

These subsequent pages summarize valuable information and key takeaways from webinars focused on:

- ▶ Preparedness for Emergencies
- ▶ Health Care Team Development
- ▶ Improving Health Outcomes
- ▶ Advancing Team-Based Care
- ▶ HIV Prevention Activity Session

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Preparedness for Emergencies Summary

Understanding Emergency Preparedness within Health Centers: Foundational Principles, Financial Strategies, and Operational Continuity

Overview: Presented by Matthew Griswold, Facilities Director at CHCI; Taina Lopez, Director of Emergency Management at NACHC; and Jessica Hinshaw, Environmental Health Director at NACHC, this 60-minute webinar explored strategies for emergency preparedness. Speakers shared national priorities and practical approaches to help health centers develop and implement effective emergency preparedness plans.

View webinar at: <https://bit.ly/3EkoYYk>

Takeaways:

- **Foundations of Emergency Preparedness in Health Centers:**
 - Emergency preparedness is a continuous cycle involving planning, training, equipping, and evaluation.
 - Health centers must prioritize safety, service continuity, and integration of external resources during emergencies.
 - Regular drills, updated supply inventories, and clear communication protocols are critical for effective preparedness.
- **Understanding the National Emergency Management Landscape:**
 - Health centers face evolving challenges, including increased risk from natural disasters and shifting federal expectations.
 - Disasters have a significant financial and operational impact, requiring proactive financial and continuity planning.
 - Building partnerships before emergencies ensures stronger, coordinated responses with agencies like EMS, public health departments, and community-based organizations.
- **Developing and Strengthening Emergency Preparedness Plans (EPPs) and Committees:**
 - A strong EPP outlines safety measures, is updated for emerging threats, and is developed with stakeholder input.
 - Emergency Preparedness Committees enable coordinated communication, decision-making, and resource allocation.
 - Real-world case studies, such as IT outages, highlight the importance of drills, updated procedures, and multi-site coordination.
- **Best Practices for Preparing for Emergencies** (See Figure 1)

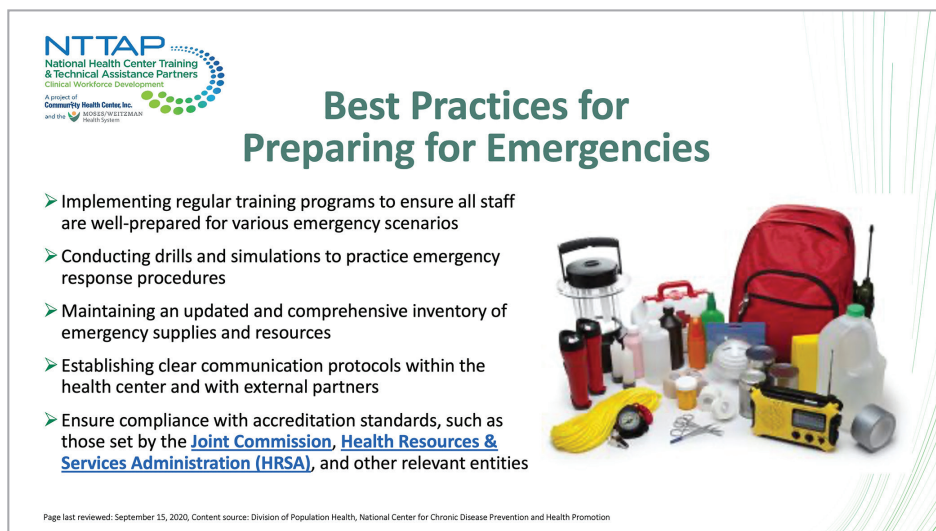


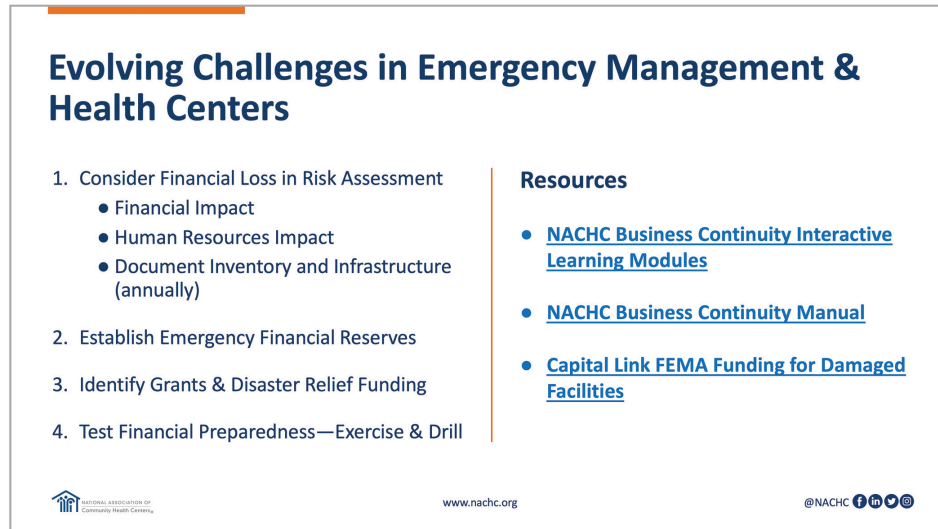
Figure 1.
Best Practices for
Preparing for Emergencies

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Takeaways:

