

**Health Resources and Services Administration
Bureau of Primary Health Care
Improving Quality Health Care Access for Migrant and
Seasonal Agricultural Workers and their Families
Part 1: Migrant and Seasonal Head Start Partnership Models
Enrichment Webinar
Tuesday, March 3, 2015, 2 to 3 pm ET**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until question and answer session of today's conference.

At that time if you'd like to ask a question please press Star then 1 on your touch-tone phone. Be sure to un-mute your phone and record your first and last clearly when prompted.

Today's call is being recorded. If you have any objections you may disconnect at this time. And now I would like to turn the meeting over to your host for today, Commander Jacqueline Rodrigue. Thank you. You may begin.

Jacqueline Rodrigue: Thank you operator. Good afternoon. I'm Commander Jacqueline Rodrigue with the Bureau of Primary Health Care Office of Quality Improvement.

I would like to welcome you to the Bureau of Primary Health Care Four Part Migrant Health Enrichment Series. The goal of this enrichment series is to improve access to quality health care for migrant and seasonal agricultural workers and their families.

Today's webinar will highlight successful partnership models between the migrant and seasonal Head Start programs and health centers and their impact on improving access to quality healthcare.

I would like to introduce our panel of experts today. Dr. Seiji Hayashi is our Chief Medical Officer and Senior Advisor for Special Populations. Guadalupe Cuesta is the Director of the National Migrant and Seasonal Head Start Collaboration Office.

Teri Buchanan is the Senior Vice President for Family Health Centers of Southwest Florida. Susan Bauer is our Executive Director for Community Health Partnerships of Illinois. And Joe Gallegos is the Senior Vice President for Western Operations National Association of Community Health Centers.

I will now turn it over to today's moderator Lieutenant Israel Garcia, Senior Public Health Analyst and Migrant Health Lead from the Office of Quality Improvement. Thank you.

Israel Garcia: Thank you Commander Rodrigue. First of all I would like to thank the participants for joining today's webinar and thank you to our panel of experts for sharing your wisdom with us today.

Migrant and seasonal agricultural workers and their families especially children have unique circumstances. Their circumstances often create barriers with the healthcare systems that require more planning and most importantly it requires organizations to collaborate more and to form partnerships.

At the community level many health centers and migrant Head Start programs across the country have established successful partnership some of which we will be able to hear from today.

At a national level HRSA and the Administration with Children and Families Migrant Head Start programs are proactively engaged in promoting partnerships efforts.

Some of our accomplishments include our recently signed Memorandum of Understanding between the Administration of Children in HRSA's Bureau of Primary Health Care.

The development of the affected partnerships guide for health centers in Migrant Head Start programs. Our HRSA and Migrant Head Start programs websites both feature a dual widget to allow outreach workers to find the nearest health centers as well as the nearest Migrant Head Start programs anywhere in the country where the families will be moving next for work.

We have sponsored training at regional Migrant Head Start forums that have hosted over 600 participants in the most recent year. We have sponsored trainings for migrant and seasonal Head Start programs administrators.

Finally we have continued to host national enrichment webinars for grantees like this one. So HRSA Bureau Primary Health Care continues to promote success to quality healthcare through community health centers.

Joining us today is our Chief Medical Officer, Dr. Seiji Hayashi. Dr. Hayashi can you share some of the Bureau of Healthcare's accomplishments and your vision to continue to improve health care access to the migratory and seasonal agricultural workers and their families?

Dr. Seiji Hayashi: Great. Thank you so much Israel. I'm so happy to be here. And thank you so much for hosting the first of the four part series for the Migrant Health Enrichment Webinar.

This four part series will provide an opportunity to highlight successful models and best practices used by health centers.

And I think that one of the strengths of health centers being a network is really being able to share with each other some of the great things that you guys have accomplished especially in terms of improving access and quality healthcare for migrant and seasonal farmworkers and their families.

So at the Health Resource Services Administration, HRSA, we are an agency of the US Department of Health and Human Services. We are the principle federal agency charged with increasing access to basic healthcare and primary health care for those who are medically underserved.

And within HRSA, the Bureau of Primary Health Care we contribute to the larger HRSA mission through the Community Health Center program.

So our most recent report from 2013 indicate the health centers serve 21.7 million patients. And it's not just any 21.7 million patients. We're talking about the most vulnerable.

The majority of these patients live below 200% of the federal poverty level, almost 3/4 of them live below 100% of the federal poverty level and 1/3 are uninsured.

Migrant health centers alone served almost 800,000 agricultural workers and their families. Moreover we know that this population faces many barriers and challenges as they migrate up and down the stream and the farms in order to harvest the food that feeds America.

