



SPARC Committee
 Tuesday, October 2, 2018
 9:00 a.m. – 10:00 a.m.
Tim Rine, Chair

Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Tim Rine	A
II. Approval of Agenda	<ul style="list-style-type: none"> Executive Summary 	Tim Rine	A
III. Approval of Minutes	<ul style="list-style-type: none"> July 2018 SPARC Meeting 	Tim Rine	A
IV. Immigration Update	<ul style="list-style-type: none"> Immigration Memo 	Liz Oseguera	I
V. Public Charge	<ul style="list-style-type: none"> Public Charge Memo 	Liz Oseguera	I
VI. Migrant Health	<ul style="list-style-type: none"> Migrant Health Coordinator Report 	Liz Oseguera	I
VII. SDOH - PRAPARE - Housing - NPLH Update	<ul style="list-style-type: none"> SDOH Memo 	Michael Helmick	I
X. Special Populations - Title X - Women's Health - HIV		Amy Moy, Essential Health Access	I
XI. Rural Health Events	<ul style="list-style-type: none"> Running List 	Michael Helmick	I
XII. Adjourn		Tim Rine	I



EXECUTIVE SUMMARY

Date: September 20, 2018
To: Special Populations, Agricultural and Rural Committee (SPARC)
From: Elizabeth Oseguera, Senior Policy Analyst

MEMORANDUM

Immigration Update

- On August 31st Judge Hanen issued a ruling on a multi-state lawsuit filed by Texas against the federal government for establishing the 2012 DACA program. The ruling denied Texas's request for a preliminary injunction, meaning that DACA continues to be in effect for renewals.
- On September 7, the Trump administration proposed new rules that would dismantle the protections established under the Flores Settlement to allow immigrant children to remain detained with their parents while their immigration case is pending. This would allow immigrant children to be detained for months to years.
- CPCA led a small coalition of nine other organizations to submit written recommendations to the Attorney General's office regarding the model policies they are required to draft under SB 54, the California Values Act.

Public Charge

- Under the leaked version of the rules, the Trump administration would consider virtually all federal, state, and local public benefit programs in the public charge determination if the benefits were means-tested or supported day to day living expenses. **HRSA has confirmed that the sliding fee scale will NOT be considered as a public benefit under the proposed public charge rules.**
- Earlier this year CPCA reached out to AAPCHO and NACHC to create a national immigration workgroup that would help inform other state PCAs and health centers about immigration policy, such as public charge, while also helping to inspire advocacy and align the health center voice on these issues. We currently have over 200 members across the country.
- CPCA has created the PIF Funded Coalition, where we work with over 12 organizations to help create resources and trainings for community members who are looking to get involved with advocacy efforts against public charge. The coalition includes organizations such as SEIU, CPEHN, California Immigrant Policy Center, California WIC Association, California Food Policy Advocates, and Asian Americans Advancing Justice.

Migrant Health Coordinator Update

- CPCA is working with Farmworker Justice to develop a workshop proposal for the Migrant Forum regarding the threat to the public charge rule, and how agricultural workers and their families may be impacted.
- On August 9th, the 9th Circuit Court of Appeals ordered the Environmental Protection Agency (EPA) to ban the highly toxic pesticide chlorpyrifos within 60 days.

- There is concerning federal legislation that attempts to reduce oversight of the H-2A visa program, which could lead to greater exploitation of these workers.

Social Determinants of Health (SDOH)

- CPCA is continuing efforts to effectively understand how Community Health Centers are participating in and leading efforts to address the social determinants of health for their patients.
- Staff is proactively engaging and collaborating with leading organizations from throughout the state who have experience working in the social determinants of health field.

Special Populations

- The Trump Administration has issued new proposed regulations for the federal Title X family planning program that would make significant changes to the program and to the types of providers that qualify for funding. These changes would no longer allow those receiving Title X funds to offer a broad range of medically approved family planning methods and non-directive pregnancy options, such as abortion.