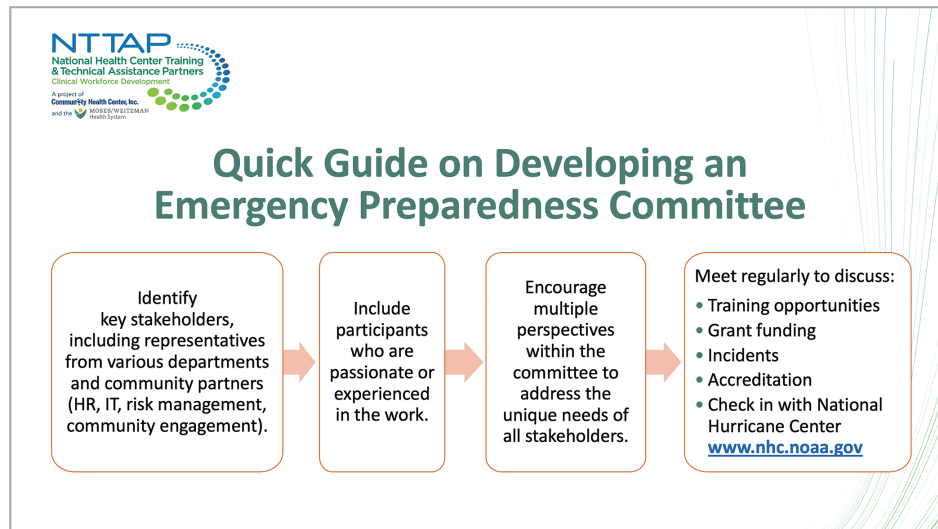
- **Evolving Challenges in Emergency Management & Health Centers** (See Figure 2)

Figure 2.
Evolving Challenges in
Emergency Management &
Health Centers



- **Quick Guide on Developing an Emergency Preparedness Committee** (See Figure 3)

Figure 3.
Quick Guide on
Developing an Emergency
Preparedness Committee



Notable Participant Live Feedback:

- *"The webinar provided valuable information about newly introduced Executive Orders, along with helpful resources to consult after the session."*
- *"The examples shared during the session made it clear how certain strategies can be applied and emphasized the importance of regularly updating Emergency Preparedness Plans (EPPs)."*
- *"The presenters shared useful knowledge about the National Risk Index and offered a structured framework for developing an effective emergency preparedness plan."*

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Health Care Team Development Summary

▶ Investing in Community Health Workers: Strengthening Role Clarity, Training Pathways, and Resources

Overview: Presented by Marie Yardis, Access to Care Director at CHCI, Dr. Magaly Dante, Chief Executive Officer at MHP Salud, and Milagrosa Seguinot, President at the Community Health Workers Association of Connecticut, this 60-minute webinar explored key strategies for investing in community health workers. Expert faculty discussed the role of CHWs, training pathways, and resources to support their integration into health centers to improve access and outcomes.

View webinar at: <https://bit.ly/4ivQDn0>

Takeaways:

- **CHWs link healthcare systems and communities through support, care coordination, and resource navigation.**
 - Build trust and improve outcomes through health education, care management, and social support.
 - Integrate into extended care teams alongside clinical and community partners.
 - Leverage tools (e.g., PRAPARE), population health efforts, and access-to-care collaborations.
- **CHWs train through many pathways, each with unique benefits and challenges.**
 - On-the-Job: Hands-on learning and mentorship in real community settings.
 - Formal/Apprenticeship: Structured classroom instruction paired with paid work experience.
 - Certification: State-voluntary or required credentials that boost recognition and reimbursement.
- **Certification formalizes CHW skills and experience, but its scope varies.**
 - What It Is: A formal credential from an authority confirming training and demonstrated competencies.
 - What It Isn't: Not equivalent to legal practice regulation, a basic training completion certificate, or solely a state function.
 - Pathways: Achieved via approved education/internships or documented work experience with professional and community references.
- **Roles and Function for the CHWs** (See Figure 4)

