Preparing for Emergencies Together

Building Strong Partnerships to Prepare for Climate Disasters, Outbreaks, & More



Moderated by Becky Stewart, PhD, FNP-C
Presenters: Dr. Matthew Donahue, MD, Dulce Arroyo, and Max Hadler

Wednesday, November 4, 2026

CONTINUING EDUCATION
FOR CLINICIANS AND NURSING PROFESSIONALS

Migrant Clinicians Network is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This presentation has been approved for continuing nursing education.

The AAFP has reviewed *Preparing for Emergencies Together: Building Strong Partnerships to Prepare for Climate Disasters, Outbreaks, & More* and deemed it acceptable for up to 1.00 Live AAFP Prescribed credit(s). Term of Approval is from **11/04/2026 to 11/04/2026**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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MIGRANT CLINICIANS NETWORK

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MIGRANT CLINICIANS NETWORK
MCN

Moderator



Becky Stewart, PhD, MPH, FNP-C

Emergency Preparedness

The continuous process of planning, training, equipping, and organizing before a disaster strikes to ensure safety, reduce damage, and save lives.

Or put more simply

The steps you take to make sure you and those you are responsible for are safe before, during, and after an emergency or disaster.





Partnership building with community-based organizations is critical to emergency preparedness.



We invited 3 experts in emergency preparedness and partnership building to help us prepare better, together.

Presenters



Dr. Matthew Donahue, MD



Dulce Arroyo



Max Hadler

Objectives:

At the conclusion of the presentation, participants will be able to…

- Define emergency preparedness and describe examples of when emergency preparedness is needed.
- List strategies for building strong relationships with all partners involved in emergency preparedness, including government agencies and community-based organizations.
- Identify resources to support emergency preparedness in migrant and immigrant communities.

Emergency Preparedness Through Community Partnerships

Matthew Donahue, MD

State Epidemiologist & Deputy State Medical Director

Iowa HHS

IOWA Health and Human Services



vecteezy_ai-generated-radiant-night-s-waltz_37931279

ENVIRONMENT
(*ignition*)







PATHOGEN
(*fuel*)



HOST
(*oxygen*)

ENVIRONMENT
(***ignition***)



PATHOGEN
(***fuel***)

HOST
(***oxygen***)





Preparedness before the first report

Relationships, plans, and capabilities
that let us act quickly
and sustain essential care

IOWA Health and Human Services

Iowa investigation & response

August 24: Local ED physician notifies local public health after seeing two legionellosis cases over two days

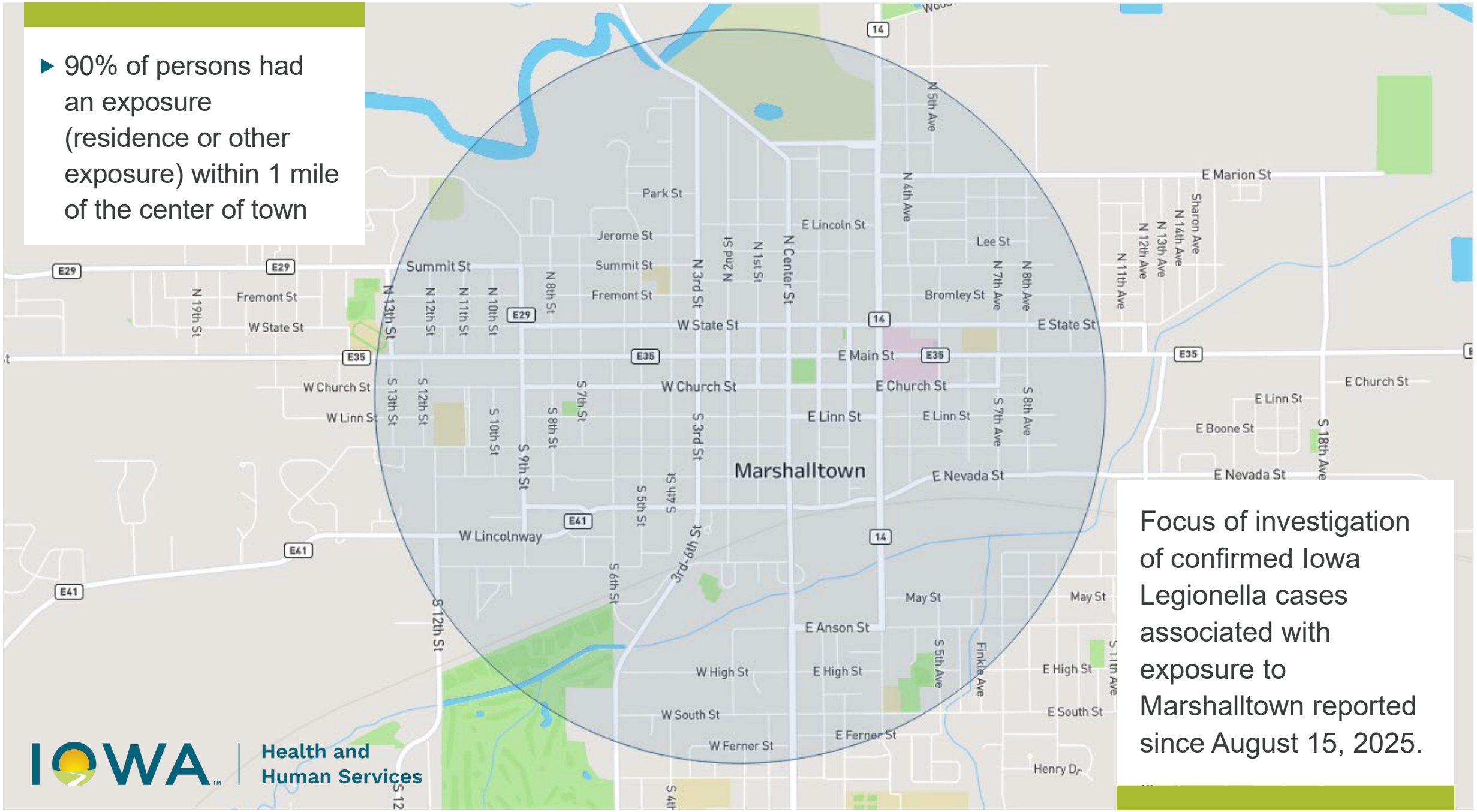
August 25: Six cases of legionellosis identified through ELR; LPH investigation begins.
Only common link is residence in North Central Marshalltown.

August 27: Local hospitals are alerted to the cluster—asked to keep Legionnaire's disease on the differential for patients presenting with pneumonia and to test with **both** urine antigen **and** sputum culture.

August 29: Eleven cases identified, still no common link except residence in North Central Marshalltown.

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- 90% of persons had an exposure (residence or other exposure) within 1 mile of the center of town



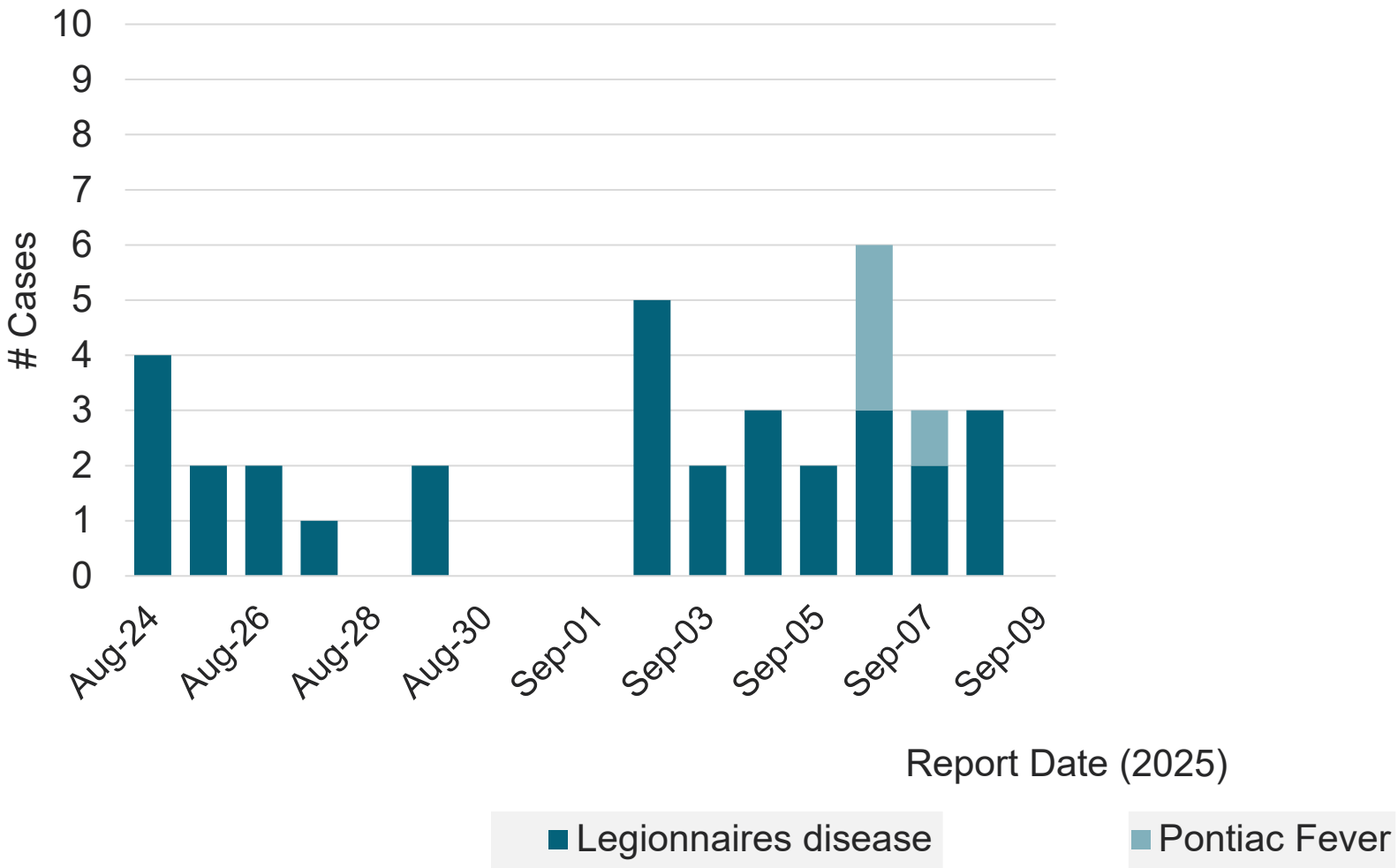
Focus of investigation of confirmed Iowa Legionella cases associated with exposure to Marshalltown reported since August 15, 2025.