Rural Health Events List

- A running list of all rural health events scheduled for the coming year.

CALIFORNIA PRIMARY CARE ASSOCIATION

SPARC COMMITTEE

July 12, 2018

9:00am – 10:00am

Members: Tim Rine, Chair, Robin Affrime, Doreen Bradshaw, Deb Farmer, Rosa Fernandez, Ben Flores, Cathy Frey, Harold Carlson, Britta Guerrero, Kerry Hydash, Nichole Mosqueda, Lucresha Renteria, Tim Rine, Gary Rotto, Deanna Stover, Christina Velasco

Guests: Deena Lahn, Karen Lauterbach, Deborah Lerner, Sabra Matovsky, Rakesh Patel, Nik Gupta, Raphael Irving, Linda Costa, Maximilian Cuevas, David Vliet, Louise McCarthy, Kevin Mattson, Henry Tuttle, Krista Kazhe, Meryl Schlingheyde, Tim Fraser, Vernita Todd, Anthony White, Paula Zandi, Cathy Hyde, Laura Sheckler, Mary Szecsey

Staff: Carmela Castellano-Garcia, Andie Patterson, Liz Oseguera, Meaghan McCamman, Daisy Po'oi, Michael Helmick, Mike Witte, Bryan Vuong, Jodi Samuels, Beth Malinowski, Allie Budenz, Kearsten Shepherd, Victor Christy

I. Call to Order

Tim Rine, Chair, called the meeting to order at 9:03am.

II. Approval of Agenda

A motion was made to approve the agenda as presented. **The motion carried. (D. Myers, M. Szecsey)**

III. Approval of Minutes

A motion was made to approve the SPARC minutes of April 26, 2018. **The motion carried. (D. Bradshaw, B. Flores)**

IV. Title X

Amy Moy from Essential Health Access provided an update on Title X and the Gag rule which states that providers can't provide patients with referrals or any information related to abortion. Essential Health Access submitted an application in May to continue to be the administrator of Title X. Amy Moy offered assistance to help providers meet Title X requirements.

V. CMSP Update

The CMSP Governing Board has approved the expansion of the Primary Care Benefit Program to undocumented adults 0-138% FPL who are enrolled in emergency Medi-Cal. The delivery system for this program is exclusively through CCHCs, RHCs, and Indian and tribal clinics.

V. Immigration / Public Charge

CPCA and AAPCHO are working to delay, and perhaps prevent, the release of the public charge rules. CPCA has created a PCA workgroup focused on immigration, which has more than 170 members from throughout the United States. The President has signed a new executive order that appears to prohibit family separation by allowing detained immigrant parents to be housed with their children. However, this will be difficult to implement while maintaining a "zero tolerance" policy since current law prohibits immigrant children from being detained for more than 20 days and requires those in custody to be held in the 'least restrictive conditions' possible. CPCA is beginning a series of training and TA work to help CCHC staff prepare messaging around immigrant policy issues.

VI. Migrant Health

The Environmental Protection Agency (EPA) published a Federal Register notice on the availability of new pesticide safety training materials under the revised Worker Protection Standard (WPS). Senator Harris and Representative Grijalva introduced the Fairness for Farm Workers Act, which would amend the Fair Labor Standards Act to include agricultural workers in its overtime provisions.

VII. No Place Like Home

The 2016 bill that appropriated \$2 billion from MHSA funds to use for supportive housing is being held up in court. To expedite the process, the state developed a Budget Trailer Bill (SB 861) which placed the NPLH initiative on the ballot for usage certification by the voters. If passed by the voters, the bond measure would be allowed to move forward and circumvent the legal fight.

X. Rural Health Events

A running list of rural events for 2018 was provided.

XI. Adjourn

The meeting was adjourned at 9:58am.

