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Health Misinformation: Preparing for the COVID-19 Vaccine

By Claire Hutkins Seda, Migrant Clinicians Network

While millions of doses of COVID-19 vaccines are being manufactured and distributed, so, too, are social media posts, YouTube videos, conversations, and blogs with misinformation about the vaccine. A new report from First Draft, a nonprofit focused on misinformation, found that Spanish-language COVID-19 vaccine narratives on social media were varied, and voiced concerns primarily with political and economic motives; safety, efficacy, and necessity; and morality and religion.[1] Among agricultural workers, the majority of whom speak Spanish, it is not clear how many health misinformation messages they encounter nor with what frequency, but clinicians across the country are reporting that agricultural worker communities are misinformed around COVID-19 overall, and about the vaccine specifically.

Throughout the US, misinformation about the COVID-19 vaccine has become widespread and continues to rapidly circulate and evolve. Clinicians serving agricultural workers and other vulnerable populations can improve the health and well-being of their communities by equipping patients with basic media literacy tools to identify and debunk alarming health messages that may be incorrect. Improved communication and trust between health authorities and the community may also result, which in turn sets the stage for effective rollouts of the COVID-19 vaccine despite a media landscape riddled with false health information.

Practice Cultural Competency: Understanding Diverse Messages

On a recent Migrant Clinicians Network (MCN) webinar on the topic of misinformation, Habacuc Petion, a volunteer with Wicomico County and Salisbury Maryland's COVID-19 Vulnerable Populations Task Force, and a local advocate for immigrant workers, noted that in his Haitian community, misinformation about the protective qualities of aloe against COVID-19 are common, which may deemphasize critical preventative measures like physical distancing,

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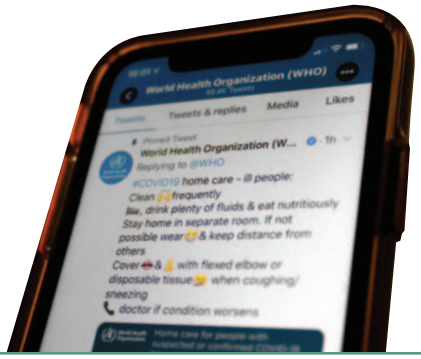
mask use, and hand washing. In North Carolina, Gayle Thomas, MD, medical director of the North Carolina Farmworker Health Program, found that her agricultural worker patients resisted going to the hospital, as rumors had spread that those who go to the hospital never recover. While this concern is rooted in truth – those sick enough to go to the hospital have a higher rate of death – the consequence of the rumor may be avoidance of care while sick with COVID-19, which may drive the death rate even higher. Both incidents point to individual communities' unique approaches to and concerns about the pandemic – and the related misinformation that is spawned from those concerns — which require clinicians to both anticipate the community's reactions and to work to meet those concerns.

Most agricultural workers are Spanish-speaking, and nationwide, in First Draft's recent analysis, COVID-19 vaccine misinformation in Spanish-language social media was mostly categorized in "political and economic motives," reflecting mistrust in government bodies providing a safe vaccine. The report points out that confidence in national governments is low in Latin America, potentially contributing to this narrative. Increasing anti-immigrant policies and commentary, coupled with a history that includes government-sponsored medical research such as the Tuskegee Syphilis Study and the involuntary sterilization of poor, limited-English-proficient women as experienced by the Madrigal 10, have created confusion and fear within immigrant communities. A resurgence of historical trauma and distrust is occurring especially as migrant and seasonal agricultural workers are being prioritized for the fast-tracked federally sponsored COVID-19 vaccine in some area.

Language Presentation and Message Access

In December, Eva Galvez, MD, MCN's Board Chair and a family physician at Virginia Garcia Memorial Health Center in Hillsboro, Oregon, told National Public Radio (NPR) Morning Edition that "the information that we're reading in different media platforms is often not in a language or [at a] literacy level that my patients can understand." She added, "When people don't have access to accurate information, they rely on other platforms – word of mouth, social media – and those are often not accurate."



"The information that we're reading in different media platforms is often not in a language or [at a] literacy level that my patients can understand."

