"Improving Quality Health Care Access for Migrant and Seasonal Agricultural Workers and their Families"

Part I: Migrant and Seasonal Head Start Partnership Models

Tuesday, March 3, 2015
2:00 – 3:00 pm, ET

Hosted by
Bureau of Primary Health Care
Office of Quality Improvement
Strategic Partnerships Division

AGENDA

- Welcome & Introductions
  - CDR Jacqueline Rodrigue, Branch Chief, BPHC
  - LT Israel Garcia, Senior Public Health Analyst, BPHC
- Bureau of Primary Health Care Priorities
  - Dr. Seiji Hayashi, Chief Medical Officer, BPHC
- Migrant and Seasonal Head Start Program Overview
  - Guadalupe Cuesta, Director, National Migrant and Seasonal Head Start Collaboration Office
- HC & MSHS Partnerships Model
  - Teri Buchanan, Sr. Vice President, Family Health Centers of Southwest Florida, Inc.
  - Susan Bauer, Executive Director, Community Health Partnership of Illinois
- Strategic Partnerships and Resources
  - Joe Gallegos, Senior Vice President, Western Operations, NACHC
- Questions and Answers

HRSA & ACF Strategic Partnership

Major Accomplishments

- Developed an MOU between Administration for Children and Families, Office of Head Start and HRSA, Bureau of Primary Health Care, on November 29, 2012.
- Developed the *Effective Partnerships Guide: Improving Oral Health for Migrant and Seasonal Head Start Children and Their Families* http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/docs/effective-partnerships-guide-oral-health-mshs-v3.pdf
- Developed a dual web widget Finding a Health Center & Migrant and Seasonal Head Start Program (Posted on HRSA and ACF's websites)
- Conducted workshops at three Migrant Health Stream Forums with over 600 participants
- Trained CEOs of Migrant and Seasonal Head Start programs
- Hosted a National Enrichment Webinar for Health Centers & Migrant and Seasonal Head Start Programs

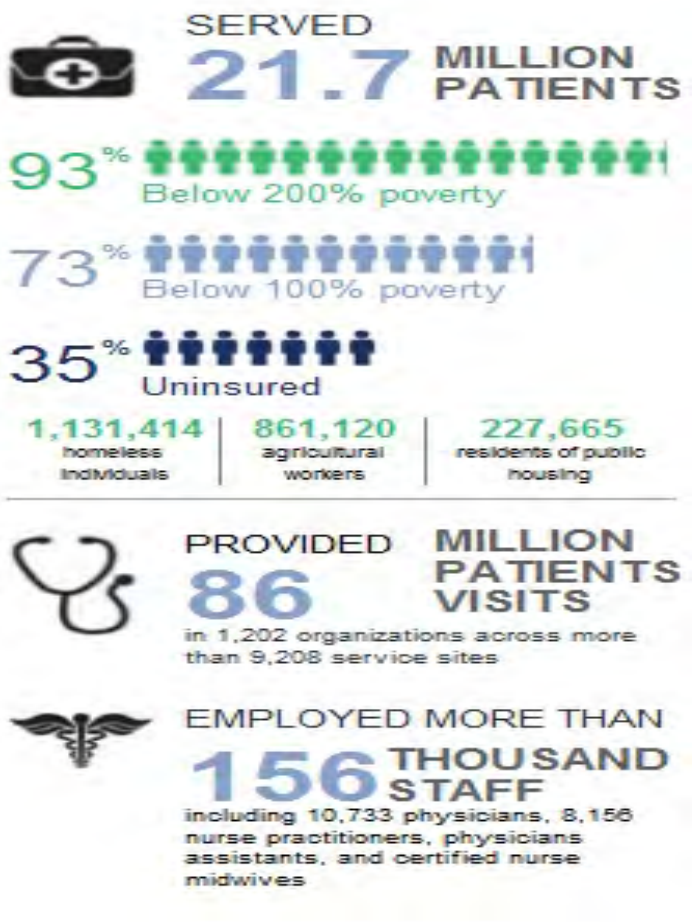
BUREAU OF PRIMARY HEALTH CARE PRIORITIES

Seiji Hayashi, MD, MPH, FAAFP

Chief Medical Officer & Senior Advisor for Special Populations

Health Center Program Calendar Year 2013

Program Grantees (All)



