**WorkforceGPS**

**Transcript of Webinar**

**Building Partnerships with State Monitor Advocates to Increase Access to Care for Ag Worker Families Eligibility**

**Thursday, June 10, 2021**

*Transcript by*

*Noble Transcription Services*

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JONATHAN VEHLOW: And welcome to today's webinar. My name is Jon Vehlow, and I'm here if you need anything technically speaking. Hopefully, you won't need to hear too much from me, but if you do you have any technical questions, please let us know in that chat window on the bottom left-hand side of your screen.

That chat windows is also where we'd like you to introduce yourself now, if you haven't already. You may use that chat box to ask our presenters any questions you may have during today's presentation.

You'll also notice that we had a copy of today's PowerPoint uploaded into the file share window on the bottom right-hand side of your screen. You can download that at any time throughout today's presentation.

So again, if you haven't already done so, if you're just joining us, please make sure to introduce yourself in that welcome chat. Again, we'll have that chat up throughout today's webinar where you can type in your questions or comments at any time.

Welcome to "Building Partnerships with State Monitor Advocates to Increase Access to Care for Ag Worker Families." So without further ado, I'd like to kick things off to our moderator today, Timmy Dudley, workforce analyst, U.S. Department of Labor, Employment and Training Administration. Timmy, take it away.

TIMMY DUDLEY: Thank you, Jonathan. I want to thank everyone for joining our call today for Building Partnerships with State Monitor Advocates to Increase Access to Care for Ag Worker Families. This is the third webinar in our series.

The first webinar gave state monitor advocates a look into what the ag worker access campaign was as a whole. The second webinar we had a few weeks back looked into giving ag worker access campaign a look into what state monitor advocates in the National Monitor Advocate Program, what that role is as well.

So this third one is going to give an example of a relationship between a state monitor advocate working with the health centers within their state. And we want to give those examples so that you're able to do these going forward in your work within your state.

So some of our great representers that we have today are Mary Ellen McIntyre, senior vice president of compliance and special populations for the Massachusetts League of Community Health Centers, Amy Shepherd, director of Connecticut River Valley Farmworker Health Program for the Massachusetts League of Community Health Centers, Yu-Mon Luis Chang, state monitor advocate for the Connecticut Department of Labor, and Kasey Harding, director of the Center for Key Populations at the Community Health Center, Inc.

A few of our objectives that we want to make sure that we get across, participants will learn about successful partnerships between health centers and their state monitor advocates and how these relationships were established, evolved, and achieved success in increasing access to quality health care or MSAWs in Connecticut and Massachusetts, also known as MSFWs in the monitor advocate system.

Enhancing and increasing access to health care for farmworkers through collaboration with partners, including the case -- a case study of the COVID-19 outbreak, and then also accessing tools, resources available through the ag worker access campaign.

And I'm going to pass it over to Luis to talk a little bit about his journey, the journey of a state monitor advocate.

YU-MON LUIS CHANG: Thank you so much. Everybody can hear me okay? All right. So I'm Yu-Mon Luis Chang. Some of you have met me before, and some of you may have not. I understand that the state monitor advocate position is not an easy one to step into, and I have presented on collaboration between agencies and MSAWs before.

However, for this presentation, I kind of decided because, in looking at our whole situation and looking at the state monitor advocate system, I do realize that there are new folks within our system, and it happens often, unfortunately, more than not.

So what I wanted to do is, for those that are new to the state monitor advocate system, I wanted to approach this presentation in a way that I mean, yes. We are highlighting our success stories, and we are highlighting our collaboration. But this part of the presentation that I'm talking about as a journey of a state monitor advocate, I wanted to present it to you guys so that I'm showing you that I've been there. I know what it feels to start new in a program and having to to learn everything.

So just to take you guys a little bit through what I went through, for those of you that don't know me, I've been in the state monitor advocate program since 2013. And prior to that I only had two and a half years of unemployment insurance background within ag at DOL.

So yes. I was helping people. I was helping claimants, and I was helping them get aid. But when I started in the state monitor advocate position, that became something very different to me.

Now, some of you may have the prior farmworker experience. So you may be familiar with certain aspects of the farmworker plight; right? Some others like me may not have quite that same direct background, but like me may be fluent in the language and have prior experience with something related to it. OK.

So in my case, I was fluent in Spanish. I come from Spain. I was born and raised there. So I'm fluent in Spanish. My grandparents were farmers. So there is that link to it. However, I didn't have any exact experience in it. So just to show you guys it's not something that -- it's not a position that you're going to walk into and find solutions overnight.

It's something that you -- it's a position that you step into and you grow into more than anything. And as you grow into it, you start learning about what you can do and what you can't do and which ways can you support farmers. What services can be offered to them, and also in which ways you – (inaudible)? This is something that we're going to be talking about in a little bit when we make reference to lanes, and you will see why as well.

So again, so, when I started this in 2013, I was unaware -- I will admit this to you guys. I was unaware the farmworkers, and as I go out in my trainings and talking to people, I become aware that I -- much like the rest of the public and much like the rest of a lot of people out there, I was unaware that farmworkers were deemed an underserved population. OK.

As I started growing into the position and -- I'm the type of person that wants to know the most I can about a subject matter, if I can. So I'm kind of like a sponge growing formation. And the way it worked out with the MSFW program is I started looking into every which way I could and educating myself about the farmworker plight and also in learning the history. And, in turn, my mind started racing and trying to conjure up different ways for coming up with different ideas on how to make any sort of impact to helping the farmworker. OK.

Now, I know that a major part of our jobs has to do with employment and training; correct? And we talk about employment and training probably 99 percent of the time. But it is very important -- it is extremely important to keep in mind that health care is one of the main determinants, I mean, not only of socioeconomic factors but as -- not only as an important factor of social determinants of health, but health care is also an important factor of social determinants of economics; right?

