

2024 Midwest Stream Forum

Uniting Communities to
Cultivate Change for
Health Equity

#MIDWESTSF24



Agricultural Worker Health 101

Presented by
Farmworker Health Network

Midwest Stream Forum
April 2024



Ice Breaker

What do you think is the most challenging aspect of being a Farmworker?



Farmworker Health Network

The Farmworker Health Network works cooperatively with HRSA to provide training and technical assistance to over a **thousand Community & Migrant Health Centers** throughout the U.S.



A woman wearing a red long-sleeved shirt and a white bucket hat is carrying a large, light blue plastic water container on her head. She has a serious expression and is looking slightly to the right. The background is a blurred outdoor setting with green foliage.

Workshop Components

- **Setting the Foundation:
What is Agricultural
Worker Health?**
- Agricultural Workers – Population
- Agricultural Workers – Health
Needs, Risks, Challenges, and
Resilience
- Resources for Technical Assistance
and Training

Timeline of Legislative Action

Migrant Health Act

Aid to agencies that provide community health services to agricultural workers and their families



1962

Migrant and Seasonal Agricultural Worker Protection Act

Basic labor protections under labor contractors



1983

Health Centers Consolidation Act

Consolidates MHC, Health Care for the Homeless, public housing and CHCs under Section 330 Authority



1996

Affordable Care Act Enacted

Includes a major expansion of health centers, dedicating \$9.5 billion to serve 20 million new patients by 2015 and \$1.5 billion for capital needs for new health centers.



2010

1975



Public Health Service Act
Health Center Program authorized under Section 330 of the Public Health Service Act.

1987



Field Sanitation Standard

Requires agricultural employers to provide potable water, toilets and handwashing facilities in the fields

1992



Worker Protection Standard

sets minimum standards for protecting farmworkers from pesticide exposure

2017



Worker Protection Standard Revisions

Farmworker Exceptionalism

- Fair Labor Standards Act left out farmworkers
 - Child labor protections
 - Overtime
- Workers' compensation & minimum wage
- Few OSHA standards to protect farmworkers
 - Field Sanitation Standard, 1987
 - Only applies to farms with 11 workers or housing



Occupational Safety and Health Protections



- Field Sanitation Standard (OSHA) – 1987
 - Requires potable drinking water, toilets and handwashing facilities, and information on good hygiene practices
 - See [Clinician's Guide to Field Sanitation Standard](#)
- Worker Protection Standard (EPA) – promulgated in 1992, updated in 2015
 - Requires employers to comply with minimum safety precautions when using pesticides on farms, and in nurseries, greenhouses, and forests
 - See [Clinician's Guide to Worker Protection Standard](#)
- [California](#), [Oregon](#), and [Washington](#)* have a Wildfire Standard in place (*Washington is in the process of finalizing a permanent rule)
- [California](#), [Oregon](#), [Colorado](#), [Washington](#)* have a Heat Standard in place (*Washington is in the process of updating its regulations)



Labor and Health Protections

Migrant and Seasonal Agricultural Worker Protection Act – 1983

- Provides basic labor protections for workers who work under labor contractors

Workers' Compensation

- Agricultural worker coverage varies by state. Only 14 states (and DC, the Virgin Islands, and Puerto Rico) require full workers' compensation coverage for agricultural workers. In all other states, coverage is either limited or optional.
- See Guide to Workers' Compensation for Clinicians Serving Agricultural Workers

Affordable Care Act – 2010

- 26% of workers were offered employer-provided health insurance *
- 48% of workers have health insurance *
- 44% of workers reported that a member of their household received Medicaid *

What is a 330 Program?



Section **330** of the Public Health Service Act created and authorized the health center **program** and permits the Health Resources and Services Administration (HRSA) to make grants to health centers.

Public Health Section 330 Delivery Sites

- In 2022, the Bureau of Primary Health Care (BPCH) supported over **1,300** health care grantees including homeless, school based, public housing and migrant health (including look-alikes)
- In 2022, **176** of those were funded to provide services to the migratory and seasonal agricultural worker population
- **991,558** agricultural workers were reported as served by all Health Center Program Grantees in 2022



Definitions of Agricultural Workers in Section 330g of the Public Health Service Act

Migratory Agricultural Worker

- Principal employment is in agriculture
- Has been employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

Seasonal Agricultural Worker

- Principal employment is in agriculture on a seasonal basis
- Does not migrate

Aged & Disabled Agricultural Worker

- Individual who has previously been migratory agricultural worker but who no longer meets the requirements ... because of age or disability

NAICS Codes

Agriculture means farming in all its branches as defined by the Office of Management (OMB)-developed North America Industrial Classification System (NAICS), and includes migratory and seasonal agricultural workers employed in the agricultural sector within the following NAICS codes and all sub-codes.

111	Crop Production
1111	Oilseed and Grain Farming
1112	Vegetable and Melon Farming
1113	Fruit and Tree Nut Farming
1114	Greenhouse, nursery, and floriculture production
1119	Other crop farming, tobacco, cotton, sugarcane, hay, peanuts, sugar beets
112	Animal Production and Aquaculture
1121	Cattle Ranching and Farming
1122	Hog and Pig Farming
1123	Poultry and Egg Production
1124	Sheep and goat farming
1125	Aquaculture
1129	Other animal production, apiculture, horses, fur bearing animals, companion animals
1151	Support Activities for Crop Production
1152	Support Activities for Animal Production

Workers employed in the following industries are **not** eligible for the Agricultural Health Program:



Spectator Sporting
(Industry 711219)



Transportation of Livestock
(Industry 488999)



Trucking Timber
(Industry 484220)



Landscaping
(Industry 561730)



Meat and Meat Product Merchant
Wholesalers
(Industry 42447)

Migrant Health Program Grantees + Satellite Sites*

Migrant Health Centers 2020





Photo: MHP Salud



Photo: Crystal Nguyen

Required Services for 330 Programs

- Primary care services
- Preventive services
- Emergency services
- Pharmacy services
- Outreach and enabling services
- Sliding fee scale
- Patient-majority governing board

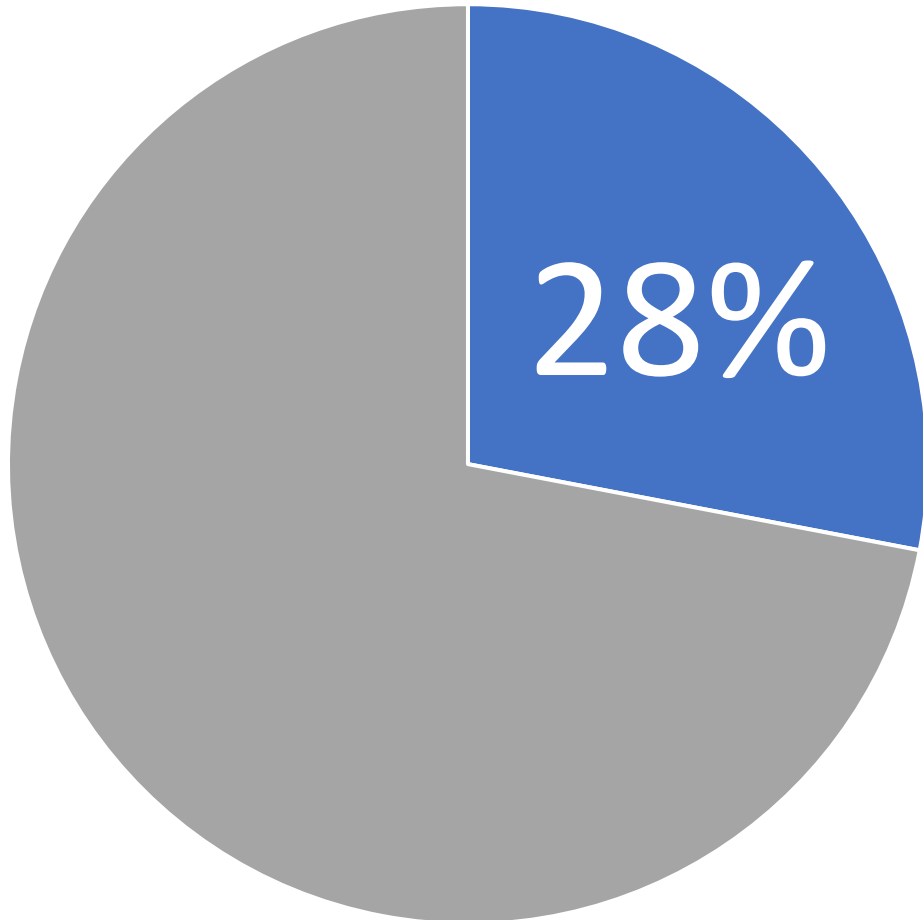


Photo: Robert Poole

Health Center Funding

Health Center budgets range between **\$500,000** and **\$25 million**.

The Bureau provides approximately 28% of the health centers' total budget. For every dollar provided by the Bureau, the health center must raise three additional dollars.