So next slide shows the agricultural worker demographics. Based on the most recent National Agricultural Workers Survey (NAWS), the agricultural worker population is predominantly Spanish-speaking, is predominantly foreign-born and this is a very transient population as you see how the streams move up northward during the season.

In order to meet the healthcare needs of the migratory and seasonal agricultural worker population it requires a lot of planning and it really stresses health centers in terms of their scope of practice not only providing essential primary health care services but also the enabling services. And that's why this collaboration is so important.

The next slide shows some of the key national indicators, probably some of the indicators and numbers that are most important to me as the chief medical officer.

I'm always looking to see how some of the special population health centers are doing in comparison to other health centers in terms of whether they're adopting electronic health records, whether they have been recognized or accredited as patient center medical homes or how they're doing directly with some of the performance, clinical performance measures.

And as you can see from this table the health - the migrant and seasonal farm worker, health centers are doing very well.

Electronic health records are up to 95% of health centers. That's really tremendous. And if you look at the patient center medicals homes recognition 77%, that's migrant health centers are doing better than other health centers which is really incredible.

But when you think about it migrant health centers in order to treat farmworkers and their families they require care coordination. They really require planning their care and doing their outreach and education which is all part of medical homes.

And so in some sense it's amazing and in others, you know, they're doing what they normally do. So congratulations to the health centers.

And then finally looking at some of the performance indicators, you know, there's room for improvement for all health centers. But migrant health centers are doing pretty well.

One of the areas that we do need to focus on maybe diabetes where we know that diabetes is not only more prevalent among Latino populations but that treating chronic diseases is so difficult when patients are transitory migrating and have unstable housing. So this is an area where we can all work harder together.

And so what are we trying to do within the program to, you know, further support health centers? This slide shows our key strategies.

In order to take the next step, you know, we still need to improve access to care. We still need - there are many communities in the United States where just, you know, basic access is not present. And so we still need to support health centers in reaching out to these communities as well as putting new clinics in these areas.

Second we have this opportunity to modernize the infrastructure. I'm not talking just about technology but also the systems of care and their processes of care. And then next, you know, why are we doing this? We're not, you know, trying to just increase access to any services.

We're not improving the infrastructure just for the sake of it. It's really to improve the health and the health outcomes of the patients. And so we want to really want to make sure that we keep our eye on the ball, the most important part.

And then finally as we help support health centers in making these transitions, transformations and improvements we in the Bureau of Primary Health Care want to do this internally as well.

Not only do we want to be, you know, good stewards of federal funds and taxpayer money but we want to be better at serving the communities as well as supporting our grantees in health centers. So, you know, even with the Affordable Care Act health centers will continue to care for the most vulnerable patients.

And in order to do this we need partners. And that's why I think this webinar and the partnership with Migrant Head Start program is so essential. So I'll turn it back to Lieutenant Garcia. Thank you.

Israel Garcia: Thank you so much for a comprehensive overview Dr. Hayashi. So we learn the health centers are actually serving almost 1 million migratory and seasonal agricultural workers and their families.

We also learned that this population is predominantly foreign-born and is very mobile. All of these challenges really require organizations to plan in advance and to tap onto other community organizations.

We have with us today Ms. Guadalupe Cuesta from the Migrant Head Start programs who is going to provide an overview of the Migrant Head Start programs and what are some of the advantages in partnering with these programs. Ms. Cuesta can you please give us an overview?

Guadalupe Cuesta: Yes, thank you, Lieutenant Garcia. So, all of you at Migrant Head Start the Migrant and seasonal Head Start program is one of the largest community-

based service providers in the nation providing a wide range of services to more than 30,000 children ages birth to compulsory school age.

The Migrant Head Start program provides comprehensive services to low-income children from migrant and seasonal farmworkers and their families focusing on education which is child development, social services, tandem community engagement and health which encompasses physical, dental, nutrition and mental health.

We, Migrant Head Start programs serves about 30,000 children. Half of what those children are children Zero to 2 years old and the other half is 3 to 5 years old.

We do have some programs to provide Early Head Start services for migrant families and we serve about 155 pregnant women.

Okay there are 56 programs throughout 37 states where we provide services to migrant children. And these are services provided either to center-based or family childcare homes.

The hours of operations during the height of the season can be up to five to six days and an average of about ten to 14 hours per day during that peak season.

These are the types of agencies that you will encounter in those 37 states. They are mostly nonprofit organizations. But we do have a few community agencies that are CAP agencies.

And then also these programs receive federal grants. And they are directly federal to local grantees. So their grantees have a lot of leeway on how they administer those Head Start funds.