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IOWA Health and Human Services

Confirmed Legionellosis Cases by Report Date & Disease Type



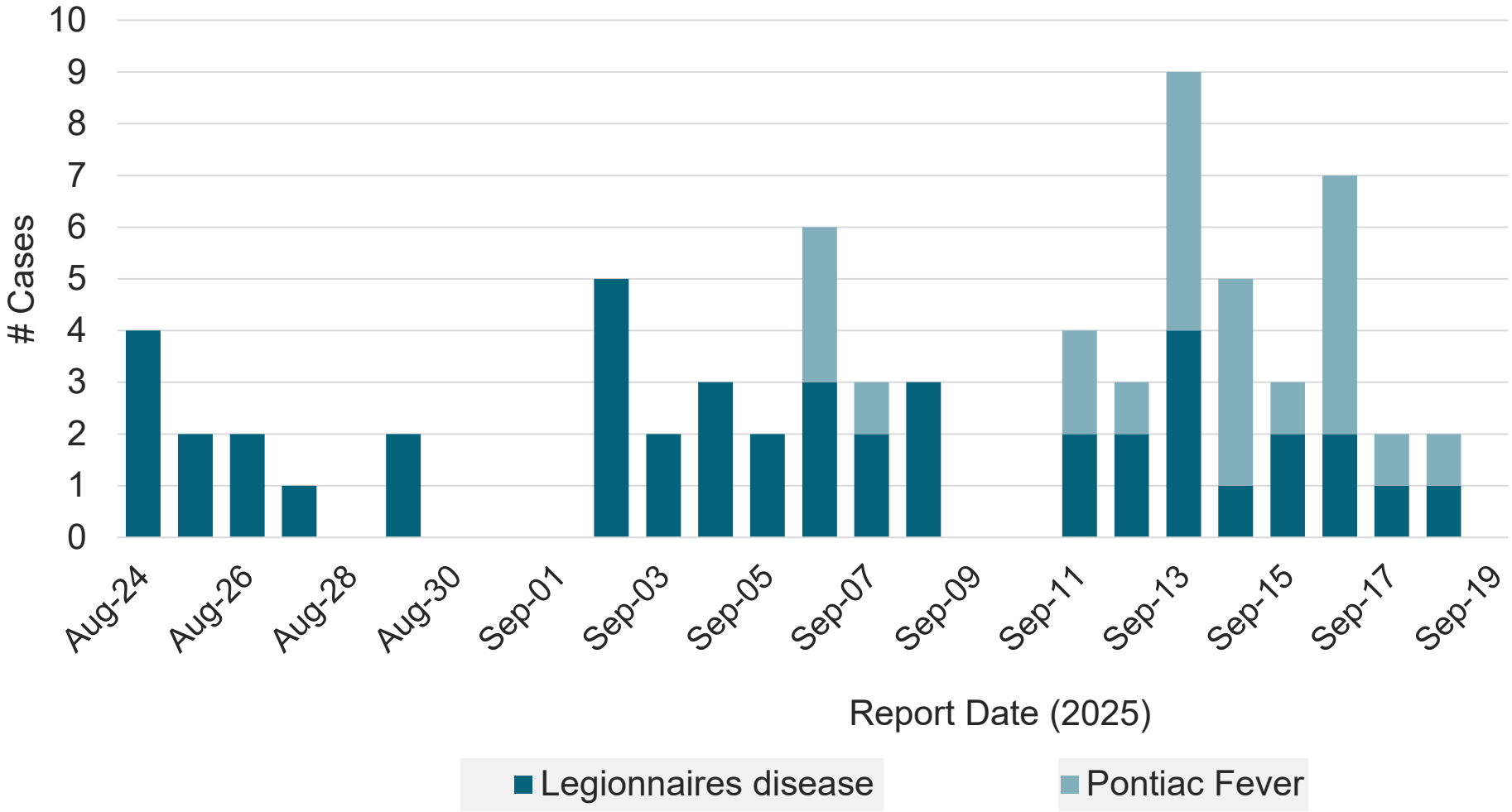
Potential Sources

- Fountains (retention pond)
- Odor Mister (photo)
- Water Main Project
- **Cooling Towers**




SPX
MARLEY

Confirmed Legionellosis Cases by Report Date & Disease Type



IOWA Health and Human Services

Legionella: the environmental connection

Warm water can support Legionella growth
Cooling towers can disperse contaminated aerosols
Weather patterns can influence risk [1,2]

IOWA Health and Human Services

https://www.nm.org/healthbeat/healthy-tips/How-Contagious-Is-Measles



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Friday, August 14, 2026

- Two positive tests
- Investigation begins and continues overnight into Saturday

Saturday, August 15, 2026

- Contact tracing reveals substantial number of exposures
- Identify high-risk infants eligible for “PEP”
- Identify emergency supply and move IMIG PEP for administration in-home, just within PEP window

Sunday, August 16, 2026

- Identify additional suspect cases, test and confirm outbreak [3]



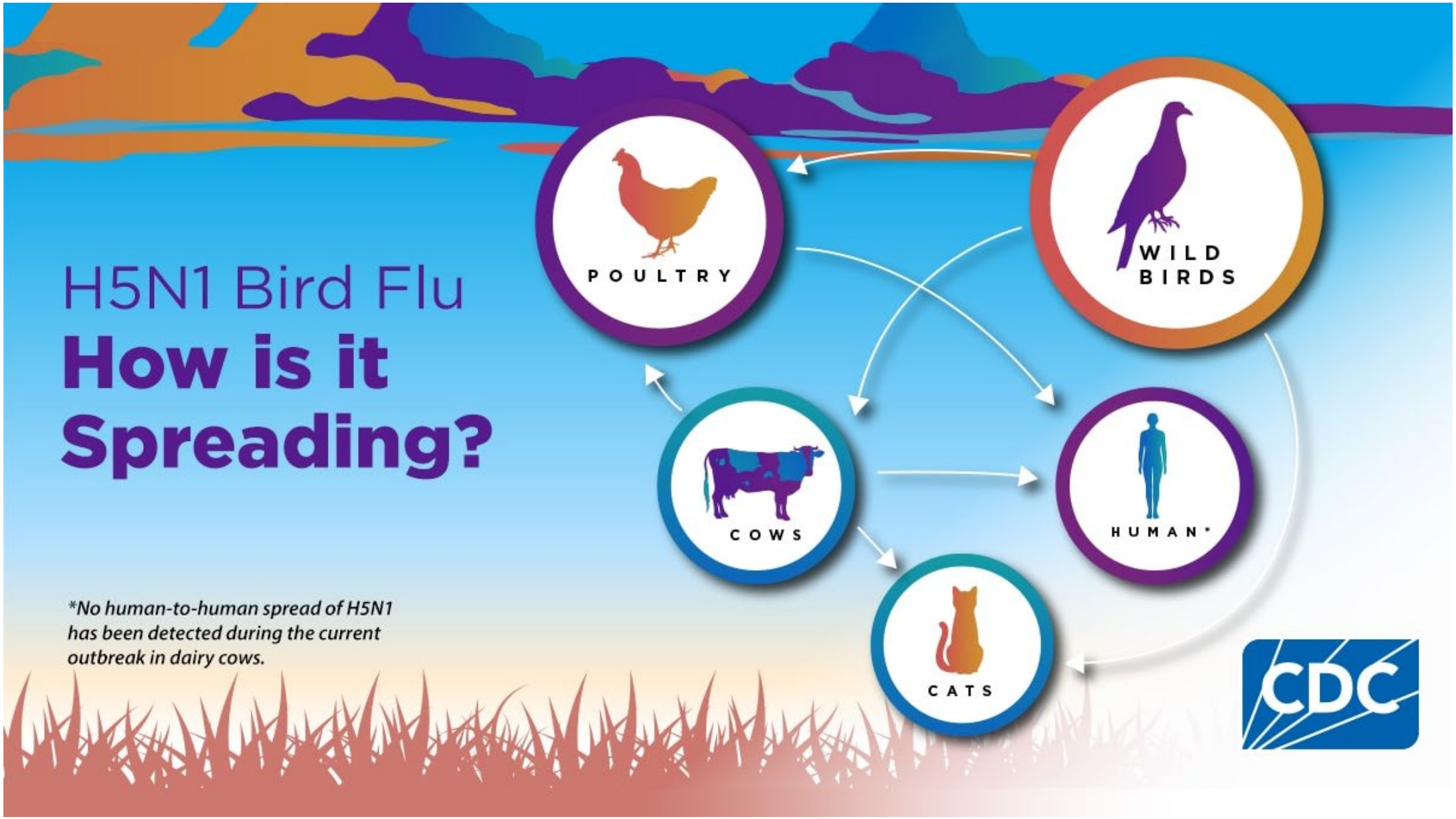
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The partnership made the intervention possible