Workshop Components

- Setting the Foundation: What is Agricultural Worker Health?
- **Agricultural Workers – Population**
- Agricultural Workers – Health Needs, Risks, Challenges and Resilience
- Resources for Technical Assistance and Training



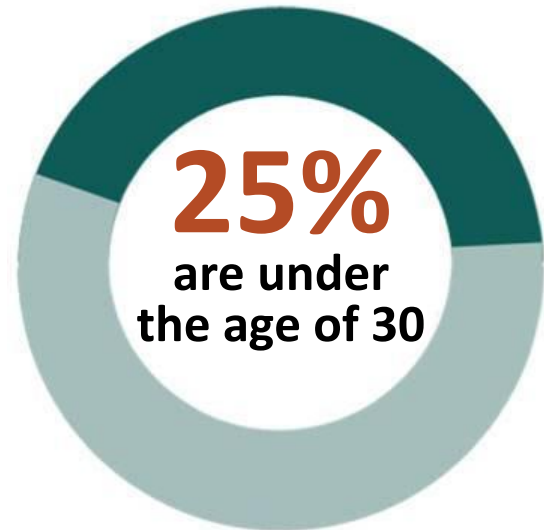


How many agricultural workers do you think there are in the United States?

Agricultural Worker Demographics ^{1,2,3}

2.5 million

estimated population ^{2,3}



1. National Agricultural Workers Survey (NAWS) 2019-2020, <https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS%20Research%20Report%202016.pdf>
2. Kandel W. Profile of Hired Farmworkers, A 2008 Update. Economic Research Service, US Department of Agriculture; Washington, DC; 2008. Economic Research Report No. 60.
3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. Agricultural and Resource Economics Update. 2006;9(4)

Agricultural Worker Demographics ¹



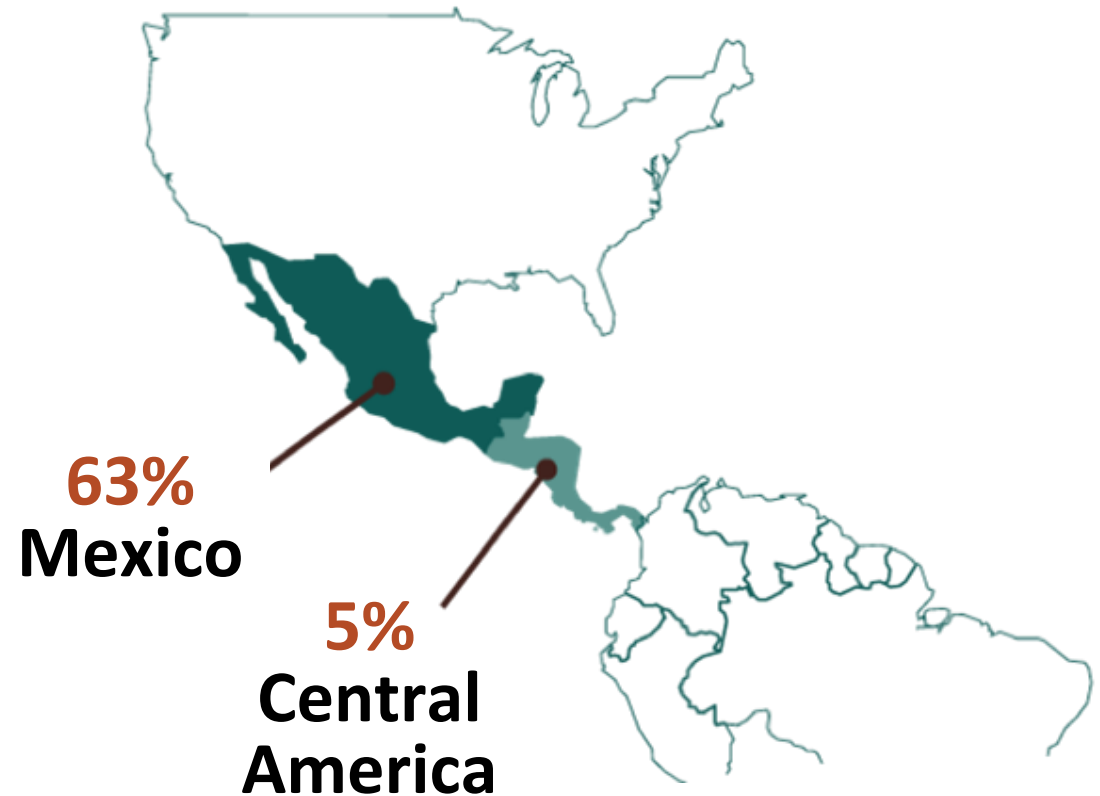
Spanish

dominant language



44% without
work authorization

70% foreign born



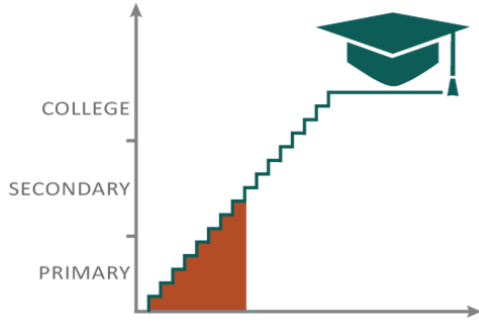
1. <https://www.dol.gov/sites/dolgov/files/ETA/news/pdfs/NAWS%20Research%20Report%202014.pdf>

A photograph showing several farmworkers in a field harvesting lettuce. They are positioned around a large, multi-tiered harvesting machine. One worker in the center is wearing a white head covering and a blue long-sleeved shirt, holding a bunch of harvested lettuce. Other workers are visible in the background, some wearing high-visibility vests. The field is filled with rows of green lettuce plants.

Indigenous Agricultural Workers

- Indigenous Mexicans and Central Americans are the fastest growing farmworker population in the United States
- The most common indigenous language groups in the United States – Mixteco, Triqui, and Zapotec – are from communities in southern Mexico.
- These distinct languages and cultural beliefs create barriers to healthcare that are more complex than the barriers experienced by non-indigenous Mexicans.

Agricultural Worker Demographics ¹



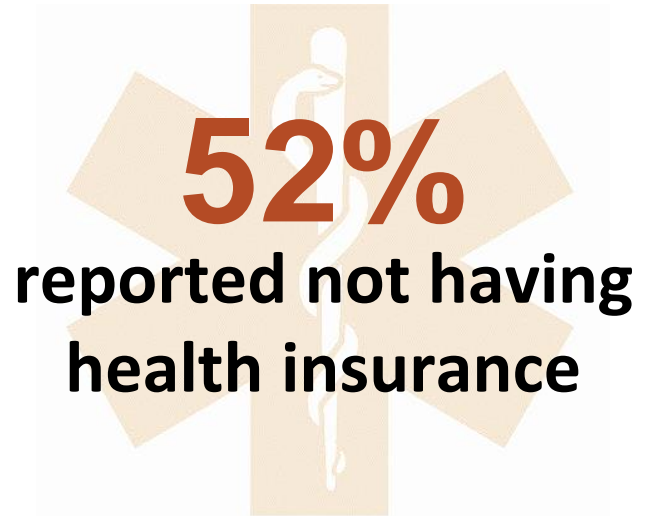
Foreign born workers, on average, have an **9th grade education**



Mean and median individual income range from **\$20,000 to \$24,999**



20% of agricultural worker families had total family incomes below 100% of the Federal Poverty Level



29% had not visited a U.S. healthcare provider in last 2 years

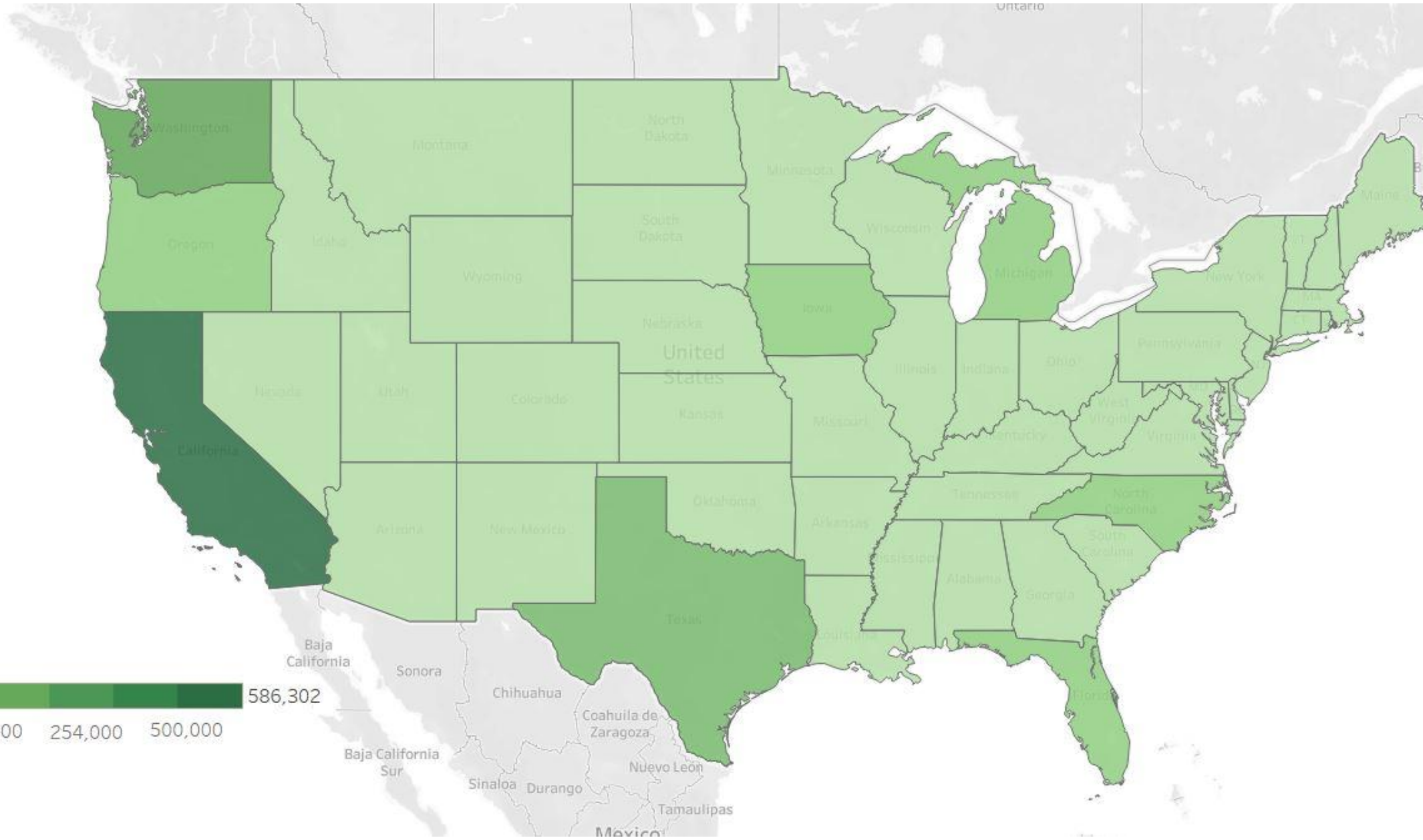


The H-2A program allows U.S. employers or U.S. agents who meet specific regulatory requirements to bring foreign nationals to the United States to fill temporary agricultural jobs.

