

**Year 2000 Recommendations
from the National Advisory Council on Migrant Health**



Bridging the Gap

**Working to Eliminate Barriers to Healthcare
for Migrant and Seasonal Farmworkers in the 21st Century**

The People We Serve... The People We Are

YEAR 2000 RECOMMENDATIONS



The mandate of the National Advisory Council on Migrant Health is to develop recommendations for action on the part of the Secretary of the Department of Health and Human Services (DHHS) to increase the effectiveness of migrant health centers (MHCs) in meeting the primary health care needs of migrant and seasonal farmworkers (MSFWs). The recommendations of the Council for the Year 2000 address issues that have persisted through much of the last century.

HEALTH CARE ACCESS

The Council recommends that resources be targeted to provide and expand services in the following areas:

Dental/Oral Health Services — Oral health problems are one of the most frequently observed health problems for MSFWs of all ages. Therefore, the Council recommends that the Secretary:

- Increase funding for new oral health access points in MHCs.
- Insure that National Health Service Corps (NHSC) recruitment and prioritization focus on placement of

providers in areas with a predominance of MSFWs.

- Provide incentives that encourage partnerships between dental schools and MHCs (e.g., including migrant health in dental school curricula, placing dental students in MHCs, and seeing MSFW patients in dental schools for procedures that cannot be conducted at a migrant health center).
- Provide incentives that promote recruitment and training of greater numbers of bilingual/bicultural oral health care providers.

Mental Health/Substance Abuse/Domestic and Family Violence Services — The circumstances of agricultural labor include hard physical work, fatigue, poverty, and exposure to prejudice and hostility. Living in such circumstances makes MSFWs susceptible to mental health problems and substance abuse. Therefore, the Council recommends that the Secretary:

- Direct the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Services and Resources Administration (HRSA) to work together to

develop and jointly fund initiatives in mental health, substance abuse, and family/domestic violence to be delivered through MHCs.

- Develop and fund initiatives with a special focus on adolescent mental health issues, particularly in regard to family violence.
- Mandate provision of mental health and substance abuse services in MHCs through clear articulation in program expectations.
- Provide incentives for the training/hiring of adequate numbers of bilingual/bicultural mental health staff in MHCs.

Outreach Services — MSFWs are an isolated population, often due to their lack of transportation, limited English speaking ability, and general physical isolation that results from residence in rural agricultural communities. Therefore, the Council recommends that the Secretary:

- Provide clear direction to MHCs regarding the inclusion of outreach components as a part of their health care delivery system, and provide the necessary funding to support outreach services to the MSFW population.
- Provide direction to MHCs that all Bureau of Primary Health Care funded outreach programs should include the cultural and linguistic characteristics of the MSFW populations served.
- Provide funding to expand successful lay health outreach models targeted to MSFWs.

Recruitment, Retention and Training of Bilingual/Bicultural Staff — MHCs are at a disadvantage regarding the recruitment and retention of qualified health care providers when compared to private practice or even to urban community health centers. Therefore, the Council recommends that the Secretary:

- Provide funding incentives to promote recruitment and training of greater numbers of bilingual/bicultural students



in the health professions (with an emphasis on oral health, mental health and substance abuse providers).

- Identify recruitment incentives to attract qualified providers to migrant health careers, as well as strategies to retain providers in migrant health.
- Disseminate and replicate educational models that provide opportunities for medical students to learn about migrant health, and nurture their interest in pursuing migrant health as a career option.
- Insure that NHSC recruitment and prioritization focus on placement of providers in areas with a predominance of MSFWs.

Pharmaceuticals — Many MHCs do not provide pharmacy services. Therefore, the Council recommends that the Secretary provide clear direction regarding the provision of pharmacy services by MHCs to MSFWs.

Patient Tracking/Continuity of Care — One of the great challenges of providing health care to MSFW patients is the difficulty of providing case management services and continuity of care to patients who must travel frequently and often over great distances as an unavoidable requirement of their employment. Therefore, the Council recommends that the Secretary encourage and fund development of systems that make it possible to track mobile patients.