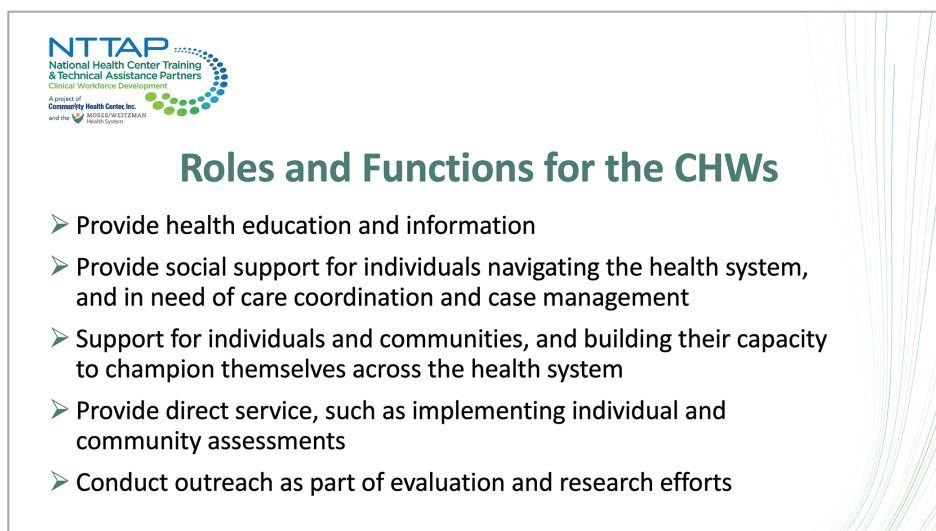


Figure 4.
Roles and Function
for the CHWs

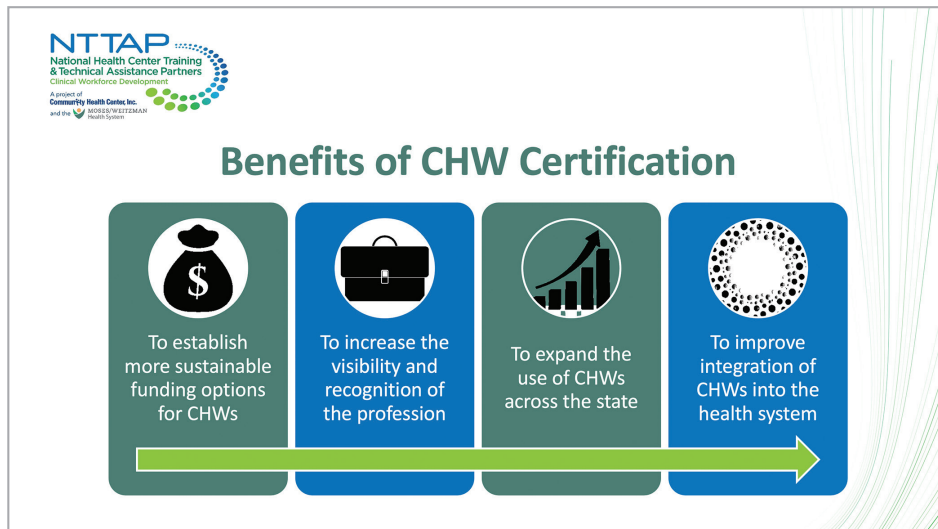
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Takeaways:

- Training Pathways (See Figure 5)



- Benefits of CHW Certification (See Figure 6)



Notable Participant Live Feedback:

- *"The pace of the speaker and the explanations regarding certification were particularly helpful in making the content clear and easy to follow."*
- *"I appreciated having multiple speakers from slightly different backgrounds, and it was great to see viewers from all over the U.S. engaging with the webinar."*
- *"The inclusion of Community Health Workers (CHWs) in the presentations was valuable and reinforced the importance of their role in healthcare."*

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Improving Health Outcomes Summary

▶ The Pivotal Role of Data in Dentistry in Improving Health Outcomes

Overview: Presented by Dr. Karoline Oliveira and Dr. Sheela Tummala of CHCI, this 60-minute webinar highlighted the critical role of dentistry in advancing clinical excellence and improving health outcomes in health centers. The webinar featured best practices and a case study example for collecting patient data to improve patient care, close care gaps, and maximize dentistry's impact.

View webinar at: <https://bit.ly/4j4qSdy>

Takeaways:

- **Demographic Data Strengthens Quality and Access Efforts**
 - Reviewing care data by age, sex, income, or insurance coverage helps identify specific needs related to oral health.
 - Accurate and complete demographic reporting ensures providers can track outcomes and identify where to focus resources and support.
 - Data analysis supports quality improvement initiatives that aim to increase preventive care rates and treatment follow-up.
- **Best Practices for Addressing Care Gaps in Patient Populations**
 - Incorporating interpreter services (e.g., language line) to improve communication.
 - Trainings for providers and staff such as motivational interviewing on how to speak with patients.
 - Dashboards for measuring and monitoring key performance indicators (KPIs).
- **Technology and Teams Support Consistent Follow-Up**
 - Digital tools like Electronic Health Record (EHR) planned care dashboards and patient messaging systems (e.g., text reminders, smartphone apps, etc.) help teams track care completion and encourage appointments.
 - Staff roles such as front desk teams, case managers, and access team members are key to ensuring patients receive reminders and referrals.
 - Reliable workflows for follow-up visits and warm handoffs help improve continuity and ensure patients receive timely services.
- **Improving Health Outcomes** (See Figure 7)

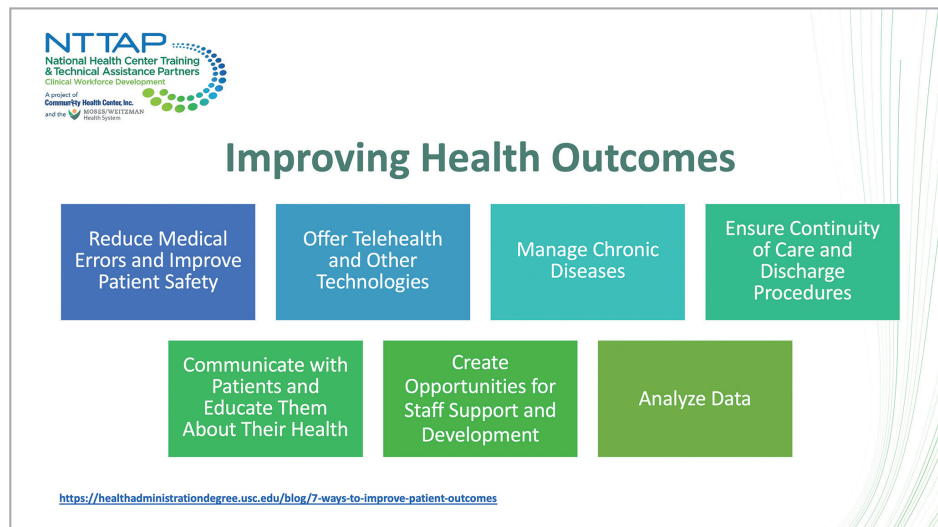


Figure 7.
Improving Health
Outcomes

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Takeaways:

- Collecting Demographic Data (See Figure 8)

Figure 8.
Collecting
Demographic Data

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Collecting demographic data in healthcare is crucial for several reasons:

- Identifying oral-related conditions in patient populations
- Tailoring care and treatment interventions
- Policy development and resource allocation
- Evidence-based practice
- Quality improvement
- Patient trust and engagement
- Addressing community-based risks



- Warm Hand-off Case (See Figure 9)

Figure 9.
Warm Hand-off Case

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Warm Hand-off Case

Patient: 48 y/o Male

PMH Includes:	Dental History:
● Anxiety ● Panic Disorder ● Agoraphobia ● Cigarette Smoker	● Partial Edentulism ● Dental Anxiety ● Radiographic Bone Loss ● Subgingival Dental Calculus ● Inconsistent Dental Care ● Ill Fitting Dentures Fabricated Outside Dental Office



Notable Participant Live Feedback:

- “The content was clear and engaging.”
- “The presentation had an easy-to-follow format.”