378,613 H-2A positions were certified by Department of Labor in 2023

DOL -
<https://www.dol.gov/agencies/eta/foreign-labor/performance>

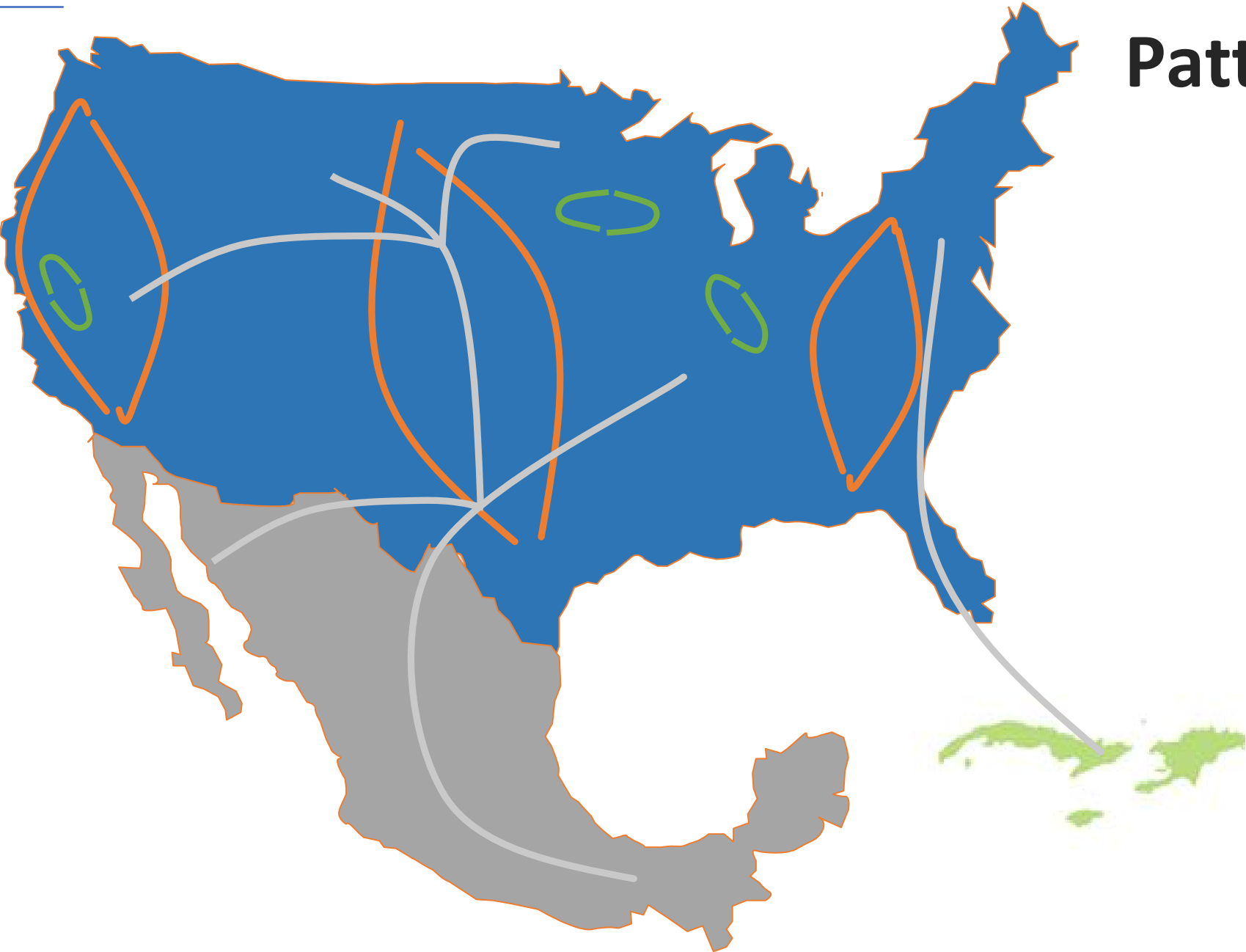
Number of Agricultural Workers by State



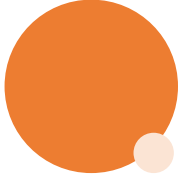
Total Ag Workers by State

1,833 85,000 172,000 254,000 500,000 586,302

Patterns of Mobility



 Restricted Circuit

 Point to Point

 Nomadic

Workshop Components

- Setting the Foundation: What is Agricultural Worker Health?
- Agricultural Workers – Population
- **Agricultural Workers – Health Needs, Risks, and Challenges**
- Resources for Technical Assistance and Training





Case Study

Case Study

Yesenia is a fifty-year-old woman living in Yuma, Arizona. She has been an agricultural worker for 30 years and mostly works in seasonal row crops.

Several years ago, Yesenia started experiencing knee pain. She has health insurance through her employer, but there is a copay for specialists, and she has to miss work for the appointments. She went to various specialists, which was expensive and time-consuming. All of the doctors told her different things—one even accused her of making up the injury. In the end, she couldn't obtain a diagnosis that would qualify her for disability benefits, even though crouching down to pick lettuce caused constant pain.