Disaster Relief — MSFWs are often hard hit by natural catastrophes, such as freezes and droughts, that are not of a magnitude to merit a Federal disaster declaration. In such cases, MSFWs often face an increased need for the primary health care services offered by MHCs. Therefore, the Council recommends that MHCs be provided financial relief for uncompensated care provided subsequent to a disaster.



MEDICAID AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM

Many MSFWs who are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP) are unable to utilize either state-based program due to their mobility. Therefore, the Council recommends that the Secretary:

- Investigate the low participation of MSFWs in Medicaid and SCHIP and convene joint initiatives between the HRSA and the Health Care Financing Administration (HCFA) to target Medicaid and SCHIP benefits to MSFWs and their children. Interstate reciprocity and portability are key elements that must be incorporated into these initiatives.
- Preserve the current cost-based reimbursement system for Federally Qualified Health Centers.

ENVIRONMENTAL/OCCUPATIONAL SAFETY AND HEALTH

One of the most significant "environmental" factors that impacts the health and well-being of MSFWs is exposure to pesticides. Therefore, the Council recommends that the Secretary implement a training program incorporating the Environmental Protection Agency's training initiative, *Pesticides and National Strategies for Health Care Providers*, that trains health care providers (including lay health workers) to more effectively identify and treat the effects of pesticides.

APPROPRIATIONS

MHCs are essential service providers. In order to meet the needs of MHCs to meet the needs of MSFWs, the Council recommends that the Secretary request, and take all steps possible, to secure increased funding for the Consolidated Health Centers Program, sufficient to raise base funding for the Migrant Health Program to \$150 million for FY 2001.

RESEARCH

Lack of data on the health status and demographics of MSFWs is a perennial problem that impedes the making of policy decisions as well as the implementation of programs to improve MSFW health. Therefore, the Council recommends that the Secretary:

- Direct agencies such as the National Institutes of Health, the Centers for Disease Control and Prevention, the HRSA, and the HCFA to develop a research agenda to assess the health status of MSFWs and take steps to

identify and develop interventions to improve MSFW health and well-being.

- Fund research to document the impact of child labor on MSFW children.
- Allocate funding to appropriate DHHS agencies to document prevalence of infectious and chronic diseases and job related injury among the MSFW population, and establish a national database on critical MSFW health problems.

COUNCIL POSITION ON SIGNIFICANT ISSUES THAT INFLUENCE THE HEALTH AND WELL-BEING OF MSFWs

The scope of health problems affecting MSFWs is so broad that many of the underlying factors that create these problems lie outside of the purview of the Secretary, or MHCs. However, because these issues have a significant impact on the health and well-being of MSFWs, and thus contribute to their need for the services provided through MHCs, the Council feels that it is appropriate to state its position on these issues.

Child Labor — Due to the lack of livable wages, MSFW families often cannot afford safe daycare that would remove their children from the fields. In addition economic necessity sometimes requires the labor of all family members. Thus, the Council is particularly concerned about the fact that farmworker children are exposed to all of the health hazards inherent in the agricultural work place.

Housing — Lack of housing, substandard and unsanitary living conditions and the disproportionate percentage of income that MSFWs must pay for shelter contribute significantly to the poor health status of MSFWs. The Council believes that the combined efforts of the Department of Agriculture, the Department of Labor, the Department of Housing and Urban Development, and the DHHS will be necessary to eventually secure safe housing for MSFWs.

Guestworker Programs — Recently the General Accounting Office undertook a study of the need for a guestworker program. The conclusion of the study was that there already exists a surplus of domestic MSFWs to meet the demand for labor. Increasing the number of guestworkers and the subsequent loss of employment would create hardship for current MSFWs. The Council is very concerned that current guestworkers in the U.S. don't have adequate access to health care services. For these reasons the Council does not support the revised H2A Program currently proposed.

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