



National Advisory Council on Migrant Health

February 25, 2016

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 (NACMH/Council) that met January 13-14, 2016 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), the California Primary Care Association, and the National Center for Farmworker Health, as well as testimonies from local MSAWs. Additionally, the Council received research presentations on:

- Early childhood education and barriers to accessing preventive oral health care for the families of MSAWs,
- Maternal prenatal exposures to pesticides affecting the health of migrant children,
- Agricultural environmental influences impacting the health of migrant children, and
- A shifting crop labor force and the implications for health care.

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

- A. There is an increase in the use of digital technology in the healthcare sector and there are multiple opportunities for the federal government to make strategic investments to support stronger coordinated care for MSAWs, improve communication and coordination across agencies, and to collect better health-related and population data. The Council recommends the following:
 1. Support pilot and expansion projects that incorporate digital technology for patient services and education and portable health records.
 - a. Explore ways that electronic medical records can "travel" with MSAWs (e.g., EMRs on encrypted flash drives or digital cards).
 - b. Expand the use of technology for continuity of care to encourage connectivity and communication among healthcare providers. Prioritize digital connectivity to rural areas that already has budgetary approval.

- c. More widely disseminate the widget that HRSA has developed to help MSAWs to locate health centers and other services using channels like Amazon and iTunes to facilitate access to the widget.
 2. Encourage interagency/institutional collaboration for labor records that permit tracking of pesticide application and worker exposure to help further study the health implications of pesticides in cooperation with existing agencies such as the Occupational Safety and Health Administration and the Department of Labor, with dissemination to Migrant and Community Health Centers.
 3. Expand digital assessment to identify unmet needs and assist in expansion of programming by incentivizing the use of:
 - a. Standardized forms for migrant health centers similar to our U.S. military, and
 - b. Screening clients for substance abuse, health literacy, food insecurity, homelessness, depression, and oral health risk at every health center visit.
 4. Increase annual funding for the National Agricultural Workers Survey (NAWS) and develop multi-year, interagency agreements with the Department of Labor to coordinate information collection.
 5. With the need for reciprocity of coverage, we recommend funding a pilot study to assess how Health Center Controlled Networks can work with the Office of the National Coordinator for Health Information Technology (ONC) to increase reciprocity of coverage and continuity of benefits, medications and access.
- B. There is a need for an increase in accountability for measured quality outcomes of Migrant Health Centers/Community Health Centers. The Council recommends that HRSA, Bureau of Primary Health Care (BPHC), Office Policy and Program Development:
 1. Invest in innovations to evaluate health center performance and patient satisfaction.
 2. Initiate and fund studies on return on investment and establish quality measures of enabling services.
- C. The NACMH program support function has recently transitioned from the BPHC, Office of Quality Improvement to the Office of Policy and Program Development. The Council believes that in order to ensure the effective transition of NACMH, HRSA should establish formal communication channels between Office of Quality Improvement and Office of Policy and Program Development to ensure that the institutional memory is transferred effectively and to facilitate two-way communication between the Council and national cooperative agreement grantees.
- D. The Patient Protection and Affordable Care Act includes provisions to permit H2A visa holders to access expanded insurance options. However, the transitory nature of their work presents unique challenges for the workers when seeking to enroll in healthcare coverage. The Council recommends that HRSA explore ways to facilitate access to healthcare coverage for H2A visa holders.

1. Develop policies that would minimize barriers to coverage, including current requirements related to the enrollment period, service time, and cost.
 2. Study and potentially model North Carolina public-private partnership that focuses on enrolling to enroll H2A visa holders.
- E. There is a continued need for health system capacity building and workforce development to better meet the healthcare needs of MSAWs. The Council continues to recommend funding and/or program expansion by:
1. Conducting targeted outreach, enrollment assistance, and benefits counseling for MSAWs.
 2. Strengthening diversity in the pipeline of healthcare professionals, especially in oral health and behavioral health.
 3. Providing training reinforcement for intake staff, including cultural competence and ability to properly identify MSAWs.
 4. Supporting increased utilization of mobile services by MHCs to reach MSAWs in remote locations.

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. Jennifer Joseph
Ms. Esther Paul