National Advisory Council on Migrant Health 1992 Recommendations

" The fifteen members of the National Advisory Council On Migrant Health are appointed by the U.S. Secretary of Health. At least twelve of the appointees are chosen from the governing boards of migrant health centers or other entities which serve farmworkers, including at least nine members who are among the user population of their health centers. The remaining Council members are qualified by training and experience in the medical sciences or in the administration of health programs. The Council's function as outlined in the charter is to "advise, consult with, and make recommendations to the Secretary and the Administrator, Health Resources and Services Administration, concerning the organization, operation, selection and funding of migrant health centers and other entities under grants and contracts under Section 329 of the Public Health Services Act." By serving as a conduit of information between migrant health centers and the Secretary of Health, the Council strives not only to improve the delivery of health services to migrant and seasonal farmworkers, but also to improve conditions which contribute to the perpetuation of their status. The Councils recommendations are delivered to the Secretary of Health to support national health policy development."

The following recommendations are built upon the foundation of prior years' recommendations, testimony that was presented to the Council in 1991, and ensuing deliberations within the council. A bibliography and comprehensive background statements have been developed to expand upon each of these recommendations.

Inherent in each recommendation are the following assumptions.

- Farmworkers are an employed working class contributing to the economies of the communities in which they live and work. They are America's working poor.

- Farmworkers, as a population, is no more and no less deserving of the right of access to "safety net" programs than any other group of Americans.

- Their low level of access to services is due to the system's failure to accommodate a migratory work pattern.

- Farmworkers are not to blame for that lack of access; rather, they are a casualty of the system's lack of flexibility.

Nowhere is their dilemma better exemplified than in the administrative practices of the Medicaid program, which cannot accommodate a population that moves from state to state.

The Council also contends that it was not the intent of Congress that the PHS 329 Migrant Health

Program meet all the health needs of this population; rather, these funds should be used in conjunction with all other federal and state public service programs in order to assure the safety and health of farmworkers. Therefore, we enlist the Secretary's response to assure that:

- all currently available resources are mobilized to also serve farmworkers;
- migrant-cognizant representation is included in all facets of the Department's activities; and
- the Department assumes the responsibility and provides the leadership for coordination of efforts among all other federal agencies and departments.

In 1988, the Migrant Health Program was reauthorized to include specific language regarding case management. Case management must occur at the local level, with the patient the direct recipient of the service. However, it must also occur at a national policy level between agencies and departments. The Council hereby solicits the Secretary's advocacy at the cabinet level in order to create such a national "case-managed" approach to inter-agency planning on behalf of farmworkers.

The following recommendations have been developed as practical approaches to secure inclusion of farmworkers in programs that are designed to assure the safety and health of all Americans.

1. Housing

The Council recommends that the Secretary establish an interagency work group, composed of representatives from HUD, FmHA, the Department of Agriculture and the Department of Labor. This group is to analyze the problem of inadequate and unsafe housing for farmworkers and implement immediate and long range solutions to ameliorate this problem.

2. Outreach

Migrant and seasonal farmworkers, by the nature of the work and lifestyle, are an extremely hard-to-reach population. Conventional strategies to provide health care services have been less than effective. The Council recommends that the Secretary designate resources to expand community outreach services to this population. All new federal initiatives should include a migrant component and a special allocation for this hard-to-reach population, thereby making health care more available, accessible and acceptable.

3. Mental Health

Farmworkers are desperately in need of access to mental health and family counseling services. They are less able to access existing community mental health services than many populations due to their constant mobility and the unavailability of culturally cognizant and bilingual mental health professionals. The Council recommends that the current state of crisis in the farmworker family be recognized by the Secretary and that efforts be initiated to integrate the mental health needs of farmworkers with the services of all federally-funded mental health programs.

4. Appropriations/Re-Authorization

Current migrant health funding reflects an annual expenditure of approximately $100 per user per year and a penetration rate of approximately 12 percent. If PHS 329 dollars are to be the primary source of health care for farmworkers, that appropriation must be increased to reflect a commitment of resources more in keeping with expenditures for other populations. The Council recommends an annual appropriation of $90 million for year 1992-93 with incremental increases from then on, and requests the Secretary's support of this targeted increase.

5. Medicaid

Great attention has been given to the development of interstate compacts as a means of assuring reciprocity of eligibility and coverage for migrating farmworkers. This is one alternative: It should be pursued both legislatively and adminis-

tratively. Unfortunately, this effort only partially addresses the problems encountered by farmworkers attempting to participate in the Medicaid program. The increased financial burden to each participating state creates very real disincentives to enrollment of new participants. The Council recommends that a national demonstration program be initiated which would annualize income and standardize eligibility criteria. A national set-aside of funds for this purpose would eliminate the local disincentives previously mentioned. A national demonstration program would also afford the federal government an opportunity to test one or more models of "national health insurance" as cost-effective alternatives to the runaway costs currently encountered in the Medicaid system.

6. Health Professions

It is critical that solutions for health professions training for migrant and community health centers be multi-disciplinary and both short and long range in nature. By this we mean that efforts should focus not only upon physicians but also upon nurses, dentists, hygienists, environmentalists, social workers, nutritionists, etc., since the delivery of care to migrant populations requires a team approach. Solutions to yield immediate results for the health professional shortage must be put in place as well as long range solutions. Specifically, the Council recommends that the Secretary implement programs which will accomplish the following

- Increase recruitment of minority, Spanish-speaking, multiculturally experienced health professionals
- Place emphasis upon training and placement of dental professionals
- Expand loan repayment programs to include the full range of health professionals, especially nurses
- Provide incentives for health professions training programs to establish linkages with migrant health programs
- Collaborate with Migrant Education and Department of Labor programs to train migrant youth in allied and clinical health professions

7. Family Issues

The Council strongly recommends that all special projects that are designed to strengthen the family include a specific farmworker component to assure relevancy to the migrant family. The Council also salutes the women of farmworker families as the central core of the family, and requests that the Secretary's current focus upon women and families be expanded to include farmworker women.

8. Research

Anecdotal information has highlighted various aspects of the hardships of migrant health and lifestyle. However, clinicians, administrators, policy makers, and researchers have been unable to make effective changes because of the lack of an integrated perspective and sense of priorities for migrant health.

Specifically, estimates of the size of the migrant and seasonal farmworker population vary widely. Basic health status indicators such as age-related death rates are unknown. Prevalence rates of the most common causes of death in the United States have yet to be studied. Health manpower recruitment and retention strategies have not been adequately characterized for migrant and community health centers. The Council recommends that the Secretary commit nonservice delivery funds to conduct research, assess effective intervention strategies, and evaluate policy impact. The Council recommends that at least one percent of PHS 329 evaluation funds be dedicated to migrant-specific research efforts, and that every effort be made to secure resources from AHCPR, NIH, and CDC for the same purpose.

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