Here's the criteria for the enrollment into Migrant Head Start. The first two are also Head Start criteria. But number three and number four are primarily from Migrant and Seasonal Head Start programs.

51% of the income must be from agriculture and must be within the recent 12 months. So every year families have to qualify under the 51% agricultural work.

And number four is this is a little bit different from other migrant definitions is that the entire family must have moved within the past 24 months in order to search for agricultural work.

So that means that it's not just a father leaving. It's not just the mother but the whole family unit migrates. And we provide services to migrant children and seasonal children, well actually migrant seasonal farmworker children.

For migrants we ensure that all the funds that are received from Migrant Head Start are primarily for Migrant and Seasonal Head Start children. Priority goes to the migrant children.

We do have some slots that offered for seasonal workers that the families that move the most are the ones that qualify for the services as a high priority.

Also we have the strictest definition of agricultural labor is that our families can only work and qualify through grow crops, grow and tree crops. And there is some nursery and some tannery work.

So as Lieutenant Garcia had mentioned a Memorandum of Understanding between the Administration for Children and Families and the Office of Head Start, HRSA's Bureau of Primary Health Care has improved collaborations

between Migrant and Seasonal Head Start and health centers and therefore increased access to health services for children.

But where we have seen a lot of improvement is the prevention, early detection treatment and continuous care to the children of Migrant Head Start in that collaboration with the health centers.

The collaboration has not only improved access to health services but it also has increased its coordination in maximizing resources.

Both the health centers and Migrant and Seasonal Head Start use some of the same activities. And therefore it is a great place for actually maximizing the resources.

For example in Migrant Head Start we have an equivalent position which is the family service worker as is equivalent to the promotoras and outreach workers from health centers.

They do recruitment of families. And as you can see on this slide we have put almost half of our families new every year. So that's a great opportunity to provide new services to new families.

And then of course, you know, the other half is for those families to do continuous health. But I think this is a great opportunity since we both do recruitment it's a great opportunity to share that task.

Also there's a Migrant Head Start also enrolls children in Medicaid, CHIP and health insurance market place. That's a great opportunity to also collaboratively work on that.

Transportation, interpretation and translation are also part of the family service worker activities. So and I know that the promotoras and health outreach workers also do the same thing.

We have also a physician who oversees case management. And those are health managers for Migrant and Seasonal Head Start. And they oversee education plans for parents and training and technical assistance to program staff in the area of health.

And the last thing -and these are just some of the things that we can coordinate and maximize resources- is the collaboration of community needs assessments.

Migrant and Seasonal Head Start programs conduct needs assessments on annual basis. So they do have a lot of data, and I think this is a great effort for an joint assistance to each other to maximize resources.

So I'll leave you with, if you're interested in learning more about Migrant and Seasonal Head Start programs or if you want to begin working and collaborating with a Migrant and Seasonal Head Start program in your area, please feel free to contact me anytime. We can set that up and I'd be very happy to help you. Thank you.

Israel Garcia: Thank you Ms. Cuesta. It seems like some of the advantages for both programs is the fact that they get to share some of the costs associated with outreach.

On one hand the Migrant Head Start programs do a lot of the outreach transportation and translation services.

On the other hand a health center can concentrate its resources in and providing the primary health care services at a low cost. It sounds like a win-win situation over here.

So we will now hear from two of our health centers that are already having success in their partnerships with Migrant Head Start programs.

First we have Ms. Susan Bauer who is the Executive Director of our health center in Illinois. Susan can you give us an overview of the success you are having with your current partnerships?

Susan Bauer: Thank you very much. I appreciate that introduction. I want to quickly make a shout out to a couple of our valued partners at the Migrant Head Start program here in Illinois.

Lety Vicente who is the Health Manager and Molly Joseph-Parker who has been the Director of the program for many, many years.

And I'm thrilled to see this is something of interest to so many colleagues of the country because this is a particular partnership that we're very proud of and have been in effect for over three decades now so thanks for the invitation to share our experience.

I seem to be having trouble moving these slides so if somebody would be kind enough to go to the next slide I'd appreciate it.

I'm not going to spend a lot of time talking about our organization but just to say briefly that CHP started off as part of a larger social service organization, the Illinois migrant counsel and spin off in 1991 to focus exclusively on health services.

We're one of the original migrant voucher programs if you've heard of a voucher program. But like any health center these days we have evolved over the years in response to the changing needs in the communities that we serve and now operating a network of five health centers. We also have a number of seasonal sites and provide comprehensive medical dental and behavioral health services.

Over the years we've really developed models that responded to realities of the needs of children in Migrant and Seasonal Head Start programs. And just to give you an idea of the scope of things their program is statewide and our program is essentially statewide.