The Pivotal Role of Registered Nurses (RNs) in Improving Health Outcomes

Overview: Presented by Dr. Karoline Oliveira, Chief Officer for Clinical Excellence at CHCI, Mary Blankson, Chief Nursing Officer at CHCI, and Matt Beierschmitt, Senior Program Manager, at the [National Nurse-Led Care Consortium](#) (NNCC), this 60-minute webinar highlighted the vital role RNs play in enhancing health outcomes and clinical excellence in health centers. The panelists shared case studies and practical tools to support RNs’ contributions, boost workforce skills, and promote quality care.

View webinar at: <https://bit.ly/4kqShYC>

Takeaways:

- Improving Health Outcomes Requires Comprehensive Strategies
 - “Health outcomes refer to the health consequences brought about by the treatment of a health condition or as a result of an interaction with the healthcare system. It is a multidimensional concept that can be studied on multiple levels.” (Lee and Leung, 2014).

(Continued on next page)

Takeaways:

- **Improving Health Outcomes Requires Comprehensive Strategies**
 - Key strategies for improving health outcomes include reducing medical errors, offering telehealth, managing chronic diseases, ensuring continuity of care, and more.
 - Effective communication, patient education, staff development, and data analysis are essential to support these improvements.
- **Addressing Variances in Health Outcomes**
 - Health variances stem from social, economic, and geographic factors, affecting disease burden and access to care.
 - Strategies, such as staff training, community engagement, and health education in multiple languages, are essential for addressing variances in health outcomes.
 - Engaging communities and implementing respectful policies help ensure patient-centered care for many populations.
- **The Critical Role of Registered Nurses (RNs) in Improving Health Outcomes**
 - RNs provide:
 1. episodic/acute and preventive/routine care
 2. chronic disease management
 3. practice operations, ongoing QI, regulatory oversight/surveillance, and other practice improvement activities
 - Best practices for optimizing the role of the RN include standing orders, delegated orders, chronic care management, patient-centered education and support, and nursing leadership and informatics. These best practices and tools can empower RNs to improve access to care and support patients proactively.
 - Case examples highlight how RNs build trust, tailor care plans, and coordinate resources to achieve positive health outcomes for patients.
- **Variances in Health Outcomes** (See Figure 10)

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Variances in Health Outcomes

- Variances in health outcomes are observed as those preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations negatively impacted by factors in and outside of their control.
- Examples:
 - For both men and women, prevalence of diagnosed diabetes was higher among adults living in nonmetropolitan areas compared to those in metropolitan areas.³
 - Adults living in poverty are at a higher risk of adverse health effects from obesity, smoking, substance use, and chronic stress.⁴
 - College graduates have better self-reported health than high school graduates, and individuals with more education are less likely to report conditions, such as heart disease, high blood pressure, diabetes, anxiety, and depression.^{5,6}

3. <https://www.cdc.gov/diabetes/php/data-research/>
4. <https://doi.org/10.1377/hpb20180817.901935>
5. Goesling, B. (2007). The rising significance of education for health? Social Forces, 85(4), 1621–1644.
6. <https://doi.org/10.3386/w12352>

Figure 10.
Variances in
Health Outcomes

- **Patient Education** (See Figure 11)

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Patient Education

- RNs provide patient education and support, especially regarding medications and other therapies, and promote self-management in patients with chronic conditions.
- Most importantly, nurses develop strong relationships with:
 - Providers they work with to build trust in carrying out a larger plan of care for a patient
 - Other care team members who they may take hand-offs from when patients have questions that they cannot answer
 - Patients that they are empaneled to support
 - Leaders as they contribute ideas for process improvement and ultimately structures that contribute to better patient outcomes

Figure 11.
Patient Education

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Takeaways:

- Case Review: Example 1 (See Figure 12)

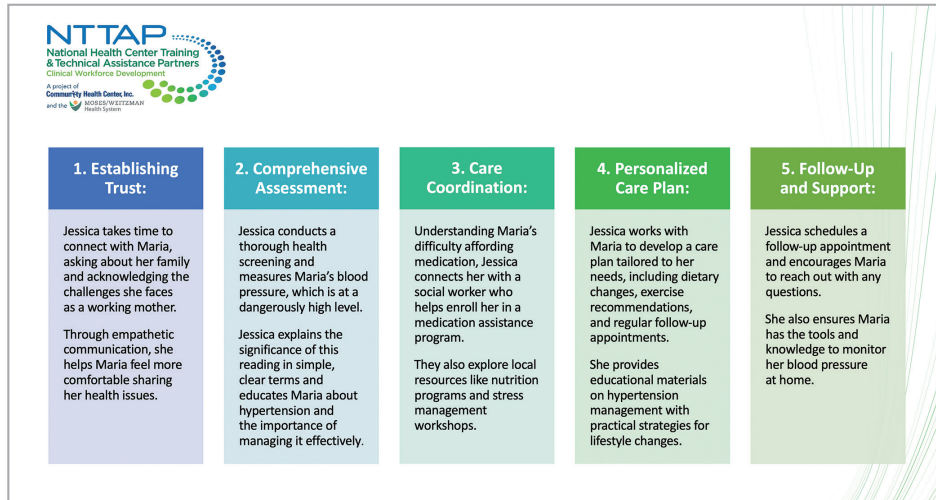


Figure 12.
Case Review: Example 1

- A Business Case for RNs in Community Health Centers (See Figure 13)