Heather Kathrens, Refugee Mental Health Coordinator for the Maryland Department of Health's Center for Global Migration and Immigrant Health, similarly emphasizes that language is key. Kathrens works closely with refugee populations through the health department. "What I see is a lack of professionally translated information," Kathrens said. "At the health department, we constantly urge people to go to trusted sites," like the Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO), but many of those sites lack translated information in the languages they need, she said. When critical messages are translated, it is often only in Spanish. "Are we doing it in Spanish, when really the community is mainly Haitian Creole? … When it's a Korean neighborhood? It's really [about] knowing your community," she added. Notably, some agricultural workers from Latin America may speak an indigenous language as their first language, and Spanish as a second language, communicating in Spanish but with a lack of fluency that may reduce their understanding of complex health messages. As contact tracing and vaccination efforts expand, well-translated and low-literacy health information in all the languages represented in the community is critical.

Once the information is translated, then efforts must continue to get this information out. Among agricultural worker communities, with minimal access to the internet, local newspapers, or television news, and little integration with local rural communities, local radio shows may be one of the only sources of news, beyond word of mouth and some social media. Federico Subervi-Vélez, PhD, media and communications expert and Honorary Associate/ Fellow of Latin America, Caribbean, and Iberian Studies at the University of Wisconsin-Madison, encourages community health centers to partner with local radio to provide health messages from local trusted health authorities like clinicians directly to the community through radio. Dr. Subervi-Vélez noted that in the US, "Spanish-language radio, for the most part, does not provide much of any news – and that's one of the problems." MCN's recent public service announcements in Spanish may assist local communities; each short announcement provides basic health information about COVID-19 in a template form. Local communities can download and tailor the public service announcements (PSAs) to their own community. (See resources for links to the PSAs).

How Clinicians Can Combat Misinformation from the Health Center

"More thinking than liking." That is the summary of Dr. Subervi-Vélez's personal approach when encountering a health message on social media. "Take the time to get information and to check the sources of your information before you get alarmed," he added. Because of poor communication on the national level, including from top leaders; a growing mistrust in traditional print media; and the increase of reliance on social media as a news source, individuals find themselves vetting health information on their own, rather than rely on media authorities to do the vetting for them. Vaccines are now a hot-button issue, one that was largely settled as a safe and effective health intervention just 10 years ago.

The introduction of uncertainty around vaccination in the last decade fueled by social media with the rise of the "anti-vax" movement, layered over the wildly varying health misinformation about COVID-19 overall, may further sow distrust and anxiety among those who are eligible for the vaccine.

MCN's new resource, "Deconstructing Health Messages," guides a person who has encountered a health message to identify and evaluate its accuracy and authenticity.

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Caroline Johnson, FNP

Caroline Johnson, FNP:
Inaugural Recipient of Kugel and Zuroweste Health Justice Award

By Claire Hutkins Seda, Migrant Clinicians Network

The Kugel and Zuroweste Health Justice Award is an annual award given to a migrant clinician within the first five years of service. Applications for the 2021 award will open in the spring. To learn more about the award, hear Johnson's acceptance speech, or donate to the award fund, please visit: https://www.migrantclinician.org/Kugel-Zuroweste-Health-Justice-Award.

"I've been underestimated most of my life," admitted Caroline Johnson, FNP. As Clinical Director at Proteus, Inc., Johnson says her successful career supporting the health of thousands of migrant agricultural workers in Iowa each year almost didn't happen: she barely graduated college, and she struggled to get into nursing school. After six years working at a doctor's office while attending night school, she was finally accepted into a nursing program, after which she worked for six years as an ICU nurse. She then returned to school for her family nurse practitioner certification and took a position as a pediatric home care nurse.

"My first assignment was a baby who was born at 24 weeks, days after his mother had migrated from Honduras," Johnson recalled. She worked with the family daily, as they navigated post-NICU appointments and complications. "It was then that I realized the weight of the inequalities in our system." She shifted her career to push back on such inequities and focus on vulnerable populations, finding Proteus, a community health center that serves thousands of agricultural workers and their families with health care, education assistance, and job training in Iowa, Indiana, and Nebraska. Johnson had found her ideal position, as Clinical Director — but she had to further "beat down the door" of management to convince them that she was the right fit for the job. She joined the team in 2019.