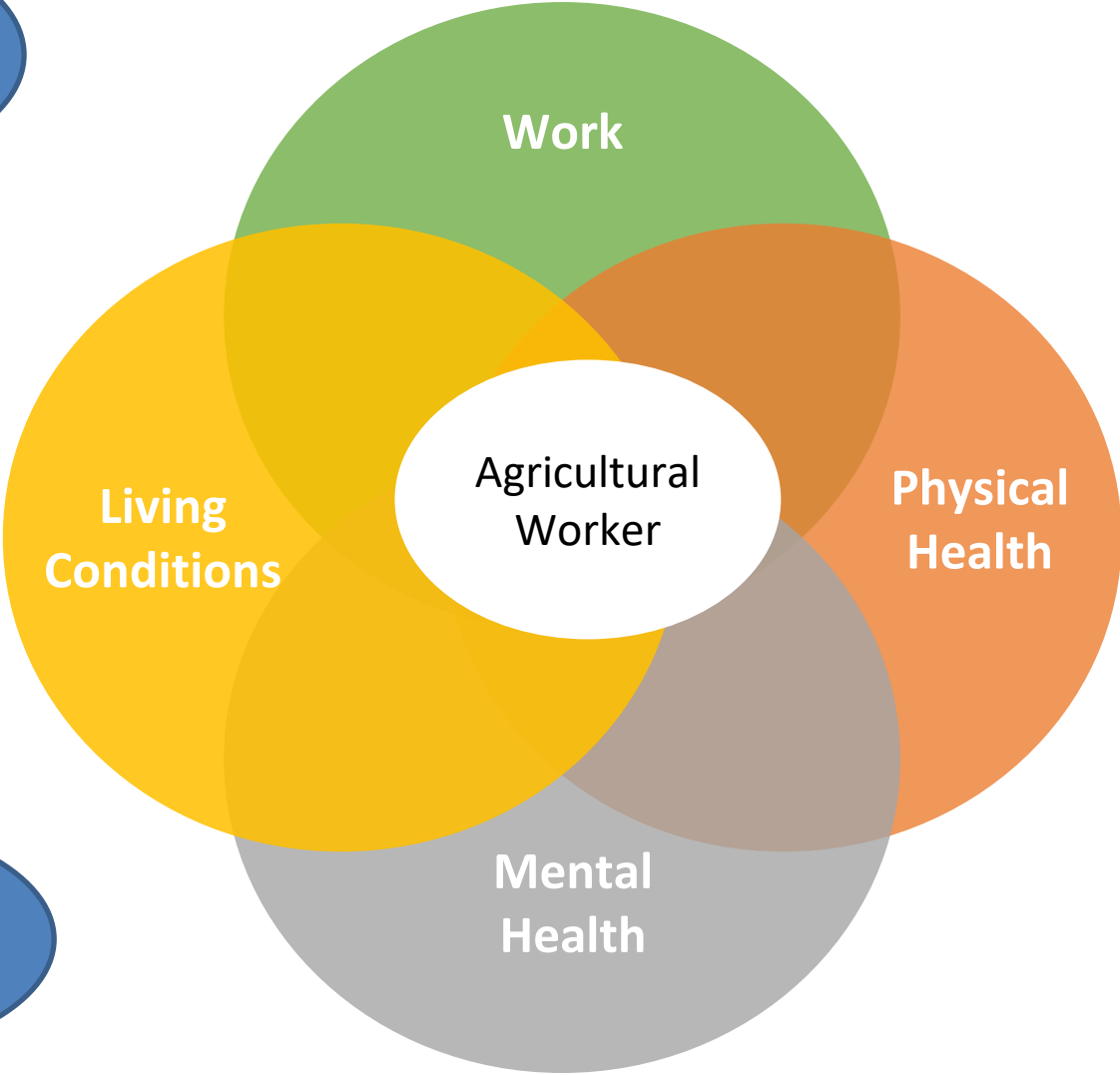
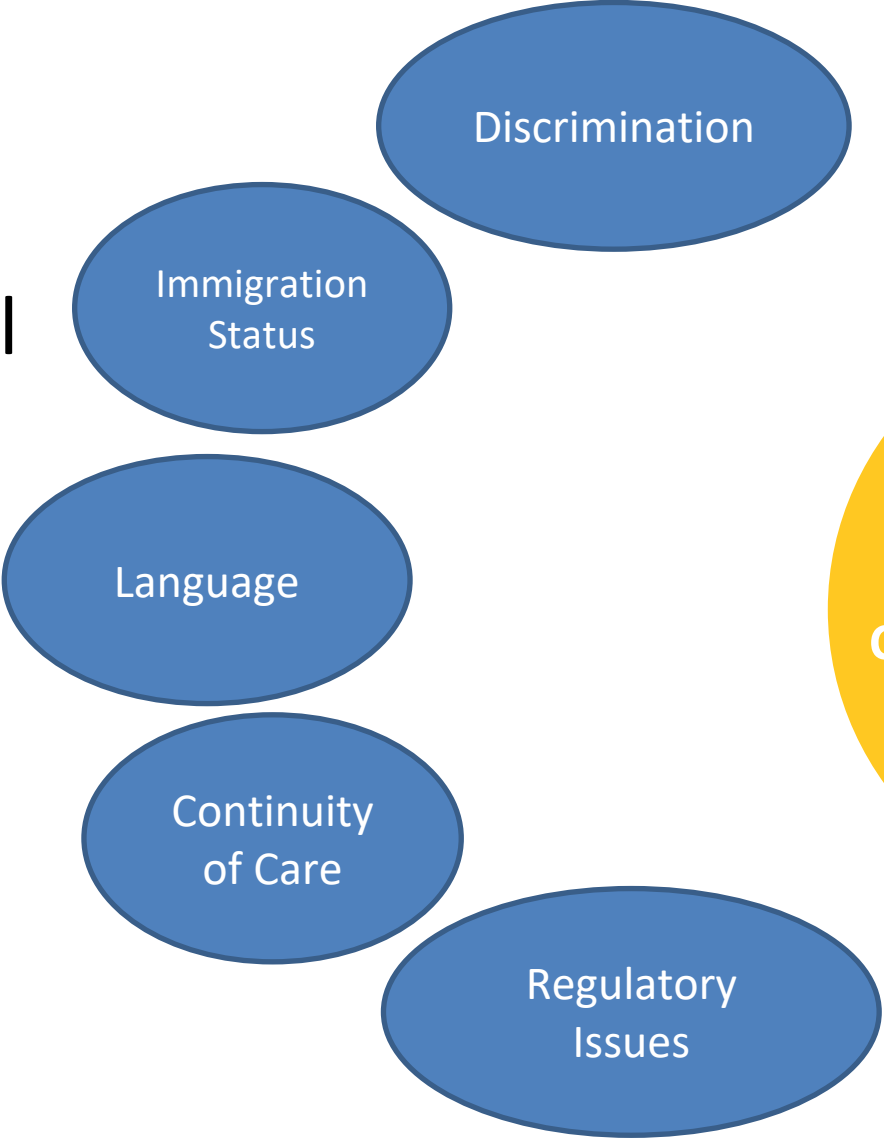
Now, she has carpal tunnel syndrome in her dominant arm. She crossed the border to see a doctor in Mexico, which was cheaper and also guaranteed that the doctor spoke Spanish. However, after her experience with the knee injury, she has decided not to pursue disability benefits. She continues working and makes an informal arrangement with her mayordomo, so that she doesn't have to do the work that's hardest on her arm. She does still have to use sharp tools, though, and she's worried that she'll lose her grip and cut herself. When her arm hurts too much to even hold the tools, she skips work. Not being able to work makes Yesenia depressed; her coworkers are her friends. She is also worried about her family's finances.

Case Study Questions

1. What challenges is Yesenia facing?
2. What resources does Yesenia have available to address these challenges? What resources is she lacking?
3. What social determinants of health are influencing Yesenia's situation?
4. What are other social determinants of health that could affect situations such as Yesenia's?
5. How would you (or your organization, clinic, or community) support Yesenia in this situation?

What Impacts Agricultural Worker Health?

Structural
Issues



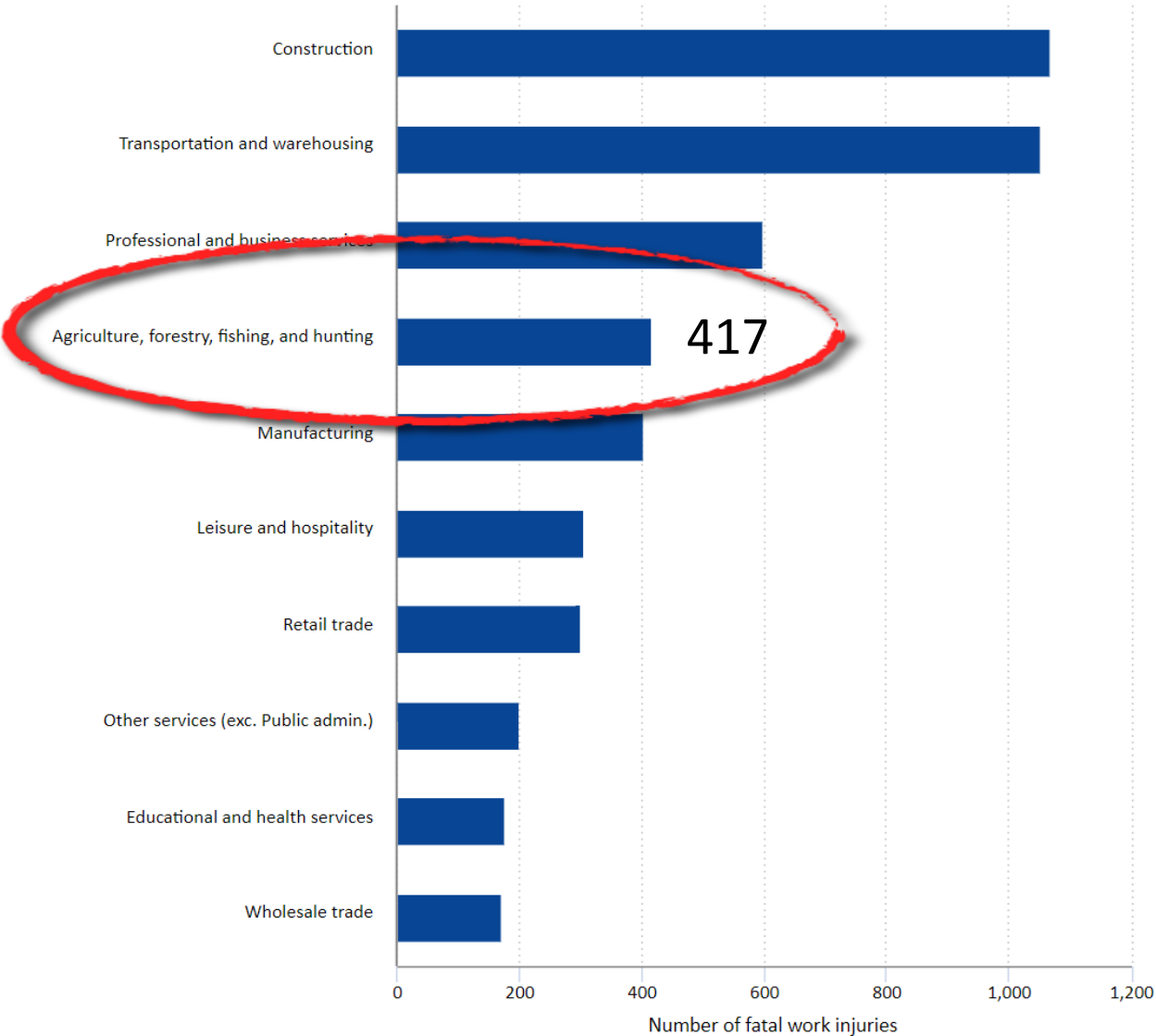


Work-Related Health Risks

- Musculoskeletal injuries
- Heat stress
- Farm equipment
- Transportation to and from work
- Lacerations from sharp equipment and hand tools
- Slips, trips, and falls
- Eye injuries
- Insect/rodent/snake bites