State: identify and move the emergency supply
Local public health: administer care in the home
Laboratory: provide answers over the weekend

The dose reached the infant within the prevention window





IOWA Health and Human Services

[4] https://www.cdc.gov/bird-flu/situation-summary/index.html
https://hhs.iowa.gov/news-release/2024-12-20/iowa-hhs-reports-first-human-case-highly-pathogenic-avian-influenza-hpai-iowa-risk-remains-very-low

Iowa HHS Reports First Human Case of Highly Pathogenic Avian Influenza (HPAI) in Iowa

Friday, December 20, 2024 | **News Release**

IOWA Health and Human Services

https://www.cdc.gov/bird-flu/situation-summary/index.html
https://hhs.iowa.gov/news-release/2024-12-20/iowa-hhs-reports-first-human-case-highly-pathogenic-avian-influenza-hpai-iowa-risk-remains-very-low

What made these partnerships work

1. A clinician called local public health
2. Twelve tower operators could act
3. State delivery met local home care

   Immune globulin reached infants before midnight

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Essential care continues during an emergency

Medication and equipment needs
Backup plans for power, transport, and clinical care
A confirmed handoff when a patient moves [5,6]

IOWA Health and Human Services

Three resources for your local plan

1. MCN disaster preparedness curriculum
2. MCN Health Network
3. NCFH H5N1 Bird Flu Resources
   English and Spanish materials for agricultural workers [6]

IOWA Health and Human Services





A clinician called. Operators cleaned. Local teams delivered care.

Public health and community partners

prepare and respond together.

Who takes the call? Who can act? Who gets care to the person?



Matthew.Donahue@hhs.iowa.gov

Resource links and presentation sources

MCN preparedness curriculum
migrantclinician.org/resource/building-capacity-among-community-health-centers-address-weather-related-extreme-phenomena

MCN Health Network
migrantclinician.org/healthnetwork

NCFH H5N1 Bird Flu Resources
https://www.ncfh.org/infectious-disease-hub/h5n1-birdflu-resources/

References: environment and prevention

[1] CDC. Controlling Legionella in Cooling Towers. January 3, 2025. cdc.gov/control-legionella/php/toolkit/cooling-towers-module.html

[2] Barskey AE, Derado G, Edens C. Rising Incidence of Legionnaires' Disease and Associated Epidemiologic Patterns, United States, 1992–2018. Emerging Infectious Diseases. 2022;28:527–538. wwwnc.cdc.gov/eid/article/28/3/21-1435_article

[3] CDC. Healthcare Providers: Stay Alert for Measles Cases. January 26, 2026. cdc.gov/measles/hcp/clinical-overview/stay-alert-for-measles-cases.html

References: response and continuity of care

[4] Iowa HHS. Iowa HHS Reports First Human Case of Highly Pathogenic Avian Influenza (HPAI) in Iowa, Risk Remains Very Low to Public. December 20, 2024. hhs.iowa.gov/news-release/2024-12-20/iowa-hhs-reports-first-human-case-highly-pathogenic-avian-influenza-hpai-iowa-risk-remains-very-low

[5] Migrant Clinicians Network. Disaster Preparedness at Health Centers. Streamline, Spring 2026. migrantclinician.org/streamline/disaster-preparedness-health-centers-resources-help-clinicians-prepare-communities

[6] Migrant Clinicians Network. Resources Featured. Streamline, Fall 2025. migrantclinician.org/streamline/resources-featured-streamline-fall-2025

IOWA Health and Human Services

Preparing for Emergencies Together

State-Local Partnerships that Supported Agriculture Worker Health During the COVID-19 Pandemic

November 4, 2026

Dulce Arroyo
Community Development Specialist II
NC Farmworker Health Program
Office of Rural Health

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC FARMWORKER HEALTH PROGRAM OVERVIEW

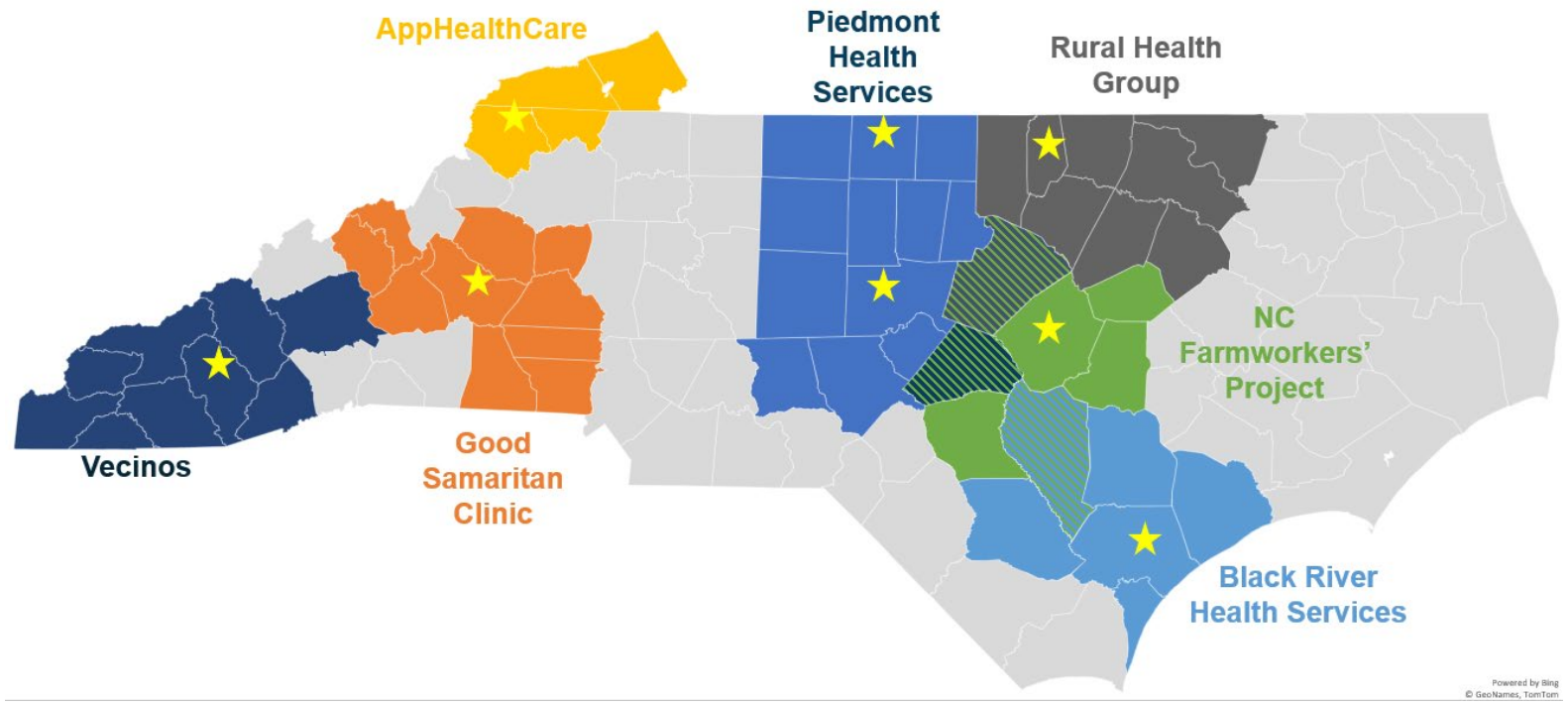
There are over 70,000 migrant and seasonal farmworkers in North Carolina:

- 28,227 H-2A visa workers
- 19,890 migrant workers
- 8,145 seasonal workers

What makes this population unique?

- Geographical isolation
- Language barrier
- Cost
- Untraditional working schedules
- Transportation
- Discrimination

