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- Ms. Diaz stressed that the Council has work to do. Farmworkers are still sick, and they still have problems accessing the health system. The Council needs to listen to promotores and voices that are silent.
- Ms. Phillips Martinez said it was helpful that Ms. Naqvi organized her presentation around the HRSA priorities, because that is how the Council needs to frame its recommendations. It was also helpful that Ms. Juárez presented policy recommendations at three levels. The disconnect between policy and reality is grave. The Council and health centers are in the best position to bring farmworkers' voice to the policymakers.
- Mr. Morgan stated that that the MSAWs his health center serves are a small part of the larger Latino community, which has similar needs and challenges. He asked whether farmworker health could be linked to the larger picture.
  - Ms. Paul said Mr. Morgan's question highlighted the importance of the health center program. Health centers are the one place where anyone can be served, regardless of employment status or insurance, because they are not permitted to turn anyone away. It is important to hold onto that, and make them more accessible. Promotores play an important role in making people aware of the services that health centers provide.
- Rev. LaBarge said the Council must be mindful that its focus is MSAWs. MSAWs are only a small percentage of the patient population at most health centers. The Council's recommendations apply to health centers that receive funding as MHCs.
- Ms. Diaz stated that language barriers make it difficult for MSAW board members at her clinic to be actively involved.
  - Mr. Garcia said that every board member should be encouraged to speak up.
  - Ms. Phillips Martinez asked if HRSA has capacity-building resources that could facilitate more meaningful participation by farmworker board members.
  - Ms. Diaz suggested that Title VI requirements could be used to provide documents in languages other than English. The health center needs their voices in its board meetings.
  - Ms. Castro noted that there is no requirement to hold board meetings in English. Board meetings at her health center are held in Spanish, with discussions in both English and Spanish. It is important to ensure that board members can participate. Translation should be provided, if it is needed.
  - Ms. Andrés-Paulson stated that NACHC offers a pre-conference training program on how to be an effective board member. The NACHC meeting in Washington, DC had a session on legislative advocacy and one on MHCs. Her health center provides funding for board members to attend the NACHC conference, and they provide an on-boarding program to ensure that new board members are engaged and involved. It is the responsibility of board members to help others be more vocal.
- Ms. Castro said it was helpful to have a framework for the Council's recommendations. Ms. Naqvi's presentation highlighted the importance of more uniform data collection and a more informed intake process. Ms. Juárez provided important context and policy options.
- Mr. Morgan noted that it is difficult for MSAWs to be board members, because they move and they are a minority on the board if the health center is not an MHC. Eastern states are different from those in the west—farms are smaller, and many farmworkers are African American. Health and language problems are also different. He asked how the Council can deal with those differences when it makes its recommendations.











































