

October 23, 2013

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

Dear Secretary Sebelius:

Your National Advisory Council on Migrant Health wishes to thank you for the opportunity to update you on its most recent meeting held August 19-20, 2013 in Rockville, Maryland. During this session the Council heard updates from representatives of federal agencies, regional health center coordinators, operation executives, and Migrant National Cooperative Agreements. Additionally, we received testimonies from a number of migrant and seasonal farmworkers from the Delmarva area of Maryland. Their testimonies served to authenticate previous recommendations provided to the Secretary, as well as developing further recommendations. The increase in the number of migrant and seasonal farmworkers treated at Migrant Health Centers in 2012, confirms the necessity of the Migrant Health Program. After synthesis of the information, we present our recommendations on these three main areas: (1) Access to Comprehensive Primary Health Care, (2) Accountability, and (3) Migrant Services/Outreach/Enabling Services.

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

Migrant and Community Health Centers continue to provide health care for migrant farmworkers and their families as part of the nation's health care safety net, and continue to serve the uninsurable in the Affordable Care Act. We recommend continued and increased support of the Migrant Health Centers.

### **Accountability**

We recommend accountability and assurance that funded Migrant and Community Health Centers are true to the mission of serving the migrant community. Health Centers that serve migrant and seasonal farmworkers must demonstrate inclusion of outreach and enabling services that have shown to enhance access and delivery of care to migrant and seasonal farmworkers. We encourage the establishment of a unified governmental agency definition of a migrant farmworker.

### **Migrant Services/Outreach/Enabling Services**

We ask you to continue to recognize the value of outreach and enabling services in promoting access to health and social services, and improving outcomes by facilitating continuity of quality health care. We more specifically recommend the following:

- The lack of dental care remains a major health issue especially for adults of the migrant population. We suggest that the National Health Service Corps funding for dentists and dental hygienists be increased, and funding grants be offered for mobile dental units. The 340B Pharmacy Program must be strengthened and expanded to support pharmacology therapies. Inability to purchase or obtain medications and treatment modalities seriously jeopardizes the effectiveness of treatment plans prescribed by providers and ultimately leads to poorer health outcomes. In addition, it is optimum to include mental and behavioral health services for migrant farmworkers in any center's directory of care offerings.
- Migrant farmworkers are reluctant to seek health care services due to increased mistrust and fear caused by immigration issues. Farmworkers trust promotores and outreach workers. We recommend the support of these services as the use of promotores and outreach workers have shown to decrease farmworker fear of entering the health care system.
- We support the continued development and support of the technological infrastructure of medical health records to provide for portability of health information, reduce duplication of services, and support the delivery of care to those with chronic disease. We recommend increasing use of diverse media tools and the evaluation of appropriate governmental websites for literacy, language and user friendliness, and dissemination of information on Health Center client services in alternative media formats.
- We recommend the development of recruitment strategies at the high school and university levels to increase the numbers and diversity in the future community health care workforce that is sensitive to the cultural needs of the migrant community.
- Emphasis must be focused on retention of physicians and midlevel health care providers in Health Centers. A stable workforce of health care providers enables continuity of health services that fosters higher client satisfaction, increased quality of care, and improved health outcomes. Support of increased funding to the National Health Service Corps does not adequately address the retention of providers. Incentives for long-term service commitment are needed.

The National Advisory Council on Migrant Health appreciates the Secretary's and Health Resources and Services Administration's support for valuable collaborations at the federal level. These include the Interagency Agreements with the Centers for Disease Control and Prevention and the Department of Labor, as well as the Memorandum of Understanding with the Administration for Children Services' Office of Head Start's Migrant and Seasonal Head Start Program. Most notably, we commend the Migrant National Cooperative Agreements that support the frontline efforts by Health Centers to provide care to migrant and seasonal farmworkers. The above collaborations promote access to quality, culturally competent, and comprehensive primary health care services.

The National Advisory Council on Migrant Health encourages continued communication and collaboration with all engaged in improving the health status of migrant and seasonal farmworkers and their families.

Sincerely,

Carolyn S. Davis, MN, RNC, APRN  
Chair

FNP James Laughlin, MPH  
Vice Chair

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