Respectfully submitted,
Daisy Po'oi, Meeting Minutes Recorder



INFORMATIONAL

Date: September 18, 2018
To: Special Populations, Agricultural and Rural Committee (SPARC)
From: Elizabeth Oseguera, Senior Policy Analyst
Re: Immigration Update

MEMORANDUM

I. Federal Immigration Update

In the recent months the Trump administration and Congress have encouraged policies that would significantly alter how immigrants are received in the United States, which consequently has been discouraging immigrants from accessing public benefit programs for fear of deportation. In response, CPCA has been working with health centers to encourage implementation of policies that not only creates a safe environment for ALL patients to seek care, but also positions health centers to be advocates for the needs of our patients.

Deferred Action for Childhood Arrivals (DACA)

Last September, Attorney General Jeff Sessions announced that the Trump Administration was rescinding the Deferred Action for Childhood Arrivals (DACA) program through a 'phase out' process. In response, the California Attorney General and the University of California system, among many more, have filed lawsuits against the administration for ending the DACA program. This has led to multiple court rulings that have upheld the DACA program and required the administration to continue accepting DACA renewal applications while the cases work their way through the judicial system.

Earlier this summer Washington-based district judge, John Bate, ruled to dismiss the Trump administration's rationale for shutting down the DACA program and instructed the Trump administration to not only process DACA renewal applications, but to also start accepting new DACA applications starting August 23. However, on August 17, the district court in DC issued a 'stay' that prevented elements of the court ruling from going into full effect. Unfortunately, this means that for now the administration will not be accepting new applications for the DACA program nor reviewing request from DACA recipients applying for advance parole (which would grant DACA recipients permission to leave the county for a period of time).

Also, on August 31st Judge Hanen issued a ruling on a multi-state lawsuit filed by Texas against the federal government for establishing the 2012 DACA program. Essentially, the lawsuit was filed as an attempt to declare the DACA program illegal. However, the ruling denied Texas's request for a preliminary injunction, meaning that DACA continues to be in effect for renewals. We encourage DACA recipients with work permits expiring in the next 12 months to submit their renewal applications. For more information on the DACA program, please see the resource section below.

CaliforniaHealth+ Advocates, CPCA's advocacy affiliate, has been advocating for Congress to provide a legislative fix for DACA, however, there has been no indication that Congress and the Trump administration have reached an agreement on the matter. It is important that Congress acts soon since the DACA program could end per outcome of the court cases currently working their way through the courts.

Proposed Rules: Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children

On September 7, the Trump administration proposed new rules that would dismantle the protections established under the Flores Settlement. These changes would allow immigrant children to remain detained alongside their parents for longer than 20 days (likely for months to years) while their immigration case is pending. The proposed rules would also remove requirements to have facilities where immigrant children are detained be licensed by state or local governments and would instead allow the Department of Homeland Security (DHS) to operate self-licensed family detention centers, which would reduce oversight of these facilities and ultimately increase the possibility of violating the rights of immigrant children. Please see the resource section below for a copy of the proposed rules.

CPCA will be submitting public comments prior to the November 6 deadline, and will also be working with our immigrant partners to develop template letters with a health center focus. We hope that all of you join us in opposing these rules.

II. State Legislative Update

CaliforniaHealth+ Advocates, on behalf of CPCA, is closely monitoring legislation that impacts immigrants and is working with our immigration partners to support policies that ensure all Californians have access to healthcare. CaliforniaHealth+ Advocates has submitted support letter for SB 974 and AB 2965, which proposed to expand Medi-Cal to older adults (ages 65+) and young adults (19-26). Unfortunately, both of these bills died in the Appropriations committee.

Advocates has also submitted a letter of support for SB 244, which would limit the collection and disclosure of information obtained by a local or state agencies when administering public services programs, such as Medi-Cal and county health insurance programs. This will help ensure that personal indefinable information collected through these programs are not later shared with immigration officials. This bill is currently on the Governor's desk for his signature. In the resource section below please find Advocates support letter for this bill.

