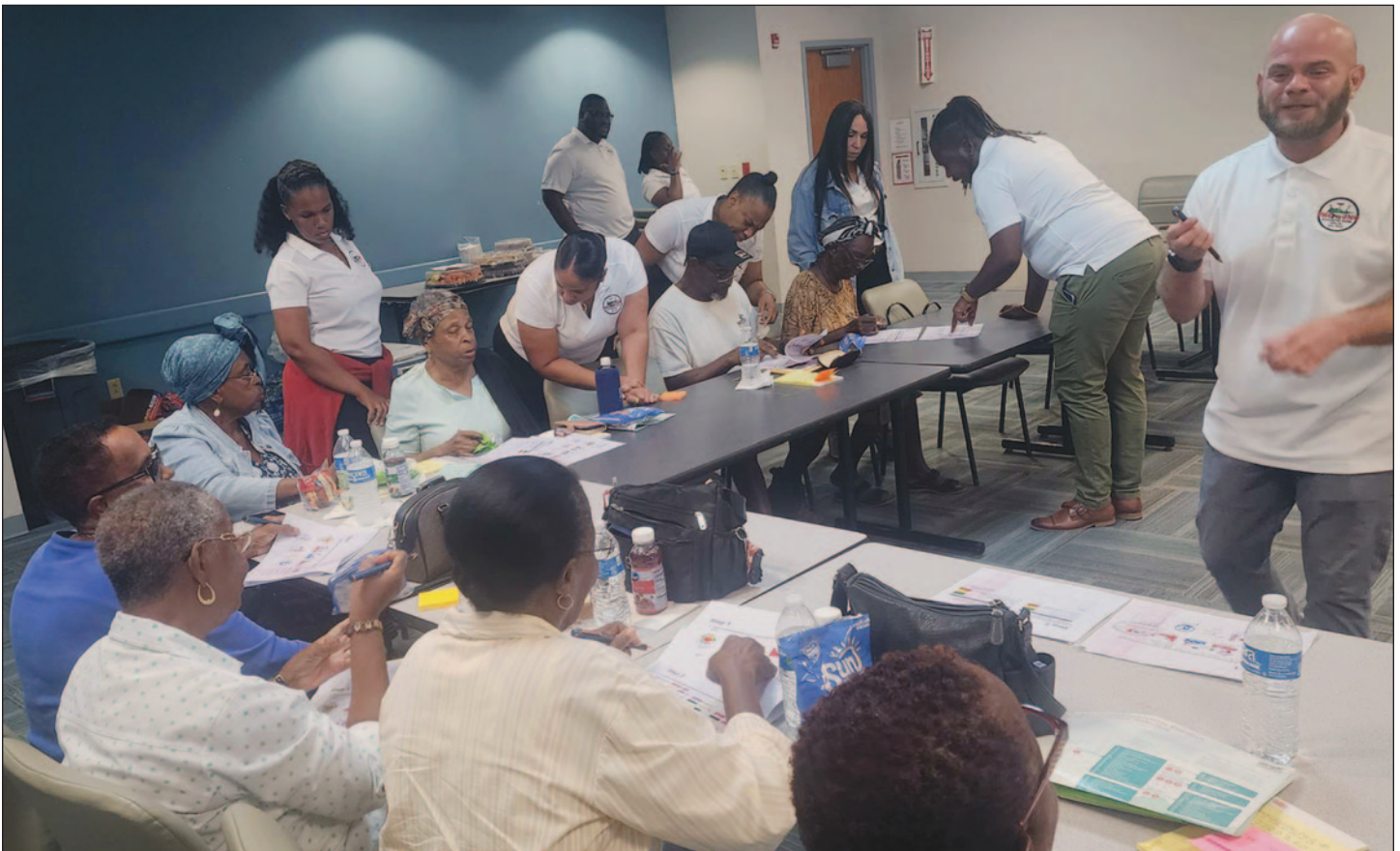


streamline



Division of Social and Community Partners (DSCP) staff members at The Capacity Building Town Hall at Juan Luis Hospital conducting a risk analysis of climate change events. Courtesy of Frederiksted Health Care Inc.