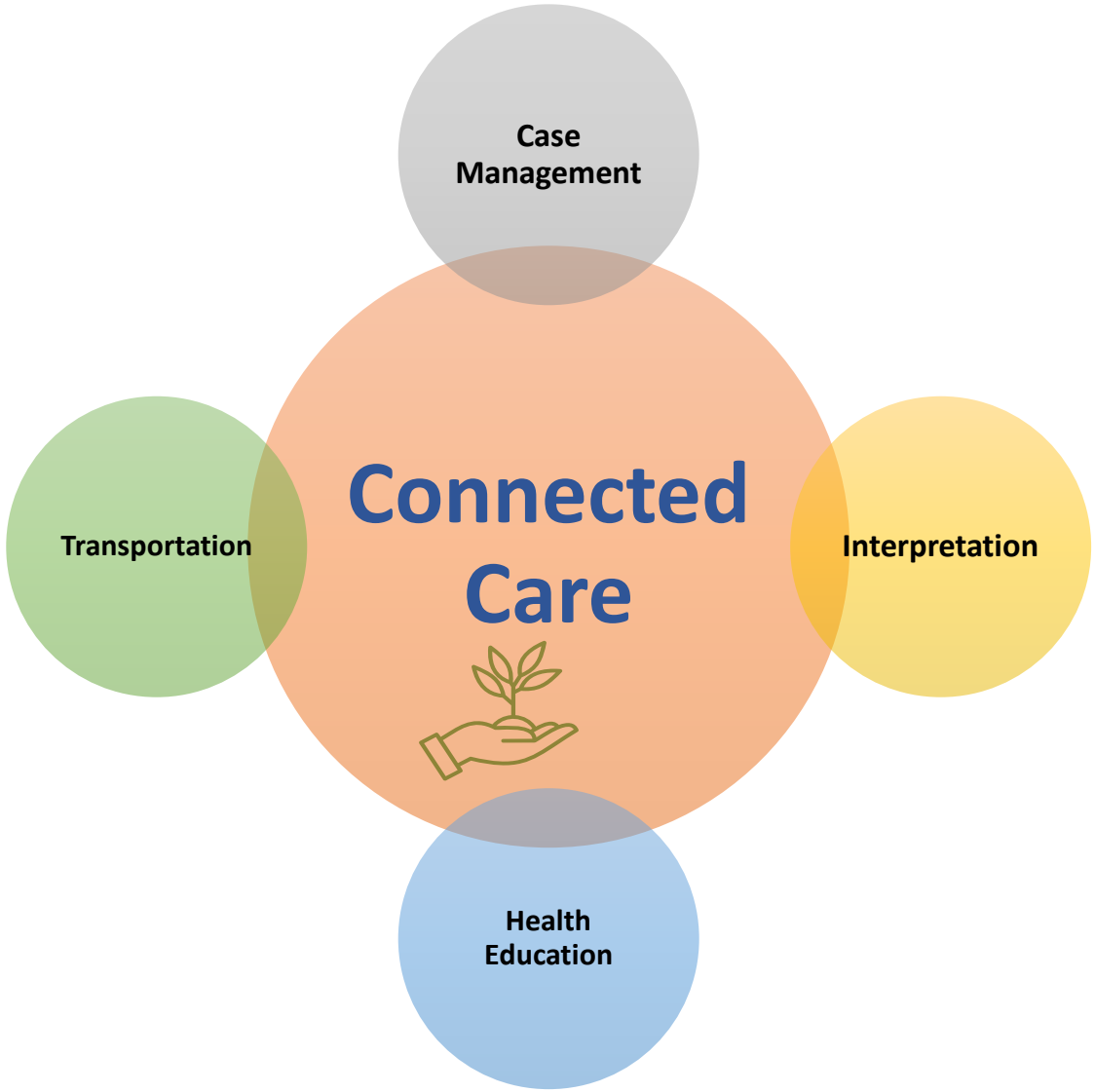
7 programs covering 73 counties



NC FARMWORKER HEALTH PROGRAM OVERVIEW

Skilled **outreach teams** find agricultural workers and their families in rural areas, asses their health needs and connect them to care by providing:





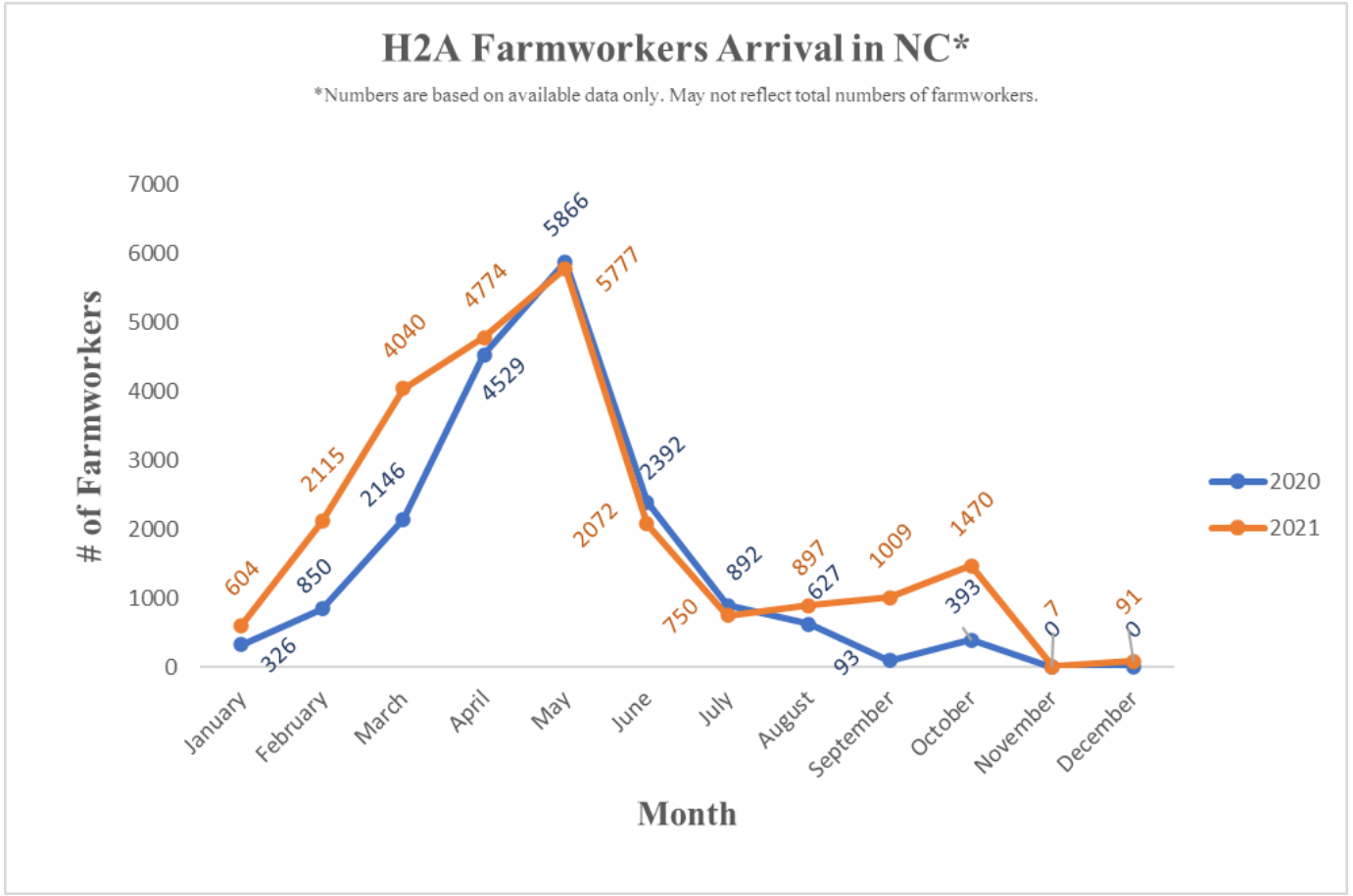
Nc farmworker Health Program overview COVID

There were approximately 72,000 migrant and seasonal agricultural workers in North Carolina:

- 23,000 H-2A visa workers
- 33,000 migrant workers
- 16,000 seasonal workers

What makes this population unique?

- Typically reside in rural areas
- Cultural differences
- Highly independent
- Untraditional working schedules
- Access to communication tools
- Skepticism of government associations



INTRODUCTION

Understand

- How is the farmworker population unique compared to other population segments?
- Why is this population particularly challenging to reach?
- How does this population currently access health services?
- Who already has an established relationship with this population?

Develop

- Identify the key players
- Determine tools needed for success
- Identify the best communication method for this farmworker population
- Determine to measure success through metrics and key performance indicators

Prepare

- Develop local county team profiles
- Determine local county team facilitators
- Begin initial reach out to local county team members identified
- Set up initial local county team meetings

Perform

- Conduct initial local county team meetings
- Tailor COVID-19 response strategy to individual county
- Continue facilitation and support for local county teams as needed
- Constant reassessment of need and involvement in teams

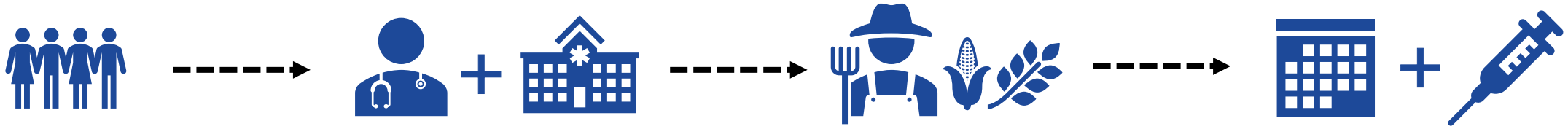
KEY PLAYERS AT THE COUNTY LEVEL



- NC State Cooperative Extension
- NCFHP Partner Sites
- Local Health Departments
- Community Health Workers
- Community Health Clinics and Providers
- Community-Based Organizations

THE STRATEGY

Our matchmaking began with and revolved around our local county teams. The local teams connected local providers and vaccinators to the farmers and labor contractors to ensure agricultural workers and individuals in the agriculture community had adequate access to the COVID-19 vaccine.



Local & Regional Teams assemble for outreach, prevention activities, and coordination with health providers & farmers for vaccine promotion.

Teams include FW health outreach workers, county health departments, Extension agents, CHWs, and others.

Local Providers/ Vaccinators identified & enrolled to vaccinate agricultural workers either onsite or at a nearby location.

Farmers/ Labor Contractors contacted by a representative of **Local & Regional Teams** to arrange for vaccination of their workforce, answer any questions about vaccination, and troubleshoot any issues or challenges.

Local & Regional Teams work with **Farmers/Labor Contractors** and **Local Providers/Vaccinators** to set up an onsite vaccine clinic or appointments for off-site vaccination as well as schedule any follow-up appointments for second dose.