SB 54 (California Values Act) – AG Model Policies

CPCA led a coalition of nine organizations, which included the National Immigration Law Center, National Health Law Program, California Pan-Ethnic Health Network (CPEHN), San Diego Immigration Rights Consortium, and the California Immigrant Policy Center, in submitting written recommendations to the Attorney General's office regarding the model policies they are required to draft under SB 54, the California Values Act.

The recommendations help ensure that all public health systems have policies in place that help to protect patients and create a safe and welcoming environment to receive care. Within the letter we've also reference CPCA's sample policies and procedures and encourage the AG's office to use our language.

I. CPCA's Immigration Resources

CPCA has been working with its partners to provide additional resources on our immigration page. The website is updated on an ongoing basis with new information and can be accessed here:

<https://www.cPCA.org/cPCA/immigration>.

Immigration Trainings for Members

Last year, CPCA released sample policies and procedures (found in the resource section below) to help health centers prepare for the possibility of an immigration raid and to provide patients with resources to help alleviate fear and clarify any misleading information. In addition, CPCA created an immigration webinar series to help support health centers with the implementation of these policies and inform them of ways to create a safer environment for immigrant patients seeking care.

On September 14, CPCA held an in person training to help the enforcement liaison, or health center staff overseeing the immigration work, feel comfortable in responding to inquiries from immigration officials and be better prepared to train their staff on immigration policies. This training was recorded and can be available for other PCAs and health centers looking to train their staff. Overall, the training was a success. It will be accessible to those who attended and for those who wish to purchase CPCA's immigration toolkit once it becomes available.

II. Resources

- [FREQUENTLY ASKED QUESTIONS- DACA Renewal Applications \(National Immigration Law Center\)](#)
- [Text of Proposed Rules: Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children](#)
- [Advocates support letter for SB 244](#)
- [Coalition Letter to the AG – SB 54 Model Policies](#)
- [CPCA Immigration Sample Policies and Procedures](#)



INFORMATIONAL

Date: September 26, 2018
To: Special Populations, Agricultural and Rural Committee (SPARC)
From: Elizabeth Oseguera, Senior Policy Analyst
Re: Public Charge

MEMORANDUM

I. Public Charge

Public Charge is a term used in immigration law to describe an individual who is dependent on the government. The likelihood that a person will become a public charge is considered when the U.S. State Department Embassy or Consular officers abroad review visa applications for entrance or re-entrance into the United States, as well as when USCIS reviews applications for legal permanent resident (LPR) status in the US (i.e. applying for a green card). Public charge is NOT taken into consideration for people who have LPR status and are applying to become U.S. citizens.

On September 22 the Trump administration released a new draft of its proposed changes to the public charge rule. Specifically, the proposed rule would consider the usage of certain public benefit programs, like SNAP and Medi-Cal, in the review of visa applications, creating significant barriers for low income individuals seeking to obtain a visa or permanent residency status/green card.

We expect that the proposed rule will be officially posted in the Federal Register within the coming weeks, however, we are unsure if the rules will be changing from the version recently released. We will keep you apprised of any updates as they arise, including once the rules are officially published. A copy of the proposed draft language posted by the Department of Homeland Security (DHS) can be found in the resource section below along with the press release.

We did want to note that **under these proposed rules services provided by health centers under the sliding fee scale are NOT considered as a public benefit (click [HERE](#) for a two-pager NACHC created on key elements of the proposed changes)**. Although this is great news, we remain extremely concerned of how the proposed rules will impact our patient's access to healthcare services and public benefit programs. For this reason CPCA will continue to work with our immigrant partners, including AAPCHO and NACHC, and will be producing sample template letters to help health centers submit public comments.

Once the rules are released CPCA will immediately inform everyone and begin our response plan, which includes sending an advocacy alert with template letters for all members to complete and submit, an analysis of the rules focused on how it would impact health centers, media and social media messaging, and talking points to share with media and elected officials. In the meantime, below is a list of existing resources.