It's important to -- for workers, in our case, for farm workers, that the healthier we can keep workers, the better they are in their lives, not only as workers, but also as people. And that's something that we need to always remember.

And that's how I kind of -- that's one of the things that stood out for me as I was learning about farmworkers and the barriers that they face each and every single day. Besides the obvious violations and complaints that we may deal with to do directly with labor law and whatnot, I saw that health care was one of the many things that they struggle with and they may not have -- they may not be the best informed as well as labor related issues.

Still, as I started growing into my position and as I started to get myself out there more, I would learn about the different agencies that could help -- or can help in different ways. OK.

One of the things that's hardest for a lot of us and I was there once too -- now, I may not be there today, but one of the hardest things for us to do is actually to just pick up the phone and cold calling people. But it becomes an important part as you're trying to explore different ways and different ways and means and how to assist the farmworkers out there. OK.

So one of the things I was doing in the very beginning was meeting a lot of different people from different agencies, stakeholders, NGOs, and they may not all have -- necessarily had a direct link to something that I was trying to accomplish. But I did get something accomplished in doing that is you learn about which agency is going to help in which ways. And I said that again, and I will say it again.

You learn a lot about the different agencies out there and how they're able to assist. And in doing so, you come up with -- that's where you come up with different ideas on how you can collaborate and how can you coordinate so that you maximize your reach to your farmworkers within the state. OK.

So one of them -- one of the first things in my personal training from the prior SMA, one day he -- I went out with him so that he would be able to show me the ropes on the field, how to do those field checks, what to look out for, and that kind of thing.

But one of the things that he said to me, and it was very quick, he said to me, hey, if any of the workers need help with health care, have them call this number. And it was literally just a name and number that I was given and that's how I got roped into the health care side of the farmworkers, because sure enough, not too long after he gave me the information, I -- and not long after some of my first visits to farms, I sure enough get a call and it's about a worker.

And if I remember correctly, it may have had something to do with some sort of tooth pain or something like that. So the first thing I did was call Ms. Pat, Ms. Patricia Miles, one of the health care champions in our states working out of Community Health Services out of Hartford.

The amount of time and effort and sacrifice not only by Patricia Miles but everybody involved here today and everybody associated to our presentation with a CRVFHP as well as Community Health Centers, Inc., everybody has put in so much effort into this. But the first person that I met in the program was Ms. Patricia Miles, Ms. Pat, as she's known to the workers. The workers know her as Ms. Pat. And a lot of times I've met workers out there that, obviously, they know her a lot more than they know anybody from Department of Labor sometimes.

So this is my first experience and how I got to interact with Community Health Services the very first time was somebody having tooth pain and me reaching out to them to see what I could do for the farmworker from my -- from the advocacy side; right? We do realize this is not actually an employment and training service, but this is from the advocacy side.

And, again, I'm reminding you guys it's a very important aspect of somebody being able to either retain their current employment or seeking new employment out there or seeking a new career out there; right? And it's something that a lot of us take for granted day in and day out. A lot of us would -- health care -- health care insurance and things like that, we don't really think of those things from day to day. But from the farmworker world, it's completely different. Soon as we get out there to talk to them, you can realize that immediately. OK.

So that's my story in meeting Ms. Pat Miles from Community Health Services. That was my first experience. That segues into me going to a symposium held together by University of Connecticut Health Care Center. And they at the time were collaborating and they still are -- they collaborated with the Connecticut River Valley Farmworker Health Program, the CRVFHP, and that's how my first contact happened with the CRVFHP as well.

So it was through their UConn Farmworker Clinics that set up mobile clinics to the farmworkers. Some of you have definitely heard me talk about these mobile clinics before. And these mobile clinics go out to the farms and do pop-up clinics providing some basic services. OK.

The key to this whole thing, though, as I grew into the position and as I found out more was that CRVFHP was the greater organization behind these mobile clinics. And also, the CRVFHP is the main organization supporting the Community Health Center that provides the main primary health care for the workers. OK. To differentiate a little bit from the pop-up clinics, the services that were being provided by the Community Health Centers is primary care. Super important. OK.

And as I started collaborating with the CRVFHP, the UConn clinics, my collaboration also increased with the Community Health Centers and their staff, such as Patricia Miles, those guys – (inaudible) – over there at Community Health Centers, Inc. There's other people that also collaborate with and stay in constant touch with that are -- may be involved with other health centers or that also refer people to the health centers.

So this increased collaboration eventually led to a lot of efforts out there in getting the health care to the workers. However, this past year and a half has really been something completely different than anything we had experienced before.

The efforts that the CRVFHP has put forth this past year -- and I should specifically say the efforts by the -- by all the staff members here that help out in the farmworker program at the CRVFHP, I cannot thank you enough for all your time and effort, because you're doing the work in the background that is not always recognized. We recognize probably workers all the time and without doubt -- without a doubt, we definitely should, but I -- here I want to recognize the work that's done in the background that a lot of times is not either noticed or recognized at all.

So and one of the main reasons for this -- and I wanted to say this was because this past year and a half has been super challenging with COVID-19. But before this year and a half, there was a change at the CRVFHP, and some new staff came in. And this was the staff that I want to commend for the amazing work that they've done, the tireless selflessness behind their efforts, and the absolute sacrifices that they make day in and day out to make sure that the program keeps running. OK.

I hope you're listening, Amy, because I don't know where this program would be without you today. OK. It was there before, but you've stepped it up. And I'm sure that there's others that will -- that are going to sing your praises. OK. Amy is the CRVFHP director, and she came out to one of the UConn farmworker clinics on one summer night when she had first started in the program. OK.

That's the kind of initiative, and very similar to what I did when I started in the program, she got out there to try to learn as much as she could about the program and the workers and what we're trying to get accomplished here. I can't believe she read A Cast of Despair the very first night I recommended that book to her. That is amazing in itself.

