomb, MPH, Farmworker Health Data Specialist, North Carolina Farmworker Health Program

Ending the AIDS Epidemic: Integrating the Continuum of Care for Agricultural Workers Living With HIV

Track: Clinical

Room:

New York State has committed to reducing the number of new HIV infections from an estimated 3000 down to 750 by 2020 to achieve the first ever decrease in HIV prevalence in New York State. Hudson River Healthcare, as the largest FQHC in New York State has been at the cutting edge of fighting the AIDS epidemic since the beginning of the AIDS epidemic in the 80's. Currently, our comprehensive HIV program, which is called the Genesis program provides primary care and supportive services to over 3000 people living with HIV. These supportive services include testing and outreach to high risk individuals

and vulnerable populations like migrant and seasonal farmworkers, linking and referring patients to primary care and treatment, and utilizes an interdisciplinary team approach including HIV Specialists, Adherence nurses, Case Managers, and Peer support.

Primary care providers are trained to provide specialized HIV care, Adherence Nurses educate patients on HIV disease and treatment, focusing on medication adherence, Case Managers reduce barriers to care and assist patients in overcoming social determinants of health. Peers utilize their life experience living with HIV to help individuals cope with their diagnosis and provide emotional support and community.

HRHCare has been dedicated to serving agricultural workers for decades, and as one of the most vulnerable populations we serve, we are committed to providing testing, treatment and support to our farmworker patients living with HIV. We provide culturally and linguistically competent testing and education to agricultural workers at farm visits and health fairs, providing OraQuick testing and education about PrEP.

This presentation will also provide participants with best practices and strategies to bring integrated HIV continuum of care to agricultural workers in order to move forward in ending the epidemic. Data analytics will be shared to illustrate proven methods for identifying gaps in care and measurable successes in order to evaluate program efficacy.

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

- 1) Participants will be able to identify steps in the continuum of care to reduce transition of HIV,
- 2) Participants will be able to explain best practices for engaging and retaining individuals in care, and
- 3) Participants will be able to demonstrate how data analytics inform and guide program effectiveness and highlight areas for improvement.

Lisa Reid, LCSW, Assistant Vice President of Care Management, Hudson River Healthcare
Aldonza Milian, MS, Genesis Program Manager, Hudson River Healthcare
Wilfredo Morel, Director of Hispanic Health, Hudson River Healthcare

ACT Out: A Community Health Center Based Childhood Obesity Initiative

Track: Programmatic/Administrative

Room:

This presentation focuses on a childhood obesity prevention initiative that involves integrating family-centered nutrition services into the primary care environment for a predominantly Hispanic/Latino population. At CCI Health & Wellness Services, a community health center in Montgomery and Prince George's counties, MD, 50% of the pediatric patient population ages 6 to 16 is overweight or obese (>85th percentile). In response to alarming childhood obesity rates, health center leadership and staff, along with community partners, developed a comprehensive, culturally relevant nutrition intervention for children ages 6 to 16. The three primary intervention components include: culturally congruent family nutrition counseling, customized park prescriptions, and culturally tailored family-based group nutrition education.

During morning huddles at the health center, a nutritionist, works with providers and staff to identify eligible patients between the ages of 6 to 16 with a BMI above the 85th percentile. At the time of their well child visits, eligible patients are referred by their providers for a baseline assessment before program enrollment. Primary outcomes of interest include: changes in fruit, vegetable, whole grain and sugar sweetened beverage consumption, as well as physical activity and BMI. In addition, processes, including staff and patient acceptability of the intervention and fidelity across sites, are evaluated. In addition to being provided with key program components, attendees will learn key strategies for promoting intervention buy in among staff, providers, and patients. Attendees will also learn strategies for leveraging community partnerships to ensure cultural relevance and inform program growth and development.

