

March 11, 2014

The Honorable Secretary Kathleen Sebelius  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Sebelius:

This letter is offered on behalf of your National Advisory Council on Migrant Health that met December 10-11, 2013, in Seattle, Washington. During our session we were fortunate to hear testimony from regional migrant and seasonal farmworkers (MSFWs) and their families on their experiences with access to health care services and their perceptions on the quality and effectiveness of health services they received. The agenda also included the most recent information on the changing health and social services needs of MSFWs and their families, the changing faces of the migrant worker, and the current status of Migrant and Community Health Centers. This information was delivered by representatives of the Migrant Clinicians Network, Farmworker Justice, Larson Assistance Services, Office of Quality and Data, and a program manager of a Health Center. It is acknowledged that our following recommendations are, and will be, influenced by the Affordable Care Act and immigration policy.

We present our recommendations as follows:

### **1. Access to Comprehensive Primary Health Care**

Continue and increase funding support of Migrant and Community Health Centers as the health care system most capable and equipped to serve an underserved, mostly uninsured, mobile population. Migrant and Community Health Centers are held to standards that address the unique difficulties of the migrant farmworker population. Federal funding support must come with the assurance that services provided are appropriate, address the unique challenges of this population, reduce barriers to access, provide continuity and portability of care, and are of the highest quality and standards.

### **2. Outreach and Enabling Services**

Outreach and enabling services continue to be inconsistent from Health Centers who receive federal funding for special populations. Outreach and enabling services are crucial to build patient-health care provider trust and reduce health service disparities. Require accountability from the Centers' program managements that includes documentation of enabling services such as: case management of specialty services and follow up care, transportation to clinics, interpretation services in Spanish and indigenous languages, mobile clinics, logistical management of clinic operations such as extended clinic hours after the workday and on weekends, and health literacy programs.

### **3. Health Care Professionals**

There are serious concerns that the future health care provider numbers may be decreasing, and the providers wanting to stay in primary care, especially with special populations, may be in jeopardy. Emphasis must be focused on recruitment and especially retention of physicians and midlevel health care providers in the Migrant and Community Health Centers. A stable workforce in the health centers leads to increased quality of care, and improved health outcomes. Long-term service commitments are needed. Consider expansion of the National Health Service Corps service time obligation, and offer incentives for extension of employment.

### **4. Chronic and Specialty Care**

Continuity of medical care and availability of funding for specialty care remains a serious issue. The migrant farmworkers and clinicians are often frustrated when there is a diagnosis requiring urgent specialty care and there is no way to provide for these much needed services for the migrant farmworkers. We recommend making specialty care part of the special populations/migrant farmworker funding package.

### **5. Research endeavors**

There is a need for understanding how social determinants impact the health of special populations as established by the US Public Health Act of 1996, such as the MSFWs, in areas that include: food security, acculturation, environment influences, mobile lifestyle, cardiovascular risks, body mass index and others. Develop and fund federal grant program announcements on research endeavors that focus on special populations that include MSFWs.

Lastly, the Council encourages continued communication and collaboration with all federal agencies that are engaged in the important work of improving the health and wellbeing of MSFWs and their families. We offer these recommendations to you on behalf of the entire Council and reflect the unanimous consensus of the Council.

In closing, we offer these final words to remind us of our public health charge spoken so eloquently by a migrant woman when asked about the health decisions that she and her fellow workers make on a daily basis, "*The choices we make are determined by the choices we have.*"

Sincerely,

Carolyn S. Davis, MN, RNC, APRN, FNP  
Chair

James Laughlin, MPH  
Vice Chair

cc: Dr. Mary Wakefield  
Mr. James Macrae  
Ms. Tracey Orloff  
CDR M. Sonly Fermin