THE STRUCTURE

Key Concepts: Streamlined & Proactive Process

1. Local teams to coordinate farmworkers' vaccination by county and by arriving workers
2. Planning, communication & evaluation: Central Teams
3. Execution: Local Teams

Acronyms:

CVMS: COVID-19 Vaccine Management System

DPH: Department of Public Health

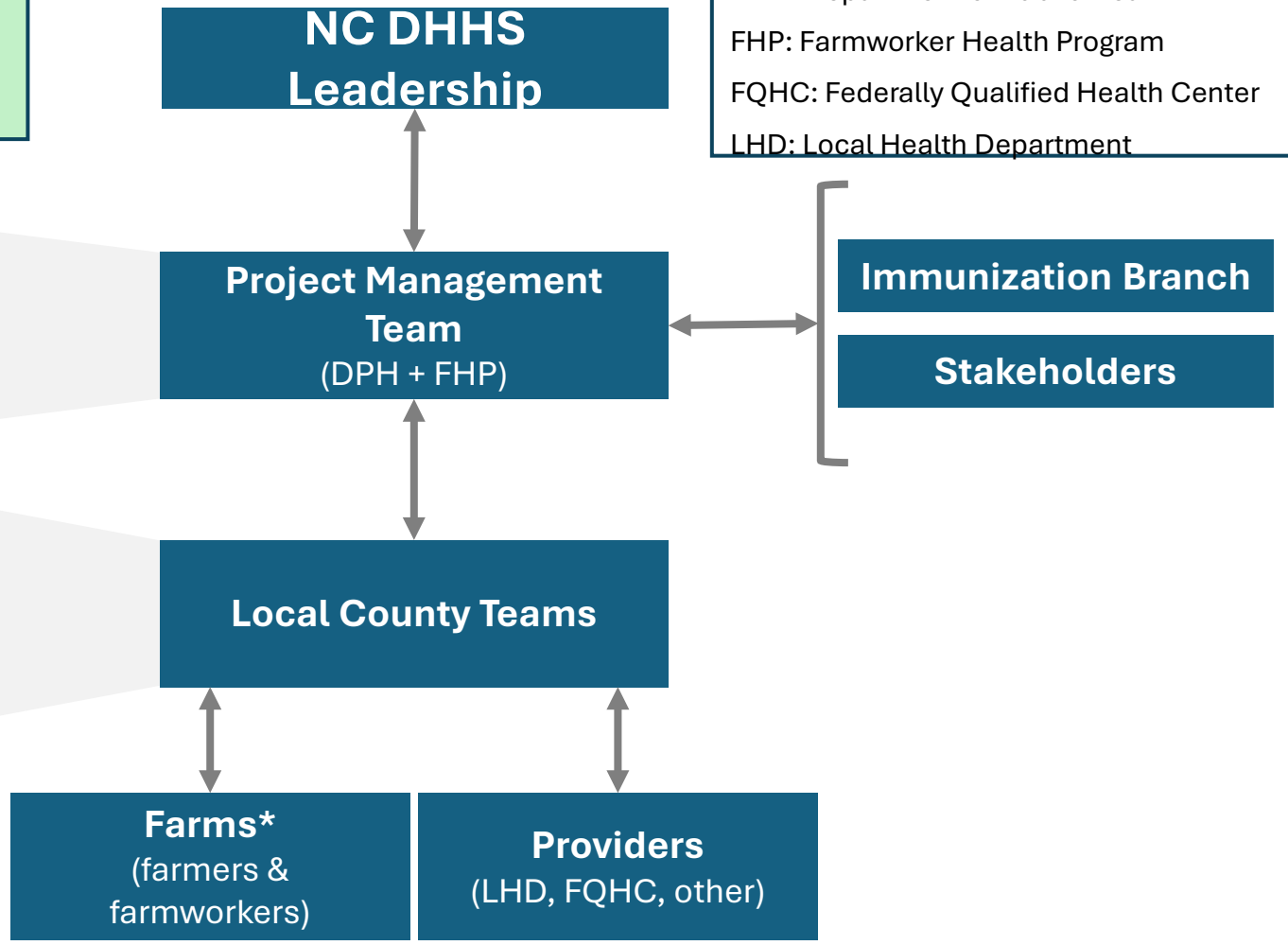
FHP: Farmworker Health Program

FQHC: Federally Qualified Health Center

LHD: Local Health Department

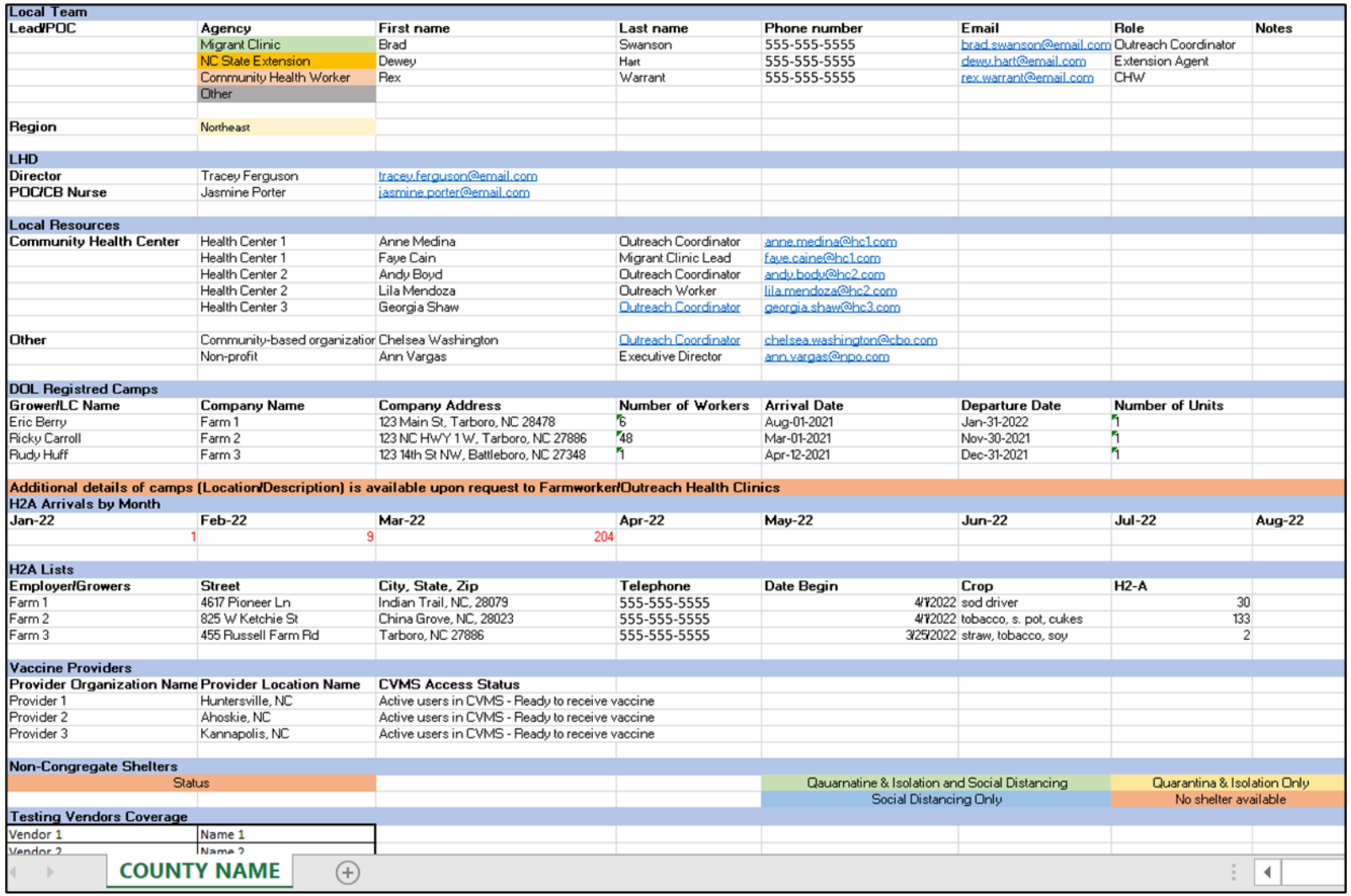
Roles:
- Planning, monitoring & evaluation
- Select & support local/regional teams
- Engage & communicate with all stakeholders
- Coordinate with immunization branch
- Track & report progress

Roles:
- Outreach/prevention/vaccine promotion
- Contact Farmers
- Coordinate with providers
- Schedule immunization
- Assist in CVMS registration
- Track second dose schedule



Outreach for farms is organized by county and expected arrivals of farmworkers (migrant & seasonal)

LOCAL COUNTY TEAM PROFILES



Local Team

Lead/POC	Agency	First name	Last name	Phone number	Email	Role	Notes
	Migrant Clinic	Brad	Swanson	555-555-5555	brad.swanson@email.com	Outreach Coordinator	
	NC State Extension	Dewey	Hart	555-555-5555	dewy.hart@email.com	Extension Agent	
	Community Health Worker	Rex	Warrant	555-555-5555	rex.warrant@email.com	CHW	
	Other						
Region	Northeast						
LHD							
Director	Tracey Ferguson	tracey.ferguson@email.com					
POC/CB Nurse	Jasmine Porter	jasmine.porter@email.com					
Local Resources							
Community Health Center	Health Center 1	Anne Medina	Outreach Coordinator	anne.medina@hc1.com			
	Health Center 1	Faye Cain	Migrant Clinic Lead	faye.caine@hc1.com			
	Health Center 2	Andy Boyd	Outreach Coordinator	andy.body@hc2.com			
	Health Center 2	Lila Mendoza	Outreach Worker	lila.mendoza@hc2.com			
	Health Center 3	Georgia Shaw	Outreach Coordinator	georgia.shaw@hc3.com			
Other	Community-based organizatior	Chelsea Washington	Outreach Coordinator	chelsea.washington@cbo.com			
	Non-profit	Ann Vargas	Executive Director	ann.vargas@npo.com			

DOL Registred Camps

Grower/LC Name	Company Name	Company Address	Number of Workers	Arrival Date	Departure Date	Number of Units
Eric Berry	Farm 1	123 Main St, Tarboro, NC 28478	6	Aug-01-2021	Jan-31-2022	1
Ricky Carroll	Farm 2	123 NC HWY 1 W, Tarboro, NC 27886	48	Mar-01-2021	Nov-30-2021	1
Rudy Huff	Farm 3	123 14th St NW, Battleboro, NC 27348	1	Apr-12-2021	Dec-31-2021	1