As the Climate Crisis Advances, This Outreach Team Pivots to Meet Their Community’s Needs

By Claire Hutkins Seda, Director of Communications, Migrant Clinicians Network

May 2024 was the warmest May ever recorded globally and was the twelfth consecutive month of record heat.¹ In the United States, May was 2.1 degrees Fahrenheit above average.² Across the Caribbean, it was hot and wet. Saint Croix, part of the US Virgin Islands, saw back-to-back days of heavy rains and flooding, and on May 6, over 10 inches of rain fell – the third wettest day on record for the island. This rain was accompanied by

extreme heat: on May 5, St. Croix recorded a heat index of 116 degrees Fahrenheit. While the heat kept coming through the summer, residents found they were frequently unable to cool off because of regular power failures.

“The infrastructure isn’t ready for [the] heat,” explained Aisha-Jamila Mussington, MPA, CCM, Director of the Division of Social and Community Programs at Frederiksted Health Care, Inc., a community health center

in St. Croix. “It’s become so normalized now — the power just shuts off. And not everyone has the ability to have a generator.” Without consistent power, the ability to cool off or to keep medications and needed foods cool is compromised. Consequently, those without generators, people with chronic illnesses and mobility issues, and people who spend significant time outdoors like agricul-

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The DSCP Coordinator conducting street outreach to a Homeless Health participant distributing water during an extremely hot day. Courtesy of Frederiksted Health Care Inc.



DSCP staff members conducting community outreach engaging patrons, farmers, and fishers of the local community market with information about climate change and health care. Courtesy of Frederiksted Health Care Inc.

tural workers, construction workers, and people without homes are at highest risk of heat-related illnesses. As climate change progresses, outreach teams are pivoting to address the growing health risks associated with climate in their regions, even when it is not what the team had initially set out to do.

Frederiksted Health Care, Inc., with five sites across the island, serves roughly a quarter of the 41,000 residents of Saint Croix. Mussington's team started off running the health center's Ryan White HIV/AIDS program, with outreach around prevention, testing, and treatment. "But we have expanded into the medical continuum," Mussington noted. Their health program for people without houses features a "one-stop shop clinic" every month along with essential support services and case management, showers, clothing, and hot meals. They have a harm reduction program featuring a needle exchange. They also have a partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) to provide education and awareness on mental health.

When Migrant Clinicians Network reached out to the health center to consider a pilot project focused on disaster preparedness with agricultural workers and farmers as the focus, however, Mussington and her team quickly signed up, and found a tremendous need.

"Tools that could help [the agricultural community] deal with climate change, but also better their health outcomes – it's something that is very new for us, but we see how necessary it is and how the linkage is not too far off from your everyday life," she said. "We can definitely be impactful for that community." A recent town hall for the agricultural community, for example, uncovered great concerns about hurricanes, heat, and food scarcity; without this new emphasis on climate disasters, the team would not have known that their community was seeking assistance in those areas.

Their efforts are tailored to the community, both in terms of the community's needs, and leaning on the community's strengths. A strong farmer's market culture and an emphasis on local food – most crops on St. Croix are grown to feed the island, and not for export – made Frederiksted's farm-to-

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table program an obvious and successful next step. Partnering with a local farm and a local restaurant, the outreach team used a farm-to-table eating experience as an opportunity to help the community see the sobering long-term impact of extreme weather farmers are experiencing on the food they eat.

Partnering with Migrant Clinicians Network through a grant with the US Department of Agriculture's National Institute of Food and Agriculture, Frederiksted Health Care, Inc. completed a needs assessment, which informed the training that MCN provided in the form of "train the trainers" – meaning MCN provided trainings for Mussington's team, who then further disseminated the training to individuals involved in agriculture. MCN contributed all the resources and materials for educational community activities and also provided technical assistance along the way, to ensure smooth implementation of the training, and ensured documentation and evaluation throughout the project.

"Climate change is rapidly increasing the health threats faced by agricultural workers and their families. It exacerbates preexisting health conditions and intensifies the social determinants they already struggle with," said Marysel Pagán Santana, DrPH, Director of Environmental and Occupational Health and Senior Program Manager for Puerto Rico at Migrant Clinicians Network. "Frederiksted Health Care is leading the charge by integrating climate health risks into their outreach programs, demonstrating how health centers can adapt their efforts to address these emerging challenges."

