

December 3, 2014

The Honorable Secretary Sylvia Burwell  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Burwell:

This letter is offered on behalf of the National Advisory Council on Migrant Health (Council) that met October 22-23, 2014 in Pittsburgh, Pennsylvania. The Council's charge is to advise, consult, and make recommendations to the Secretary of Health and Human Services (HHS) in support of her role as authorized under section 330(g) of the Public Health Services Act, as amended, 42 USC 254(b) to improve health services and conditions for migratory and seasonal agricultural workers (MSAWs) and their families. The issue of health disparities is at the forefront of discussion in our nation and present in this population.

The Council addresses the issue of health disparities from the MSAW's perspective, consistently bases its recommendations on the expertise and experience of its members, informed by testimony from MSAWs, together with professionals who work with and support MSAWs. Additionally, the Council reviews data coming from HHS, as well as from researchers in the field.

The Council heard testimony from MSAWs residing in Erie, PA, complemented by updates from the Health Resources and Services Administration (HRSA) staff, the Pennsylvania Association of Community Health Centers; MHP Salud; Farmworker Justice; and the National Association of Community Health Centers who are all partners in the endeavor to improve the health and quality of life of MSAWs. The Council also heard a presentation on *Challenges Faced by the Aging Migratory and Seasonal Agricultural Workforce* by M. Margaret Weigel, PhD, Department of Public Health Sciences, University of Texas, El Paso, Texas. After synthesizing testimony, presentations, and data, the Council prioritized the below recommendations for the Secretary's consideration to help achieve equitable health outcomes for MSAWs.

### **Implementation of the Affordable Care Act (ACA)**

The Council recognizes the work of people to address the health insurance education needs of MSAWs in order to participate in the benefits of the ACA. As the enrollment process has evolved, the Council has become increasingly aware of challenges to full participation facing MSAWs. We recommend the following:

- Continued interagency collaboration at the Federal level to ensure the needs of MSAWs are well known and addressed throughout the system. To provide accurate data on MSAW enrollees, intake staff will need specialized training in order to properly identify and/or classify MSAWs;
- Adjustment to the ACA to ensure the high mobility of MSAWs is understood by system designers, and that portable and affordable options are available to MSAWs. This would result in higher MSAW participation rates that would consequently yield improved community health outcomes;
- Implement suggestions offered by Farmworker Justice that include:
  - Mechanisms to support the work of Centers for Medicare and Medicaid Services (CMS) by staff familiar with the needs of MSAWs;
  - Obtain quality feedback data from CMS funded navigator programs on the effectiveness of the enrollment process and systems for MSAWs;
  - Development of best practices for outreach and enrollment for MSAWs;
  - Provide additional guidance and training on special enrollment periods and triggering events for agencies working with MSAWs;
  - Provision of more training on multi-state/portable options available to meet the needs of MSAWs; and strategies to increase the capacity for enrollment among H-2A workers (special enrollment periods, paper applications, flexible expanded hours and bilingual capacity for navigators and assisters during peak enrollment periods, and the establishment of a hardship exemption for H-2A workers who were not able to enroll in health insurance during 2014).

### **Holistic, Culturally-Appropriate Accountable Care**

Holistic health care is inclusive of all aspects of health including medical, vision, oral, and behavioral/substance abuse supported by systems of primary health care, specialty care, and pharmacy services that cover the life spectrum from pre-natal care to palliative care. To achieve this goal the Council recommends:

- Continued support and awareness of vision care, oral health, behavioral health, pharmacy services, and specialty care services. We suggest using the Voucher Program model that has demonstrated success in delivering primary health care services in areas where it is not feasible nor financially viable to open a full health center, and for specialty care in particular, could allow services to be offered without having to staff health centers with specialists with outcomes in increasing health access and decreasing health care costs;
- Support for continuous quality improvement in the delivery of culturally appropriate accountable care at health centers receiving funding to serve the MSAWs that includes: providing health centers with a better working definition of cultural competency; bilingual/bicultural staff; and accountability and oversight of enabling services not limited to language competency;

- Support strategies to increase the quantity and quality of needed healthcare providers with educational scholarships and faculty loan programs, including the National Health Service Corps, NURSE Corps Scholarship Program, and NURSE Corps Loan Repayment Program, and the Faculty Loan Repayment Program;
- Monitor and support the development of services and best practices to address new and/or growing needs of MSAWs, for example, increased numbers of indigenous workers with unique language and cultural needs; the aging of the workforce; and increasing mental health needs.

### Relevant and Adequate Funding

The Council would like to thank the Secretary for providing funding to support a range of services, including vision, oral health, behavioral health, and pharmacy services. This support is a major step toward health equity for the MSAW population. The Council recommends focus on several areas for near-future funding decisions. These include:

- Continued support for expanded, comprehensive services;
- Continued support for outreach and enrollment designed to support the outcome of increasing health insurance enrollment of MSAWs, including H-2A workers;
- Continued funding for the National Health Service Corps and NURSE Corps Loan Repayment Program to achieve the outcome of increasing the number of racially, ethnically and linguistically diverse healthcare providers working in Health Professional Shortage Areas;
- Recognize the critical role of research to increase the science on the health and social determinants of the MSAW population through the creation of specific Funding Opportunity Announcements.

In closing, we extend our gratitude for the honor of serving on the National Advisory Council on Migrant Health. We recognize the complexity of the needs of the individuals and the agencies we represent, and we offer these recommendations on behalf of those we serve. We thank you for the opportunity to support the mission of the Department of Health and Human Services.

Sincerely,

Jill F. Kilanowski, PhD, RN, APRN, CPNP, FAAN  
Acting Chair

cc: Dr. Mary Wakefield  
Mr. James Macrae  
Ms. Marquita Cullom-Stott  
CDR Jacqueline Rodrigue