Additional details of camps (Location/Description) is available upon request to Farmworker/Outreach Health Clinics

H2A Arrivals by Month

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
1	9	204					

H2A Lists

Employer/Growers	Street	City, State, Zip	Telephone	Date Begin	Crop	H2-A
Farm 1	4617 Pioneer Ln	Indian Trail, NC, 28079	555-555-5555	4/1/2022	sod driver	30
Farm 2	825 W Ketchie St	China Grove, NC, 28023	555-555-5555	4/1/2022	tobacco, s. pot, cukes	133
Farm 3	455 Russell Farm Rd	Tarboro, NC 27886	555-555-5555	3/25/2022	straw, tobacco, soy	2

Vaccine Providers

Provider Organization Name	Provider Location Name	CVMS Access Status
Provider 1	Huntersville, NC	Active users in CVMS - Ready to receive vaccine
Provider 2	Ahoskie, NC	Active users in CVMS - Ready to receive vaccine
Provider 3	Kannapolis, NC	Active users in CVMS - Ready to receive vaccine

Non-Congregate Shelters

Status							
				Qauarnatine & Isolation and Social Distancing		Quarantina & Isolation Only	
				Social Distancing Only		No shelter available	

Testing Vendors Coverage

Vendor 1	Name 1
Vendor 2	Name 2

COUNTY NAME

Core local county team:
- NC State Cooperative Extension
- Primary migrant health clinic
- Community health worker

Local health department

Additional local resources:
- Migrant health centers
- Federally qualified health centers (FQHC)
- Community-based organizations

Camps registered with the NC Department of Labor

H-2A arrivals by month

Information for growers receiving H-2A workers

Available vaccine providers

Non-congregate sheltering status

Testing vendor coverage

LOCAL COUNTY TEAM MEETINGS



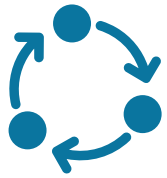
97

introductory calls conducted with the local county COVID response teams



150+

organizations represented across local county teams



~25

recurring local county COVID response team meetings held through 2021



BILINGUAL

meetings held to ensure team members were communicating in their preferred language

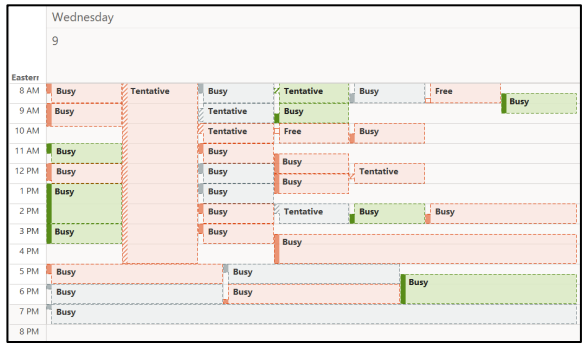
VARYING COUNTY NEEDS LEADS TO TAILORED "EXPERIENCES"

Independent		Local County Teams
Light touch		Local County Teams + Sponsored Vaccine Sites
High Touch		Local County Teams + Sponsored Vaccine Sites + Centralized Vaccine Site
Full Boat		Local County Teams + Sponsored Vaccine Sites + Centralized Vaccine Site + Mobile Vaccine Services

THE BENEFITS

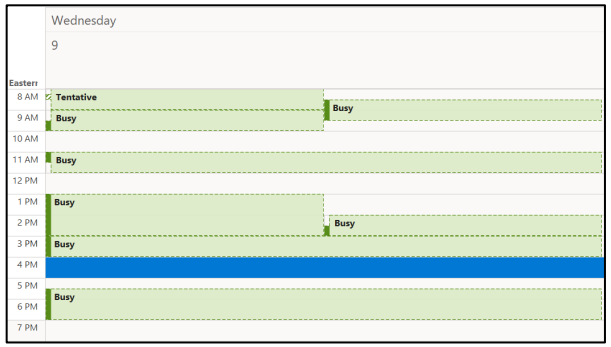
Before

Duplicative and Redundant meetings	Low bandwidth to perform activities due to meetings
Duplicative and Competing Efforts	Vaccine/health events scheduled at the same time and same area
Inefficient Communication	Confusion among organizations and agricultural community



After

Concise and effective meetings	Reduced meetings resulting in high bandwidth to perform activities
Coordinated Efforts	Joint vaccine/health events resulting in time in cost savings
Efficient Communication	Agricultural community had most up to date info to make informed decisions



FACILITATING VACCINE/BOOSTER ACCESS AND BEYOND



Vaccines and Boosters

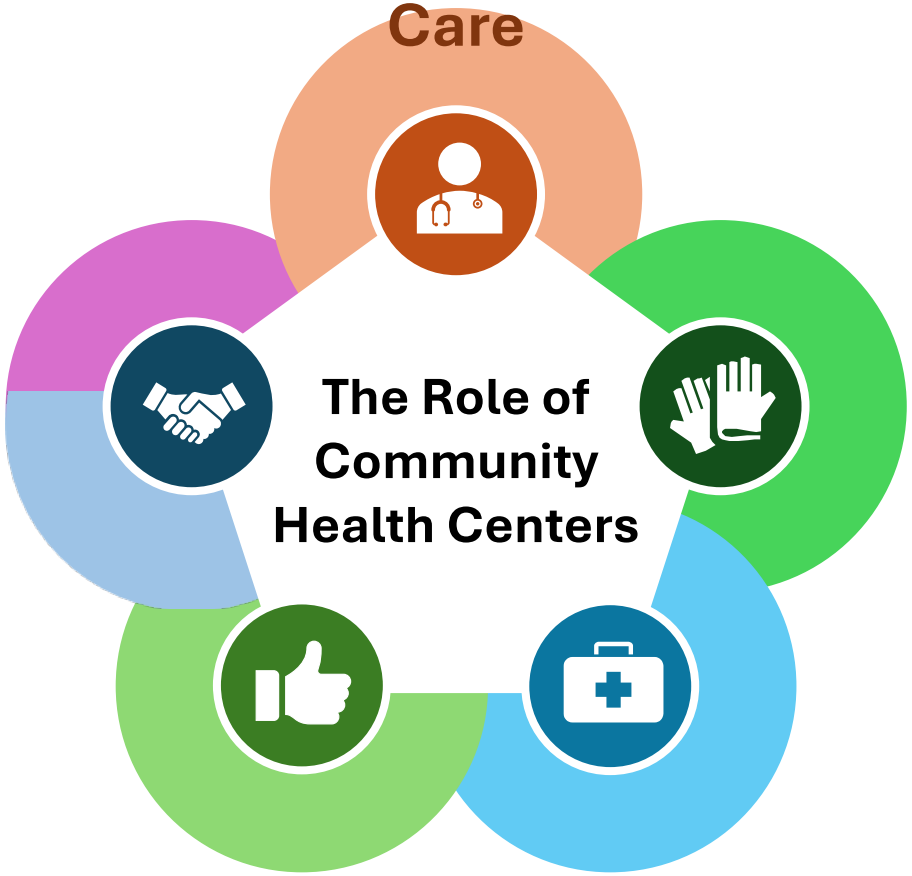
- ✓ Effectively facilitate vaccine/booster access
- ✓ Disseminate most updated guidance
- ✓ Coordinate community events
- ✓ Track and report metrics



Beyond

- ✓ Outbreak response
- ✓ PPE distribution
- ✓ Health education and outreach
- ✓ Response for future needs