"Caribbean communities are experiencing daily the effects of this phenomenon," noted Myrellis Muñoz Marquez, MPH, Puerto Rico Program Manager at Migrant Clinicians Network. "They need to have access to reliable resources and best practices to protect their health and safety. Agricultural communities have a series of vulnerabilities that increase the urgency for these educational interventions."

While the Caribbean has experienced numerous years of detrimental climate-related disasters, most communities across the United States have also been affected by one or more disasters in recent years, and climate models indicate that few communities will be spared. Frederiksted provides a roadmap for other health centers, demonstrating that approaches need to be developed at the local level to take into account not just the types of disasters the community may experience, but the unique threats, needs, and resources surrounding such a disaster that the agricultural community may have. Climate outreach efforts do not have to start from scratch; like Frederiksted, health



Nursing staff of Frederiksted Health Care Inc. conducting biometric screening during an outreach event where local farmers and fishers congregate to sell goods. Courtesy of Frederiksted Health Care Inc.

centers can augment their pre-existing outreach programs to incorporate climate realities, even if the current outreach programs are unrelated to climate.

Here, the Migrant Clinicians Network team that worked closely with Mussington and the Frederiksted pilot project offers practical actions that health centers can take:

1. Identify and get to know the community you will reach: Even if you believe you know the community, or you consider yourself a part of it, reflect on your perceptions of this group, their environment, and their potential needs. Use this example Empathy Map from GameStorming to guide the reflection: <http://bit.ly/3N7vemQ>
2. Introduce yourself to the community: Engaging with a community implies planting, cultivating, and nurturing a relationship based on trust and communication. Let them know your intention of listening to their issues, worries, and needs to build on their existing capacities and knowledge with resources and solutions.
3. Create a participatory space to understand their needs: Even when communities are near each other, their perception of climate-related risks vary. Use our Community Risk Assessment, in English and Spanish, to understand vulnerabilities in your community: <https://www.migrantclinician.org/resource/community-resource-mapping.html-0>. You can use the World Café method: <https://theworldcafe.com/tools-store/hosting-tool-kit/>
4. Guide them in a conversation to find out and document their strengths, weaknesses, opportunities, and threats with our

Community SWOT Analysis, in English and Spanish: <https://www.migrantclinician.org/resource/swot-analysis.html>. Document their resources. We have two community resource mapping templates in English and Spanish:

<https://www.migrantclinician.org/resource/organization-materials-resource-mapping-template.html>

<https://www.migrantclinician.org/resource/community-resource-mapping.html-0>

5. Seek to bridge gaps with workshops, initiatives, technical assistance, and resources. In agricultural communities, some of these activities can be sustainable farming workshops, water conservation programs, integrated pest management (IPM) training, agroforestry projects, health screening fairs, community gardens and nutrition programs, emergency preparedness training, and farmer support groups. Use our manual Designing Community-based Communication Campaign for ideas, templates, and more: <https://www.migrantclinician.org/resource/designing-community-based-communication-campaigns-manual.html> ■

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Needs assessments can reveal what new communities are needing most to be healthy. MCN's highly customizable communications campaign resources include how to conduct a needs assessment.

Shifts in Demographics: Anticipating, Responding, Meeting New Needs at Community Health Centers

By Claire Hutkins Seda, Director of Communications, Migrant Clinicians Network

Geopolitical dynamics and demographic shifts in rural communities can often lead to friction in communities, as well as new and unmet health needs for which health centers and their outreach teams need to be ready, nimble, and active. For example, in recent decades, as dairy farms have consolidated and industrialized, farms have had a growing need for labor outside of the farm family, and few in the community are interested in such work. Dairy farms regularly state that labor is their biggest challenge, and immigrants have often filled the need. Over half of dairy workers are now immigrants.¹ In many areas, Guatemalan workers are stepping up to take dairy jobs: informally as unauthorized workers, through the H-2A temporary foreign worker program, or formally as year-round authorized workers. Many arrive without experience with dairy farms or handling large livestock, and some speak no English and limited Spanish. “If K’iche’ is not spoken on your dairy, it is just a matter of time before it will,” said an industry news article.² Training in these highly dangerous environments is essential, but it’s unclear if farms have sufficient trainings that are linguistically and culturally appropriate for their workers.