CPCA Resources

- CPCA Immigration Resource Page: Through a PIF grant, CPCA has been working with its immigrant partners to create a Public Charge Advocacy Toolkit, which will have community facing materials translated into 9 languages (Spanish, Chinese, Korean, Vietnamese, Tagalog, Armenian, Arabic, Farsi and Bengali).

Additionally, our partners at the Protecting Immigrant Families Coalition have multiple ways for you to get involved and stay informed:

- Please sign on to [PIF's statement in opposition](#) to the public charge rule. We will update the language and release the statement very soon.
- PIF [Public Charge 2-Pager](#) has been updated.
- PIF [quick analysis](#) document

If you have any questions, please feel free to reach out to our immigration lead, Liz Oseguera at loseguera@cpc.org.

These changes are unjust and would devastate our immigrant communities. It's time to band together to fight against yet another policy that attacks our patients.

II. CPCA's Advocacy Plan

In response to the Trump administration's attempt to expand public charge, CPCA has been working with the Protecting Immigrant Families (PIF) Coalition, and other immigrant partners, to help inform members of Congress, state electives, patients, organizations and state entities of the public charge threat. It is our goal to have various organizations, including state entities, submit public comment to help raise concerns across party lines and across organizations.

At the request of members, CPCA has increased its engagement in the immigration space and is now seen as a leader on this issue both in California and Nationwide.

Federal Efforts: National Health Center Immigration Workgroup (NHCIW)

Earlier this year CPCA reached out to the Association of Asian Pacific Community Health Organizations (AAPCHO) and NACHC with the proposal to create a national immigration workgroup that would help inform other state PCAs and health centers about immigration policy, such as public charge, while also helping to inspire advocacy and align the health center voice on these issues.

NHCIW has over 200 members that meet once a month to discuss immigration policy and share new innovative approaches in helping to provide care to immigrant patients while advocating for policies that protect their rights to access services, such as healthcare. CPCA will continue to work with AAPCHO, NACHC and our immigrant partners to help provide our members, and other state PCAs and health centers, with the materials and support they need to conduct advocacy against hurtful policies, such as public charge.

State Efforts: PIF Grantee

Given the leadership role that we have taken in the immigration space, our California immigrant partners elected to have CPCA be the lead applicant for a PIF grant of \$20,000 to help support the advocacy work being conducted in California around public charge. To help expend these funds, CPCA created the PIF Funded Coalition, where we work with over 12 organizations to help create resources and trainings for

community members who are looking to get involved with advocacy efforts against public charge. The coalition, which includes organizations such as SEIU, CPEHN, California Immigrant Policy Center, California WIC Association, California Food Policy Advocates, and Asian Americans Advancing Justice, is focused on the three priorities listed below.

1. *Providing Trainings to Community Members*

As the grantee for the PIF funds, CPCA has committed on providing two train the trainers events (one in NorCal and another in SoCal) to help provide tools to CBOs and associations that will help support their advocacy efforts at the local level. On September 19, CPCA held the first training in Sacramento, which had close to 100 attendees from various regions in Northern and Central California. The theme of training was ‘moving forward together’ and really pushed participants to build a network of advocates within their community that could help support their advocacy efforts, while also helping to extend the reach of their messaging within the community to governmental entities, elected officials and business leaders.

Another training was scheduled at the California Endowment Building in LA on September 26th. We have 120 registrants and over 50 people on the waiting list. We have done our best to ensure that at least 1 representative attend from all those who are on the wait list. Given the high interest for these trainings, we’ve considered having presenters record their session through a webcast or podcast.

2. *Public Charge Advocacy Toolkit*

Through the coalition, CPCA and its partners have compiled resources to create a Public Charge Advocacy toolkit which is housed on CPCA’s Immigration Resource Page. The toolkit includes materials that will help organizations develop their own fiscal impact by the public charge rule, explain the impact of the rules to governmental officials, business leaders and community members while also providing guidance on how to use media and social media to advance their advocacy efforts.