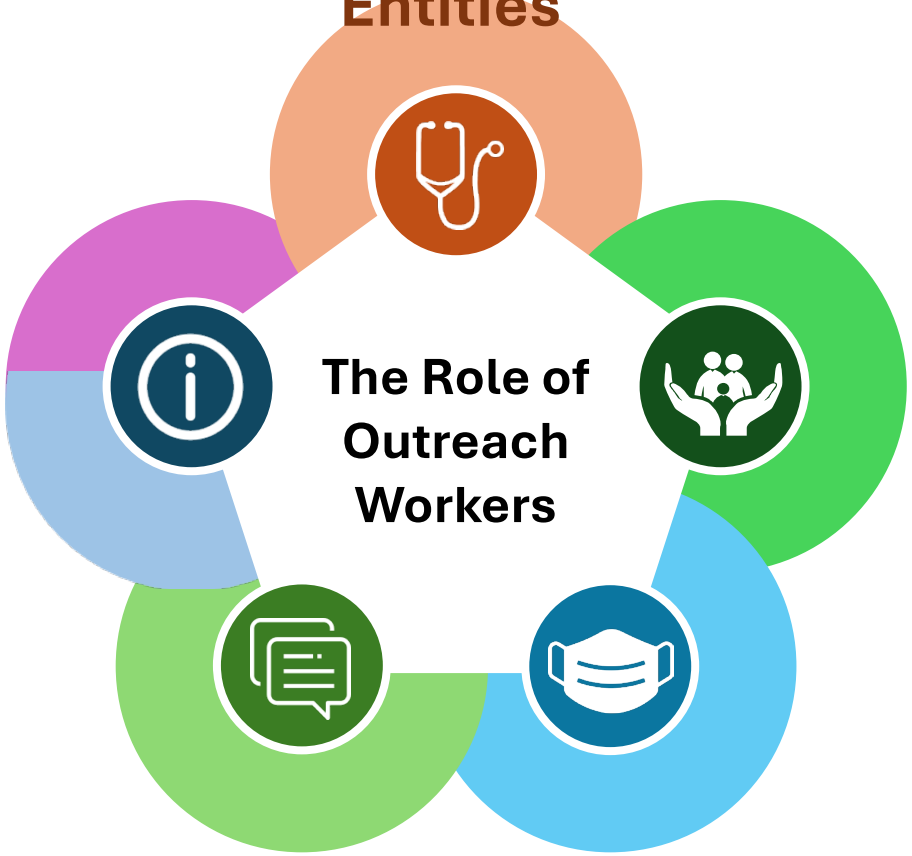
COMMUNITY HEALTH CENTERS



OUTREACH WORKERS

Connect Individuals to Health Entities

Bring Attention to the Needs of the Farmworker



Notify Team of Outbreaks for Faster Response

Promote Health and Vaccine Events

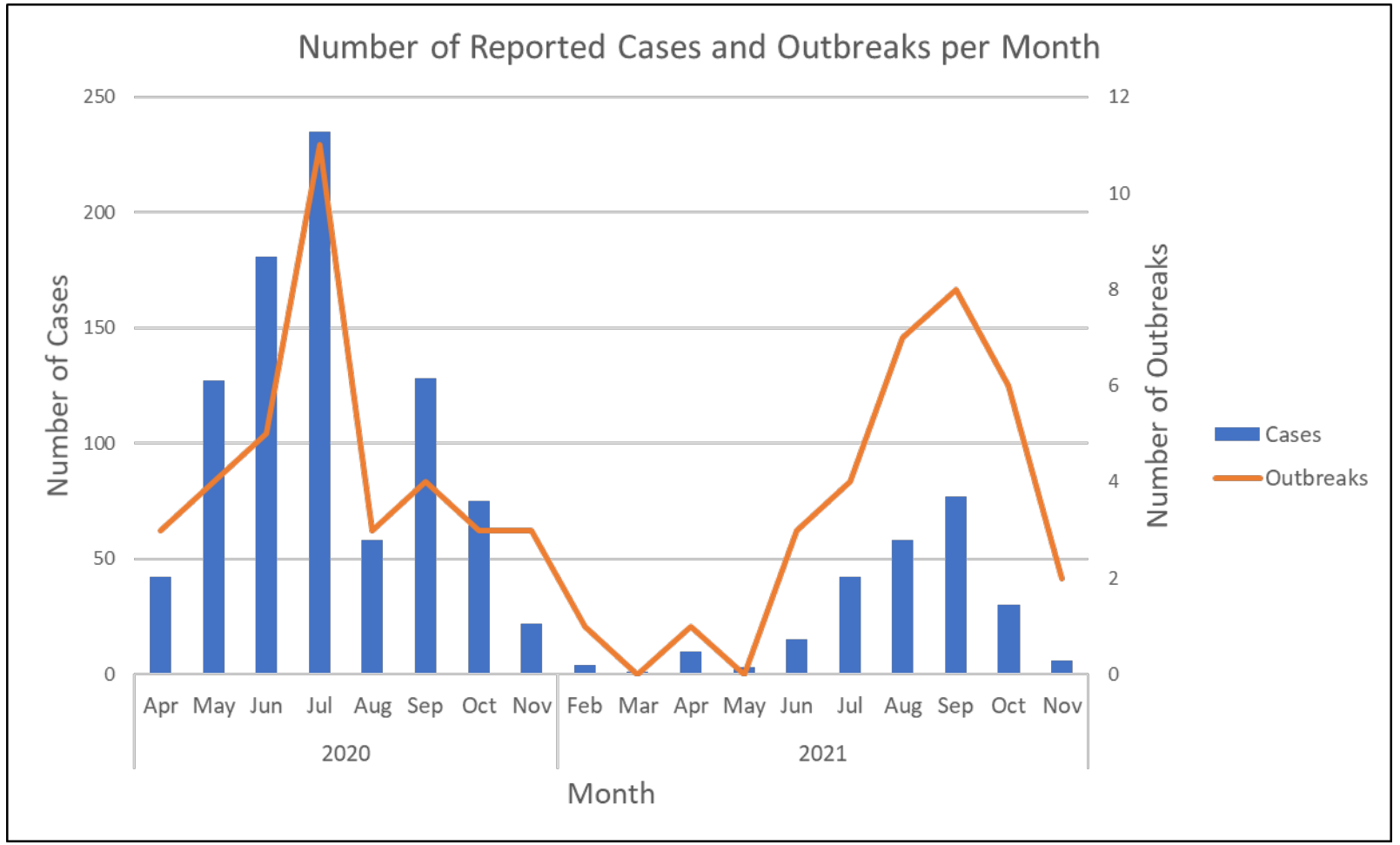
Facilitate Distribution of PPE Equipment

CHALLENGES



- Bandwidth and availability of team members
- Shortage of staff across organizations
- Maintaining teams across all 100 counties
- Accessibility to growers and farmworkers
- Ensuring everyone has the most updated information

VACCINATION EFFECT ON CASES/OUTBREAKS



Year	Outbreak	Cases
2020	36	868
2021	32	246

78% decrease in outbreaks from 2020 to 2021

CONTINUED SUPPORT

A majority of survey respondents are interested in continued support from NCFHP to continue Local Team model.



"Many farmers have expressed their appreciation to how responsive we have been and willing to assist them in getting their workers PPE, vaccines and assistance when they had

"I don't think regular communication is needed. It is good to have the relationships in case of outbreaks or other crisis events that affect this population."

"We have developed relationships at the local team level. We know each other's agencies and how we can support each other. We don't need a coordinator. "

Thank you!

Dulce Arroyo
Community Development Specialist II
dulce.arroyo@dhhs.nc.gov

REFERENCES

- North Carolina Department of Health and Human Services, Office of Rural Health. (2022). *North Carolina Farmworker Health Program*.
- North Carolina Department of Health and Human Services, Division of Public Health. (n.d.). *NC COVID-19 surveillance data and archived COVID-19 outbreak data*.
- North Carolina Department of Commerce, Division of Workforce Solutions. (2021). *Migrant and seasonal farmworker estimates, 2020–2021*.
- North Carolina Department of Commerce, Division of Workforce Solutions. (Sep 2026). *2025 Estimate of Migrant and Seasonal Farmworkers During Peak Harvest by County*.

Immigrant Health Care and Community Partnerships in NYC

Max Hadler

Senior Director, Policy and Immigrant Initiatives

Office of Health Care Access and Policy

November 4, 2026

Our Mission: *"to protect and promote the health of ALL New Yorkers"*

- NYC remains a place where people can access essential and confidential health care regardless of their immigration status
- Barriers to health care and coverage impact lower income immigrants and their families
  - Lack of access to care contributes to worse health outcomes
- We believe:
  - All people should have access to quality, affordable health care regardless of income, insurance, or immigration status
  - No one's health should be compromised because of their immigration status

NYC Health

Office of Health Care Access and Policy

1. Policy and research on health care delivery and safety net access	2. On-the-ground knowledge and strong community partner engagement	3. Program Planning and best practices to integrate access to primary care and other health and social services
• Examine health care gaps and needs (including behavioral and social care) of populations relying upon the safety net for health care services • Monitor and analyze policies and research related to health care delivery, primary care system, safety net access to health care services and preventive care, prescription drugs and other critical health services that addresses social determinants of health	• Understanding of health care systems in NYC, including city and state resources for populations relying upon the safety net for health care services • Oversight of City contracts related to improving access to health insurance and care for vulnerable populations in NYC, including low-income and immigrant populations • Analyze and implement policies and practices to improve culturally and linguistically competent consumer health and navigation to improve consumer health communication	• Develop strategies and interventions to integrate primary care (includes behavioral health and community linkages) and referrals to health and social services that address social determinants of health to improve access to primary care and preventive services • Collaboration with stakeholders (city and state agencies, H+H, FQHCs, CBOs and insurers) to develop strategies and communication efforts to improve and better align policy and program efforts to ensure health care access and coverage • Develop and support new city initiatives to promote access to care and reduce the spread and impact of health misinformation.

NYC Health

City Council Discretionary Contracts

Access Health Initiative

- Enables outreach, support and education efforts regarding healthcare access and coverage for medically underserved individuals, including immigrants, the uninsured, and Limited-English speakers.
- In FY27, City Council designated $3,620,210 to 37 organizations under this allocation.

Managed Care Consumer Assistance Program (MCCAP)

- Enables culturally and linguistically competent community-based organizations to provide essential assistance to help New York City residents navigate the healthcare system, understand health coverage and options, access health care services, help individuals secure discounted health care, and access affordable care.
- In FY27, City Council designated $2,014,114 to 21 organizations under this allocation.

Immigrant Health Initiative

- Supports decreasing health disparities among immigrant New Yorkers by improving access to health care and addressing cultural and language barriers.
- In FY27, City Council designated $2,430,341 for 21 organizations under this allocation.

NYC Health

Community partnerships

- 36% of New Yorkers born outside the U.S.
- 62% of NYC households have at least one immigrant
- Engagement
  - Programs
  - Research
  - Community education content
  - Emergency response



NYC Health



NYC Messaging & Resources

Immigrants Have a Right to Health Care

Every New Yorker, without exception, has a right to quality health care and City services. You have these rights regardless of your immigration status, ability to pay, employment status, and ability to speak English.

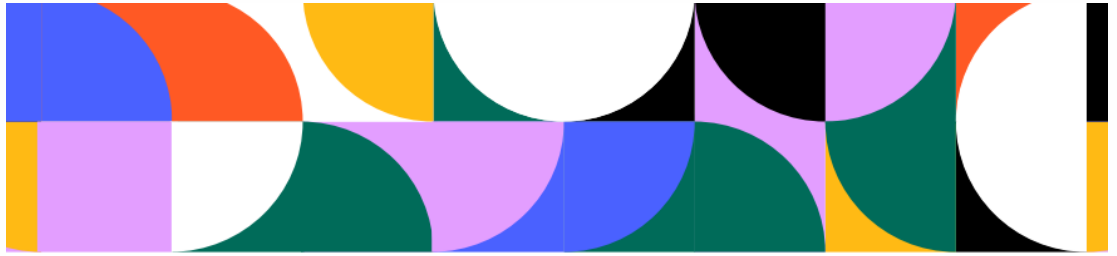
NYC Health+Hospitals locations and NYC Health Department public health clinics are here to serve you in your language. You do not need to share any information about your immigration status to receive care.

