

June 17, 2015

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:

On behalf of the National Advisory Council on Migrant Health (Council) that met May 4-5, 2015 and in accordance with the charge given to the Council, we submit the following recommendations for your consideration. The Council is charged 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.

During this meeting, we received updates from the Health Resources and Services Administration (HRSA) staff; the Texas Association of Community Health Centers; and the National Association of Community Health Centers. Additionally, the Council received research presentations on:

- Migrant housing, environmental conditions, and their threats to health.
- Human Immunodeficiency Virus (HIV) and sexually transmitted disease risk among MSAWs.
- Informational presentation on integrating medical-legal approach to improve health care for MSAWs.
- Addressing violence against MSAWs.
- Strengthening the healthcare workforce: Integration of Promotores de Salud/Community Health Workers.

The Council prioritized the recommendations and hereby presents the following recommendations for the Secretary's consideration.

QUALITY IMPROVEMENT IN DIRECT SERVICES:

The Affordable Care Act (ACA) in the delivery of health services stresses a focus on the Triple Aim (Access/Quality/Outcomes), we recommend the following:

- Continued leveraging of HRSA, Bureau of Primary Health Care's Migrant National Training and Technical Assistance Cooperative Agreements to support training and technical assistance for the health care team (including intake staff) and patients with a focus on critical areas of concern including, but not limited to:
 - Understanding the definition of MSAWs with improved identification of such clients.
 - Understanding workers compensation as it relates to MSAWs and the completion and process of appropriate forms.
 - Increasing awareness and interventions with family violence and human trafficking.
- Reinforced support of and training on the Community Health Worker/Promotores de Salud model of care and development of quality measures for consistency in the delivery of health messaging and increased use of technology to disseminate health lessons.

PUBLIC POLICY:

It is well documented that the social determinants of health such as housing, education and work environment contribute to health or conversely to poor health. While the Council recognizes the limitations in statutory authority of the Department of Health and Human Services, the Council recommends:

- Prioritize the installation of new fiber optic infrastructure that already has been funded for installation in rural communities. This technology would allow such communities to optimize medical technology through the use of telemedicine creating access to clinicians and services that most often are not available.
- Continued interagency dialogue at the federal and state level to create uniform regulations for MSAW housing, reinforce regulations in the application of pesticides, and minimum age for employment in the tobacco fields.
- Effective policies to monitor the enforcement of housing codes with unannounced inspections.
- Creative incentives to farm growers to provide safe, equitable MSAW housing (e.g. low interest rate loans, tax incentives, or the purchase of surplus federal or state emergency housing).
- Support of full practice authority for all healthcare professionals such as advanced practice nurses.
- Funding for research specifically designated for addressing health issues in MSAWs.

ACA TRIPLE AIM:

Access remains a critical concern for the MSAW population and the Council supports addressing the issue through a multi-pronged approach, including:

- Fair and equitable reimbursement for telemedicine services.
- Funding mechanisms which allow rural/frontier areas to be competitive in the application for new access points of care, for example:
 - Funding for mobile units as a pre-cursor to construction of a permanent clinic.
 - Tiered funding allowing for the unique needs of extremely rural/frontier areas with smaller client bases.
- Continued support of efforts (i.e. with the National Health Service Corps and NURSE Corps Loan Repayment Program) to recruit and especially retain culturally, ethnically and linguistically competent staff, particularly in the area of primary care.
- Implement strategies which encourage hospitals to partner with Federally Qualified Health Centers (FQHC) such as:
 - Incentives to release patients to a health center for post-operative care with a shared aim of reducing post-operative infections.
 - Incentives to co-locate FQHC office space next to an emergency department (ED) space to direct patients to FQHC care rather than ED care when appropriate.
- Support funding for new partnerships (i.e. Medical-Legal Partnerships) that are designed to reduce cost, increase access, and support quality outcomes.

FUNDING TO SUPPORT HEALTH EQUITY INITIATIVES:

The Council would like to thank the Secretary for supporting quality improvement efforts in the area of direct service and for providing funding to support a holistic range of services that continue to include:

- A continued focus on both continuity of care and specialty care (i.e. dental, vision, geriatric services, mental health, podiatry) to prevent emergent issues becoming chronic care issues.
- Continued support and expansion of outreach and other enabling services.
- Support for programs and services addressing emerging areas of concern, such as the needs of the aging MSAW workforce.

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In closing, we thank the Secretary for her consideration of our recommendations on behalf of those we serve. The MSAW population is an important contributor to the overall health and economic wellbeing of our nation and we are duly honored to serve on the National Advisory Council on Migrant Health.

Sincerely,

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

cc: Mr. James Macrae
Ms. Tonya Bowers
Ms. Tracey Orloff
CDR Jacqueline Rodrigue