In the earliest weeks of the pandemic in the US, the virus had already begun to sicken workers at meat processing plants around Iowa. Despite the outbreaks, state and federal authorities delayed implementation of emergency regulations to protect essential food workers on the job. In many parts of the country, workers still lack regulations. Johnson and her team began to fill the gap, developing farm-centered strategies for the thousands of agricultural workers that Proteus serves. Proteus contacted farm owners and contractors to help them develop and implement strategies to protect the safety of agricultural workers around the Midwest. They also contacted the governor's office, eventually building a multi-stake-

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Corn Harvesting: An Opportunity to Reset

By Claire Hutkins Seda, Migrant Clinicians Network

After detasseling corn, some of Iowa's migrant agricultural workers return to Mexico for a two-week break, before riding the bus north once more at the start of the corn harvesting season in the fall. After an outbreak in a camp that resulted in hospital admissions, Caroline Johnson, FNP, from Proteus, Inc. in Iowa recognized an opportunity to slow the advancement of COVID-19 by carefully orchestrating agricultural worker return through a close collaboration with a farm owner and by leaning on the partnerships that Proteus had already built with the state's laboratory and other local and state health authorities.

At one large family-owned operation, the workers return from their break to their communal living facility that houses around 600 H2A agricultural workers in bunkbeds, with locker-room style bathrooms and communal dining halls.

"We developed a strategy to assign workers to a particular seat on the bus for the entire ride by a numbering system," Johnson explained. "Once they arrived, Proteus would be there to test." They also did an initial screening; any worker who screened positive, regardless of test results, was isolated. All other workers were provided hotel rooms, food, and water as they awaited test results. A worker shared a hotel room with just one other worker, again according to the numbering system, to minimize contact between workers during the wait. The state laboratory, with which Proteus had collaborated, was alerted of the expedited nature of the tests. Those who tested negative returned to the communal housing. Any worker who tested positive was isolated in trailers owned by the farm owner, to be retested ten days later. Those who were in close contact with a positive worker – as determined by the numbering system — completed a quarantine and were retested on day ten, before returning to the communal housing. Finally, anyone who needed a retest on day ten and tested positive were isolated for ten more days in farm-provided housing or in a hotel, and with air conditioning and a water supply – with the stipulation that initial workers who tested positive should not overlap with any workers who newly tested positive.

"And, it worked," Johnson said. "We did not have outbreaks during the harvest season at this farm. Our relationship with the [farm owner], as well as the willingness of our state lab to expedite results for this testing event, helped keep farmworkers safe."

Strategies for Addressing Intimate Partner Violence During the Pandemic

By Claire Hutkins Seda, Migrant Clinicians Network

Intimate partner violence (IPV) can be difficult for a clinician to identify or address with a culturally competent and trauma-informed approach during a brief encounter, whether in the exam room or during an outreach visit. Because of their migratory status and rural locations, migrant agricultural workers or family members experiencing abuse from a partner frequently have trouble accessing resources and support: they may have newly arrived and are unaware of community-based organizations or health centers with IPV programs; they may have few opportunities to meet community members or outreach team members because of partners' control; and they may have no transportation options to leave their rural farm housing to get help. Additional barriers — like cultural and language differences, fear of revealing immigration status, a lack of health insurance — further reduce a victim's ability to seek and access help. COVID-19 has added yet another hurdle.

As the shelter-in-place orders reduced communication outside of one's direct household, abusers had opportunities to increase the power and control exerted over their victims, says Lisa James, Director of Health with Futures Without Violence, a non-profit working to end IPV. "Limiting access and further isolating, misrepresenting or overstating the rules in place, limiting hand sanitizer – the big picture is controlling the narrative of the pandemic in a way to further control and isolate their partners," James said. "As always, [this includes] interfering with access to services like health care visits, and that's true in a pandemic or not."