For anybody that's read the book, I don't know if you could read that in one night, but the fact that she was exploring different ways out there from the get-go, it just goes to show that, if we can all do that, if we can -- each one of us, if we can just do a little bit of that in the same way, we're going to find each other no matter what.

I know it is hard to establish relationships and collaborations. It is. It is very hard to establish, especially if it's limited to a few communications or email. It is something that needs to happen. But more than that, you got to have conversations. And then this -- I want to highlight this as a prime example of a best practice; right?

Getting out there to events being organized by other stakeholders. Regardless of what the event may be, you'll learn something, and then you'll know going forward these kinds of events, is this something that I can apply or it can be advantageous to something -- to one of my ideas in something that I'm trying to do to help out the farmworkers?

I've been to plenty of meetings that sit through and that, unfortunately, I would learn by the end of the meeting that, okay. This might be something not so much in line with what I'm trying to do, but you soak up a lot of information and you still learn about different ways or what ways do not apply to what you're trying to do. OK.

So that's basically what I really wanted to share with you guys today. Just to sympathize with a lot of you, I know that -- and maybe you might find it challenging to reach out there and to have these conversations. But I'm just letting you know, it becomes easier the more the more you do it. OK. And at one point, you won't even be thinking about it. It'll become natural. OK.

So that's something that -- that's something that I want to highlight for today. I want to segue now into I believe we've put together a -- some poll -- a poll question, but I think I saw that pop up already.

OK. So this is the poll question that I have for you guys today, which is, which type of services can a state monitor advocate offer? Providing information to workers regarding labor laws, assisting a worker in making a medical appointment and arranging transportation, and/or advising a worker on health care or medical conditions.

OK. And I'll give you guys another few seconds. I just see a bunch of responses coming in still. And I see that -- okay. People are still responding or you're changing up your answers on me. I don't know what is happening here. I see the numbers fluctuating a little bit.

So okay. Still coming in. OK. So here are the answers. The answer -- this was a little tricky. The answers are one and two are the correct answers. OK.

The reason number three is not the correct answer, you do recall I said the word lanes a few minutes ago, and that was the main reason. We can make the referral for the worker to a health care provider or we can provide them information to educate them. That we can do. However, providing actual medical advice, that's something that should be left to the health care workers. OK.

We can assist and we can make that connection for them, but as far as talking about actual health care information, especially when we're talking about advice, that we should -- that we should leave to the – (inaudible).

So what I do is, if somebody were to ask me something about the vaccines, what I would do is, hey, I can get you the information regarding the vaccination to the CRVFHP or here is Ms. Pat's phone number. Give her a call, and see what she can do to answer your concern.

You make that referral, and just be careful not to actually give them the medical advice because the last thing you want them to do is somebody come to you and say, hey, you told me it was okay to do this. You're not a medical person. But that's the main point to this is always remembering what it is that you can help with and that you cannot help with.

So thank you guys, because a lot of you did -- had the two correct answers on that.

Do we have any questions right now based on this first few minutes? No questions at all? OK. Timmy?

MR. DUDLEY: Oh, thank you, Luis. We do have one question that came through – (inaudible) – the workers. "Are they allowed to leave the work site for personal reasons during non-working hours, or can employers force workers to stay at the job work site?"

I believe you were speaking to this question.

MR. CHANG: Yes. I need more specifics, as -- are you referring to these personal reasons being a medical appointment? If it is, yes. They are allowed. I mean, the only thing -- what some employers did put a restriction on this season, though, was on that. During the normal season, yes. They're allowed to leave and come back.

Last season, a lot of employers had restrictions on leaving the housing area and having visitors come into the housing area. A lot -- there was a lot of restrictions around that this past season due directly to the pandemic. Not for other reasons. And I hope that answered the question. I know that --

MR. DUDLEY: Thank you, Luis. And we can follow up with this question as well with more detail after the PowerPoint. But thank you.

MR. CHANG: Perfect.

MR. DUDLEY: Now, we're going to talk more about the migrant voucher program, and I'm going to pass it over to Ms. Mary Ellen McIntyre from the Massachusetts Health Center -- League of Health Centers.

MARY ELLEN MCINTYRE: Thank you so much, Timmy, and thank you, Luis, for your presentation.

My name is Mary Ellen McIntyre, and I'm going to spend the next few minutes speaking about -- on the statewide base of what's happening within your state in terms of agricultural workers and then the health care community that is there to provide support.

And so, good afternoon to all of you, and good morning to those of you in Hawaii. Aloha. I saw one of those messages go up, and I know it's still morning for you.

So very briefly, because I know some of this information may have been shared in the webinar number one, but I wanted to provide a picture of the supports that are available across the country. We happen to be located in Massachusetts and Connecticut. That's where our program is run. And then in particular, we -- the organizations that Amy and I work for, the Massachusetts League of Community Health Centers, it is strictly in Massachusetts and it is what's called a primary care association.

So we're in an organization of -- convening of community health centers across our state, and there are these primary care associations as well as health centers in each and every state across the country.

We've been around for, oh, my gosh, over 50 years, our organization. And we provide a lot of support directly to these community health centers, an array of activities, providing information, advocating on their behalf, providing training and education, technical assistance, providing them around workforce development, professional development support on all sorts of levels, from clinical support to front desk to customer service, all of that.

We work with health centers around expanding sites and services, so, where there may be a new site needed across each and every one of our states, and all the primary care associations across the country do very similar work.

We provide clinical quality initiatives where we could do deep dive into diabetes or hypertension or colorectal cancer screening. We have supports around emergency preparedness and management. Well, pre-COVID, it would be things in mind just like a hurricane, a fire earthquake, an active shooter situation, things like that where we would we would stand up resources to help community health centers and truly, to be honest, have them just help each other, because they're the experts.