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

- 1) Participants will be familiar with strategies for engaging staff and providers in program implementation,
- 2) Participants will develop strategies for engaging external stakeholders and leveraging community partnerships in health center initiatives, and
- 3) Participants will develop strategies for implementing organizational change.

KellyAnn Rooney, Program Manager, CCI Health & Wellness Services

Jessica Wilson, Development Director, CCI Health & Wellness Services

Sonya Bruton, PsyD, MPA, Associate CEO and COO, CCI Health & Wellness Services

12:00PM – 12:15PM

Transition Break

12:15PM – 12:45PM

Lunch

12:45PM – 2:15PM

Plenary Session: Community Health Centers and Community Mobilization in Puerto Rico: Meeting the Needs of Vulnerable Populations Before, During and After a Natural Disaster

While Hurricanes Irma and Maria devastated Puerto Rico in 2017, the crisis also underscored community resiliency. In many regions, Community Health Centers (CHCs), even those damaged by the storm, served as lifelines, particularly for the most vulnerable and those in remote parts of the island. These disasters exposed both the importance of CHCs and the need to further strengthen how CHCs approach disasters to ensure they meet the needs of their patient populations. This includes addressing limited communication, electricity and availability of medications, lack of potable water, access only to preserved foods and inadequate living conditions that exacerbate existing health conditions. Current climate change projections suggest this kind of natural disaster will likely repeat, presenting additional challenges to vulnerable populations.

This session describes a CHC initiative to incorporate high risk communities into the CHC Emergency Management Plan through a community mobilization approach that engages various sectors in a community-based effort to address health, social, or environmental issues related to disasters, empowering individuals and groups to act to facilitate change. The goal is to further community resilience, allowing members to create support systems that can withstand disasters. It also allows CHCs to focus their response to ensure the needs of their most critical patients are met.

This session features two Puerto Rican CHCs piloting the community mobilization framework. Multidisciplinary teams from each CHC participated in a learning collaborative and received training and technical assistance to develop and test strategies addressing the needs of vulnerable populations before, during and after disasters. The CHCs will share their approach to develop and implement emergency preparedness activities that considers the broader community needs and resources using a community mobilization framework. They will describe how this model is strengthening the relationship between the community and the CHCs while fostering a change in the preparedness culture.

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

- 1) Describe the community mobilization model used for emergency preparedness,
- 2) Describe challenges and lessons learned when implementing a community mobilization approach, and
- 3) Incorporate best practices for patient care regarding chronic illness such as diabetes, hypertension and chronic obstructive pulmonary disease in emergency preparedness.

José Rodríguez, MD, Medical Director, Hospital General Castañer

Ileana Valentín, Outreach Worker, Hospital General Castañer

Ana Figueroa, MD, Medical Director, Corporación de Servicios Médicos

Yamil López, Project Coordinator, Corporación de Servicios Médicos

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

Alma Galván, MHC, Senior Program Manager of Environmental and Occupational Health, Migrant Clinicians Network

Marysel Pagán-Santana, DrPH, Puerto Rico Program Manager, Migrant Clinicians Network

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

2:15PM – 2:45PM

Networking Break

2:45PM – 4:15PM

Concurrent Educational Sessions

Understanding the Nuts and Bolts of Ag Worker Identification to Drive Access to Care for Ag Workers

Track: Programmatic/Administrative

Room:

The 2017 UDS Data showed that approximately 972,000 Agriculture (Ag) workers were served by Health Centers across the country out of the estimated 4.5 million Ag workers in the U.S. This clearly shows that an opportunity remains for Health Centers to increase and broaden the scope of their outreach efforts to Ag workers and their families if we want to reach the Ag Worker 2020 campaign goal, which is to serve 2 Million Agricultural workers and their families in health centers by 2020.

Properly identifying and accurately reporting Ag workers in the UDS is the first step to increasing their access to care. This presentation will provide an overview of the federal definition of agriculture, including qualifying industries and tasks, and describe the accurate classification of Agricultural Workers. Presenters will further address the relationship between proper identification of Ag Worker patients, reporting, and funding. Presenters will also provide information about promising practices Health Centers across the country are employing system wide, as well through their outreach and educational efforts.