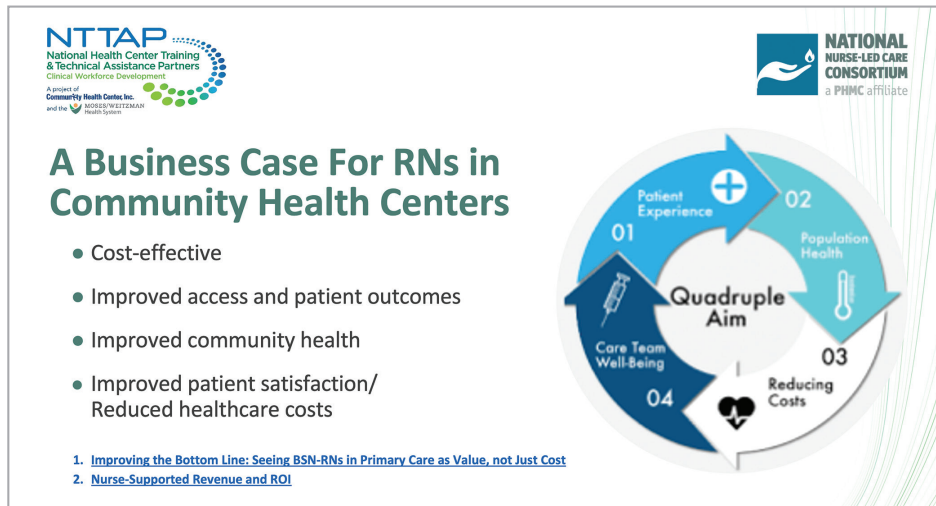


Figure 13.
A Business Case for RNs in
Community Health Centers

Notable Participant Live Feedback:

- *"The speakers had real-life experience and were genuine in their discussion."*
- *"The topics covered were applicable to challenges faced in many community health centers, and the information shared is essential for the medical community."*
- *"I appreciated seeing how different health centers utilize RN care management and gained ideas to potentially implement in my own role."*

Reference: Lee, A., Leung, S. (2014). Health Outcomes. In: Michalos, A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-5_1251

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Advancing Team-Based Care Summary

▶ Advancing Team-Based Care: Optimizing the Role of Integrated Behavioral Health Providers in Health Centers

Overview: Join experts from CHCI for a 60-minute webinar on best practices for integrated behavioral health in health centers, including use of the electronic health record (EHR), co-location strategies, and warm handoffs. Experts shared two practical case studies highlighting the important role of screening tools and care coordination to connect patients with important services within the health centers.

View webinar at: <https://bit.ly/3EXaPR7>

Takeaways:

- **Integrated Behavioral Health (BH) Is a Team-Based, Patient-Centered Model**
 - Providers from across multiple disciplines working to deliver the best quality care to a shared patient panel.
 - BH looks different at each site but aims to improve care efficiency, effectiveness, and outcomes through collaboration.
 - Integration spans a continuum—from outside consults to fully co-located, interdisciplinary care teams with shared responsibilities and outcomes.
- **Optimizing Integration Requires Infrastructure, Collaboration, and the Right Team**
 - Shared EHRs support seamless coordination, real-time documentation, and access for all providers involved in a patient's care.
 - Co-location (physical or virtual) fosters collaboration, patient convenience, and access to services.
 - Successful integration depends on having a well-trained, interdisciplinary team aligned with the model's goals and workflows, including warm handoffs and clearly defined roles.
- **Panel Insights: Integrated Care in Practice**
 - Primary care providers play a vital role in identifying BH needs through routine screenings, real-time observations, and warm handoffs that connect patients to timely support.
 - BH clinicians help patients navigate complex care plans, reinforce follow-through on medical recommendations, and bridge communication with other providers to support ongoing engagement.
 - Psychiatrists collaborate closely with both medical and therapy teams to stabilize patients, guide safe and appropriate medication use, and support transitions in care when symptoms are managed.
- **Case Studies Demonstrate the Power of Cross-Disciplinary Collaboration**
 - Routine collaboration and record reviews helped clarify complex diagnoses, reduce unnecessary visits, and improve patient functioning and insight.
 - Trust built through consistent provider relationships led to better communication and engagement, especially for patients with cognitive challenges.
 - Proactive care management—including frequent check-ins and external collaboration—supported adherence to treatment and achievement of meaningful patient outcomes, like surgery and emotional stability.

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Takeaways:

- Continuum of Integrated BH Care (See Figure 14)

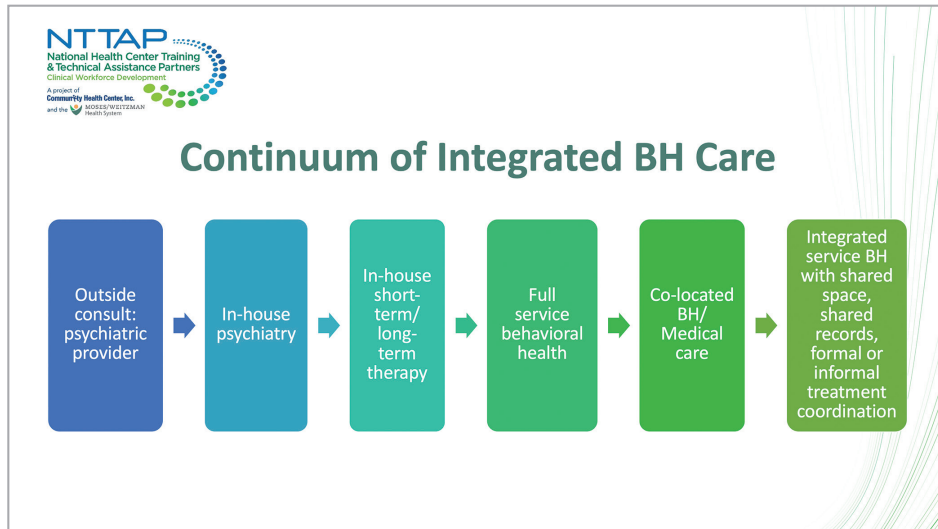


Figure 14.
Continuum of
Integrated BH Care

- Warm Hand Off (See Figure 15)