We cover the top 2/3 of the state of Illinois. There are two other migrant health grantees in the southern part of the state. So we have a lot of geography to cover folks which is not one of our friends but I'll be discussing challenges later. Can we have the next slide please?

Thank you. So as I said our partnership really goes back to 1992. It was the first year that I started working at the state level for our organization.

And just through a fortuitous encounter a friend introduced me to the health services coordinator at the Migrant Head Start program statewide. And we hit it off right away and had one of those heartfelt talks about the lack of coordination at that point between our two organizations and how we could make this work better.

So Kay Weatherford who's now retired and I spent considerable amount of time really working through the nit and grit of two templates agreements, one for the general health services and the other for dental services.

At the time we had a two chair mobile dental unit that we took from site to site. We've since changed over to portable equipment which I highly recommend and would be happy to share more information about that if anybody is interested.

But these templates are basically the same ones that we use to this day along with the planning grid to make certain that we capture as robustly and clear with as much clarity as possible who is responsible for doing what to get all these services that the children need during the season.

Next slide please. One of the things I just noticed I passed by was another component of that we'll discuss very briefly in my remarks is the importance of working at the level of coordination not just for services but also getting engaged with one another's processes in terms of advisory committees and board of directors. So I'll come back to that in a moment.

So obviously our primary goal and challenge is trying to get all of these services to a mobile population with unpredictable arrival and departure rates completed within those 30 days of the child being enrolled in the center which is no small feat folks.

So some of the strategies that we've used and we used a different strategy for each center so it's not a cookie cutter so to speak. So in some cases as I said we bring those services directly to the center using portable or mobile equipment.

We also have established as one of our health center sites a seasonal site as one of the largest Migrant Seasonal Head Start centers in Illinois in Rantoul.

So we have an ongoing continuous presence there that also allows us to have a nurse on hand who can do some of the services that Head Start needs. And

actually we do that at one of the sites to doing the observations and the infant room and providing training as needed to the health center staff - I'm sorry to the Head Start center staff.

We are also co-located our clinic in the Migrant Head Start center in the same building as our Kankakee location.

So we've found a location originally and then encourage them to occupy an available space in that building which has worked terrifically because I don't know about you all but I hate the idea of putting a bunch of little ones, you know, in their car seats or whatever and putting them on the bus to get them to the clinic. So wherever we can we bring the services to the center.

And then we of course also contract with other health centers because we can't be everywhere at once. So we do contract with other health centers and other private practices to provide services in some of the areas that we can't reach as well as coordinating with local health departments if we're in need of supplemental services for immunization and the like.

Next slide please. So this past year and the numbers I have to say folks have really dwindled over the years. I mean there has been a lot of changes in migratory patterns of farmworker families that come to Illinois.

So these numbers used to be much larger but statewide the Migrant Head Start program served 439 children in the last year for which we have complete data. Of those we served 143 of those children. The rest were served in the far south part of the state working with other providers.

But in addition to all of the early screening we obviously do a lot of coordinated case management which is essential especially when children

have very special needs that require perhaps rehabilitative services and the like.

So we have our nurse case managers work with the staff at the Head Start centers to make certain that those children whether it's here or back in Texas or wherever they may be on their travels throughout the United States or internationally that they have follow-up that they need.

Parent engagement is also an incredibly critical part of all of this. And because we consider the families as a whole we do coordinate our activities such as open houses and health fairs and the like so we can provide enrollment services to give the families enrolled and the other family members enrolled in our clinic services as well as provide health and education to the families regarding the well-being of their entire families including the children in the Head Start centers.

Next slide, you can see here and this data was provided to me by Lety Vicente, so this is statewide data that includes the data of the activities that we provided.

But I think it is pretty impressive in terms of what was accomplished statewide in terms of those required services and especially for mostly migratory populations.

And again I'd love to take all the credit for that but, much, much credit is due for the folks at migrant Head Start and the other community partners that are participating and contributing.

Next slide, okay I didn't want to just kind of sugarcoat everything folks because they are plentiful challenges in doing this work successfully.

So as I already mentioned migration itself and the unpredictability of not just from year to year but even within the season.

You might have a crew of workers that thinks they're going to be arriving Monday after the Fourth of July and they end up showing up surprisingly a week before that and now we have to scramble and reschedule.

Time is not our friend either. The clock is ticking and our friends at Head Start need things done in a certain way. And sometimes we have to really sit down face to face and negotiate what is realistic in terms of us being able to accommodate all of their needs especially if they have families kind of "trickling in."