So ways of getting together and then supporting around health information technology development. So really trying to create the right electronic medical record support for community health centers and their patients.

And one of the amazing things that we get to do is we stand up with Connecticut River Valley Farmworker Health program that Amy and I will talk about a little bit. But just wanted to frame it in this is a statewide, this is a nationwide system of community health centers.

In Massachusetts in particular, we have a mix of what's called these federally qualified community health centers. So sorry. I was just reading where the chats where someone was having sound and hopefully people can hear me.

And we have in Massachusetts 52 community health center organizations, including our own CRVFHP. So that's that Connecticut River Valley Farmworker Health program that we run. We have over 300 active sites across, not for our farmworker program particularly, but for Community Health Center.

We provide a broad array of services for medical, dental, behavioral health, substance use disorder, opioid use disorder, vision, pharmacy. We do it in school. We do it at farms. We do it at local WIC offices, so, Women Infant Children offices. And we truly try to provide culturally conscious and culturally sensitive health care to our patients through high quality care.

So and just the graphic in the middle is just a visual of the breadth of which our health centers are across the country. So we serve one in eight children across the country. And I know one of our colleagues from the National Association of Community Health Centers, is on the call as well. So there's great work that's happening in each one of your states out of our Community Health Center system. And we are thrilled to be able to manage the Connecticut River Valley.

Across the country, about one million agricultural workers receive their care, and we hope for it to be more, to providing that care to the agricultural workers through our Community Health Centers.

So very briefly, and I would be remiss if I didn't comment that we're all standing on the shoulders of the leaders who came before us and what we're able to do, to do what we can do going forward.

The history of Community Health Center is long and is rooted in racial justice since the civil rights movement and came out of, interestingly enough, apartheid South Africa, where two doctors went and, along with other amazing people, saw that they were community health centers being stood up there.

It was being tolerated, I would say, in community -- for community health centers for people of color because there was no alternative. This was back in the '40s in apartheid South Africa. The health centers were maintaining, improving the health status of the labor core, and it didn't cost a lot. So there was a reason why this was accepted in apartheid South Africa. And we brought this back into -- not we. I, unfortunately, was not around in this time, but it came out of the civil rights movement, the Freedom Summer and the War on Poverty.

I would just highlight that there's a quote here that was from H. Jack Geiger, one of the founders of the Community Health Center program in the Community Health Center movement that the poor get sicker and the sick get poorer. And I think that that for me constantly resonates. It is just -- it's such a cyclical process that -- and we get to be a part of the solution to break down some of these barriers and provide care to those who need it most.

The interesting thing with all of this talk, and it's so important to Community Health Centers, have never been more important as they have been through this pandemic in responding to the COVID outbreak that all of this is on the shoulders of the migrant health centers.

There was a Migrant Health Act that was passed in the early '60s that was established to provide care to migrant farmworkers. And out of that came the health center movement. And two leaders of that movement were -- and some of you may know, and maybe all of you do -- the important work of Cesar Chavez – (inaudible) – as co-founders of the United Farmworkers Union, who throughout their lives advocated on behalf of farmworkers through nonviolent tactics.

They were such an important aspect to where we are today. And just as a visual for you, I would just share that in the current White House Oval Office, there stands a bust of Cesar Chavez, and it was moved in the first day of the current Biden administration. So in thinking about what we can do moving forward together, we're definitely stronger together and I think we're in a really good place to support advancing our program.

I would just share one quote of the Cesar Chavez quote and then I -- that is one of my favorites. I have many that are my favorites. But he said, "The fight is never about grapes or lettuce, it's always about the people." And I think that, Luis, you spoke to that, the people that you -- the tooth issue. It's real things happening to real people as to why we're doing the work we're doing.

And I know I'm going to not say this right, but a quote of Cesar Chavez, "Si se puede," the translation of, yes. We can. So standing on the shoulders of those leaders and the health care champions like Ms. Pat, who Luis referenced, that we are all part of a movement, part of a network, and part of this partnership to improve the lives of agricultural workers and hopefully create pathways for you with the Community Health Centers to lift up your work as well.

Here's a visual of all the migrant health center programs across the country. There are even more Community Health Centers, but these are migrant health centers. Brick and -- they're not all brick and mortar. Some are like – (inaudible) – that Kasey and Amy are going to speak to and others. But there are this great network across our country of Community Health Centers and migrant health centers and homeless health centers and residents of public housing health centers that you can -- and hopefully get to know better, if you know them already, and get to know if you haven't had the opportunity to know them yet.

I will now toss this over to Amy for an in-depth -- for a review of our farmworker program. Amy?

AMY SHEPHERD: Thank you, Mary Ellen, and thank you, Luis, for your kind words. I just want to mention, along the lines of we all stand on the shoulders of those who came before us, Ms. Pat, Ms. Bronco (sp), there are so many people and program and you, Mary Ellen.

Prior to me joining the CRVFHP, Mary Ellen, you were in the field for many years with our partners. And you established so many relationships and evolved them, which made my job easy – (inaudible). And so, thank you. And those years predate Luis and me.

As Mary Ellen mentioned, the Connecticut River Valley Farmworker Health Program is a migrant health center, and our mission is to improve access to quality community-based primary care and other health-related services for the migratory and seasonal agricultural worker populations in the Connecticut River Valley.

This map you see here on the right, the white section on the map that runs from the top to bottom is the Connecticut River Watershed. It runs from Vermont to Long Island Sound. Surrounding this watershed is the largest agricultural region in New England, which is 3,970 square miles. And that's – (inaudible) – plant and harvest shade and broadleaf tobacco, apples, squash, berries, pumpkins, root vegetables. We have large nurseries and Christmas trees. That's just some of the crops. And there are approximately 17,000 agricultural workers and their family members in this region.