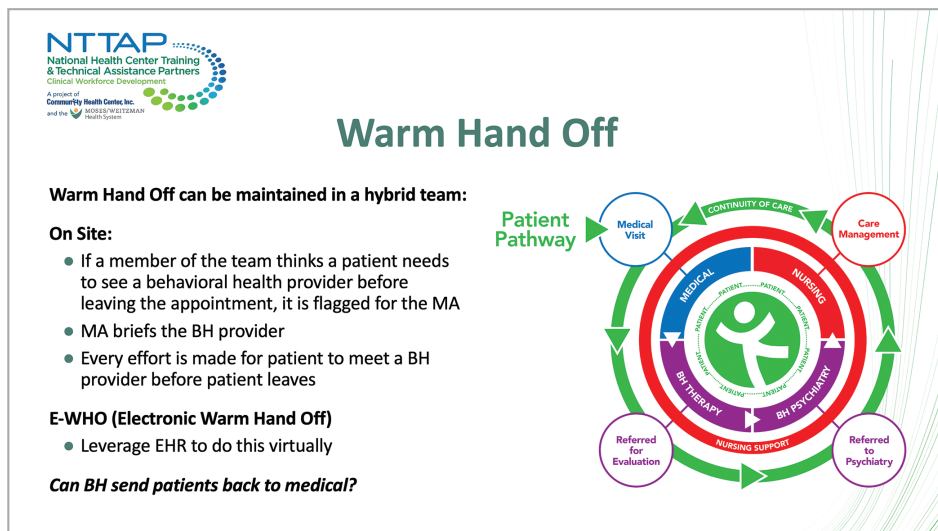


Figure 15.
Warm Hand Off

- Case Study #1 (See Figure 16)

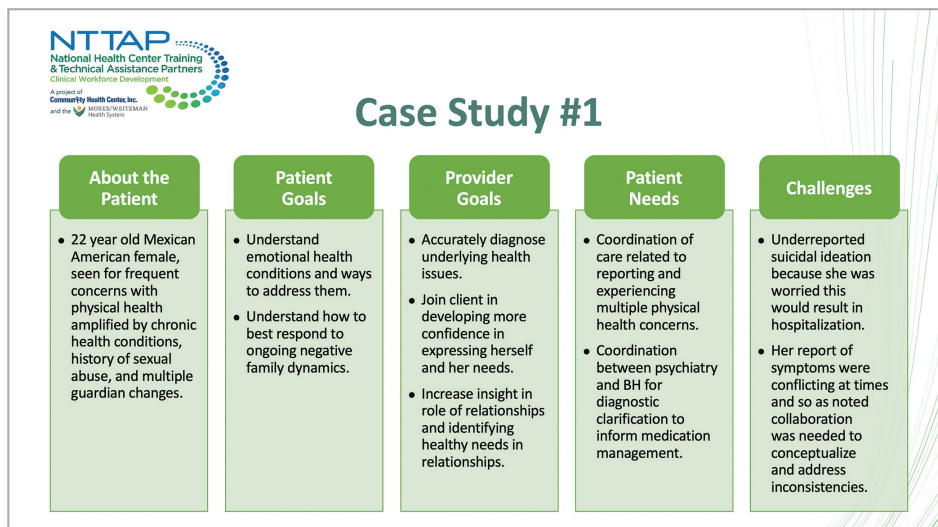


Figure 16.
Case Study #1

(Continued on next page)

Notable Participant Live Feedback:

- *"I appreciated the modeling of integration by having various disciplines speak about their roles in integrated behavioral health."*
- *"The real-life case studies and stories of how providers collaborate day to day were especially helpful."*
- *"As a new Director of Behavioral Health in an FQHC, this webinar provided valuable insights into how behavioral health consultants and psychiatric providers can be integral to integrated care."*

► Integration of Oral Health in Team-Based Care Settings

Overview: Join CHCI and the National Network for Oral Health Access (NNOHA) for a 60-minute webinar on integrating oral health into primary care, including the history of integration in health centers, strategies, tools, and resources. Speakers also reviewed the integration of oral health at CHCI, including the history, establishing that oral health care is primary health care, and best practices for optimizing oral health care.

View webinar at: <https://bit.ly/3Ssul5K>

Takeaways:

- **Integration of Oral Health in Health Centers**
 - Community health centers are well-positioned for integration due to their team-based structure and mission.
 - [HRSA's Integration of Oral Health and Primary Care Practice \(OHPCP\)](#) initiative developed oral health core competencies for primary care providers.
 - Integration supports early detection, prevention, and coordinated care for underserved populations.
- **Steps to Successful Integration Programs**
 - Begins with [an integration readiness assessment](#) to identify your CHCs' readiness for integrating oral health and primary care practice.
 - Review the [System Level Implementation Framework](#) for practical steps and strategies to support successful oral health integration into primary care programs.
 - Use quality improvement tools, such as small-scale testing and outcome tracking.
 - Encourages sustainable, team-based care models through structured implementation.
- **Health Center Population Based Programs**
 - Maternal and child health services includes fluoride treatments during pediatric visits covered by Medicaid.
 - Behavioral and oral health integration includes depression screening by dental teams with referral pathways. [Integration of Behavioral and Oral Health User's Guide](#)
 - School-based dentistry delivers cleanings, sealants, and education through mobile dental vans.
- **Best Practices for Optimizing Oral Health Care**
 - Shared information technologies support warm handoffs, cross-site communication, and data integration.
 - Full-scope oral health care includes dental assistants, registered dental hygienists, and dental therapists working at the top of their licenses dependent on state regulations.
 - In some health centers, topical fluoride applications are embedded into pediatric primary care well child visits using the planned care dashboard.
 - School-based dentistry brings preventive care directly to students, increasing access and supporting early intervention.
- **Oral Health Core Clinical Competency Domains** (See Figure 17)