Participants will gain an understanding of various resources and tools to assist them to accurately identify Ag worker patients. Participants will also have an opportunity to learn how to assess their Ag worker health programs and develop yearly goals through customized action plans to execute at their respective health centers.

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

- 1) Define agriculture, including qualifying industries and tasks, for Agricultural Workers and distinguish between Migratory and Seasonal Agricultural Workers (MSAW),
- 2) Describe the relationship between patient verification, Uniform Data Systems reports, and health center funding, and
- 3) Provide health center staff an understanding of the importance of successful intake procedures to capture critical patient information.

Alicia Gonzales, MSW, Chief Operating Officer, National Center for Farmworker Health

A Rural State of Mind: Addressing Mental, Physical, and Economic Health of Farm Communities in Florida

Track: Research

Room:

Despite their contribution to the economy and sustainability of food production systems, little attention has been given to the unique social, economic, and political circumstances impeding the health equity and well-being of rural farm communities in Florida. Small-scale farmers and farmworkers from these communities face significant, yet distinct, socioeconomic issues previously overlooked by studies examining isolated illnesses or injuries. But examining mental health is a challenging practice, this proposal examine the process of evaluating mental health on a diverse population of Latino farmworkers. This proposal will explore the 1) effects of key indicators of social isolation on mental and physical well-being; 2) associations between mental well-being, physical well-being and economic outcomes such as productivity and earnings, 3) development of a conceptual model of rural well-being system to help develop tailored intervention tools and policies, and 4) review current mental health tools compare to alternative methodological tools.

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

- 1) Identify the three main factors impacting workers mental health,
- 2) Build and compare a Social Network Analysis and an Isolation tools, and
- 3) Design multidisciplinary tools to identified mental heath issues.

Jeanne Marie Stacciarini, PhD, RN, FAAN, Associate Professor and Director of Diversity and Inclusion at the College of Nursing, University of Florida
Gulcan Onel, PhD, Assistant Professor, University of Florida
Antonio Tovar, PhD, Interim Executive Director, Farmworker Association of Florida

Agricultural Workers' Occupational and Environmental Health

Track: Policy

Room:

Agricultural work is one of the most dangerous occupations in the U.S. However, several factors contribute to the underestimation of occupational and environmental health challenges for agricultural workers, including the inability and reluctance of injured workers to get medical care, fear of retaliation by the employer and medical misdiagnosis. This workshop will focus on two major threats to agricultural workers' health and safety: pesticide exposure and heat stress.

In the first part of the workshop, Iris Figueroa, Staff Attorney at Farmworker Justice, will share the state of federal policy on these two issues, including the newly-revised Worker Protection Standard (WPS) and newly-introduced legislation for a federal heat stress standard. The second part of the workshop, which will be lead by local experts from Puerto Rico, will highlight strategies to better identify and address pesticide exposure and heat stress in agricultural communities, including partnership with legal services organizations.

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

- 1) Be familiar with federal policy relating to protecting workers from pesticide exposure, as well as existing challenges for its effective implementation,
- 2) Understand the dangers of heat stress for agricultural workers and the relationship between this occupational health threat and climate change, as well as current federal efforts to address it, and
- 3) Have resources and information for strategies to better identify and address these two occupational and environmental health threats.