Simultaneously, health centers around the country had to pivot to virtual appointments, which may have disrupted workflows and strategies that aimed to address IPV. As early as April 2020, James says that Futures Without Violence began receiving many requests from health centers, clinics, and individual clinicians around the country seeking strategies and special considerations for addressing IPV in the context of virtual visits,

which posed unique safety and privacy considerations.James and her team at Futures quickly shifted to adapt their recommendations for a newly all-virtual world.

Safety and Privacy

This new approach starts with the set-up of the virtual visit. "If someone is in a controlling relationship, the person who is trying to control them might be in the room, and also might be monitoring calls, texts, chats, and computer access, so many survivors don't have access to digital privacy," James noted, which complicates any virtual approach to care. "It's absolutely critical to check and make sure it's a good time to have a telehealth visit, make sure they find a safe space to talk, that privacy is secured as much as possible before any conversations about violence or abuse." Futures recommends very specific practical ideas to make sure a patient can stay safe and maintain confidentiality: if children are present, Futures suggests having the children wear headphones while they watch or listen to entertainment. If a partner may be monitoring calls, Futures provides information on how to delete text history or clear the browser's cache. If a patient is referred to a community-based organization focused on abuse, the victim is recommended to program the contact information of the organization as the name of a grocery store or a common female first name.

Universal Education

Futures believes strongly in universal education around IPV, even during virtual visits. "Because of the stress of COVID-19, we're sharing this information with everybody, so that you can share with a friend or family member," is how James recommends framing a conversation about abuse. Futures has multiple scripts and tools specifically for the virtual encounter on how to broach and continue the conversation. "[Virtual visit recommendations] mirror what is a longstanding practice of ours, which is universal education on how violence and abuse and unhealthy relationships impact health – and having that conversation with everybody, without asking for disclosure," she said. "They might not be ready to disclose, but they can receive the information – and that's even more critical during the pandemic."

If a patient does decide to disclose abuse, the clinician can provide support and an altered care plan that takes into consideration the coercion or interference that the victim may be facing. Futures has text-based tools to help share information on where to get help or forward it on to others. "We shifted our usual approach to one that's more mobile and really engaging the patients as partners in prevention." James notes that, despite the pandemic, most IPV support organizations are still operating and ready for referrals. She recommends that health centers connect regularly with local community-based organizations with which they partner, to get updates on any COVID-19-related changes in the referral process that clinicians can then relay to patients, so the process is clear for all parties.

Removal of Barriers

James noted that the pandemic has created an intimacy and emotional connection that in some ways benefit the patient-provider relationship, building trust and allowing for an easier bridge to talk about IPV. "One of the things that we heard from health care providers was that because of the seriousness of the pandemic and how quickly people shifted to virtual – and what a privilege it is to see [patients] in their homes or from their cars – our health care providers reported that there was a breaking down of barriers," James noted. Emotional check-ins at the start of a visit "is so natural during the pandemic, and [lent] itself to an easier transition to the universal conversation on IPV."

While the COVID-19 vaccine provides a glimmer of a return to normalcy on the horizon, with in-person clinical encounters, virtual visits will not soon be dismissed, as the infrastructure has been developed and ease of use obtained. Regardless of the format of an encounter, perhaps the benefits of a levelled relationship between patient and provider will linger after the pandemic retreats.

RESOURCES

Read Futures' numerous resources developed specifically for health center staff partnering with local IPV programs, including more information on telehealth and IPV: https://ipvhealthpartners.org/covid19/

Access Futures' resources on COVID-19 and IPV, including hotline and patient-forward information: https://www.futureswithoutviolence.org/get-updates-information-covid-19/

Watch the archived webinar presented by Futures and MCN on migrant agricultural worker populations, IPV, and COVID-19 and more: https://bit.ly/3pKpdhZ

Futures will host several learning collaboratives specifically for clinicians: https://www.futureswithoutviolence.org/health/nationalhealthnetwork

Futures Without Violence

Futures Without Violence operates the National Health Network on Intimate Partner Violence and Human Trafficking, funded by the Health Resources and Services Administration (HRSA). The National Health Network works with health centers and systems to support those at risk of experiencing or surviving intimate partner violence (IPV) or human trafficking (HT) and to bolster prevention efforts. In 2020, Future joined a cohort of twenty other National Training and Technical Assistance Partners (NTTAPs), including Migrant Clinicians Network. NTTAPS provide training and technical assistance to address the operational, clinical, access, and technology needs of health centers.