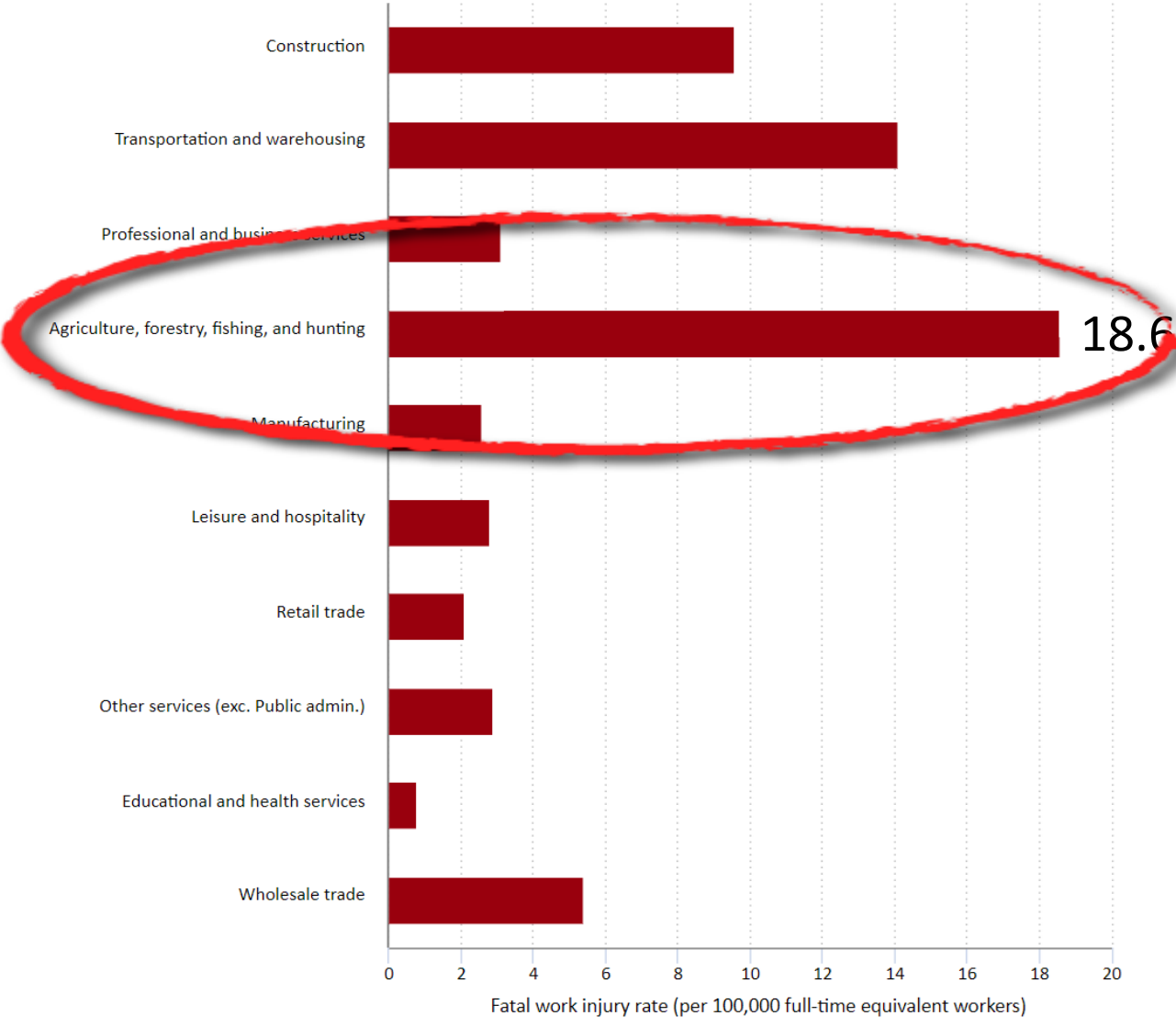
Number and rate of fatal work injuries, by private industry sector, 2022

■ Number of fatal work injuries ■ Fatal work injury rate (per 100,000 full-time equivalent workers)



Number and rate of fatal work injuries, by private industry sector, 2022

■ Number of fatal work injuries ■ Fatal work injury rate (per 100,000 full-time equivalent workers)



Fatal work rate injury
(Per 100,000 full time equivalent workers)

In 2022, 417 agricultural
workers died of work-
related injuries



Pesticide exposure
in the fields and at
home



Physical Health

The health issues that face migrant and other mobile underserved populations are similar to those faced by the general population but are often magnified or compounded by their migratory lifestyle, living conditions, and occupation.

Management of Health Concerns

- Diabetes
- Hypertension
- Cancer
- HIV/AIDS
- Tuberculosis
- Asthma





Mental Health

- Anxiety
- Depression
- Stress
- Substance abuse
- Family violence



Contributing Factors to Mental Health Challenges

- Separation from families
- Isolation
- Discrimination
- Fear due to immigration status
- COVID-19

Illnesses Related to Substandard Housing

- Gastrointestinal diseases
- Infectious diseases
- Intestinal parasites
- Conjunctivitis
- Lead poisoning





Case Study



Case Study

Rachel is a doctor at a clinic in North Carolina. She has been treating agricultural workers for about five years.

Rachel speaks decent Spanish. However, increasingly her clients are temporary H-2A workers from Guatemala; their first language isn't Spanish but Ixil or Mam—Mayan languages. Rachel is accustomed to using the language line and medical interpreters, but she has been unable to find very many people who speak both English and a Mayan Language.

Even when clients speak Spanish, Rachel has discovered that there are cultural communication barriers. One agricultural worker, who has diabetes, was confused about why his blood sugar levels were so high even after he stopped drinking soda and eating candy. It took several long conversations before he understood that corn products, such as tortillas and tamales, also contain sugars. Rachel still isn't sure that the patient has stopped eating tortillas; he is accustomed to having three of them with every meal, and corn is essential to many traditions in Mexico and Central America.

Case Study

1. What challenges does Rachel face in treating farmworker patients?
2. What resources does Rachel have available to address these challenges?
What resources or training would be helpful for her or her clinic to improve the quality of care they provide?
3. What other cultural practices or norms do you know of that could influence Rachel's ability to treat farmworker patients?
4. What social determinants of health have you witnessed or heard about that influence farmworker health?



**What are the barriers to care
and healthy lifestyles for
agricultural workers?**



- Language
- Lack of social support
- Food insecurity
- Poverty
- Limited job security
- Mobility
- Immigration status
- Discrimination
- Confusion about U.S. health systems



Issues experienced by essential workers before, during and after a disaster or public health emergency

COVID-19 served to highlight that Farmwork is considered “essential”

Challenges adhering to COVID-19 guidelines:

- Overcrowding with many people in small spaces
- Ability to isolate if exposed to or infected by COVID-19
- Limited or no PPE provided
- Limited access to testing, treatment, and vaccinations

Access to public benefits, including emergency benefits (housing, food, medical care)

- Lack of Information or misinformation about what is available
- Eligibility
- Language

Additional challenges related to working and living conditions:

- Transportation to and from the fields and into town
- Fear of accessing health care/taking sick leave due to employer retaliation

Service Delivery Challenges

Continuity of Care

- Agricultural workers may seek care only when necessary
- Agricultural workers may move during treatment
- Communication between MHCs and other providers is difficult

Culture and Language

- Provision of multi-lingual services (reception, health education, prescriptions,, bilingual staff/translators, etc.)
- Relevant training and continuing education for staff



Service Delivery Challenges

Operations

- Integration of walk-in patients into appointment system
- Health Center hours of operation
- Demand/Capacity
- Provision of transportation in rural areas

Costs

- MHCs must remain competitive despite the escalating costs in the healthcare industry
- Lack of insurance coverage of the population
- Outreach and enabling services are often not reimbursable





Exploring Effective Adaptations for Mobility and Culture

Cultural adaptations

- Culturally sensitive education
- Appropriate language and literacy levels
- Address cultural health beliefs & values

Mobility adaptations

- Portable medical records & Bridge Case Management
- EHR transmission to other C/MHCs

Appropriate service delivery models

- Case Management
- Lay health promoters (Promotores/as)
- Outreach & enabling services
- Coordination with schools and worksites
- Mobile Units

Easy Access to Care

- ✓ **Orient** all patients to the scheduling protocols, recognizing that patients may be unfamiliar with scheduling practices or U.S. healthcare systems.
- ✓ **Document** the numbers of agricultural workers in your area by month, typical work hours and transportation options.
- ✓ Open Access scheduling permits an influx of mobile agricultural worker patients to be seen during **seasonal variance**.
- ✓ **Accommodate** the work hours, transportation and geographic barriers experienced by mobile workers.