Iris Figueroa, JD, Staff Attorney, Farmworker Justice

Carmen Santiago, JD, Gerenten de la Programa Trabajadores Agrícolas y Migrantes, Servicios Legales de Puerto Rico

José Rodríguez, MD, Medical Director, Hospital General de Castañer

Address Awareness Campaign

Track: Outreach/Lay Health/CHW

Room:

The outreach team at Blue Ridge Health has noticed that migrant farmworkers in the area rarely know their local addresses. Providing outreach services, such as transportation or home health visits, is challenging when workers do not know where they live. It is also important for workers to know their addresses in the case of an emergency. H2A-registered growers are required to provide workers with their camps' written addresses, but we have found that even H2A workers do not always know this information. In addition, many of the migrant workers in our community come to the United States

without a visa, and these workers rarely know how to describe where they live to others. As a result, we have begun an "Address Awareness Campaign;" we have started providing workers with signs that list their local addresses to post in the common areas of migrant camps. We also write addresses for workers on small cards that they can keep in their wallets.

Workers' lack of familiarity with their local addresses highlights the tremendous extent to which migrants are separated from their homes and socially isolated. The experience of migration undermines one's "sense of place," a multidimensional concept that encompasses how human beings invest their surroundings with meaning. Studies have found that immigrants who rate their sense of place as positive have better mental health than those who have a weaker sense of place.

Making art and other forms of creative expression are recognized as ways of strengthening sense of place. This migrant season, Blue Ridge Health will initiate a "Map of your Life" activity among migrant workers. Workers will be provided with large sheets of paper and a variety of markers and crayons. If their leisure time allows, we will encourage them to create landscapes that feature the people, places, and things that are important to them and that they associate with home. We will also help workers display their work on the walls of the camps as a means of improving the aesthetics of the space.

During the session at the East Coast Migrant Stream, our presentation will describe the concept of sense of place and the factors that influence migrant workers' sense of place. We will also outline the associations between sense of place and wellbeing and how these associations relate to the common mental health challenges faced by migrant farmworkers. Finally, we will provide an overview of our "Address Awareness Campaign" and our "Map of your Life" activity that we have piloted this season. We will lead presentation attendees in the "Map of your Life" activity so they can experience the activity for themselves and discuss whether the activity might be feasible in the migrant populations with which they work.

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

- 1) Define sense of place and describe the association between sense of place and wellbeing,
- 2) Incorporate "Address Awareness" activities into their outreach efforts, and
- 3) Explain the "Map of Your Life" activity and determine how to integrate the "Map of Your Life" activity into their outreach efforts if they think the activity would benefit the populations with whom they work.

Jaquelin Antiveros, CCMA, Outreach Coordinator, Blue Ridge Health
Claire Chang, CCMA, Med Serve Fellow, Blue Ridge Health

Understanding the Opioid Crisis in Agricultural Worker Communities - A Roundtable Discussion

Track:

Room:

There is a general lack of information about the extent of the opioid epidemic in agricultural worker communities. During this roundtable discussion, we will try to

understand how opioids are being used or misused among agricultural worker communities. Through facilitated small and large group discussions, we will ask participants to share their experiences - How do agricultural workers manage pain? Are clinicians prescribing opioids to agricultural workers? Is opioid misuse an issue among agricultural workers/agricultural worker families?

This workshop will be highly interactive. It will be facilitated by the Farmworker Health Network.

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

- 1) Share information about opioid misuse among agricultural workers
- 2) Engage in a peer discussion about strategies used to address opioid misuse, and
- 3) Share TA needs with Farmworker Health Network organizations

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

4:15PM

Dinner on your own – Enjoy San Juan!

FRIDAY, OCTOBER 11, 2019

7:30AM – 10:45AM

Registration Open

7:30AM – 12:15PM

Sponsor and Exhibitor Hall Open

7:30AM – 8:00 AM

Breakfast

8:00AM – 9:00AM

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

National Association of Community Health Centers

9:00AM – 9:15AM

Transition Break

9:15AM – 10:45AM

Concurrent Educational Sessions

Strategies to Educate Agricultural Workers about Diabetes and Promote Healthy Lifestyles
Track: Outreach/Lay Health/CHW
Room:

Diabetes is a growing problem, with over 100 million adults in the US diagnosed as diabetic or pre-diabetic. Farmworkers with diabetes and pre-diabetes face a unique set of challenges when it comes to adopting the behaviors that have a positive impact on these conditions. These challenges include access to healthy food and cooking facilities, access to refrigeration, and lack of consistent access to healthcare, among others.