The National Health Network on Intimate Partner Violence and Human Trafficking offers health centers training on trauma-informed and healing-centered services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving IPV and HT. Learn more about the National Health Network on IPV and Human Trafficking: https://www.futureswithoutviolence.org/health/nationalhealthnetwork and visit www.IPVHealthPartners.org for health center and IPV program resources.

IPV and COVID-19

Intimate partner violence is the physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, according to the CDC. A recent special report from the National Domestic Violence Hotline said that total contacts to the hotline increased nine percent during the early COVID-19 months, with many victims specifically calling out COVID-19 as a condition of their experience. Ninety percent of those who contacted the hotline said they were experiencing emotional or verbal abuse; 61 percent experienced physical abuse; 24 percent experienced economic or financial abuse; 16 percent digital abuse; and 11 percent sexual abuse. Read the full report at: https://www.thehotline.org/resources/a-snapshot-of-domestic-violence-during-covid-19/ Visit the CDC for more on what IPV is: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.htm

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Clinicians can share the interactive tool or print out the one-page abbreviated version to hand out in the clinic. Clinicians can affirm the underlying emotions that drive the response to misinformation – fear, anxiety, anger – and reinforce basic accurate health messages. The interactive version of the tool presents five primary questions to ask about a health message, developed by the Center for Media Literacy, around authorship, format, audience, content, and purpose. Each of those questions are accompanied by related resources that are tailored to immigrant and migrant audiences like agricultural workers. Authorship, for example, is paired with a reverse image search tool and a WhatsApp Health Alert offered by the World Health Organization; WhatsApp is a popular platform among immigrants in the US for communicating with family members in home countries, and may be more utilized than other common platforms like Facebook. (See resources, below.) Clinicians can empower patients with basic media literacy through these tools.

Bigger Picture: Reducing the Effect of Misinformation

Data deficits on COVID-19 due to the short timeframe in which the virus has spread, coupled with inconsistent and conflicting messaging from state and government sources, may have contributed to the rise of misinformation around COVID-19. Both concerns may be shifting. As we enter the second year of the pandemic, researchers have a better grasp on the mechanics of the virus, and approved vaccines have testing phase research and early track records as they have been rolled out. Using that research, the new administration has an opportunity to get ahead of misinformation with solid, consistent, and reliable health information. But "it's not just at the top where it's imperative," insists Dr. Subervi-Vélez. "It's also from senators, from governors, from local state senators and representatives, from city council people." Local media, he adds, has the obligation to pass on these health messages to communities. He warns that misinformation will continue to be rehashed but "great quality messaging, all the way down to local officials and medical staff" will be key in shifting the narrative toward science. Clinicians, while not media experts, are trusted local authority figures with specialized knowledge in their fields, who can help patients and the community as a whole to prioritize science-based health messages to ensure the COVID-19 vaccine rollout is successful. ■

This printable flyer, Deconstructing Health Messages, is also available as an interactive tool where each question is accompanied by more information and directs the view to resources. Visit https://bit.ly/3lVxcGL. This flyer, along with the Health Misinformation webinar, were supported by our partnership with the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) that focuses on COVID-19 prevention, control and mitigation, and is funded by the Centers of Disease Control and Prevention and the University of Minnesota. MCN has already documented numerous best practices on COVID-19 at health centers and health departments on our blog. Visit www.migrantclinician.org/blog.

Deconstructing Health Messages

The analysis encouraged by these *Five Key Questions*, developed by the Center for Media Literacy (CML), can inform the decision-making or actions that we may take in a media-driven world.

1 AUTHORSHIP

Who created this message?

- What are the various elements that make up the whole?
- How would it be different in a different medium?
- What choices were made that might have been made differently?

2 FORMAT

What techniques are used to attract my attention?

- What is the viewpoint? How is the story told?
- Are there any visual symbols or metaphors?
- What's the emotional appeal? How is it persuasive?