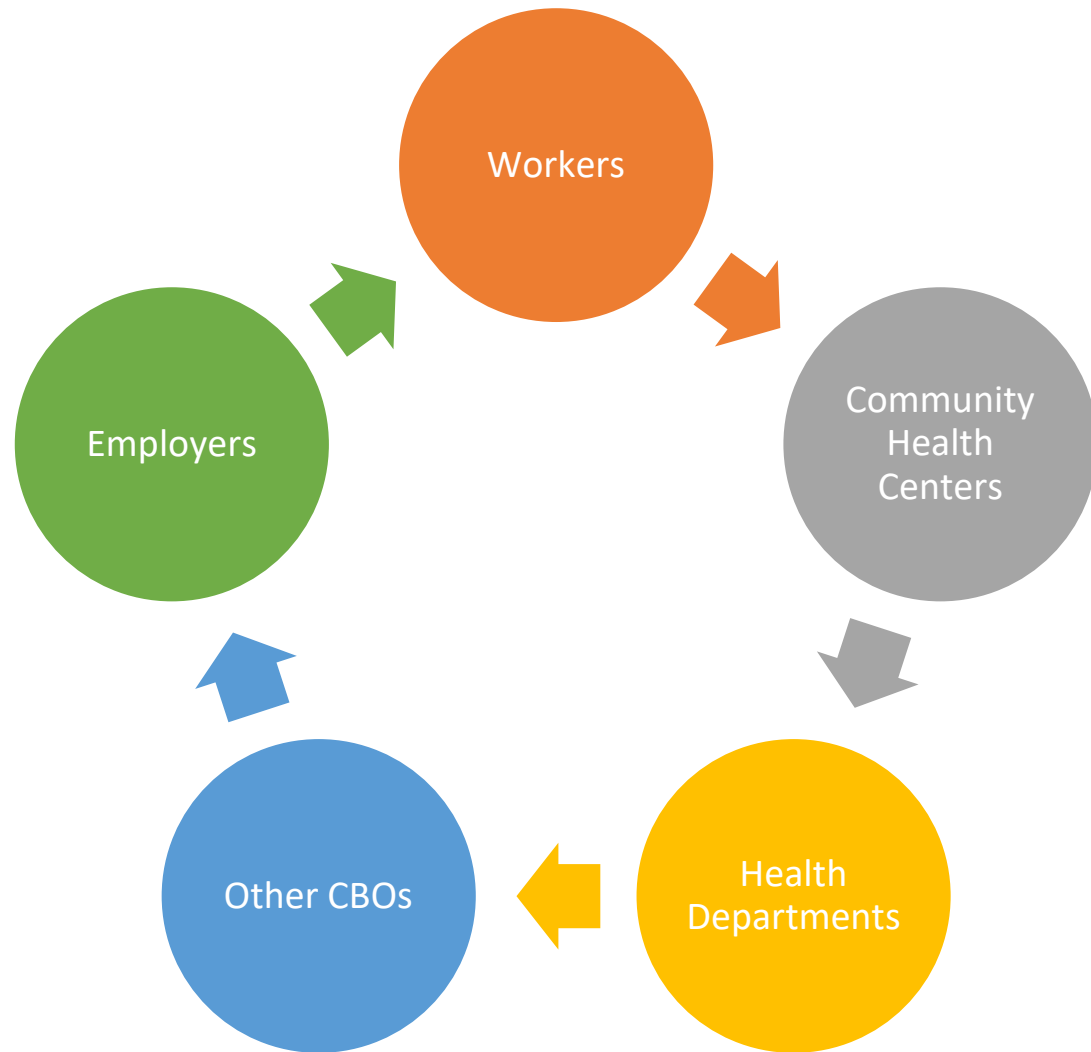


Photo by Tony Loreti for MHP Salud

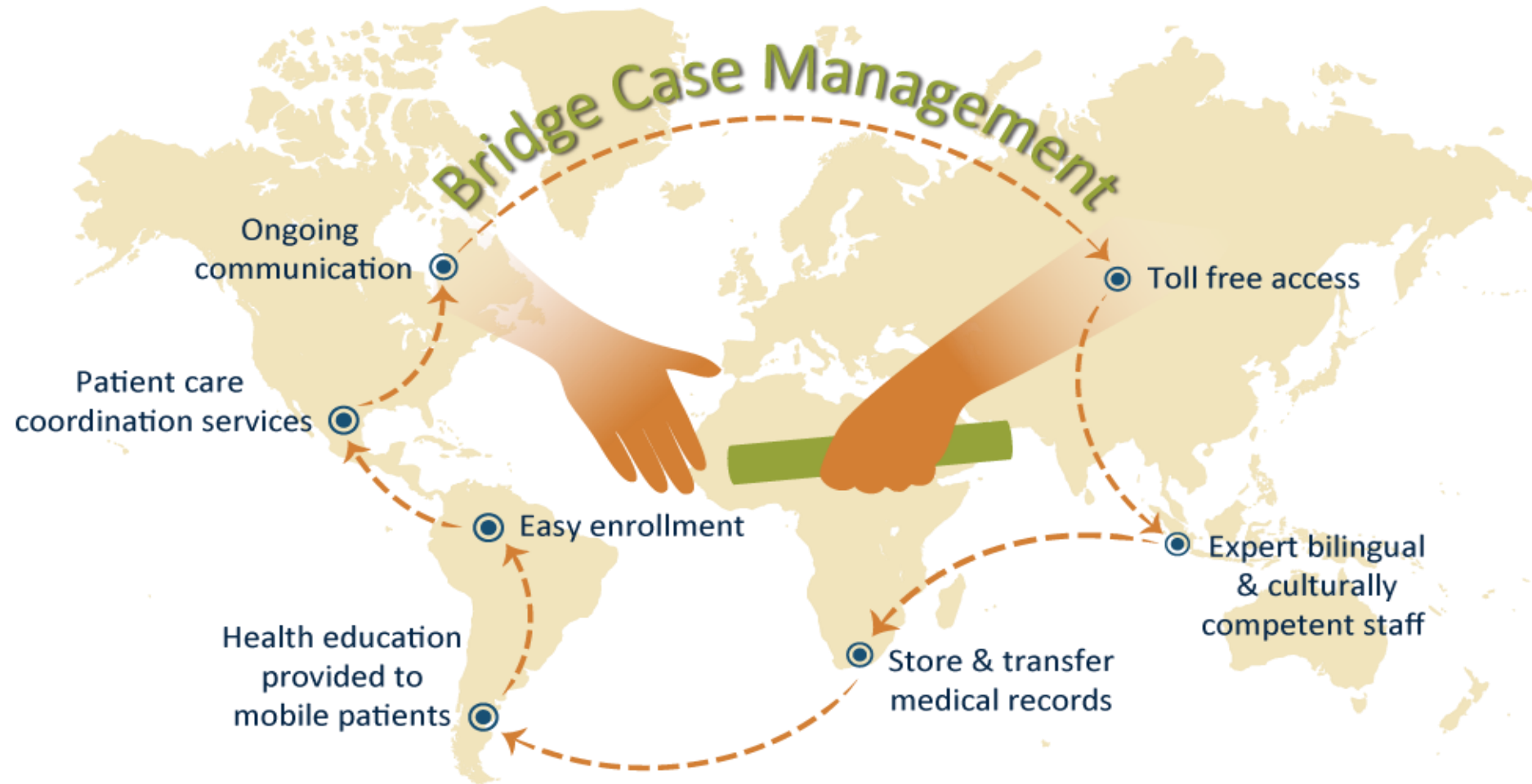
Voucher Model Service Delivery System in Health Centers

- Used where a traditional model may not be the best option.
 - ✓ Short growing seasons
 - ✓ Lower numbers or density of Agricultural Workers
- Provide services to Ag Workers through either one or some combination of a service coordinator model, nurse staffed model, or mid level practitioner staffed model
- An organized outreach program is critical to increase access to services

Partnerships



“Mobile-Friendly” Care Management AND Referral Tracking and Follow-up Health Network





Workshop Components

- Historical Perspectives and Legislation
- Agricultural Workers – Population
- Agricultural Workers – Health Needs, Risks, Challenges and Resilience
- **Resources for Technical Assistance and Training**

Resources for Training and Technical Assistance



Farmworker Justice
www.farmworkerjustice.org

Health Outreach Partners
www.outreach-partners.org



MHP Salud
www.mhpsalud.org

MCN
www.migrantclinician.org



National Association of Community Health
Centers
www.nachc.com



National Center for Farmworker Health
www.ncfh.org





MIGRANT CLINICIANS NETWORK



A force for health justice

**Somos una fuerza dedicada a
la justicia en salud**

Our mission is to create practical solutions at the intersection of vulnerability, migration, and health.

We envision a world based on health justice and equity, where migration is never an impediment to well-being.

Connect with MCN!



Access our
latest
resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

www.migrantclinician.org



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Health Outreach Partners

WWW.OUTREACH-PARTNERS.ORG

WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS

by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization



Health Outreach Partners (HOP) Training/TA

- **Services offered:** Consultation, Training, Workshops, Learning Collaboratives, Webinars
- **Resources offered:** Curriculums, Toolkits and Starter Kits, Manuals, Articles, Innovative Outreach Practices & Case Studies
- **Topics covered:**
 - Outreach & Enrollment
 - Organizational Self-Care
 - Program Planning and Evaluation
 - Structural Competency
 - The Business Value of Outreach (OBV)
 - Social Determinants of Health (Transportation Barriers)
 - Trauma-Informed Care





**Health equity is at the center
of your care. We are here to
bring that within reach.**

[LEARN MORE](#)www.outreach-partners.org

Keep up with the latest news from Health Outreach Partners

Sign up for HOP's mailing list.

MHP Salud Since 1983, MHP Salud, a national non-profit organization, has been dedicated to strengthening underserved communities by improving access to health care and social services. We believe that every person has the unique skills, talents, and experiences that are key to creating and [implementing solutions](#) to community needs. That is why Community Health Workers are at the center of everything we do. Developing and implementing innovative CHW programs with a firm commitment to collaboration and resource-sharing have remained key organizational strategies. We serve communities by embracing the strengths and experiences of individuals and families, engaging them to achieve health and well-being.

We offer FQHCs...