Partnerships are crucial to ensure that farmworkers and their families are able to access the care they need wherever they live and work. Farmworker Justice and our community partners in South Carolina and Virginia are working together to promote diabetes education, prevention, and management among migratory agricultural workers. We

developed two short trainings that, in considering all adults pre-diabetic, introduce cutting edge concepts of mindful eating and label literacy. We also created a comic-book style brochure that encourages healthy eating among diabetic farmworkers.

During this workshop, Farmworker Justice and Beaufort Jasper Hampton Comprehensive Health Services will share lessons learned to promote diabetes education and testing. We will feature the trainings and materials developed and share early results from the intervention with audience members. FJ will also share information about a training developed for migrant head start parents to promote physical activity in their homes. Participants will engage in training activities and will be encouraged to share their experiences providing diabetes education to their agricultural worker patients.

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

- 1) Understand the barriers to diabetes testing, treatment, and management for agricultural worker families,
- 2) Use linguistically and culturally appropriate educational materials to improve health outcomes for both diabetic and non-diabetic agricultural worker populations, and
- 3) Identify partnership opportunities with migrant head start and other community organizations.

Alexis Guild, MPP, Senior Health Policy Analyst, Farmworker Justice
Maridolores Valentín, Director, Migrant Health Services, Beaufort Jasper Hampton Comprehensive Health Services

Leveraging Local Resources to Build Disaster Resilience

Track: Programmatic/Administrative

Room:

This session will show attendees how to encourage disaster resilience among farmworkers and influence positive systematic change among community organizations. In the long term, community organizations will learn how to better serve farmworkers and farmworkers will be more connected with services available to them and more empowered utilized those services. Manos Unidas will outline ways to engage emergency disaster relief agencies, connect farmworker special needs to their purpose, and bridge the gap between services available and services accessed. We will give examples from our current project the "Farmworker Disaster Resilience Plan" which includes a two primary goals: 1) to strengthen community partnerships and collaborations and 2) to improve farmworker preparedness and recovery. For part one, our current implementation includes attending community planning groups, supporting disaster resilience coalitions, requesting bilingual communication methods, and meeting with emergency management leaders and other important stakeholders. For part two, we are mapping farmworker communities and comparing them to areas prone to disasters. We are also recruiting community leaders from those areas and training them on disaster relief. Through this research-based project, we will show how even small grant-funded programs, rural clinics and small non-profits serving vulnerable populations can leverage their resources to make lasting change in their communities. Most importantly, we will promote our core value of including the input of farm workers in our projects. Attendees will be given several

strategies for collaborating with community stakeholders as well as engaging farmworkers.

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

- 1) Engage community stakeholders by connecting their goals with yours,
- 2) Influence systematic change to better serve vulnerable populations, and
- 3) Empower community members to have influence over their own health outcomes.

*Natalie Rivera, MPH, Program Director, Manos Unidas/Black River Health Services
Courtney Peragallo, BSPH, BA, CHES, Outreach Worker/Disaster Preparedness
Coordinator, Manos Unidas/Black River Health Services*

**PISCA: Entrenamiento en Pesticidas e Insolación que es Culturalmente Apropriado –
Community Health Workers (CHW) Training on the Delivery of the updated Workers
Protection Standard (WPS)**

Track: Outreach/Lay Health/CHW

Room:

Farm work has always been a risky occupation; social structures maintain this labor on conditions of vulnerability; addressing the numerous factors that contribute to this condition and outcome require multiple strategies and actors. The Environmental Protection Agency (EPA)' workers protection standard is a regulation aimed at preventing pesticide exposure. The law was recently updated but there is concern that, as in the past, products developed by the EPA may not be relevant for workers. The PISCA project intends to serve as a model training that incorporates the required elements of the updated regulations, it is culturally accessible for workers, and it is easy to implement by community health workers. This curriculum has been tested against a placebo training of heat stress prevention and the EPA's official video training by pre and post testing, and three months follow ups with positives results.