3 AUDIENCE

How might other people understand this message differently?

- How does this message fit with your lived experience of the world?
- What reasons might a person have for being interested in the message?
- How do different people respond emotionally to this message?

4 CONTENT

What lifestyles, values or points of view are represented in, or omitted from, this message?

- What type of person is the reader / listener invited to identify with?
- What questions come to mind as you watch / read / listen?
- Are any ideas or perspectives left out?

5 PURPOSE

Why was this message sent?

- Who's in control of the creation and transmission of this message?
- Who are they sending it to? Why are they sending it?
- Who is served by or benefits from the message?

MCN **More from MCN:** www.migrantclinician.org / **More from CML:** medialit.org

Resources:

Access MCN's resource, Deconstructing Health Messages: Five Key Questions as a handout and as an interactive online tool, along with its associated resources related to each question, at: https://bit.ly/3lVxcGL

Watch the archived webinar on health misinformation in English here: https://bit.ly/36XgSRJ

Watch the archived webinar on health misinformation in Spanish here: https://bit.ly/37KiZaS

Access MCN's public service announcements on COVID-19, in Spanish, here: https://bit.ly/3oDxlkb

You can see how other communities have used these PSAs by listening to one community's tailored PSAs here: https://bit.ly/37RTWCS

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1 Smith R, S Cubbon, and C Wardle. Under the Surface: Covid-19 Vaccine Narratives, Misinformation, and Data Deficits on Social Media. First Draft. 12 November 2020. Available at: https://firstdraftnews.org/long-form-article/ under-the-surface-covid-19-vaccine-narratives-misinformation-and-data-deficits-on-social-media/

Practical Solutions:
Migrant Clinicians Network's New Projects

By Claire Hutkins Seda, Migrant Clinicians Network

In 2021, Migrant Clinicians Network will be hard at work to fight for health justice by developing and disseminating practical solutions for clinicians and the vulnerable populations they serve. COVID-19 will continue to be at the center of much of our work. Here's a rundown of just a few of MCN's newest projects.

- Our longstanding partnership with the Ventanilla de Salud (Health Windows), a health initiative sponsored by the Mexican government and housed within each of the consulate offices around the US, is growing. One of the most successful initiatives is the adult immunization project in coordination with the City of Austin Health Equity Division. Through this alliance, vaccines are made available free of charge to adults seeking services inside the Mexican Consulate in Austin. The Women's Resilience Initiative has grown out of the need to hold the annual Women's Leadership Conference virtually in 2020. As a result, monthly meetings will be held through Zoom and broadcast over Facebook to women in Austin and other communities served by the Ventanilla.
- MCN is excited to initiate a five-year partnership with Rutgers and the State University of New Jersey, Center for Public Health Workforce Development. MCN will facilitate trainings for clinicians in community health centers and the communities they serve in Puerto Rico in order to support disaster preparedness, recovery, and response with the overall goal of improving worker health and safety. This collaboration is part of the National Institute for Environmental Health Sciences (NIEHS) Worker Training Program.
- MCN will further advance its important efforts in training workers to stay safe on the job through our Susan Harwood Training grant in 2021. Funded by the Occupational Safety and Health Administration, this grant emphasizes capacity building within MCN and among our partners and we look forward to collaborating with two Ventanillas de Salud programs in Texas and California to train workers on important topics like infectious disease, heat-related illness, and chemical safety.
- MCN's new collaboration with the University of Texas, Austin, will look to develop psychosocial support services for young adults in Central Texas. As a result of a survey that was conducted with emerging adults, the need for accessible psychosocial support services specifically for this age group was identified. Support/affinity groups will be established early in the year to provide young adults with a platform to share support and learn about available resources.
- MCN is already hard at work as partners in the National Resource Center for COVID-19 Contact Tracing, Prevention, and Mitigation Programs for At-Risk Refugee, Immigrants, and Migrants in the United States. This Centers for Disease Control and Prevention-funded program is a multiagency collaboration between the University of Minnesota, Center for Global Health, the Minnesota Department of Health, and the International Rescue Committee.

