



# National Advisory Council on Migrant Health

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November 22, 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 November 2-3, 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, the Council received updates from the Health Resources and Services Administration (HRSA) staff; and the National Association of Community Health Centers (NACHC). Additionally, the Council received presentations from the:

- Robert Wood Johnson Foundation, Center for Health Policy, University of New Mexico on “Social Determinants of Migrant Farm Worker Health: Evidence for Policy Action”
- New Mexico Primary Care Association
- Project ECHO (Extension for Community Health Outcomes)
- Office of Community Health Workers, New Mexico (NM) Department of Health on the NM Community Health Workers (CHW) Act
- Housing and Economic Rural Opportunity Inc. (HERO)
- Program Coordinator, Community Health Worker (CHW) Project, Ben Archer Health Center, NM

The Council also heard testimonies from seven promotor/as (CHW) and eight migrant and seasonal agricultural workers (MSAWs).

Testimonies from the CHWs indicated that there is a need for standardized training/education, role definition for CHWs, and consistent and concerted policy efforts at the state and national levels to recognize and support their role as a crucial part of the health care workforce. The promotor/as also identified a need for proper supervision to help and support CHWs in the field. The CHWs repeatedly identified that sustainability remains a challenge for them and their employers. CHWs outlined different payment modes that migrant health centers (MHC) are utilizing to support the CHW workforce, including per member per month reimbursement schedules and utilizing the health center funding for enabling services funding to support CHWs. Though there are examples of innovative approaches to

building sustainable financing models, too many health centers rely on grant funding to support their CHW workforce, which leads to interrupted services when grant funds end and prohibits the full integration of CHW into the health care team at MHCs.

MSAWs shared their day-to-day challenges and testified that promotor/as from their communities are their first point of contact with the health care system and fulfill diverse needs, including facilitating access to care through navigational support, connecting them to community resources to support their families, and providing culturally and linguistically appropriate health education and behavior change support to improve the health and health outcomes of MSAWs and their families.

The Council concludes that CHWs play an important role both within the clinic, serving as a bridge between the providers and MSAWs, and in the community providing MSAWs critically needed health education, facilitating timely medical intervention, and providing much need enabling care resources. CHWs are needed in both clinic and community settings.

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

**I. Community Health Workers (CHWs) are bridge builders between patients and clinics.**

Research has demonstrated that proactive, patient-centered CHW interventions improve access to primary care in high-risk populations.<sup>i</sup> Socioeconomic factors are key determinants of health and it has been well established that the socioeconomic determinants of health have confounded generations of physicians.<sup>ii</sup> CHWs play a critical role in achieving health equity by increasing an understanding among other professionals about the effects of social determinants of health on patient's lives and health care. CHWs also support individuals and communities in addressing/overcoming these barriers to improve health outcomes.<sup>iii</sup> However, the lack of uniformity in core competencies, training, certification, professional standards, and reimbursement has prevented the formation of a standard reimbursement protocol for CHWs. There is an imperative and fair need to see the value and the benefits to certification to move the workforce forward. The Centers for Disease Control CHW Toolkit<sup>iv</sup> confirms the need for long-term support for CHWs, and the need for diverse stakeholders to consider a variety of funding sources and structures.

To address this important issue, HRSA should continue to promote CHWs and find a way to fund their work via value-based health care delivery models by:

- a. Increasing collaboration with Managed Care Organizations (MCOs), Centers for Medicare and Medicaid Services (CMS) and other stakeholders to explore sustainable financing mechanisms to support the full range of CHW activity (health education and health literacy support, patient navigation, connections to care, connections to enabling care resources, etc.);
- b. Exploring promising practices and/or funding formulas for health centers to support a more sustained workforce for CHWs;
- c. Evaluating and supporting certification opportunities for CHWs;
- d. Building upon the existing HRSA CHW toolkit;
- e. Clarifying and improving Uniform Data Systems reporting measures for properly identifying CHWs;

- f. Encouraging health centers throughout the country to use CHWs wherever possible to help improve health care access to MSAWs.

**II. CHWs play a key role in supporting the goals of Ag Workers Access 2020.**

The Council renews its support of Ag Workers Access 2020 and brings forth the recommendation that:

- a. HRSA encourage community and migrant health centers to properly train staff to identify MSAWs, and
- b. Highlight successful partnerships between MHCs and community partners to effectively conduct education and outreach to MSAWs not connected to care at local MHCs.

**III. There is a need for affordable housing for MSAWs.**

Factors related to housing have the potential to help or harm our health in major ways. The physical conditions within homes; conditions in the neighborhoods surrounding homes; and housing affordability not only shape health, home and neighborhood conditions but also affect the overall ability of families to make healthy choices.<sup>v</sup>

The Council recommends:

- a. An exploration of mechanisms for collaboration between federal (e.g., HRSA, HUD, and USDA) and private sector agencies to support programs that connect health services and agricultural worker housing.
- b. A study of affordable housing models that integrate on-site access to health and health education, to identify best practices upon which to model this collaboration.

**IV. Increase access to quality primary care services by implementing innovative models of care.**

Access to quality primary care services continues to remain a barrier for MSAWs. There is a lack of providers in communities where MSAWs live and work, and the providers who do serve MSAWs lack opportunities for ongoing education and professional development. The Council recommends that these barriers be addressed, by:

- a. Evaluating funding opportunities to implement mobile units and/or voucher programs to solve access issues (e.g., barriers to transportation).
  - 1. Encouraging health centers to develop relationships with housing projects to conduct health visits/screenings (see recommendation III.a).
  - 2. Encouraging HRSA to study and highlight successful models of collaboration between health centers and local social service agencies, and
  - 3. Fund health center/community collaborative models using targeted funding through programs like the Federal Office of Rural Health Policy Community-Based Division, and through the provision of technical assistance in local collaboration/development through the health center capacity building cooperative agreements.

- b. Funding innovative models of care provision and provider training and continuing education using Tele-health/Telemedicine strategies such as “Project ECHO” or similar programs.

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,

Edelmiro Moreno Garcia  
Acting-Chair

cc: Mr. James Macrae  
Ms. Tonya Bowers  
Ms. Jennifer Joseph  
Ms. Esther Paul

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<sup>i</sup> Patient-Centered Community Health Worker Intervention to Improve Post Hospital Outcomes: A Randomized Clinical Trial. Shreya Kangovi, MD, MS; Nandita Mitra, PhD; David Grande, MD, MPA; Mary L. White; Sharon McCollum; Jeffrey Sellman, BA; Richard P. Shannon, MD; Judith A. Long, MD.

<sup>ii</sup> Social Determinants of Health from Bench to Bedside. Harrison J. Alter, MD, MS; JAMA Internal Medicine April 2014 Volume 174, Number 4; <http://jamanetwork.com/> on 11/03/2016

<sup>iii</sup> The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities

<sup>iv</sup> Session 5 Overview: Sustainable Funding for CHW Positions; [http://www.cdc.gov/dhdsp/chw\\_elearning/s5\\_p1.html](http://www.cdc.gov/dhdsp/chw_elearning/s5_p1.html)

<sup>v</sup> Where We Live Matters for Our Health: The Links Between Housing and Health. Issue Brief 2: Housing and Health, September 2008; The Robert Wood Johnson Foundation Commission to Build a Healthier America <http://www.commissiononhealth.org/PDF/e6244e9e-f630-4285-9ad7-16016dd7e493/Issue%20Brief%20%20Sept%2008%20-%20Housing%20and%20Health.pdf>