The overall goal of this session is to train step by step, following the ECMSF Training Toolkit, the delivery of the updated worker protection standard training to avoid, recognize, and treat pesticide exposure.

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

- 1) Identify enforceable regulations concerning the use of pesticides, particularly updates on the worker protection standards,
- 2) Recognize best training practices for Latino farm workers, and
- 3) Compare actors implementing the WPS by state to share and improve compliance and delivery of the updated WPS.

*Antonio Tovar, PhD, Interim General Coordinator, Farmworker Association of Florida
Maribel Trejo, BA, Project Manager, Florida State University*

**Increasing Language Access: Enhancing Partnerships to Improve Culturally
and Linguistically Appropriate Services**

Track: Programmatic/Administrative

Room:

Imagine the following scenario: Jose comes to the clinic with severe uncontrolled hypertension. The doctor decides not to use an interpreter because the patient speaks some basic English. Dr. Johnson asks what medications Jose is taking and decides to add a new one. When an outreach worker follows up with Jose, she realizes he was not aware of the change and is not taking the new medication.

For those who work in the migrant health field, this story is not new. We constantly ask ourselves “how could this situation be avoided?” and “what can we do to improve Jose’s experience?”

The Maine Mobile Health Program (MMHP) recognizes that in order to address these crucial questions and concerns, they must engage partner organizations in ongoing collaborations. These partnerships aim to reduce barriers to improved language access and communication and strengthen the quality of their culturally appropriate services. Goals of the collaboration include promoting patient independence and creating a welcoming environment for patients of all backgrounds, including farmworkers.

This session will start with an overview of what it means to offer “culturally and linguistically appropriate services.” Together we will discuss the role of interpretation and the importance of practicing cultural humility in a healthcare setting. From there, participants will learn about how MMHP worked with partner clinics to improve language access and cross-cultural communication. The session will conclude with a broader discussion about how MMHP’s model of collaboration could be used to improve language access for farmworkers in other states.

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

- 1) Define “culturally and linguistically appropriate services,”
- 2) Describe the collaboration between MMHP and partner clinics to improve language access, and
- 3) Summarize how MMHP’s model of collaboration could be applied to other migrant health programs.

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

Recent Changes in Agricultural Production and Crop Worker Characteristics: Findings and Trends from the Census of Agriculture and the National Agricultural Workers Survey

Track: Research

Room:

Focusing on recently released Census of Agriculture and National Agricultural Workers Survey (NAWS) data this presentation will show how agriculture and migration patterns have changed nationally and across three major migrant streams. Using 2017 Census of Agriculture data, the presentation will examine how agriculture is changing and how this is affecting the demand for agricultural workers and their work patterns. Using NAWS data, the presentation will show how these changes are reflected in the demographics, migration patterns, and households of crop workers. Finally, the presenters will look at

the related changes in crop workers' health insurance, health care visits, and health center usage.

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

- 1) Learn how agricultural production changed demand for agricultural workers between 2012 and 2017,
- 2) Become familiar with key changes in crop worker characteristics, and
- 3) Learn about changes in crop worker insurance coverage, health care visits, and health center usage.

Susan Gabbard, PhD, Vice President, JBS International
Daniel Carroll, Program Analyst, US Department of Labor

10:45AM – 11:00AM

Transition Break

11:00AM – 12:30PM

Concurrent Educational Sessions

Healthy Foods Delivery for Improving Diabetes in NC Farmworkers

Track: Outreach/Lay Health/CHW

Room:

We propose to describe a collaborative quality improvement project designed to improve the health outcomes of North Carolina farmworkers receiving care for diabetes. This was a collaboration of the the Benson Area Medical Center (BAMC), the North Carolina Farmworker Health Program (NCFHP), the North Carolina Farmworkers Project (NCFP), a local farm (Double T Farms) and the UNC Medical student interest group, Farmworker Student Health Alliance (FSHA). BAMC hosts a weekly evening subsidized clinic for farmworkers led by Dr. Eugene H. Maynard that has provided primary care to farmworkers for the last 12 years.