MCN's active blog regularly reports out on new projects and partnerships, along with the resources and tools that are developed. Visit www.migrantclinician.org/blog to read and subscribe.

Caroline Johnson, FNP continued from page 3

holder daily task force that included the governor's office, the Department of Homeland Security, the state laboratory, and workforce development organizations, to coordinate and enact agricultural worker protections and testing. Daniel Hoffman-Zinnel, CEO of Proteus, began a facemask drive, and the health center eventually collected and distributed about 15,000 masks to workers around the state. Critically timed, the Health Resources and Services Administration (HRSA) provided additional funding that went directly toward Proteus's COVID-19 response and testing efforts and advanced their initiative to begin testing agricultural workers in late April.

In mid-May, an agricultural worker tested positive for COVID-19. He had been living with six others in a farm-provided trailer. After his positive test was returned, Proteus arranged isolation housing at a hotel and provided the isolated worker with food and personal items. Proteus also tested 20 workers who were in contact with him and provided quarantine housing along with food and personal items. Of the 20 tested, seven additional cases were uncovered; those workers moved into isolation housing, and continued to receive food. Meanwhile, the employer had 50 other workers on the farm. Proteus partnered with the local and state health depart-

ments to move quickly on testing all other workers at the site. With this proactive effort, the outbreak was quickly extinguished, all COVID-19-positive workers recovered, and work disruption was minimized. The workers expressed gratitude for the provided care, which went beyond just isolation but ensured that workers had their basic needs attended to, a step that further builds the relationship between the workers and the health center.

In hopes of avoiding an even bigger outbreak, as the harvest season approached, Johnson developed a best practice to test, quarantine, and isolate workers. Johnson's efforts caught national attention including from the CDC, and the protocol was written up as a best practice, which will support other communities in curbing infection among mobile agricultural workers. (See ***Corn Harvesting*** on page 3 for more information on this best practice.) The Proteus team, so far, has tested almost 3,000 agricultural workers, and has provided education on prevention strategies and supplies to stay safe. "Caroline has made an incredible impact not only at Proteus and with the agricultural workers she serves, but in the broader health community," Hoffman-Zinnel and others wrote of Johnson. In a video celebrating Johnson's efforts, Hoffman-Zinnel emphasized: "Caroline, you have saved lives."

In 2020, MCN selected Johnson as the inaugural recipient of the Kugel and Zuroweste Health Justice Award, in recognition of her dedication to health justice in her community. Named after Candace Kugel, FNP, CNM, MS, and Ed Zuroweste, MD, two longtime MCN supporters, staff members, and champions of health justice, the award seeks to recognize a "rising star" in the world of health justice. As part of the award, Johnson received $1000. In December, MCN hosted an online celebration of Johnson, during which coworkers and collaborators shared stories of Johnson's commitment to her community's health in the time that she's been Clinical Director.

For her part, Johnson remains more committed than ever. "Winning this award has reinvigorated me," Johnson said.

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calendar

March 12, 26, April 9
Special Populations Roundtable: Health Center COVID-19 Vaccine Program
Offered by a collaboration of National Training and Technical Assistance Partners including MCN
https://bit.ly/3aUc5CD

March 15 – 18, 2021
2021 Policy & Issues Forum
Presented virtually by NACHC
https://www.nachc.org/conferences/policy-and-issues/

March 17 – 20, 2021
National Hispanic Health Conference
Presented virtually by National Hispanic Medical Association
https://www.nhmamd.org/2021-hispanic-health-conference

March 22 – 26, 2021
Virtual Migrant Stream Forum
The three regional Stream Forums are combined and presented for free virtually
http://www.ncfh.org/virtual-forum.html

March 22 – 26, 2021
Migration and Health in the Time of a Pandemic
Virtual conference presented by University of Texas Medical Branch, Galveston TX
https://www.utmb.edu/migrants/home

May 4 – 7, 2021
Annual Rural Health Conference
Includes a one-day Health Equity conference
https://www.ruralhealthweb.org/

May 5 and 19, June 2 and 16
2021 Patient Engagement Learning Collaborative
Offered by Migrant Clinicians Network; Registration forthcoming
https://www.migrantclinician.org/trainings.html