Immigration raids at a meatpacking plant in Nebraska in the early 2000s left JBS, the conglomerate that owns the plant, with insufficient numbers of workers willing to take the

difficult, dangerous, and low-wage work at the plant, so they hired Somalis, who have legal status as refugees, to replace the Latinx workers.³ Over time, Somalis have begun working in meatpacking plants around the country. Complaints at a Colorado meatpacking plant against working conditions that did not accommodate prayer times eventually led to a \$1.5 million settlement in a lawsuit against Cargill.⁴ Companies and coworkers alleged that such accommodations slowed down production and put undue stress on non-Muslim workers, who struggled to meet the demands of the job with fewer people during prayer time, all of which led to tensions between ethnicities on the plant floor.⁵

Many regions, particularly in Florida and the Northeast,⁶ have seen an influx of Haitians, many of whom are authorized to live and work in the US under their Temporary Protected Status (TPS). Haitians began receiving TPS after a 2010 earthquake devastated the small Caribbean nation. Numerous natural disasters, an unstable government, extensive poverty, and widespread violence continued to destabilize the country, leading to expansions and renewal of the program for Haitians under presidents Obama and Biden. Legal challenges prevented former president Trump’s administration from effectively ending TPS.⁷ The community of Springfield, Ohio, has struggled to accommodate the increase in population, despite their integration into the economy,

admitted Ohio governor Mike DeWine, echoing concerns voiced that services like health care were insufficient for the abrupt population rise: “What the companies tell us is that they are very good workers. They’re very happy to have them there, and frankly, that’s helped the economy. Now, are there problems connected? Well, sure. When you go from a population of 58,000 and add 15,000 people onto that, you’re going to have some challenges and some problems.” The community was under the magnifying glass after the unfounded rumors of Haitian immigrants eating pets was repeated in the presidential debates, which increased harassment and led to fear in the Haitian community.

Health centers can play an important role in anticipating and concretely addressing the many concerns that arise when a new community has begun to grow within the health center patient population. In the case of Haitians, Venezuelans, Ukrainians, Afghans, and others with refugee or Temporary Protective Status (TPS), groups are often settled together to create the nucleus of a community, noted Deliana Garcia, Director of International Projects and Emerging Issues for Migrant Clinicians Network. Consequently, a health center and its outreach team that is already struggling to care for Spanish-speaking farmworkers may begin to encounter Haitians in a very short timeframe, for example. “Programs need to be nimble

enough to recognize changes, and then to shift with those changes,” she concluded.

In each of these three examples, a change in demographics precipitated a cascade of challenges to the health and well-being of the community: occupational health risks that were amplified by linguistic, religious, and cultural barriers; health care access issues; conflict and tension between segments of communities; and the health impacts of anti-immigrant rhetoric.

Here are some resources to assist:

- Occupational Health Risks** can be reduced when primary care providers understand their patients’ occupations and adjust their differential diagnoses accordingly.
- Ask about occupation: Use MCN’s “EOH Screening Questions” resource which is available in English and Spanish, and in an EHR-friendly format: <https://www.migrantclinician.org/resource/environmental-and-occupational-health-screening-questions-primary-care.html>
 - Describe what you do for work.
 - Are there any physical activities that you do – at work or away from work – that you feel are harmful to you?
 - Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at work or away from work? Do you think these are harming you?
 - Build partnerships with local employers: During COVID, outreach teams and local employers partnered to keep workers safe. These relationships take time to build and maintain, but it is important to build trust and connection between health centers and local employers to effectively reach workers with health messages and services.
 - Read MCN’s article on community-based partnerships to address health and safety, in the American Journal of Public Health: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2021.306323?journalCode=ajph>
 - Watch MCN’s archived webinar on lessons learned from COVID-19 on creating and sustaining partnerships: <https://www.migrantclinician.org/webinar/health-equity-what-covid-19-can-teach-us-about-creating-and-sustaining-partnerships-between>
 - Other MCN resources to use:
 - MCN’s comic books are image based and low literacy, on critical topics like dairy farm safety, pesticides, respiratory health, and much more. Available in English and Spanish. www.migrantclinician.org/comics
 - Many of MCN’s vaccine and respiratory disease resources are highly customizable to make them relevant to one’s specific community needs. Includes resources for print, social media, and more. Most are available in English,

Spanish, and Haitian Creole. <https://www.migrantclinician.org/covid-19-vaccine-awareness-campaign-resources>