Our team identified diabetes as one of the highest priority needs for additional programmatic support. There exists a large gap in education on healthy eating habits, blood sugar control, and other lifestyle changes that are vital to the health management of this disease, particularly for the farmworker population. Our goals aligned with HRSA Performance Analysis approach to improving diabetes outcomes, in particular the number of diabetic patients with HA1C less than 9.

Using quality improvement funds from the NCFHP in partnership with a local farm, NCFP outreach workers delivered weekly boxes of fresh vegetables over the course of 13 weeks to identified high-risk diabetic farmworker patients. Along with free food delivery, participants were surveyed on their health beliefs and behaviors, and counseled on diabetes management by outreach workers and medical students. The program ran for a total of 17 weeks from June through October of 2018. 100% of participants who completed the project achieved a reduction in their A1C, with an average A1C change from 10.18 to 7.50 (26.30% reduction) along with medication management. 100% of participants reported the program was worth their time and effort, and reported they would participate in the program again if it were offered.

This presentation will describe our program methodology, strategies for identifying innovative opportunities for health education, and discuss ways to mobilize resources from community partners for successful health interventions in the farmworker population.

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

- 1) Identify 3 factors that contribute to poor/limited food choices in diabetic farmworkers,
- 2) Identify novel local resources and community partners that can be mobilized to improve health care quality and outcomes for farmworkers, and
- 3) Learn how provision of healthy foods and other resources can be used to improve engagement with farmworkers around overall diabetic or other chronic disease care

Diana Dayal, Medical Student, University of North Carolina School of Medicine

Mauricio Barreto, Medical Student, University of North Carolina School of Medicine

Eugene H. Maynard, MD, Family Physician, Benson Area Medical Center

Stepping into the Cost of Care Conversation

Track: Clinical/Policy

Room:

Clinic staff and clinicians typically assumed that others on the care team are addressing Cost of Care (CoC) concerns of patients, and expected that simply confirming insurance status is sufficient to address patients' cost conversation needs. Both patients and providers report discomfort with conversations about healthcare costs and there are frequent instances of misunderstanding by patients of their financial responsibility for certain costs. Patients' trust levels for staff and clinicians varied. Clinic workflow prioritized patient throughput rather than proactively exploring patient understanding of costs of copayments and deductibles, out-of-pocket costs for care or medications. Assessment of indirect costs of illness such as lost work time or transportation for treatments is often minimal. Additionally, the communication of patients' CoC issues between staff across the steps of the medical visit is minimal. The current state of cost-of care conversations at many clinics leads to frequent misunderstandings and unmet CoC needs, which may ultimately increase the work and costs for both patients and their healthcare providers. Clinicians can play a larger role in facilitating conversations about costs with patients, especially those with low health literacy and their patients trust their insights. More frequent discussion of CoC concerns may improve adherence, and thereby outcomes. To assist with practice level improvement, administrators and staff can document CoC issues and better support patients' understanding.

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

- 1) Participants will better understand the need for systematic, patient-friendly, culturally relevant CoC tools for patients, and for insightful CoC staff training that encourages and enables proactive exploration of CoC concerns,
- 2) Participants will understand the principles of shared decision making and patient-centered care, and

- 3) Participants will explore current and best practices for conducting cost-of-care (CoC) conversations in primary care among vulnerable patients, and optimal methods for training FQHC staff members on this emerging CoC issue.