So the blue squares on the map are the seven counties that our partner agencies have health center locations, and many of them have multiple locations. Next to the star icons on the map are the names of our partner agencies, which are service access points enrolled in our program that we contract with. And the two pop-out squares on the map are the two lead locations. We have one, which is our oldest and home-based in Boston, Massachusetts, and one in Worcester, Massachusetts, which the latter there is closer to the valley and really has been key for us to use as a PPE distribution center during COVID. So we've been there quite a bit more than we had in the past.

Just a little bit more about our program and our partners. We were established in 1997, and we're a federally funded two-state 330g Migrant Voucher Program operating out of the Massachusetts League of Health Centers, which will just say The League now to make it shorter.

We're funded by HRSA, which is Health Resources and -- hold on a minute. I'm going to -- I mess this up all the time -- Health and Human Services, HRSA, which is the Bureau of Primary Health Care. We have a private donation fund, and we have several other sources of funding as well that has diversified during the pandemic. And our coronavirus supplement funds have really assisted us in being able to support our partner agencies and the workers and farm owners too.

We operate on a contracted service model. So we're not a brick-and-mortar 330g migrant health center. We partner with Community Health Centers, our partner agencies in Massachusetts and in Connecticut, and they provide primary services and enabling and outreach services, primary care services, when we think that, we could bring in the whole range of integrated care, that would be medical and dental, mental health, substance use disorders, pharmacy, specialty services, as needed and appropriate if it's in the health center or by referral, and then to be enabling an outreach services. Of course, that includes eligibility assistance for the marketplace and our program, health education, case management, interpretation, translation, transportation, and collaboration with the other agricultural worker programs throughout the valley.

So we are a very highly collaborative program, and we couldn't do any of this without our partners in the valley in Massachusetts and in Connecticut in the – (inaudible) – solution that make up our advisory council.

We also have a collaborative relationship with UConn Medical School, and for years they have been doing pop-up mobile clinics on farms in Connecticut. And with that, I'm going to turn this back over to Mary Ellen to talk about the governance requirements of the advisory council.

MS. MCINTYRE: Thanks, Amy. And, briefly, a component to our structure is that we have an advisory council comprised of migrant service organization representatives expertise across both Massachusetts and Connecticut. It is -- as Amy was showing on the previous slide, it is acquirement that we have for the funding, but if it wasn't a requirement, it would be something we would do anyway. Having folks like Luis on our advisory council who -- to provide input to us is essential.

So we have this advisory council member -- this advisory council group, and they advise us on a ongoing basis, feedback directly from the patients, from what they themselves are seeing on the ground. And they are truly the voices of the patients and as I know you are the voices of so many patients.

We are lucky that our advisory council is comprised of different expertise from legal, from housing, from health care, for education, agricultural worker, grower representatives, et cetera, from both Connecticut and Massachusetts.

Key to that is having state monitor advocates on our advisory council. They are truly essential contributors to our success and, in particular, as we know during COVID, that we need to meet the moment. The health centers -- the migrant health centers need to meet the moment. We are meeting the moment, and we are truly saving lives because we have that feedback directly from people like Luis on terms of what they know is happening on the ground during the pandemic.

The last thing I would say as I pivot it back to Amy to introduce the next section is that we know the reality, that during this pandemic, that COVID has disproportionately affected people of color and true this. We had -- we hope that it has shone a light on the preexisting inequities and structural racism that exists in our health care system and across our country that we can show some meaningful change and looking forward to seeing what we can build together over the coming days, weeks, months, and years to come with this amazing, strong partnership that you guys have stood up and our national association has supported and our other migrant service organization.

So thank you for this, and I'll pass it back, Amy, to you.

MS. SHEPHERD: Thanks, Mary Ellen. I'm just going to talk really briefly and just what's to come here.

Today we wanted to highlight partnerships during COVID-19 outbreak that we had in Connecticut through a case study and it was last year before we had a vaccine and truly so, so important to not just increase access to care for the workers but just to get access to the workers period with testing and making sure that they're safe and we could have the best possible outcome for everyone.

And during this time last summer, this was all new, the pandemic. How are we going to do things? Is it safe to do this? Who's doing this? So it was really having to look at everything that we're doing and remake the plane or -- while we're flying it. I'm sure everybody's heard that many times during the pandemic.

But really key in this outbreak response that Kasey Harding from Community Health Center, Inc. is going to present to all of you are two of our partner agencies in Connecticut, Community Health Center, Inc, and, of course, Community Health Services and Patricia Miles, Ms. Pat, Luis and his colleagues and so many other partners that came together to achieve the best possible outcomes and respond to this so quickly, this outbreak.

So without further ado, Kasey, who is an amazing leader and advocate for the farmworkers and our partner at Community Health Center, Inc. that led the clinical and field response for this outbreak is up next.

MS. HARDING: Hi, everyone. As Amy mentioned, I'm Kasey Harding. I'm the director of the Center for Key Populations at Community Health Center. We're based out of Connecticut, about to celebrate our 50th anniversary of services. And without taking too much time, because I know all of you will, of course, visit our website for more information CHC, I just want to give you a little bit of background quickly before we go into the case review.

CHC has 15 brick-and-mortar sites across Connecticut, as well as offices in Colorado and California, which I haven't been fortunate enough to visit yet. We have 190 school-based health centers, and we have a fabulous Weitzman Center that is sort of the research and education arm of our organization.

Within CHC is our Center for Key Populations, which provides cohesive services to populations that traditionally have experienced significant health disparities, usually related to stigma or discrimination. And so, CKP has programs that include serving individuals who experience challenges with housing, food insecurity, drug use, HIV and HEP-C, social determinants of health and accessing care, undocumented, and then, of course, the challenges that our migrant and seasonal workers have.

