



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

BUREAU OF PRIMARY HEALTH CARE

Health Resources and
Services Administration
Bethesda MD 20814

MIGRANT HEALTH PROGRAM UPDATE
MIDWEST FARMWORKER STREAM FORUM
NOVEMBER 15-17, 1996

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FY 97 Authorization & Appropriations:

The Health Center Cluster, which reauthorizes and consolidates health center programs under one new authority, Section 330 of the Public Health Service Act, was approved. The appropriation for this new authority, which includes the Migrant Health Program, is for \$802.1M which is a \$43.9 increase over FY96. Each subsection (eg. Homeless, Migrant Health, Public Housing) will receive a percentage of overall funding equal to it's percentage of funding for the four programs in FY96. We received \$65m in FY96 or about 8 percent of all health center programs funds. For FY97 our allocation should be around \$68.9M. For each of the next FYs (98 & 99) the Secretary may not increase or decrease each subsection's allocation by more than 10 percent.

Welfare Reform:

The new welfare legislation essentially bars noncitizens from receiving two significant federal assistance programs: food stamps, and supplemental security income (cash assistance for the aged, blind and disabled). States can also restrict benefits to legal aliens for non-emergency Medicaid and AFDC, now called Temporary Assistance for Needy Families (TANF), which is now a block grant program to the States. The Attorney General has the authority to establish limited exceptions to the provisions of the Personal Responsibility and Work Opportunity Act of 1996. Medical and public health services necessary to protect life and safety is an area that a waiver may approved. It is our understanding that the department is currently working with the Justice Department to determine how our programs fit in with this provision.

Bureau Reinvestment Strategy:

The funding approach for C/MHCs was developed more than seven years ago. Since then, significant changes have occurred in payment approaches to health centers by State Medicaid programs. The Bureau initiated a workgroup to review factors which determine the level of Federal investment in C/MHCs. Stage I review screens were developed to consider significant dollar increases in non-grant revenue from 1993 to 1995 of over a million dollars or an increase in total receipts of 35 percent and less than a 30 percent growth in medical users. About 81 C/MHCs were identified through these screens and referred to the Field Offices. After a further review there, the list was reduced to 30 health centers who then were contacted by the Field Office for further analysis. The Central Office is currently reviewing the recommendations from the Field Offices on those centers. It is the intent of the Bureau that any funds recovered under this process will be reinvested in centers that are underfunded and are seeing large numbers of uninsured.

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Migrant Health Program Update, Midwest Farmworker
Stream Forum, Nov. 15-17, 1996

Migrant Health Program, D.H.H.S., BPHC

Migrant Work Group Meeting:

Members of the Migrant Work Group met in Crystal City, Virginia on October 15-16 to discuss mutual concerns and issues as they relate to the strategic plan for Migrant Health. The draft strategic plan which uses the framework of the Bureau's plan is provided at this session.

U.S. Mexico Bi-National Commission:

U.S. Mexico Bi-National Commission: Representatives from Mexico met in Washington D.C., on October 31 and November 1, to discuss the Workplan for the Migrant Core Group(s) from the U.S. and Mexico. Dr. Lourdes Quintanilla, Dr. Melba Muniz representing Mexico's Secretary of Health and Mr. Carlos Gonzalez Gutierrez, representing the Mexican Communities Abroad Program of the Secretary of Foreign Relations, met with the Migrant Health Program staff and Department of Health & Human Services Office of International Health, as well as the Health Resources and Services Administration's Office of International Health officials. Several representatives from the Offices of the Secretary of Health of Mexico and the Secretary of Foreign Relations will make a presentation at the Stream Forums and will be available to meet with health center personnel to learn more about our delivery system and discuss the need for closer collaboration on training and health information exchange.

Migrant Voucher Primary Care Effectiveness Review (PCER):

The Program has engaged Mr. Ben Duggar to assist us in the development of a Migrant Voucher Program specific PCER tool to more effectively and appropriately review these programs. Recently several central office grantees were reviewed on-site through the routine monitoring process. They included: the National Center for Farmworker Health, the Migrant Clinicians Network and the Midwest Migrant Information Office. There were no significant problems identified.

Call for Health Project:

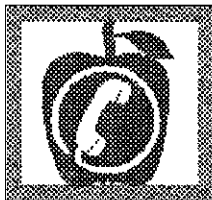
I would encourage all of you to promote the Call for Health toll-free hotline for farmworkers administered by the National Center for Farmworker Health. It is staffed by bi-lingual staff who can assist farmworkers and their families find health care and other social services in their area. The number is 1-800-377-9968. (See attached)

Upcoming Meetings:

Western Stream Forum: Phoenix, Arizona, January 24-26
1997 Farmworker Health Conference: Anaheim, California, May 15-18



Call For Health Project



The Call for Health project offers a toll-free telephone line for farmworkers, and is staffed by bilingual Spanish/English Information and Referral Specialists at the National Center for Farmworker Health (NCFH). Farmworkers who dial the Call for Health line can be referred to the nearest source of health care available. Information Specialists can also help case managers, physicians, nurses, and *consejeras* (lay health workers) with service coordination for migrant and seasonal farmworkers who need other services as they travel up or down the stream.

In June of 1995, we published information about the toll-free line in the first edition of a new bilingual newsletter for farmworkers, *Farmworker News*, which was developed as part of the Call for Health project. At the end of 1995, NCFH launched a nationwide campaign to tell farmworkers about the toll-free health information and referral line. More than 100 organizations have already signed Memoranda of Agreement to support the project; these partners will be asked to distribute promotional products, pamphlets, and newsletters to farmworkers. Posters will also be mailed to Call for Health supporters.

NCFH is continually looking for additional community support for this project. We need to know where there are sources of health care for farmworkers in your communities. We also want to recruit providers who are willing to give up an hour or two a week or month to see patients in need. A volunteer dentist who is can see even one farmworker patient a month is extremely valuable.

Private providers who want to support farmworker health through volunteer service can be added to the computerized directory of services used by the Information Specialists. Translation services can also be provided by phone to encourage more volunteerism. Please contact us if you can assist with promotion of the Call for Health project by distributing information to farmworkers, or with locating volunteer private providers and other community sources of care.

The Call for Health project is supported by the Office of Rural Health Policy, Health Resources and Services Administration. To reach the project's information and referral line, call (800) 377-9968.

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