We are in the process of translating five community facing documents, such as factsheets and FAQs, into nine different languages that include Spanish, Chinese, Korean, Vietnamese, Tagalog, Armenian, Arabic, Farsi and Bengali. To help support the cost of translating these materials, the PIF Funded Coalition has received donations from CIPC, NILC, CWA, and CPCA in addition to funds from the PIF grant.

You can access the toolkit in the resources section below.

3. *Stipends to CBOs*

To help support CBOs and other organizations conducting local advocacy on public charge, the PIF Funded Coalition is looking to provide organizations who attended our trainings with the opportunity to apply for small stipends. These stipends will support education and outreach efforts at the local level to help prepare community members, government officials and business leaders to submit public comments when the rules are published. We will also be funding CBOs who can help translate public comments from our immigrant communities into English.

Local Efforts: CHCF Grant

CPCA was awarded a \$50,000 grant from CHCF to help increase advocacy efforts against the public charge rule within our health centers. Since Consortium members work more closely with health centers at the local level, CPCA will be offering them an opportunity to apply for \$25,000 in mini grants. Proposals were

due on September 14, and we are currently in the process of reviewing these. We plan to work with all those who submitted proposals to decide how to divide funding to meet our deliverables listed below.

Deliverables:

Educating & Activating Regional Consortia and CHC Influencers

- We will develop talking points, patient education assets, and sample media materials that will meet the unique needs of regional consortia and CHCs by highlighting the impact of public charge on the ability of immigrant patients to access care and demonstrating how CHCs can best support patients' mental health and overall well-being.
- We will build upon what other organizations, such as Asian Americans Advancing Justice-Los Angeles, Legal Aid of San Mateo, and Health Consumer Alliance have produced, but our work will adapt existing messaging or create new messaging to educate immigrant communities about the potential impacts of public charge that are specifically related to health care access and services.

Translation of Materials

- We will prioritize translation into Spanish and several Asian languages (see below) to ensure that information is reaching immigrant communities in a linguistically and culturally appropriate manner. Translation of patient-facing materials will not only raise awareness about public charge but also highlight the potential impacts on access to care as well as the potential effects of stress on their mental health and well-being.
- We will translate materials into six Asian languages, per the most current Medi-Cal primary/threshold language data: Vietnamese, Chinese, Mien, Tagalog, Hmong, and Korean.

I. Resources

- [USCIS, DHS – Proposed Rule on Public Charge](#)
- [DHC Press Release – Proposed Rule on Public Charge](#)
- [NACHC – Key Elements of the Proposed Changes](#)
- [CPCA – Immigration Resource Page](#)
- [PIF's Statement in Opposition](#)
- [PIF's Public Charge Two-pager](#)
- [PIF's Quick Analysis](#)
- [National Health Center Immigration WG](#)
- [Copy of the Leaked Public Charge Rules Language](#)
- [PIF's Public Charge Factsheet](#)
- [Public Charge Advocacy Toolkit](#)
- [Public Charge Advocacy Infographic](#)



INFORMATIONAL

Date: September 18, 2018
To: Special Populations, Agricultural and Rural Committee (SPARC)
From: Elizabeth Oseguera, Senior Policy Analyst
Re: Migrant Health Coordinator Update

MEMORANDUM

I. NWRPCA 2019 Western Forum for Migrant & Community Health

CPCA is currently on the planning committee for the Western Forum for Migrant and Community Health. The Migrant and Community Health forum is an annual conference bringing together health professionals from migrant and community health centers and allied organizations. This year the forum will take place Portland, Oregon from February 20-22, 2019. We will share registration information once it's available.

CPCA is also working with Farmworker Justice to develop a workshop proposal regarding the threat to the public charge rule, and how agricultural workers and their families may be impacted. We will also be submitting a second proposal focused on encouraging PCA's and health centers to further their involvement in advocacy efforts around immigration. During this session we will highlight the work being done through the National Health Center Immigration Workgroup, and share resources and tools that have been developed by CPCA and our partners.