As I mentioned we have a lot of geography to cover and staff turnover is an issue as well. We are so thrilled to see staff come back year after year.

But if somebody is new in their position as health services coordinator at a site they may not understand really what is all encompassed to get permission signed in that.

One of the things we do is we make certain that our, two of our leads are at the State Workshop every year to make certain they receive the Head Start's pre-training so that they can go over all of the paperwork with them and begin that coordinating process even before it gets down to the center level.

So again you all are pretty good readers so I think I can go on to the next slide in the interest of time. So just in terms of sustainability and replicating all of this good work I think, you know, some of the key lessons that we've learned is first of all building positive working relationships is really foundational to everything we're trying to accomplish.

And it sounds real simple but it's not always all that simple. It takes some time. It takes building trust. It takes clear ongoing communication.

But I think as long as we are focused on our common purpose and let go of any negative assumptions or if there was something that happened last year that didn't go well for whatever reason we need to learn from that but move on and then really looking to support one another through special events and advisory committees.

In our case we actually have two members of our board of directors who are allied with Head Start. The one that's currently the educational coordinator for Head Start center near our Aurora clinic, Alexia who's the secretary of our board.

Another board member Juanita Losa is a retired family services coordinator from another Head Start center near Kankakee site.

So we deeply value what they bring to the table in terms of experience and knowledge. Add we likewise have members of our health staff that serve either on their health advisory committees or their board of directors.

In terms of structured ongoing communication, you know, meeting once before the season starts is just not enough. Things are going to go wrong. There will be problems and bumps in the road so really having those especially scheduled, let's get together for coffee every other week just to have a quick check in and see how things are going is really important.

And finally celebrating those shared successes, sharing our data with one another, helping us to learn from what went well, what didn't go so well and applying those lessons for the next season.

Next slide. I think that may have been it actually. That is it, yes. Thank you.

Israel Garcia: Thank you so much Ms. Bauer. Despite the challenges you addressed your program seems to be having a major impact in some of the clinical outcome measures for the children of agricultural workers.

It looks the planning is truly a partnership which allows you to adjust the services needs for this population. So without further ado we have our next speaker Ms. Teri Buchanan from the Family Health Centers of Southwest Florida.

Ms. Buchanan can you share what has been the impact on quality healthcare access through the partnerships with Migrant Head Start programs and what can others learn from this experience to develop a sustainable partnership model?

Teri Buchanan: Yes thank you Lieutenant Garcia. Family Health Centers began in 1964 as a Migrant Farmworker Medical Outreach program that was part of the Lee County Health Department.

We were known as the Lee County Migrant Health Center operated out of four double wide trailers with 27 employees which are shown in that photograph, our original 27 employees.

Today Family Health Centers of Southwest Florida is a private not for profit federally qualified health center and we operate 17 medical and eight dental practices in three counties.

We employ 62 medical and dental providers and have 310 support staff. The facility pictured in the slide is one of our larger facilities. It's just under

30,000 square feet. It houses adult medicine, dental, pediatrics, women's health, a lab and an in-house pharmacy.

Next slide please. Over 150 years ago a local Head Start grantee, the Redlands Christian Migrant Association contacted us about funding that was available to provide dental screenings to children.

Local dentists in the area were not interested in participating because of the low Medicaid reimbursement rate. However as a community health center this was an excellent opportunity for us and the partnership we established with them continues today.

Our social service department continues to hold health fairs and screening events for migrant and seasonal farmworker families. And they refer the children to our dental and pediatric offices.

One area we felt that needed to be addressed was education and recently created a chronic disease management program.

Next slide please. The slideshows, this slide shows the dental care we were able to provide in 2014. Our dental providers were able to see 31,049 patients 102,673 times.

We currently employ 18 dentists, ten dental hygienists and 58 dental assistants. The majority of them are bilingual with English and Spanish.

With the Head Start screening program we were able to provide dental screenings to 1100 children across three counties. And a follow-up care is required if children are referred to one of our eight dental offices.

In 2014 we were able to see 1432 migrant and seasonal patients for dental care. And we saw them 5737 times. The average migrant and seasonal patient sees a dentist four visits.

The next slide, the next slide shows our social services and chronic disease management departments. They do an exceptional job of reaching out to migrant and seasonal population.

This slide shows the impact these two departments have add on the community. Over the years relationships have been established with migrant camps, housing facilities, various churches and schools that permit us to hold outreach and educational events.

Both departments are fully bilingual. The social service department was able to hold 107 different events and classes and touch the lives of 5113 individuals.

Our chronic disease management department was able to provide education to over 2000 people. Family Health Centers has also been able to arrange for our Boston University fourth year dental students to accompany the disease management staff and provide oral hygiene education to elementary school students first through fifth grade.