So we're so proud to be included in this presentation today because we really value the partnership that we've built through this program with our wonderful colleagues who are presenting with us and some of you are participating and some of you aren't here at all. But we really have such a strong collaboration that makes our work so much easier.

But there's always room to improve and grow and assessing challenges and using lessons learned, as my staff will tell you, is my favorite way to do that. So not only do we have the case presentation, but we also have just some things that we learned along the way that hopefully nobody else has to repeat. So I'm going to take you through some of our experiences in developing those partnerships.

The next slide I think just tells about -- a little bit about our team and, Timmy, I don't know if you can -- I'm not seeing the slide forward, but we -- as you can see, we have several providers on our team. We have outreach and engagement specialist, Joelle, who is our wonderful outreach worker but has recently been promoted to a program manager. We have our wonderful nurses, and then we have Doug, who's our logistics coordinator. So he's the one who organizes everything for us.

And on the next slide, it's just, again, a little bit of background to give you an idea of what we see most in our farmworkers program. So we do monthly field clinics, which we're hoping to increase over the next few months, especially during the growing season. We actually do clinics on site at CHC. So during the -- what I call the Christmas tree season in the winter, we transport people to our main brick-and-mortar sites because we can't do our little pop-up tents in the field.

And then we, unfortunately, over the last year haven't been able to do a lot of dental, but now, we're getting back to that. And so, we're hoping to do both mental -- sorry -- both mobile and on-site dental clinics to make sure that there's access.

And then just and I always find it interesting what our most common diagnoses are, and hypertension and exactly what you would expect, chronic pain and injuries, a lot of back injuries, dermatitis, skin rashes and things like that, respiratory issues, and then a lot of oral issues. And some of that is from workers not having access to dental services elsewhere.

So on the next slide, this is just -- I found it really interesting and someone pointed out yesterday as we were reviewing these slides that this is the impact on our health services, but it's also what our response is. And there are so many ways that we may take the lessons that we learned during COVID-19.

Obviously, it was an awful experience in most ways, but there were also things that we did and services that we were able to transform in ways that could potentially be really successful down the road after COVID is hopefully over.

So we converted everything over to telehealth visits, and we did that very quickly. In some cases, we provided phones to workers because that was the only way they could access services. The growers were phenomenal in letting us use iPads or different things related to technology that could potentially give better access to workers.

We still continue to do monthly outdoor medical clinics because, as you know, that was the safest way. So nobody was going inside of buildings, but we were wearing masks and shields and gowns and still going out and doing a lot of testing.

One of the things that happened in the scheme of COVID was that a lot of our prioritization had to move over to COVID testing and education and then in the subsequent months to the vaccinations and trying to get everybody vaccinated. And so, I think medical care sort of took a back seat for a little while, obviously, not in the acute sense but in the -- in managing chronic illnesses.

And -- but we also did develop really cool ways to do that. So using a lot of home monitoring equipment, blood pressure cuffs and A1C machines and bringing things out to the farms that we normally wouldn't have done really proved to be successful and proved to be something that we can continue moving forward.

On the left-hand side, I love that picture because one individual is holding his hands up like Rocky and was so excited to be in the picture. But there's also some challenges. So the lack of dental appointments was really hard because, again, that's such a high need, and we just couldn't respond to it because we weren't able to open our dental clinic for so long.

The specialists like GI or different specialty services, even X-ray and things, was so sporadic and limited that we kind of had difficulty getting patients into that. Of course, there were some travel and visa issues and trying to get test results in time to get people where they needed to go. And then testing hesitancy, as we'll talk about a little bit, and then just the sensitivity around what COVID meant for different cultures and making sure that we had the training and we could respond appropriately.

And so, I think the next slide starts us down our road to the case review, which is really interesting in hindsight. So it started around August 2020 when Ms. Pat, as you've heard a lot about, got -- called us, I believe it was around 9:00 o'clock at night, because one of the workers had tested positive for COVID. And at the time, her organization was unable to set up testing quickly at the site, and that's what we felt really needed to happen.

And so, Ms. Pat worked tirelessly with us, probably through the night, to make sure that the next day we could get out there with testers. And, as you recall, at the beginning of COVID, you needed clinicians and everybody had to be specially trained and you had to have a crazy amount of PPE. And so, it was really, really difficult. But we, probably within 12 hours, were out there conducting the testing.

And the worker who was tested was one of Ms. Pat's patients. But, obviously, she called over to CHC, and so, we moved in. So all of these workers -- and this speaks very highly about Ms. Pat. All of these workers were her patients or were Community Health Service patients, and Community Health Center was now coming in.

And so, as you could imagine, there was a trust that wasn't there with CHC quite yet. And so, Ms. Pat came out to the farm with us and other staff. Amy came out with PPE and cleaning supplies, and we really worked together to put the workers at ease and educate them about the importance of getting tested. And we were able to conduct 91 COVID tests that day.

We also handed out PPE. We talked to the growers about how they could contain the infection and what they needed to be doing in their kitchens and in different areas. Luis was there to provide support and guidance, and so, in this situation where 100 hundred workers didn't know who we were --

MS. HARDING: Sure. So just to follow the timeline, once we did the testing for the 91 workers, there were 33 positive test results. So as Luis just mentioned, that's the hard reality. It was a very harsh reality at this farm that there were now 33 workers who could potentially have symptoms but also who had to be quarantined and isolated and, again, living in conditions that did not make that an easy feat.

So Community Health Services and CHS continued to provide support to the growers. We had clinical calls with them explaining the CDC recommendations. We talked about symptom monitoring, gave them some -- at the time -- and remember, you couldn't go into a CVS and buy a thermometer. You had to kind of -- we were taking them from exam rooms and doing different things to get thermometers. But we wanted to make sure we were monitoring symptoms in that way.