- See MCN’s Environmental and Occupational Health resources on various topics that may apply to newly arrived migrants who may be working in dangerous industries with which they have minimal experience:
 - Heat: <https://www.migrantclinician.org/explore-environmental-justice-and-worker-health/heat.html>
 - Climate Justice: <https://www.migrantclinician.org/our-work-climate-crisis/climate-justice.html>
 - Dairy: <https://www.migrantclinician.org/immigrant-dairy-worker-health-and-safety-seguridad-en-las-lecherias.html>
 - Avian flu/H5N1: <https://www.migrantclinician.org/avian-flu.html>
 - Pesticides: <https://www.migrantclinician.org/explore-environmental-justice-and-worker-health/pesticides.html>
 - Workers’ Compensation: <https://www.migrantclinician.org/explore-environmental-justice-and-worker-health/workers-compensation.html>
 - Wildfires: <https://www.migrantclinician.org/our-work-environmental-justice-and-worker-health/wildfires.html>
 - Environmental Education: <https://www.migrantclinician.org/explore-environmental-justice-and-worker-health/environmental-education.html>

Health Care Access continues to be a struggle for many migrants and immigrants.

- Understand some of the major barriers that migrants face that interrupt their health and limit their access to health care even when they need it on MCN’s Migrant Health Issues page: <https://www.migrantclinician.org/explore-migration/migrant-health-issues.html>
- The SDOH Academy, a collaboration of which MCN is a part, has numerous archived webinars on the role that social determinants of health play on patient access and health. <https://sdohacademy.com/>
- Anti-immigrant rhetoric results in health concerns and may cause immigrants to avoid health care for which they are eligible. MCN’s Words Matter campaign features first-person videos in English and Spanish, five deep-dive blogs on the research about anti-immigrant rhetoric, and a webinar series for clinicians to learn to support their immigrant and migrant patients: <https://www.migrantclinician.org/wordsmatter>



Photo by Earl Dotter.

Language and culture considerations can reduce health risks.

Resources

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How Does Informal Communication and Misinformation Influence Migration?

A Health Network Case Study

By Claire Hutkins Seda, Deliana Garcia, and Laszlo Madaras, MD, MPH, Migrant Clinicians Network

Claudine* was nine months pregnant when she arrived at the US-Mexico border with her husband and her three children in January 2021. She, her husband, and her first two children had left Central Africa seven years prior, moving to Brazil for migrant jobs in construction ahead of the 2014 World Cup. She gave birth to her third child in Brazil. When work became scarce and their immigration status expired, they began a multi-year trek, traveling through the dangerous Darién Gap, across multiple

international borders, and across over 6,000 miles, to the US border.

At the time of their arrival, immigration through the US-Mexico border was heavily impacted by the COVID pandemic, and most asylum seekers were barred entry, but because of her pregnancy, she and her family were granted humanitarian visas. After release from detention, Claudine was brought to an immigration shelter where a certified nurse midwife provided prenatal care, possibly the first such care of her pregnancy. Healthy Babies, Children, and Mothers, an initiative of MCN's Health Network, provides in-person triage at the immigration shelter with the nurse midwife

for newly released asylum-seeking pregnant women. Then, MCN's on-site Health Network Associates enroll patients into Health Network so that prenatal and other care can be arranged while they are moving to their final destination within the United States. Health Network is MCN's award-winning, highly cost-effective virtual case management program that provides migrants with culturally competent support, treatment navigation, appointment set-up at health centers, medical records transfer, and connection to social services in their receiving communities. Without Health Network, hundreds of migrants like agricultural workers, asylum seekers, and others who need to

* Patient's name and identifying details have been anonymized or generalized to protect the patient's identity.

move before their treatment is complete would struggle to find or maintain care.

While at the shelter, Claudine went into labor and was transferred to the local hospital. One day later, she was released and returned to the shelter. The nurse midwife, concerned about a disruption in postpartum care and well-child visits, enrolled Claudine in Health Network.