The next slide, this slide shows our UDS numbers for 2013 and the impact that chronic disease management education and the social service outreach teams have in reaching the community.

The next slide, as a community health center the Head Start program is a huge opportunity to see children that may not have had access to dental care.

The Community Health Center receives Medicaid reimbursement rate including children not covered by Medicaid.

Most parents register their children months in advance for pre-K. And by including our patient registration forms consent to treat and medical history forms with the school registration packets we're able to obtain all the necessary information prior to the visit.

And if a child is not covered by Medicaid every effort is made to help the parents obtain coverage.

This program allows us to establish a relationship with the children and parents, educate them on the importance of dental health so they will develop good oral hygiene practices that will continue throughout their lives.

The next slide please, the benefits of Head Start partnership should be presented to CEOs and CFOs of any Community Health Center that are not currently partnering with this organization.

A strong social service department along with chronic disease management education, bilingual providers and staff, equal improved access to care and a winning program.

Thank you. That concludes my presentation.

Israel Garcia: Thank you so much for such a wonderful insight and for sharing your information. It looks like you are having a really tremendous impact in your programs.

So we would like to learn more about how to develop these partnerships. And we have today Mr. Joe Gallegos from the National Association of Community Health Centers.

So Mr. Gallegos what advice do you have for other Migrant Head Start programs and health centers to develop these type of partnerships? Can you please give us an overview.

Joe Gallegos: Sure. Thank you Lieutenant Garcia. And building on what previous speakers have already shared certainly the importance of cultivating partnerships between FQHCs and Migrant Head Start is really about a shared mission and the shared vision.

FQHCs health centers, Migrant Head Start programs have a common mission to meet the healthcare needs of migratory and seasonal agricultural workers and their families.

Both were created 50 years ago as part of a war on poverty. Both are community-based nonprofits. They're sister agencies working side by side in the community.

The mission is shared in that they provide access to low income medically underserved communities and populations. And similarly migrant Head Start is to provide health nutrition, early childhood education and parent involvement for low-income families.

It is about a shared vision in that a vision that insures health outcomes are met for Migrant Head Start children and their families to ensure that the care is provided with the highest quality by a culturally competent staff and the services are comprehensive to meet the needs of the Migrant Head Start children.

Head Start health centers operate with a vision of striving to provide a one stop shop one stop care model that's convenient for the children and families through providers referred to down the hall versus down the road.

We know that with migrant families poor transportation in rural areas that if you refer to them down the road they're not likely to show up at the next town or next state for that matter. And so it's important that both agencies work collaboratively.

Some of the challenges that were mentioned however by Susan earlier is that oftentimes it's a lack of awareness of each other's role and responsibility and sometimes a lack of understanding.

The climate in which each one of them operate Susan mentioned oftentimes it's a matter of staff turnover or recruitment of providers in rural areas is a real challenge.

But there's a need for literacy and need for each agency to come together to understand the culture in which they both operate, there are resource limited and have other limitations.

But oftentimes one of the challenges is making sure that we understand the time frames and the scheduling for these services so that their kids are ready for school but that you work with a health center to make sure that they can accommodate them with enough planning.

Some of the keys to initiate the partnership is to getting the right people around the table, getting the FQHC and the migrant Head Start leadership together to formulate the MOU.

And the MOU is nothing more than an expression of commitment to work together. And it is really a way of a tool to manage expectations for both organizations and outline the clear parameters of the collaboration, what are the need for the services, how would payment be handled? Who is going to be responsible for transportation of the kids to and from or you serve them at the school, case management and translation services.

Some of these same services are provided by both agencies. But it's important that it's clear up front who is responsible for doing what. In the face to face meeting as Susan said meeting periodically face to face is critical to building trust and confidence between the partners.

And to begin with at least six to nine months prior to the date that the services are expected some of the value in the partnership and the collaboration is that it certainly increases access to services for the children.

You will clearly learn very early on that there are advantages to both agencies beyond just serving the Migrant Head Start and the parents. But really the health centers as well as Head Start programs are required to conduct their own community needs assessment.

They both provide outreach and enrollment. They provide case management. So there is opportunities for doing staff training, providing technical assistance, some shared staffing health education, all with the goal of improving health outcomes for children and their families and to maximize resources at the local level because it is about the mission. It's about the vision. It's the right thing to do and it is a win-win situation for both.

Let me talk a bit about what's available in terms of technical assistance for those of you contemplating these kind of partnerships. HSRA funds state

primary care associations and provide training and technical assistance to community health centers and safety net providers.