- Resources on emerging issues related to MSAWs and their families
- Technical assistance on how CHWs improve health outcomes for MSAWs
- Learning opportunities on how health centers can integrate CHWs into the clinical care team

956.968.3600
nttap@mhpsalud.org
www.mhpsalud.org





- About Us ▾
- Our Services ▾
- Training & Consulting ▾
- Resources ▾
- Get Involved ▾

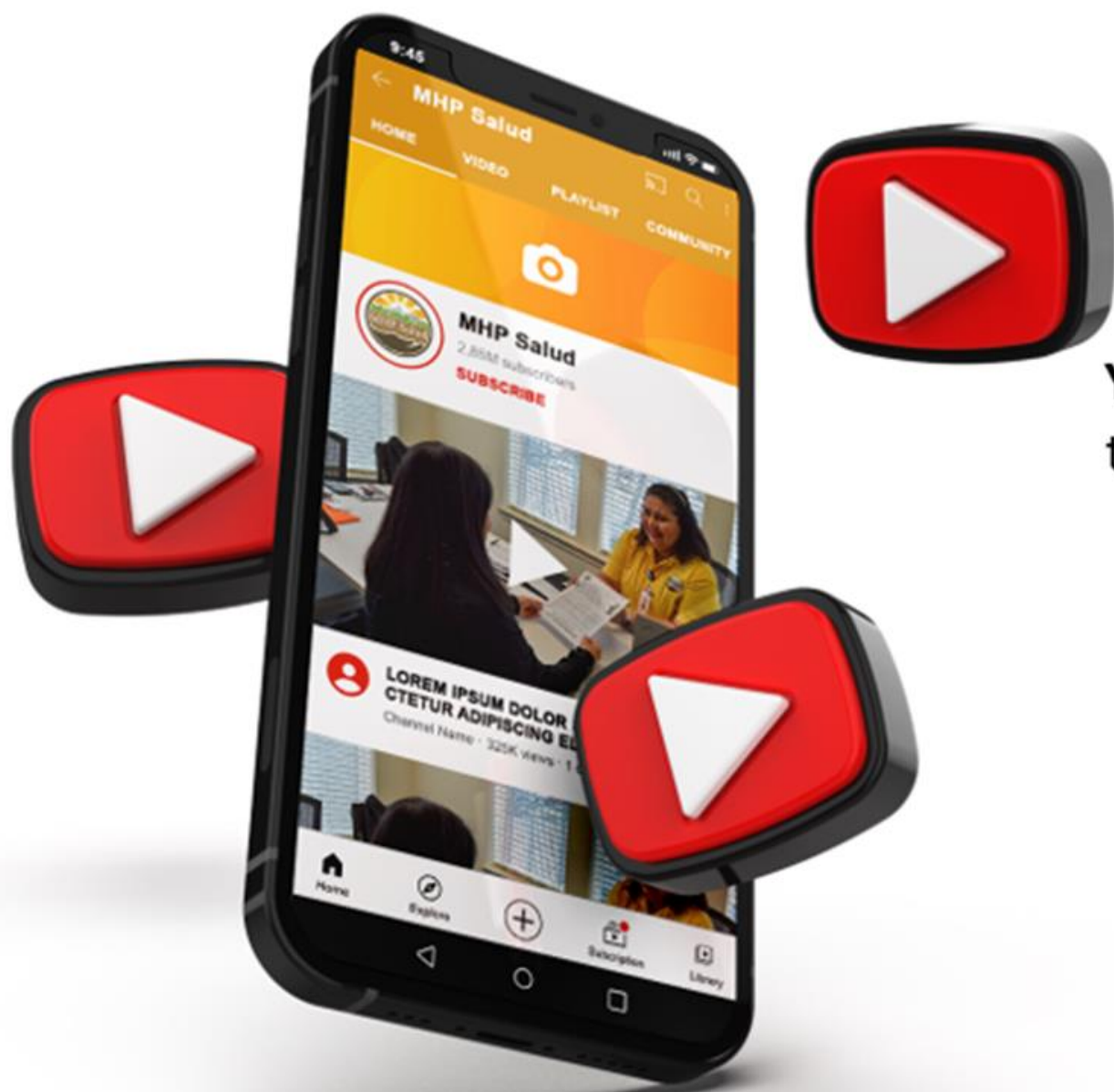


Resources for Community Health Workers and CHW Programs

Register or login to access our free resource portfolio.

Login or Register

Resources and Reference Materials for Community Health Worker Programs



Subscribe!

MHP Salud has **officially** launched it's **Youtube account!** Subscribe to our channel to watch videos of all the hard work you do out in the community, informative interviews, and much more!

Subscribe at
www.youtube.com/@mhpsalud



Farmworker Justice is a nonprofit organization that seeks to empower farmworkers and their families to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

Using a multi-faceted approach, Farmworker Justice engages in litigation, administrative and legislative advocacy, training and technical assistance, coalition-building, and public education.

Washington, DC
202-293-5420
www.farmworkerjustice.org



As an NTTAP, FJ's T/TA to health centers focuses on:

- **Community mobilization** - promote health care utilization through community partnerships
- **Information dissemination** - create materials and resources for health center staff, CHWs/*promotores de salud*, and farmworkers
- **Policy** - provide T/TA on policy affecting farmworker access to health care as well as their occupational health and any emerging health needs

Resources

Welcome to the Resource Center!

Use the search bar on the right to search using key words, or browse through all of our resources by topic by clicking on the drop-down menus on the left. Some of our featured resources are posted below.



Issue brief: Promoting Health Care Access for LGBTQIA+ Farmworkers (2022 Update)

This issue brief discusses the unique challenges faced by LGBTQIA+ farmworkers and the importance of health centers recognizing and addressing ...

↓ LGBTQIA Farmworkers Issue Brief 2022

TAGS

ISSUE BRIEF

REPORT



Georgia: Make Your Vote Count! ¡Haga que su voto cuente!

On December 6, 2022, Georgians will vote in a runoff election to select their U.S. Senator for the next six ...

↓ Georgia_ Make Your Vote Count

↓ Georgia Make Your Vote Count_Spanish

SEARCH RESOURCES

Immigration & Labor

- ▶ Bracero Program (1942-1964)
- ▶ Current Guestworker Programs
- ▶ Immigration Enforcement and DACA
- ▶ International Labor Issues
- ▶ Labor Rights for Farmworkers
- ▶ Legislative Proposals on Agricultural Workers

Health

- ▶ Farmworker Health Issues
- ▶ Healthcare Access
- ▶ Occupational and Environmental Health

General Farmworker Information

FJ Resources

- Issue Briefs and Fact Sheets
- Training-of-trainer curricula
- Educational materials for agricultural workers in English, Spanish, Haitian Creole, and indigenous languages

Topics include - health centers, health insurance, medical-legal partnerships, climate change, heat stress, pesticides, workers' compensation, diabetes, skin cancer, etc.

<https://www.farmworkerjustice.org/resource/>



National Center for Farmworker Health

The [National Center for Farmworker Health](#) is a private, not-for-profit organization located in Buda, Texas, whose mission is **“To improve the health of farmworker families.”**

A national initiative to increase the number of Migratory & Seasonal Agricultural Workers & their families served in Community and Migrant Health Centers.

<http://www.ncfh.org/ag-worker-access.html>

**We Care.
We serve America's Ag Workers.**



YouTube



Facebook and Twitter: @NCFHTX

Instagram: @Farmworkerhealth

YouTube: National Center for Farmworker Health

LinkedIn: [company/national-center-for-farmworker-health-ncfh/](https://www.linkedin.com/company/national-center-for-farmworker-health-ncfh/)



National Center for Farmworker Health

Migrant Health Centers 2020



Your Health Keeping Your Diabetes Under Control

1 Eat Healthy

- Eat the right food with the right size portions. Too much or too little can affect your glucose levels.
- Read food labels. Choose foods low in calories, fat, sugar and salt.
- Do not skip meals.
- Limit alcohol. Too much can lower your glucose level.

2 Exercise

- Do aerobic activities like walking, jogging, and bicycling. It helps your body use insulin better.
- Do strengthening activities like weights or resistance bands. It helps lower blood glucose.
- Talk to your doctor if exercise makes your glucose level go down.

3 Check your glucose levels and keep track of your results

- Check your glucose level with a glucose meter at home or your doctor's office.
- Get your A1C checked at your doctor's office at least once a year. Your average blood sugar level over the past three months. It helps your doctor know if your need for insulin, your diet and medicine are working or need to be changed.

4 Take your medicine

- Take your medicine on time and even if you feel well.
- Refill your medicine on time.
- Take the right amount of medicine. Too much or too little medicine can make your glucose level go up or down.

Variantes del COVID-19

¿Qué son las variantes?

- Los virus cambian de forma natural con el tiempo, y crean nuevas variantes.
- Algunas variantes se desmantelan y desaparecen, mientras que otras se mantienen y se propagan (como Delta y Ómicron).

¿Qué necesito saber acerca de las variantes?

- Si usted ya tuvo COVID-19, es posible que le dé otra vez.
- A veces, las nuevas variantes pueden tener síntomas diferentes, que pueden ser leves o severos.
- Algunas variantes se pueden propagar de forma más fácil o volverse resistentes a los tratamientos o vacunas que existen.

Las mejores maneras de mantenerme a mí y a mi comunidad protegidos de nuevas variantes son:

- Estar informado y conocer el nivel de COVID-19 en la comunidad donde vivo
- Vacunarme
- Recibir el refuerzo de la vacuna cuando sea su turno
- Hágase la prueba antes de reunirse con otros si tiene síntomas o ha estado expuesto
- Usar mi rubecocas *
- Permanecer 6 pies (2 metros) lejos de otros cuando sea posible
- Evite las multitudes
- Realice sus reuniones en áreas ventiladas
- Lávese las manos con frecuencia

*Si vive en una zona con niveles consistentes elevados de COVID-19 o con un riesgo de infección de forma grave a causa de COVID-19.