And, again, Luis was instrumental in staying involved in this process. Ms. Pat worked with our Community Health Center team to make sure that these workers were with someone they trusted. If there was a call that needed to be made, sometimes she would make it ahead of us so that she could say, someone else was going to call other than her.

The positive -- the worst part about it was we got this 33 positive results and then could not contact the workers. We realized too late that they had all given the number of the farm, and so we went out the next day. This is -- DPH had already received the required documentation, which you have to do on every positive. And we went out the next day and gave the results in person along with food and PPE.

And I think Amy gave -- brought us Gatorade to hand out and, again, working really collaboratively with staff from the Jamaican consulate where a lot of the workers were from, with Connecticut River Valley Farmworkers Health Program, and then collaborating with the two FQHCs who were involved and making sure that all the resources we could possibly find -- and it wasn't a lot of the time -- were there for them.

On the next slide, we continue a little bit, and this is where it got a little challenging because there were -- again, we're working with a population who already experiences discrimination in the areas that they live when they go to the grocery stores. And now, we have a state agency involved who perhaps doesn't really understand the culture of the farm.

When we went out to do 33 tests for the -- this particular farm for individuals who, for whatever reason, hadn't gotten the original test, there were local politicians and the Department of Public Health was calling the farm and the growers and trying to do contact tracing. And so just as we were starting to develop some trust, a local politician stood in front of the sign at the farm and gave an interview on the news.

The governor had, unfortunately, disclosed that there was an outbreak, and I believe might have even named the town -- at a farm in this town. And so, really trying to deal with what information needed to be out there, how to keep the farmworkers safe, how to ensure that the growers got what they needed in order to support the workers.

And one of the best stories is that the grower, when we were initially talking to them, they were like, oh, my gosh. What are we going to do? And then one of them ended up getting a trailer from someone so, two of the individuals could sleep there and not in the farm style rooms. And so, they really were ingenious and tried to do the absolute best they could.

The 33 COVID tests that came back were all negative, which is a very good indication that that initial isolation occurred quickly and without too much fanfare. And then the town sheriff brought in police to investigate the outbreak and the Department of Public Health, again, started to make phone calls.

And so, all of this speaks to the real communication that had to happen between all of the partners and the support that had to be provided with one unified message that we were going to support the workers, that we were going to give them the resources they needed, and that they could continue to trust us, even as these things were unfolding that really were beyond our control.

As -- August 25th, we went out and we screened and assessed for symptoms. And, again, this all came about because everybody was working together and we were making sure that there was a relationship built with not only the workers but with the growers to make sure, because, again, remember they're losing their workforce or having to isolate their workforce or having to have them work in certain quarantined areas, and that put a strain on them.

In August we had a follow up --

MS. HARDING: And so, as you can see, I think we might be running low on time, but I'm not quite sure.

So by September 3rd, the farm outbreak was declared over, and the growers were instructed that they could go back to congregate living and bring their workers back. And I think it's always important to highlight that the growers were really -- demonstrated a lot of courage in doing what was asked of them, getting the resources they needed.

And so, although there are definite challenges to living and working on the farm, in this case, they really responded appropriately, and we were able to contain the outbreak and had negative testing throughout the next few months.

On the next slide, I think we talk about -- and I don't want to take too much time -- but the challenges. And again, Luis spoke to, coordinating communication between a state agency, local health officials, the governor's office. There were so many people involved, and it was such a -- sort of an environment of just fervor, and everybody was trying to do -- working 24 hours a day trying to do everything. But really protecting privacy and relationships with the farms was the priority. And I think that that became clearer and clearer as more people got involved.

Also, the up-to-date information had to be to the growers. They're hard to reach, so are the workers. And so, we had to get that information to them, and we certainly didn't want them to see anything anywhere else. We wanted them to get it from us. But also, reaching the actual workers was almost impossible. And so, making sure that we had the resources to do that in person with staff who was already working 24 hours a day.

So I think you can imagine how many phone calls and how many visits out to the farms and trying to staff last minute events. And then, again, to Luis's point of maintaining those trusting relationship, even as you're trying to build the plane while you're flying it.

On the next slide, we talk about -- I talk a little bit just about some additional challenges. But what I really want to go to is the lessons learned, which is two slides forward. I don't know if, Timmy, you can move to the next slide, please. Oh, sorry. I'm sorry. Go back once. Sorry about that.

So lessons learned is protecting the relationships with the growers and the community partners, which we just talked about, making sure that you're collaborating. And so, in this case, there were choices that were made to either collaborate or to kind of protect your own turf. And I think in this case, everybody really came together, or at least the people with a real interest in getting the access and the care to the farmers came together and did what we needed to.

So I had never registered a patient before, but I learned how to register patients in our -- in the electronic system that the national government was using. We learned -- everybody learned how to give education and to talk about the testing hesitancy, because, as you can imagine, when you hear someone's positive as a worker and you need to get that money to go back to your family, you don't want to take the test because there's a chance that you're going to be told you can't work for the next two weeks.

And so, having those really hard conversations, knowing when it wasn't your place and you needed to pull someone like Ms. Pat who had developed a trust over the last 20 years with workers, knowing when to pull growers in and ask them to help with certain things like letting us come in at meal times and things like that. I think we assumed DPH always had the most up-to-date information, and that wasn't true.

There were times when we had the most up-to-date testing information, when we knew what the growers were doing and we knew it was being contained and done in a helpful way.

We probably -- and this is probably on me. We underestimated the growers and the farmers because they were capable. They got the information, and they did what they needed to. There was a lot of really annoying language about, well, they're going to still go out and go shopping, even though they have COVID, and they're going to spread it to everyone. And there was this chatter that was just unfounded and inexcusable. And I think this outbreak, if anything, proved how wrong that was, and that was really important.