Each primary association has a staff person designated as a single point of contact for special populations such as migrant farmworkers. And the point of contact can be very helpful in assisting you in developing the partnership in your state.

It may be helpful to reach out to the state PCA and get a list of all of the FQHCs with key contacts to reach out to the health center in your area

There are two documents that I think are excellent in helping jumpstart the process for the collaboration and provide some key information about health centers and Migrant Head Start.

The first one it was highlighted during Seiji's presentation titled Effective Partnership Guide Improving Oral Health for Migrant and Seasonal Head Start Children.

And there's a website where you can locate the document. This guide has been used by the Office of Head Start in collaboration with the National Migrant and Seasonal Head Start Collaboration Office, the group that Guadalupe Cuesta works with.

And it's an excellent resource guide. And although it was produced to guide and foster partnerships between FQHCs and migrant Head Start to improve the oral health of Migrant and Seasonal Head Start children.

It also speaks to the importance of planning ahead and how to go about getting started with the initial meeting between a health center and the Head Start program and what things to consider.

And the second guide is a document that was produced by the National Center for Farmworker Health in collaboration with migrant education and migrant health.

And this document also is an excellent document and speaks about the importance and the benefit of working collaboratively with Federally Qualified Health Centers.

The National Center for Farmworker's Health you can contact them. And you will see their website here in just a moment to ask them for permission to use the document since it was done in collaboration with migrant education.

And then there's another set of cooperative agreements that are funded by HRSA. And this slide shows some of the key or the cooperative agreement is our national cooperative agreement funded to serve and work with migrant health centers.

They each are very unique and have a very unique focus on very specific areas around serving farmworkers.

Farmworker justice's one of its main focus is on policy issues concerning occupational environmental health and protecting the working conditions of farmworkers. They focus on immigration policy and wages and other issues affecting migrant and seasonal farmworkers and their families are based in Washington DC and do just a fantastic job.

Health Outreach Partners based in Oakland and have offices in a couple other states provide services to include training and technical assistance in developing effective community health outreach services for hard to reach populations.

And MHC Salud also another cooperative agreement based in Washington State. And they have offices in Florida and a couple other places also works with farmworker in border communities.

They work very closely with developing programs for community health workers currently referred to promotoras or promotoras de salud.

And they serve as a resource center and distribute materials and resources for developing promotoras programs with health centers and other organizations across the country.

The next one is Migrant Clinicians Network based in Austin, Texas works to include the physical and mental environmental health of migrant and seasonal farmworkers and other underserved mobile populations.

They address the unique healthcare needs in areas where this population through leadership, innovation collaboration and support migrant clinicians in the field.

The National Association of Community Health Centers that I work for represents the interests of health centers nationwide.

We organize several national conferences including the National Farmworker Health conference on a variety of topics to the effective operations of health centers, to provide policy development and research and is considered a national leader in community health.

And lastly the National Center for Farmworker Health. They are based in Buda, Texas. They work to improve the health status of farmworker families by providing a whole range of information services, training and technical

assistance and a variety of products to community emergent health centers as well as they work closely with universities, researchers and individuals involved in farmworker health.

They have a wealth of information dating back to the early days of the migrant health program and the “bracero program” to current date.

And these are six national cooperative agreements funded by HRSA. They’re a great research resource for you. You can go to their website and their contact information is there to make individual contact with them in as well as them with the primary care association.

So let me stop their Lieutenant Garcia and turn it back to you.

Israel Garcia: Thank you so much Mr. Gallegos for pointing out these outstanding resources available.

We’re getting to the end of the webinar and we would like to check with the audience to see if we have any questions. Operator can you please provide instructions?

Coordinator: Absolutely. At this time if you’d like to ask a question please press star then 1 on you touch-tone phone. Be sure to un-mute your phone and record your first and last name clearly when prompted.

If at any time you decide that you would like to withdraw your question you may press Star 2 to withdraw your question. Again if you’d like to ask a question please press Star 1. One moment as we wait for questions to come into the queue.

Israel Garcia: So we're receiving one question for Mr. Gallegos from a Migrant Head Start program. So who should we contact first to explore a statewide partnership with health centers?

Joe Gallegos: There's a couple of places I would do. Depending on what state you're in you can go to the Bureau of Primary Health Care website and you can actually find a health center or you can Google a health center. But going to the Bureau website and you can locate a health center.

Depending on what state you're in I would contact the state primary care association in that state, reach out to them through their website and make initial contact with them.

Coordinator: Thank you. At this time I'm showing no questions on the phone line.

Gladys Cate: Hello. Yes actually there is a question received for Ms. Teri Buchanan from Primary Health Centers of Southwest Florida.