II. EPA Regulations Impacting Agricultural Workers

On August 9th, the 9th Circuit Court of Appeals ordered the Environmental Protection Agency (EPA) to ban the highly toxic pesticide chlorpyrifos within 60 days. The ruling was the result of a lawsuit brought by Earthjustice and various other advocacy groups, including Farmworker Justice who was a plaintiff in the lawsuit. This is a huge win, especially considering that the EPA had been set to ban chlorpyrifos, which has been linked to neurodevelopmental damage in children, but former EPA Administrator Scott Pruitt decided not to ban the pesticide after meeting with industry representatives.

The court ruling details the EPA's delay in acting to ban chlorpyrifos, even after there was clear scientific research showing the harm and risks to children's health. Chlorpyrifos is also unsafe for farmworkers even with the most protective safety gear, and is currently used in over 50 different crops, including corn, soybeans, fruit and nut trees, and broccoli.

III. H-2A Workers

The Department of Labor's Office of Foreign Labor Certification (OFLC) recently released H-2A program data for the third quarter of FY 2018, which has been linked under the resource section below. The data shows that there have been 193,603 positions certified so far this fiscal year. A total of 200,049 H-2A positions were certified in all of FY 2017. Thus, it is likely that the total number of positions certified in FY 2018 will be significantly higher than those certified in FY

2017, in line with the broader trend of continued growth of the H-2A program. The states of Georgia, Florida, Washington, North Carolina and California had the highest number of H-2A positions certified during the first three quarters of FY 2018, accounting for more than half of all positions certified.

Also, there is troubling language in the House agricultural appropriations bill that would give the United States Department of Agriculture (USDA) authority to establish and oversee a new online interagency platform for employers' H-2A applications, instead of the United States Department of Labor (DOL). This raises serious concerns regarding the enforcement of worker protections, which DOL provides, and could essentially limit government oversight of the application process. Additionally, there is also concerning language in the House appropriations bill for the Department of Homeland Security that would expand the H-2A program to include year-round employment in agriculture. This would contradict the purpose of the H-2A program, which is to provide seasonal and temporary workers for hard to fill agricultural jobs.

Farmworker Justice has also reported multiple violations of the program by employers. The violations include, inadequate access to water and restroom facilities that likely caused workers to faint from heat stroke, failure to pay legally required wages, and providing unsafe and overcrowded housing.

Given that California is one of largest employers of H-2A workers, CPCA has led efforts through the Latino Health Alliance, to work with our partners in an effort to educate these vulnerable workers about their health, labor and legal rights.

IV. Resources

- [H-2A Third Quarter Data 2018](#)

Date: July 12, 2018
To: Special Populations, Agricultural and Rural Committee (SPARC)
From: Meaghan McCamman, Assistant Director of Policy
Re: Rural Events 2018/2019

MEMORANDUM

Educational Conferences

Before transitioning to become SPARC, the CPCA Rural Committee requested that staff maintain a list of rural-specific conferences in order to ensure that California Rural is represented whenever possible in rural educational, networking, and policy venues. The following is a list of upcoming rural-specific conferences:

30th Rural Health Policy Institute

Feb. 5-7, 2019 in Washington, D.C.
Omni Shoreham Hotel

42nd Annual Rural Health Conference

May 7-10, 2019 in Atlanta, Ga.
Atlanta Marriott Marquis

24th Health Equity Conference

May 7, 2019 in Atlanta, Ga.
Atlanta Marriott Marquis

Rural Medical Education Conference

May 7, 2019 in Atlanta, Ga.
Atlanta Marriott Marquis

SRHA Leadership Conference

July 16-17, 2019
Location TBC

17th Rural Health Clinic Conference

Sept. 17-18, 2019 in Kansas City, Mo.
Sheraton Kansas City Hotel at Crown Center

18th Critical Access Hospital Conference

Sept. 18-20, 2019 in Kansas City, Mo.
Sheraton Kansas City Hotel at Crown Center