Ongoing communication with the growers. So we still have this great communication. When it came time to do vaccines, there was no question. Yes. Come out and do it or, yes. We'll go over to Community Health Services and get a vaccine over there, or whatever they needed to do, that's what they were going to do.

So I think I'm passing it back off to Amy now.

MS. SHEPHERD: I think that we could probably end the presentation together, Kasey. So many lessons learned; right? I think that one of the things that you were just saying that really resonates with me is that, from last season and all of the awareness that was raised with all of the multilateral stakeholders and relationships that weren't preexisting -- we didn't have a relationship with the local and state EPH or the governor's office.

And so, putting in all that work and trying to find common ground, understand each other's lanes, but really understand the unique needs of migratory and seasonal agricultural workers and then respecting those and understanding and partnering with us to do, say, what your health center does best, what ours does best, and instead of coming in and saying, this is just the way this is going to happen, and kind of that panic reaction that was happening in a lot of, I would say, Department of Ag, DPH.

It's just really turned around this year. And now, during that time that they recognized that, they actually contracted with a consultant from the CDC Foundation, a subject matter expert on COVID-19, who talked to everybody involved in this outbreak to say, how could we have done this better? And they implemented a lot of new things to assist and now have monthly meetings with partner agencies to see where testing is needed. Where is vaccine needed? Can we disseminate health education that you have through our Ag weekly newsletter? Can we provide referrals? Can we have more information?

So I would say that applying the lessons learned happened throughout the year because -- but really since the season started in the last couple months here is, I think, where we could see a lot of those achievements resulting from the work put into that outbreak.

And I just wanted to mention just a few pointers that Kasey -- that you had mentioned when we spoke for everybody in situations like this.

Don't be afraid to overcommunicate when you are trying to collaborate with your partner, especially during a pandemic, because it reduces the crisis. It encourages collaboration.

Be honest and transparent, when possible. Give as much information as possible, when appropriate, how appropriate, not breaking the bar. Make expectations clear, and meet your commitments. Deliver on commitments, and communicate delays as needed. Understand everyone's goals and lanes.

Introduction, when you're meeting new partners, ask individuals to give their name, organization and their role with respect to whatever it is you're working on. Offer knowledge, resources, and guidance freely, and be willing to share as much as possible. Don't be afraid to say, I don't know, or, I'll have to go back to you with that information. Never lose that personal touch. And remember, that face to face is important. We spend time and effort to build trust in partnerships.

MR. DUDLEY: All right. Thank you, Amy and Kasey. And do we have any questions at this time? I know there's one question that came up during that presentation.

"Do workers have to pay for any of those services?" And I believe Amy is going to take care of that question for us.

MS. SHEPHERD: Is this question in relation to testing during the outbreak? Potentially, it's a Kasey question. I can speak to it – (inaudible).

MR. DUDLEY: I believe it came up for the services on the slide where we had the dental services, and it was going over a lot of the services that regularly are offered. So --

MS. SHEPHERD: Oh, I see. Yes. Yes. So workers, we have eligibility just like other migrant service organizations. So agricultural workers and family members that are eligible enrolled in our program that go to our partner agency health centers, more often than not, are not going to be charged because they are typically 100 to 200 percent below the federal poverty level. So in Massachusetts they do qualify for the marketplace in many situations.

But those -- any services that are not covered by the marketplace or federal program for the vaccine, absolutely specific to our program. And that's what we are here for, to support. That's the voucher medical component of our program to reimburse for covered primary care services, if it can be – (inaudible).

MS. HARDING: Yes. No. I think you covered it.

MR. CHANG: Amy, I think that your -- you had originally answered that in the presenter chat. So that takes us back down to – (inaudible).

MR. DUDLEY: Thank you. Are there any other questions at this time?

All right. I believe we have a poll question. Which of the following scenarios do you believe falls within the health care professional lane? A, referring the worker to the labor representative, B, scheduling medical appointments and providing and/or arranging transportation, C, providing health, education and continuing care coordination, D, all of the above, and, E, none of the above?

We'll give you guys a few more seconds to answer. All right. And most of you do have it correct. It's D, all of the above.

MS. SHEPHERD: Or everybody had it correct.

MR. DUDLEY: Yeah. And now, just -- we just wanted to provide some of the contacts for some of our presenters today, if you wanted to reach out to learn more about a lot of the items they discussed and how this could possibly be implemented in your state.

So on the first slide, we have Mary Ellen McIntyre, her contact information, and also on the file share, you're able to download this PowerPoint. So you have the PowerPoint. You can reach all of this information. Amy Shepherd's contact, Kasey Harding, and then also two individuals who weren't on the call, Joelle Isidor and Marwan Haddad as well, who can be great contacts as well for reaching out thinking about implementation for some of these and working with health centers within your state.

We wanted to provide this resource to Find A Health Center at HRSA.gov. So please do use this website to be able to find a health center -- all the health centers within your state. It's a great resource here.

And then also, looping is back around to the Ag Worker Access Campaign as a whole. So we wanted to just make sure you have this webpage as well, which connects a lot of the items that we talked about today as well. So got this in the first part. We wanted to make sure that you still had it.

And there's always our Agricultural Connection Community for the monitor advocate system, and we will likely be adding a lot of these resources to our monitor advocate system resources page. But, as always, farmworker.workforcegps.org for our full Agricultural Connection Community.

And any final questions? I see a lot of typing going on in the chat. There anything you could think of for our presenters while you had them on the line? But, as always, you do have their contacts here to reach out to them.

And as I said, you can download this PowerPoint in the file share, and we will also have the recording in the transcript from this presentation available to you shortly as well.

If there are no final questions, I want to thank you all for joining us in this presentation. I want to thank all of our presenters for taking the time out to share this information with us. And I will pass it back to Jon for the technical closeout. Thank you all.

(END)