So Teri the question is how has the partnership of prior Head Start programs impacted other aspects of the community?

Teri Buchanan: Well we've noticed that it decreased the number of school days missed by children because of toothache which happens to be the number one reason they call out of school.

It also reduced the number of emergency visits for the same reason. One of the main reasons people show up in the emergency room is for toothache and it helped reduce that as well.

Gladys Cate: Thank you Ms. Buchanan.

Jacqueline Rodrigue: Are there additional questions?

Kay Cook: We have a question that came in on line. Israel would you like to read that?

Israel Garcia: Go ahead, Kay, you can go ahead and read it.

(Kate): Okay. Could Ms. Bauer describe some of the cultural differences between health centers and Head Start programs and how she has overcome them?

Susan Bauer: Well I welcome my colleagues to jump in on this but if we're talking about organizational culture because I would say that in terms of ethnicity and culture (cultura) from that sense our health centers and Head Start centers are very similar.

I think one of my observations has been over the years that Migrant Head Start folks and rightly so are pretty much advocates for the families and children that they serve. They're passionate advocates.

And I think some of the miscommunication that has arisen over the years, that came from maybe the health staff feeling like they were somehow not perceived as being advocates for the families.

But because maybe they wanted something to happen they meaning the folks at the Head Start program may have wanted something to happen because a new group of families just came in and we need to give them their health checks quickly because they're only here for a week or two but we need to have those physicals.

And our response might have been we want to help you but, you know, we can't make that happen necessarily as quickly as you would like to have it happen.

I think that's where the need for ongoing communication and a relationship. So when things get kind of under pressure you have a basis upon which you can understand one another as opposed to just responding to the urgency of the moment.

Gladys Cate: Okay if there are no further questions and this concludes this webinar. So thank you so much.

Kay Cook: No we have additional questions...

Gladys Cate: Okay thank you.

Kay Cook: ...that are online.

Israel Garcia: Go ahead.

Kay Cook: The next one is how is the parent involved encouraged so that the health centers are not serving children during the workday with a parent present? Would you like me to repeat that?

Seiji Hayashi: I think this question is for either Teri or Susan.

Teri Buchanan: Well at Family Health Centers we have them sign a consent form so they can be treated when the parents aren't there.

Susan Bauer: And we do the same thing. I mean the logistics of working of obviously I think everybody agrees that it's ideal to have parents engage to the maximum level possible. The practicalities of the fragility of their working situation, their transportation situation it's just not always feasible.

We do evening clinics but again something I think I hearken to earlier area is - or maybe I didn't. One of the things if anybody forgets everything else I said remember this, don't schedule anything after lunch because the little ones are taking their naps and get kind of cranky to try to wake them up from for a dental exam.

But that's why I think the engagement with parents in other opportunities whether it's Head Start family nights or clinic open houses, special events like that so that we establish that relationship with the parent so they know that when they're signing a consent to the degree that we can maximally make this happen we know the person who's going to be doing those services.

We try to have our dentist involved, our clinicians involved as well so that they actually get to know these individuals. And of course we invited them to be patients in our health centers so they too can establish a more robust relationship with us.

But that is just the reality that unfortunately in most cases a parent is not able to be physically present when the child is receiving their health and dental services.

Obviously if it's something much more complex child has special needs then we do conference as a group with Head Start with someone from the clinic with a parent to discuss next steps with something beyond just simple primary care services is needed.

Kay Cook:

Great we have one more question. That is are the other three webinars in the series scheduled yet? And it would be great to get more advance notice.

Israel Garcia: Yes definitely. We will be having the next webinars, and just keep an eye on the BPHC Digest. I think a lot of people were expecting a different format. Those announcements are now made through the BPHC Digest.

The next migrant health webinar will be taking place in May 19 2:00 PM Eastern Time and it will be also coming in the Digest.

Susan Bauer: I was just going to add as well I can put on my email. This is Susan Bauer again. I'm going to put up my email so if anybody is interested in the templates we have for our medical and dental service I will be happy to email it to them so I'll put that up right now.

Gladys Cate: Hello. Thank you so much for your participation in this webinar. So we would like to remind you that the next Migrant Health enrichment webinar as Israel said will be held on May 19, 2015, and it will be refocused on promotoras de salud or health promoters.

We encourage your participation in this upcoming webinar. And if you have any further comments, questions please feel free to contact us.

And also I would like to remind you that this webinar has been recorded and it will be available in our BPHC website. So thank you so much for your participation. We appreciate it. Thank you.

Coordinator: Thank you very much for your participation in today's conference call. All participants may disconnect at this time. Speakers...

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