Para más información, para su ciudad, escanee el código QR.

¡Lláme gráfico a Una Voz para la Salud al: 1 (800) 377-9968 o por WhatsApp al: +1 (737) 414-5121



Population Specific Data, Research, & Factsheets

Patient Health Education, Resource Hubs, & Digital Stories

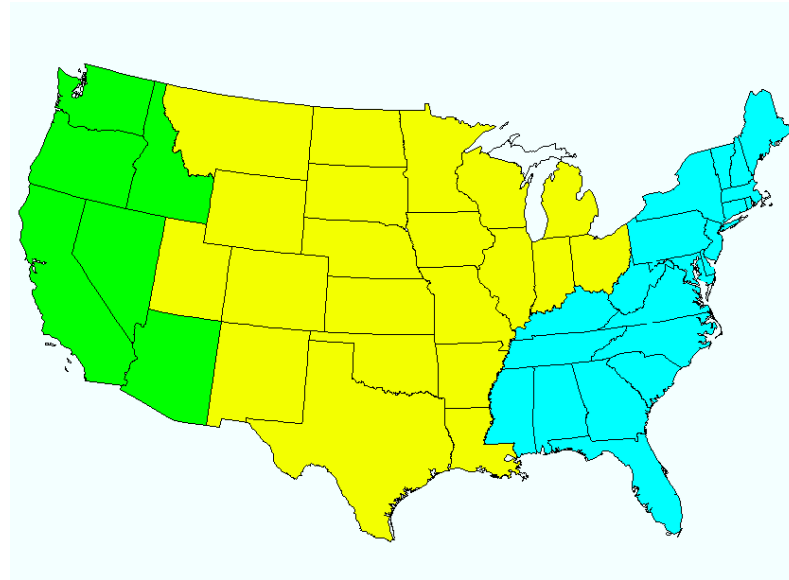
COVID-19 Resources & Call for Health



National Center for Farmworker Health



Workforce Development
& Learning Collaboratives



Regional Stream Forums



Governance Training,
Tools, & Strategic
Planning



National Association of Community Health Centers, Inc. (NACHC) represents the nation's network of approximately 1,400 Federally Qualified Health Centers (FQHCs) which serve almost 30 million people through 14,500 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.





**MIGRANT
HEALTH**

Agricultural Worker Forums & National Conference

National Conference on Agricultural Worker Health

- National Association of Community Health Centers

East Coast Migrant Stream Forum

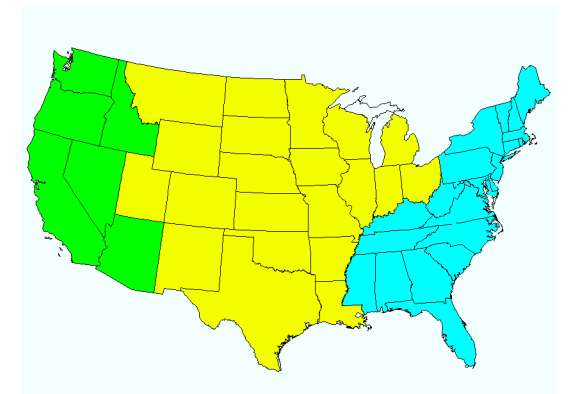
- North Carolina Community Health Center Association

Midwest Stream Forum for Agricultural Worker Health

- National Center for Farmworker Health

Western Forum for Migrant and Community Health

- Northwest Regional Primary Care Association



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.





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[Quality Improvement](#)

[Program Opportunities](#)

[Health Center Data](#)

[Federal Tort Claims Act](#)

[About Health Centers](#)

Bureau of Primary Health Care

Find a Health Center

Health Centers provide high quality preventive and primary health care, even if you have no insurance. Search for locations near you >>

News & Announcements

- [HRSA announces \\$63 million in ACA funding to expand quality improvement \(08/25/2015\)](#)
- [HHS announces additional \\$169 million in ACA funding for health centers \(08/11/2015\)](#)
- [FY 2016 Substance Abuse Service Expansion Supplement Technical Assistance \(07/30/2015\)](#)
- [FY 2016 SAC Technical Assistance \(06/16/2015\)](#)

Program Opportunities

Funding opportunities for BPHC program participants, information to support Health Center Program look-alikes, and information about joining the Health Center Program.

Health Center Program Requirements

Resources to help current and prospective health centers understand program requirements.

Health Center Quality Improvement

Information on support networks, performance measures, and quality initiatives to support Health Center Program participants.

Health Center Data & Reporting

Information on the Uniform Data System (UDS) for Health Center Program grantees and look-alikes, and access to health center data.

BPHC-Funded NTTAPs

Special and Vulnerable Populations



NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF
THE FENWAY INSTITUTE

**National LGBT Health
Education Center**

www.lgbthealtheducation.org



**Corporation for
Supportive Housing**

www.csh.org



**Equitable Care for Elders
Harvard University
School
of Dental Medicine**
ece.hsdm.harvard.edu



**National Health Care for
the Homeless Council**

www.nhchc.org



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens

**School-Based
Health Alliance**

www.sbh4all.org



AAPCHO

**Association of Asian
Pacific Community Health
Organizations**

www.aapcho.org



National Center for Health in Public Housing

**National Center for
Health in Public Housing**

www.nchph.org



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

**National Nurse-Led
Care Consortium**

www.nurseledcare.org

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BPHC-Funded NTTAPs

Capacity Development



**Association of Clinicians
of the Underserved**
<http://www.clinicians.org>



Capital Link
www.caplink.org



**Health Information
Technology Training and
Technical Assistance Center
(HITEQ)**
www.hiteqcenter.org

National Center for



Medical Legal Partnership

**National Center for
Medical-Legal Partnership**
www.medical-legalpartnership.org



**National Network for
Oral Health Access**
www.nnoha.org



**Futures
Without Violence**
www.futureswithoutviolence.org

weitzman  **institute**
inspiring primary care innovation

**Community Health
Center, Inc.**
www.weitzmaninstitute.org

Health Center Resource Clearinghouse

The screenshot displays the website's interface. At the top left is the logo for the Health Center Resource Clearinghouse. To the right of the logo is a navigation menu with the following items: ABOUT, OUR PARTNERS, FIND RESOURCES, PRIORITY TOPICS, and CONNECT WITH US. Below the navigation is a large banner image of healthcare professionals in a meeting. On the left side of the banner, there are four vertical navigation options: 'Learn About the NCAs' (with a monitor icon), 'Find Resources' (with a magnifying glass icon), 'Priority Topic: Diabetes' (with a document icon), and 'Have a Question? Ask Us' (with a speech bubble icon). Overlaid on the banner image is the text 'Quick Finds: Use these links to find resources from our database on our topic areas.' Below this text is a dark blue grid containing 12 topic areas, each with an icon and text: Diabetes, Capital Development, Clinical Issues, Emerging Issues, HIT/Data, Leadership, Outreach, Governance, Practice Transformation, Special & Vulnerable Populations, Social Determinants of Health, Workforce, Quality Improvement, Finance, and Emergency Preparedness.

www.healthcenterinfo.org

Farmworker Health Network



2023 Key Resources For
Agricultural Worker Health



2023 FHN Key Resources Document



SCAN ME

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Session Evaluation (in mobile app)

Please complete the evaluation for this session.

To do so, click on the link above session description on the Whova platform. In the mobile app, select session and expand description to access the evaluation link.

The screenshot shows a session page with the following details:

- Session Title:** Intensive: Building Agricultural Worker Wellness and Resiliency
- Date and Time:** Monday, April 24, 2023, 8:30 AM - 12:00 PM
- Location:** Capital View Terrace South
- Topic:** Overcoming Emerging Issues
- Attendance:** Added to My Agenda (3 attending)
- Interactive Features:** Q&A, Polls, Like (1), Chat
- Overview:** Access to mental health resources can be challenging among Migratory and Seasonal Agricultural Workers (MSAWs) due to... (with a "See more" link)
- Personal Notes:** Take Notes
- Speaker (2):** Monica Garcia, Program Director, MHP Salud
- Bottom Bar:** Star icon, Speakers, Say Thanks

A red circle highlights the "CLICK HERE TO COMPLETE THE SESSION EVALUATION" link in the Overview section.

[CLICK HERE TO COMPLETE THE SESSION EVALUATION](#)

Access to mental health resources can be challenging among Migratory and Seasonal Agricultural Workers (MSAWs) due to varied cultural conceptions of mental illness that can also limit their access to mental health care. The Community Resiliency Model (CRM) aims to help create trauma-informed and resiliency-focused communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. This interactive workshop will provide health center staff and Community Health Workers (CHWs) who work with MSAW populations with information and resources to promote self-care, community resiliency, and access to mental health well-being. Participants will practice the core CRM wellness skills: (1) Tracking, (2) Grounding, (3) Resourcing, (4) Gesturing, (5) Shift & Stay and (6) Help Now! - used to bring our bodies, mind, and spirit back into a state of balance. Participants will also have the opportunity to engage in peer-to-peer discussions on mental health concerns and address how these wellness skills can be made accessible to MSAWs and their families to build and restore resiliency.

Learning Objectives:



Session Evaluation (QR Code)



<https://www.surveymonkey.com/r/8297H96>



**Thank you for attending
today's session!**

**Enjoy the rest of the
Forum**

Uniting Communities to Cultivate Change for Health Equity

#MIDWESTSF24