Deliana Garcia, MA, Director International Projects and Emerging Issues, Migrant Clinicians Network

Beyond Primary Care: A Pathway to Access Specialty Care

Track: Programmatic/Administrative

Room:

Baystate Brightwood Health Center/Centre de Salud has been providing primary care for agricultural workers and their families since 1995. Throughout the past 25 years the health center provided comprehensive primary care for approximately 600 individuals and families each year. This care has been supported through federal funds for farmworkers, administered through the Massachusetts League of Community Health Centers.

One of the most persistent and vexing gaps in care for this population has been consistent access to much needed specialty care. Primary care providers regularly diagnosis common conditions such as eye irritations or musculoskeletal injuries but cannot secure the specialty care needed to treat the conditions. This difficulty in access extends to what would be considered even more serious life limiting conditions, such as cancer or acute kidney or heart issues. Although the grant provides some funding for specialty referrals, not all practices will accept the rates of reimbursement that are available.

In addition to the workers and families covered under the grant, many of our agricultural workers continue to work and live in the area, even after their coverage under that grant expires. And, due to widespread changes in immigration policy and health care reform, health care coverage now often hinges on an individual's legal status. Almost 1500 of the health center's patients currently lack the documentation to live and work legally in the United States and are not eligible for more than emergency care benefits.

This session will discuss how the health center has formed innovative collaborations and partnerships with community organizations, specialty providers and our own hospital system in order to provide not only primary care, but necessary care available only through specialty practices. By attending this session, attendees will learn, through one health center's scope of experience, how to identify specific barriers to care-- including those in cultural, language and financial domains. Examples of program development and advocacy will be shared, along with strategies to sustain support for medical care for this very vulnerable population.

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

- 1) Name 3 barriers in accessing specialty medical care,
- 2) Identify 3 solutions to overcoming barriers to care, and
- 3) Develop 3 strategies to sustain ongoing access to care

Audrey Guhn, MD, Medical Director, Baystate Brightwood Health Center

Norman Deschaine, RN, ACRN, Practice Manager, Baystate Brightwood Health Center

Milta Franco, Coordinator, Farmworker Program, Baystate Brightwood Health Center

Collaborative session – Integrating CHWs into the Clinical Care Team

Track: Outreach/Lay Health/CHW

Room:

Judith Gaudet, Systems of Care Director, Generations Family Health Center, Inc.

Amy Sheperd, MPH, Manager, Connecticut River Valley Farmworker Health Program at the Massachusetts League of Community Health Centers

Onaney Hernandez, Program Director, MHP Salud

Esly Reyes, MPH, Program Director, MHP Salud

Hydration and Productivity: Creating Incentives for Heat Safety Among H2A Workers through Social Marketing

Track: Research

Room:

Social marketing campaigns can address gaps between safety knowledge and behavior by targeting segmented audiences with tailored behavioral products that compete with comfortable yet potentially harmful practices. By appealing to existing values, norms, and beliefs, rather than attempting to change them, the approach offers an alternative to conventional training strategies in the promotion of workplace safety. The goal of this workshop is to provide an introduction to social marketing principles, explain its use in identifying benefits and barriers to the adoption of heat safety measures among agricultural workers, and present a case study illustrating the development from scratch of a social marketing campaign personalized for H2A workers. The workshop will address the design, pricing, placement and promotion of safety solutions that are based on target audience preferences.

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

- 1) Name four elements of social marketing,
- 2) Identify factors that influence adoption of heat safety measures in Florida agriculture, and
- 3) Apply a social marketing approach to workplace safety promotion efforts.

Maria C. Morera, PhD, Postdoctoral Researcher, University of Florida

J. Antonio Tovar-Aguilar, PhD, Interim Executive Director, Farmworker Association of Florida

Rogelio J. Gonzalez, MS, Field Research Assistant, Farmworker Association of Florida

12:30M – 12:45PM

Transition Break

12:45PM – 2:30PM

Closing Lunch Program

Keynote Address:

Grand Raffle Prize