Figure 17.
Oral Health Core Clinical
Competency Domains

(Continued on next page)

Takeaways:

- **System Level Implementation Framework** (See Figure 18)



- **School-Based Dentistry** (See Figure 19)



Notable Participant Live Feedback:

- *"This was a great presentation. I'm looking forward to reviewing the resources that were shared—thank you!"*
- *"It's always helpful to hear real-world experiences with integrated care. There were several insights I can apply in my own daily practice."*
- *"I really appreciated the discussion around medical-dental integration and training. Hearing about other health centers' challenges and successes was especially valuable."*

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HIV Prevention Activity Session Summary

Enhance HIV Prevention Efforts at your Health Center

Four sessions were offered—explore below for key takeaways and each presentation to learn more!

▶ Session 1: Screening Tools and Testing

Overview: This 60-minute activity session (1) described the epidemiology of HIV and STIs, (2) explored recommended guidelines for HIV/STI testing, and (3) provided implementation strategies and innovations for HIV/STI screening.

View the slide deck here to learn more: <https://bit.ly/4kPcmaW>

Takeaways:

● HIV Prevention Strategies

- Risk reduction counseling
- HIV testing
- STI testing and treatment
- PEP (post-exposure prophylaxis)
- PrEP (pre-exposure prophylaxis)
- Treatment as Prevention

● HIV Testing

- Primary care providers (PCPs) are the front line for detecting and preventing the spread of HIV.
- Two strategies to increase HIV testing and increase percentage of people who know their status:
 1. Routine, universal testing
 2. Opt-out, voluntary testing

● 6 Essential Sexual Health Questions (See Figure 20)

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**6 Essential Sexual Health Questions:
To Determine HIV/STI Screening/Treatment**

1. Have you ever had any type of sex? Oral, Vaginal, Anal?
2. When was the last time?
3. How many partners did you have (e.g. 1 or more than one), and who were they?
4. Do you use condoms/on PrEP? Always, sometimes, never?
5. Any symptoms?
6. Were you exposed to any STDs that you know?

CENTER FOR KEY POPULATIONS

Figure 20.
6 Essential Sexual
Health Questions

(Continued on next page)

Takeaways:

- **Implementation Strategies**
 - Population-Based Approach
 - Status Neutral Approach
 - Sexual Risk Assessment: the 5 P's (1. Partners, 2. Practices, 3. Past History of STDs, 4. Protection from STDs, 5. Pregnancy Plans)
 - Planned Care Dashboard
 - STI Nursing Visit
 - At-Home HIV and STI Testing
 - Telehealth
 - Mobile Vans

▶ Session 2: PrEP and PEP Prescribing Workflows

Overview: This 60-minute activity session (1) identified who is eligible for PrEP, (2) explored prescription options and how to monitor people on PrEP, and (3) provided information to understand who is eligible for PEP and how to prescribe.

View the slide deck here to learn more: <https://bit.ly/3ZJXjXV>

Takeaways:

- **Assessing Eligibility for PrEP**
 - Determine eligibility based on a good sexual and substance use history.
 - Prescribe PrEP if:
 1. Individual has engaged in anal or vaginal sex in past 6 months and
 - Has partner with HIV, especially if unknown or detectable VL **or**
 - Has one or more sexual partners with no or inconsistent condom use **or**
 - Had bacterial STI (GC, chlamydia, syphilis) in past 6 months
 2. Individual has injected in past 6 months and
 - Has injecting partner with HIV **or**
 - Has shared injection equipment
 3. Individual requests PrEP
 - Check for Medication Interactions: <http://www.hiv-druginteractions.org>
- **Recommended PrEP Regimens** (Figure 21)



Recommended PrEP Regimens

- **Fixed-dose TDF/FTC (Truvada or generic)** for all individuals with sexual or injection risk
 - Single pill once daily
 - On-Demand 2-1-1 (MSM only)

- **Fixed-dose TAF/FTC (Descovy)** for sexual prevention in men who have sex with men
 - Single pill once daily

- **Injectable cabotegravir (Apretude)** for adults and adolescents at least 35 kg for sexual risk
 - Monthly injection for 2 months then every other month.

Figure 21.
Recommended
PrEP Regimens

(Continued on next page)

Takeaways:

● **PrEP Process Workflow**

- Clinician Prescriber Role
 - Essential to PrEP Program, including setting the tone for the program and for clinical team members
 - *Best Practice: Identify a PrEP Champion Provider*
 - Provide Training and Support for Clinical Team Members (e.g. webinars, protocols/guidelines, mentorships)
 - Build and Implement PrEP Templates and Sexual Risk Assessment Template in electronic health record (EHR)
- Nursing Role
 - Provider Support
 - Patient Resource and Support
 - Patient Counseling/Risk Reduction Counseling
 - Self-management Goals
 - Planned Care Dashboards
 - Nursing Visits for PrEP/STI Screening (e.g. specimen collections, HIV rapid testing)
- Medical Assistant Role
 - Planned Care Dashboard
 - PrEP Dashboard
 - Specimen Collections
 - HIV Rapid Testing
 - Patient Support

▶ Session 3: Education and Outreach

Overview: : This 60-minute activity session (1) explored educational opportunities that could be implemented at your organization to train clinical workforce on HIV prevention and (2) provided information for understanding the role of nonclinical team members such as a PrEP navigator in supporting a HIV prevention program.