NYC also offers a range of services including food, education, legal services, and public safety. Learn more about our commitment to all New Yorkers and the services available to you:

- Open Letter to Immigrant New Yorkers (PDF, March 14)
  Other Languages: Español | Русский | 繁體中文 | 简体中文 | Kreyòl ayisyen | 한국어 | বাংলা | Italiano | Polski | العربية | יידיש | Français | اردو | Fulani | Wolof

View, print, and display these resources stating the rights of all New Yorkers, regardless of immigration status:

- Every New Yorker, Without Exception: Poster (PDF)
  Other Languages: Español | Русский | 繁體中文 | 简体中文 | Kreyòl ayisyen | 한국어 | বাংলা | Italiano | Polski | العربية | יידיש | Français | اردو| Fulani | Wolof
- Every New Yorker, Without Exception: Counter Card (PDF)
  Other Languages: Español | Русский | 繁體中文 | 简体中文 | Kreyòl ayisyen | 한국어 | বাংলা | Italiano | Polski | العربية | יידיש | Français | اردو| Fulani | Wolof
- Every New Yorker, Without Exception: Palm Card (PDF)
  Other Languages: Español | Русский | 繁體中文 | 简体中文 | Kreyòl ayisyen | 한국어 | বাংলা | Italiano | Polski | العربية | יידיש | Français | اردو Fulani | Wolof



NYC HEALTH+ HOSPITALS

NYC Health

NYC Mayor's Office of Immigrant Affairs

Open Letter to Immigrant New Yorkers

March 2025

In New York City you have a right to health care, regardless of your immigration status or ability to pay. Health care is so important and we want you to get the care you need before you get sick or have an emergency. You should not be afraid to go to the doctor, the community health center, or the hospital. Our doctors, nurses, and other health care workers care about you. Many are immigrants themselves who come from the communities they serve and speak your language. We are all here for you.

NYC Health + Hospitals runs the City's 11 public hospitals, five nursing homes, and neighborhood Gotham Health Centers in every borough. The NYC Health Department operates the City's sexual health, immunization, and tuberculosis clinics and Neighborhood Health Action Centers. Our health centers and hospitals have a long and proud history of caring for everyone. No exceptions.



NYC Health

Clinical community: Dear Colleague letters

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Dr. Michelle Morse, MD, MPH
Acting Commissioner

Health
Gotham Center
42-09 28th St.
Long Island City, NY 11101

Message to Providers Regarding Immigrant Parents'/Caregivers' Concerns

January 16, 2026

Dear Colleague,

In recent months, many New York City (NYC) families have experienced heightened anxiety and other mental health concerns regarding increased immigration enforcement activity. In particular, concerns are related to the potential detention or deportation of parents and caregivers and the consequences for their children.

These immigration enforcement concerns are felt by a large number of residents, both citizens and noncitizens. In addition to NYC's large number of noncitizen residents, as many as one in six children in NYC live with an undocumented immigrant household member. **More than half of those children are U.S. citizens.**

These concerns can manifest in a range of symptoms and behaviors, including avoidance of primary and emergency care, difficulty managing prescribed medications, anxiety, depression, social isolation, panic disorder, suicidal ideation, substance use, cardiac conditions, and gastrointestinal conditions. Given the possible effects associated with avoidance of care, conducting affirmative outreach to patients who could benefit from support is a bridge toward maintaining health and preventing morbidity and mortality.

Resources to Address Family Separation Concerns

To support your patients who may have concerns about the possible detention or deportation of parents and caregivers and potential separation from their children, particularly children with medical needs, consider sharing information about the following options available in New York:

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Dr. Michelle Morse, MD, MPH
Acting Commissioner

Health
Gotham Center
42-09 28th St.
Long Island City, NY 11101

Continuing Education Credit: Training to Support Asylum Applicants Using Your Clinical Expertise

December 3, 2025

Dear Colleague,

Many asylum applicants must have physical or psychological evaluations conducted by trained clinicians to document harm suffered that is part of their asylum claim. This requires volunteer clinicians like you. The Asylum Medicine Training Initiative (AMTI) provides clinicians with the necessary training in a convenient online format that can be done anytime through 2026, anywhere, at no cost to you.

The New York City (NYC) Health Department is proud to partner with NYC Health + Hospitals and the AMTI to offer continuing education credit for this training across a wide range of health care disciplines (physicians [MDs/DOs], licensed psychologists, social workers, physician associates [PAs], nurse practitioners, and midwives). You can receive up to five (5) contact/credit hours.

This training is available to health care providers across the United States. You can access the course and receive continuing education credit in your eligible discipline. Once you've completed the training, the AMTI has links to volunteer networks in your area to connect you with people in need of evaluations.

Resources

- Immigrant health care: www.nyc.gov/immigranthealth
- Public charge: www.nyc.gov/publiccharge
- Know your rights: www.nyc.gov/knowyourrights
- English language learning: wespeaknyc.cityofnewyork.us
- Asylum Medicine Training Initiative for clinicians/trainees

NYC Health

Questions?

THANK YOU

mhadler@health.nyc.gov

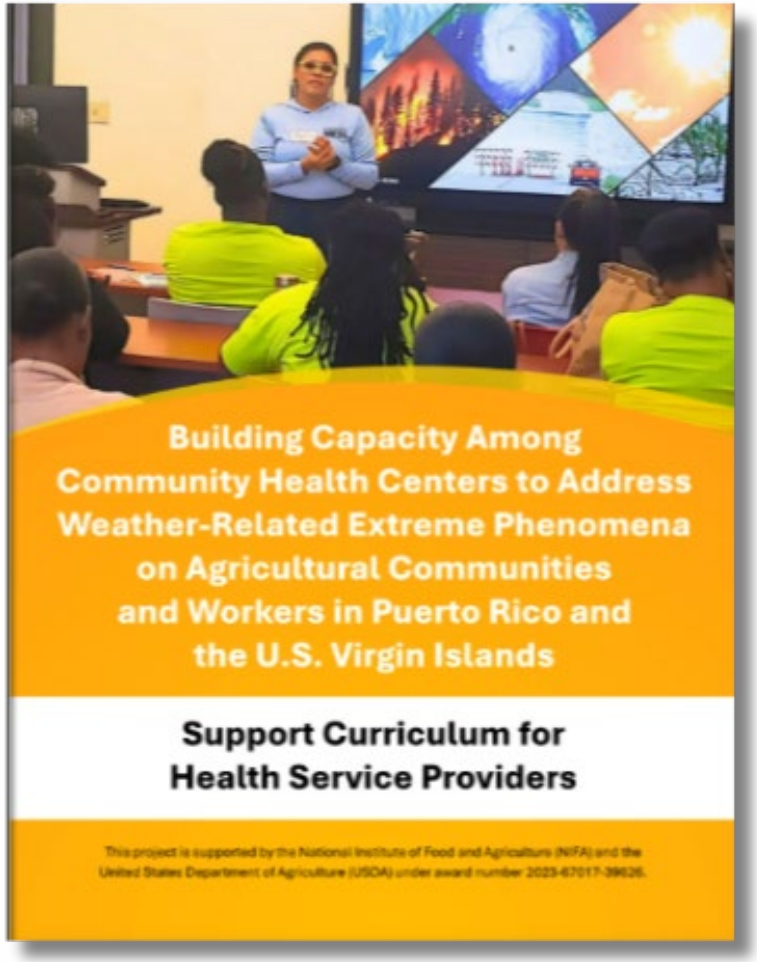
Weather-related Emergencies and Disaster Management - Information Hub

Weather-related Emergencies and Disaster Management Information Hub

MCN continually develops and promotes strategies and resources on weather-related emergencies and disaster management, like hurricanes, floods, wildfires and others, to support health centers, health departments, community groups, and clinicians as they reach out to communities that are often overlooked and give care to patients who might otherwise have nowhere to go. The following resources are part of a project implemented in Puerto Rico and the US Virgin Islands in which MCN created modules contained in a comprehensive curriculum related to weather-related emergencies and disaster management. Below, you will be able to access each module and the paired resources from MCN, governmental agencies, non-governmental organizations, and community-based organizations. Many of the resources are focused on the vulnerable populations that already encounter numerous barriers to health and to care.

Please choose from the modules below for more information and to see or download recommended resources.

1. Weather-related extreme events and phenomena
2. Agriculture in the face of weather-related extreme events and phenomena
3. Community mobilization aimed at mitigating weather-related events
4. Community health in the face of extreme weather-related events and phenomena
5. Occupational health and safety during extreme weather-related events and phenomena
6. Community Leadership and Advocacy to Build Resilient Communities
7. Community Outreach



https://www.migrantclinician.org/weather-related-emergencies-and-disaster-management-information-hub

Evaluation



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Preparing for Emergencies Together

The Importance of Community Organizing and Culturally Responsive Resources



Tuesday, November 10, 2026

1 pm PT/ 2 pm MT/ 3 pm CT/ 4 pm ET/ 5 pm AT

Connect with MCN



[Access our latest resources]



[Get updates from the field]



[Attend our virtual trainings]

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@migrantcliniciansnetwork

and a lot more at http://www. **www.migrantclinician.org**