Brenda, Claudine's Health Network Associate who accompanies the nurse midwife to the immigration shelter, was able to enroll her on-site. Claudine told Brenda that she and her family would travel to a Northeastern state. Brenda was concerned that the family did not have sufficient clothing or resources to endure the harsh winter conditions of that region. Unlike at the border, the Northeast was experiencing severe cold and the family did not have experience with winter weather, particularly with an infant, but Claudine was insistent. She pointed to the successful integration of her uncle, who had ended up in Connecticut, where he connected with a local office of a national nonprofit dedicated to refugee care. The nonprofit connected him with housing, health care, and other resources. Claudine was determined to follow his path, even as her own uncle discouraged her.

As part of enrollment, Brenda spoke with Claudine's uncle as an "anchor contact," a person with a strong connection to the family who is established. The anchor contact helps Health Network stay connected with the migrating patient in case direct communication with the patient fails during migration. Her uncle implored Brenda to stop Claudine from migrating to the Northeast, emphasizing the extreme winter weather conditions for which the family was unprepared. When Brenda raised the concern, again, Claudine declined to change her plans. She had heard from others, via informal channels, that migrants were living good lives in the area. Her uncle's own success in resettlement confirmed the information she had heard. The advice of migration health professionals, even combined with her uncle's advice, did not deter her from moving despite the dangers.

In the absence of formal migration paths, migrants depend on informal information channels, particularly instant messaging platforms with low barriers to entry and usage like WhatsApp, to make migration decisions. In many cases, this provides critical networks for newly arriving migrants, but the information can be unreliable or, in some cases, incorrect. In 2023, for example, social media posts claiming that the US would admit more migrants after a deadly fire at a Mexican detention center led to a thousand migrants asking for asylum, despite ongoing closures at the border at the time that would disqualify them from asking for asylum.¹

Misinformation or disinformation among migrants spreads quickly, anonymously, and inexpensively. Additionally, social media may depict a quick migration or an easier life in the United States, but in one survey of Venezuelan migrants, 59% of respondents reported that they would not have begun their migrations to the US had they known what they had learned during and after migration, indicating, say the authors of the report, that "many Venezuelans on the move through Central America made ill-informed decisions about the risks and dangers they would face on the route, and that they were poorly prepared to deal with the migration processes in their destination countries."²

Resources

Battling Mis- and Disinformation:

Clinicians serving migrants and immigrants can equip patients to understand what misinformation and disinformation are, and the steps we can take to protect ourselves, our fellow health care workers, and the public, from their negative impacts. While migration-specific misinformation remains a critical concern, misinformation is also frequently shared inadvertently in relation to other emerging topics like infectious disease and vaccination, climate change, and the 2024 election. Migrant Clinicians Network's Misinformation and Disinformation page includes resources like quick written primers,

videos, presentations, and MCN's Five Key Questions handout, available in English and Spanish: <https://www.migrantclinician.org/misinformation-and-disinformation-toolkit-clinicians-and-public-health-workers.html>.

Learn More about Healthy Mothers, Babies, and Children: <https://www.migrantclinician.org/healthy-babies-children-and-mothers.html>.

Health Network is available for any migrants with health concerns, moving before they can complete their treatment. Learn more about Health Network and how to enroll patients on our website. The information is also available in Spanish. <https://www.migrantclinician.org/healthy-babies-children-and-mothers.html>. We regularly host webinars on Health Network. Watch our Upcoming Webinars page to find out: <https://www.migrantclinician.org/webinars/upcoming>.

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More Migrant Health News and Resources:

Visit the Migrant Clinicians Network Website

View All Resources and References on One Page

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MCN's Blog:

Clinical News Between Issues

Migrant Clinicians Network offers clinicians and health advocates a deep dive into issues of migrant health and health justice in its active blog, Clinician to Clinician. Access the blog and subscribe: www.migrantclinician.org/blog

MCN's Popular Webinars

Our webinars are free of charge for participants, and many are accredited for continuing education, and available in English or Spanish.

Visit our webinars page to access upcoming webinars or watch archived webinars: <https://www.migrantclinician.org/education-and-training>

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November 19, 2024

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for Enrolling Patients into Health Network**

Migrant Clinicians Network

Online Webinar

<https://www.migrantclinician.org/webinars/upcoming>

December 3-5, 2024

Fall Agricultural Worker Health Symposium

National Center for Farmworker Health

Tampa, FL

<https://www.ncfh.org/symposia.html>

December 8-11, 2024

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<https://www.ihf.org/education/conferences/ihf-forum>

February 5-8, 2025

Policy & Issues Forum

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