View the slide deck here to learn more: <https://bit.ly/3ZgomKx>

Takeaways:

● **PrEP Training and Education**

- Crucial for providers and clinical teams to begin engaging competently and confidently providing HIV prevention services.
- Examples of Training and Education:
 - General Audience Opportunities: (1) Grand Rounds; (2) Lunch and Learns, (3) Webinars/Conferences; (4) Clinical curricula for medical training
 - Clinical Champions
 - *Project ECHO*
 - *Center for Key Populations (CKP) Nurse Practitioner Fellowship*

● **Training of Non-Clinical Team Members**

- HIV PrEP Navigation Certification Program: <https://healthhiv.org/hivpnc/>
- National HIV PrEP Curriculum: <https://aidsetc.org/resource/national-hiv-prep-curriculum>
- OraQuick ADVANCE HIV Training: <https://orasure.com/products/training/OraQuick-Advance-HIV-Training.html>
- OraQuick HCV Training: <https://orasure.com/products/training/OraQuick-HCV-Training.html>

● **PrEP Navigator Role**

- Internal
 - Patient Support
 - Provider Support
 - Training and Education
 - Outreach and Testing
- External
 - Community Education/Events
 - Outreach and Testing
 - Collaborative with Community Partners

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Takeaways:

- Collaborative with Community Partners (See Figure 22)

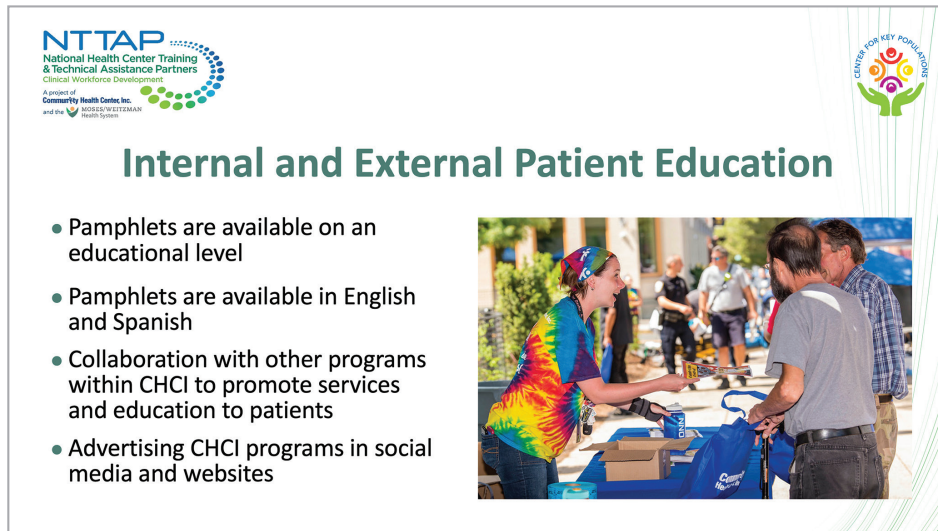


Figure 22.
Collaborative with
Community Partners

Session 4: Program Management

Overview: This 60-minute activity session (1) explored the potential roles the PrEP navigator can play as part of program management and (2) provided considerations for using quality improvement strategies to improve PrEP services

View the slide deck here to learn more: <https://bit.ly/43rE7kc>

Takeaways:

- **Role of the PrEP Navigator in Program Management**
 - Support patients to navigate medical and social systems on their own including:
 - HIV Testing
 - Sexual Risk Assessment
 - PrEP Referral
 - Primary Care Provider (PCP) and PrEP Navigator Coordination
 - *Best Practice: Utilize a PrEP Dashboard*
 - *Explore the case study example in the slide deck!*
- **PrEP Dashboard** (See Figure 23)

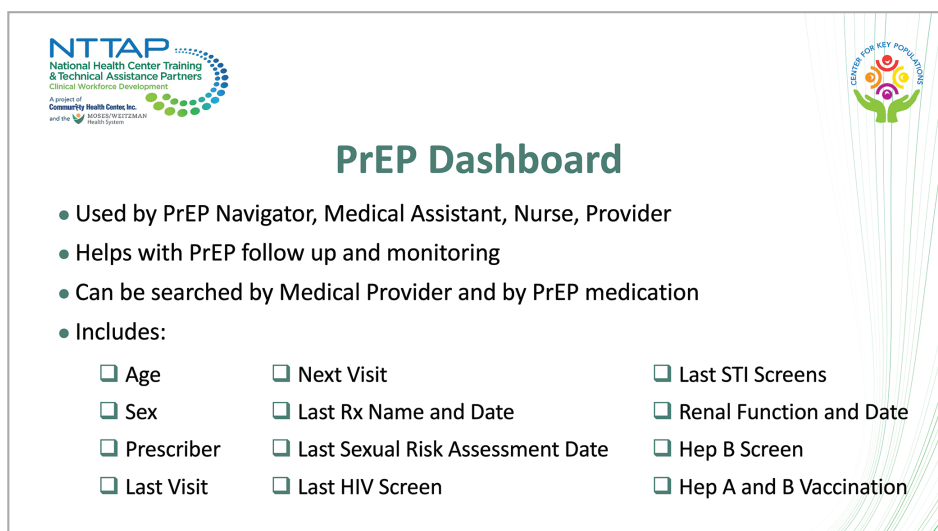


Figure 23.
PrEP Dashboard

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Takeaways:

- **Quality Improvement Initiatives to Improve PrEP Services**

- Choosing a Project: Use various tools to identify issues with current state of program/practice. This includes quality improvement tools, such as the fishbone diagram and process map. From there, the team should vote on the top issue to focus on.
 - Fishbone Diagram Template: <https://bit.ly/4jFNyBn>
 - Process Map Template: <https://bit.ly/3FHxjWq>
- **Explore Community Health Center, Inc.'s quality improvement initiative focused on "PrEP Awareness Campaign" in the slide deck!**

To view over 50 archived webinars, visit: www.chc1.com/nca

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