Migrant Health Centers

790,226 Patients Served

- **97%** Below 200% Poverty
- **93%** Racial/Ethnic Minorities
- **52%** Uninsured

782,651 Agricultural Workers
35,479 Homeless Individuals
4,403 Veterans

Provided

3.1 Million Patient Visits

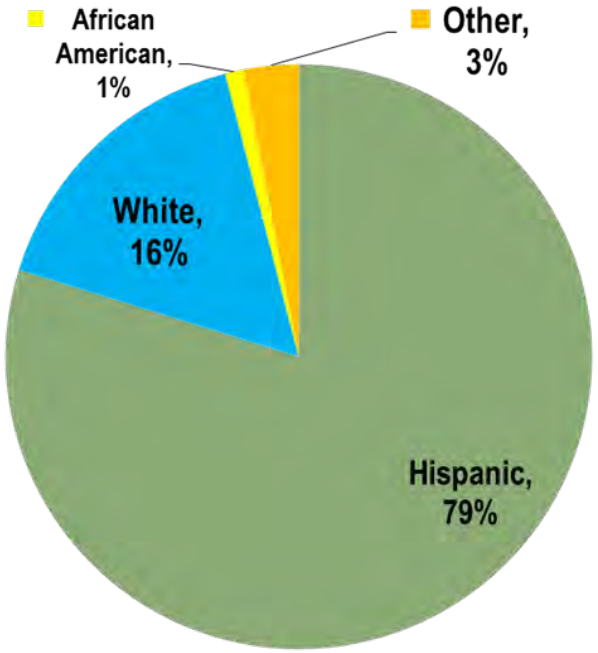
Employed Over

34,000 Staff

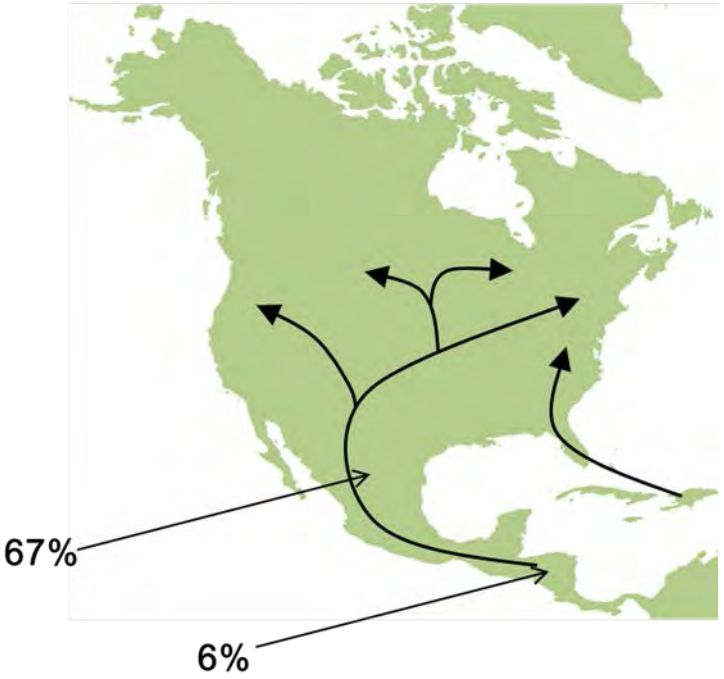
- 2,147 Physicians
- 1,617 NPs, PA, & CNMs

Agricultural Worker Demographics

73% Spanish Speaking



73% Foreign Born

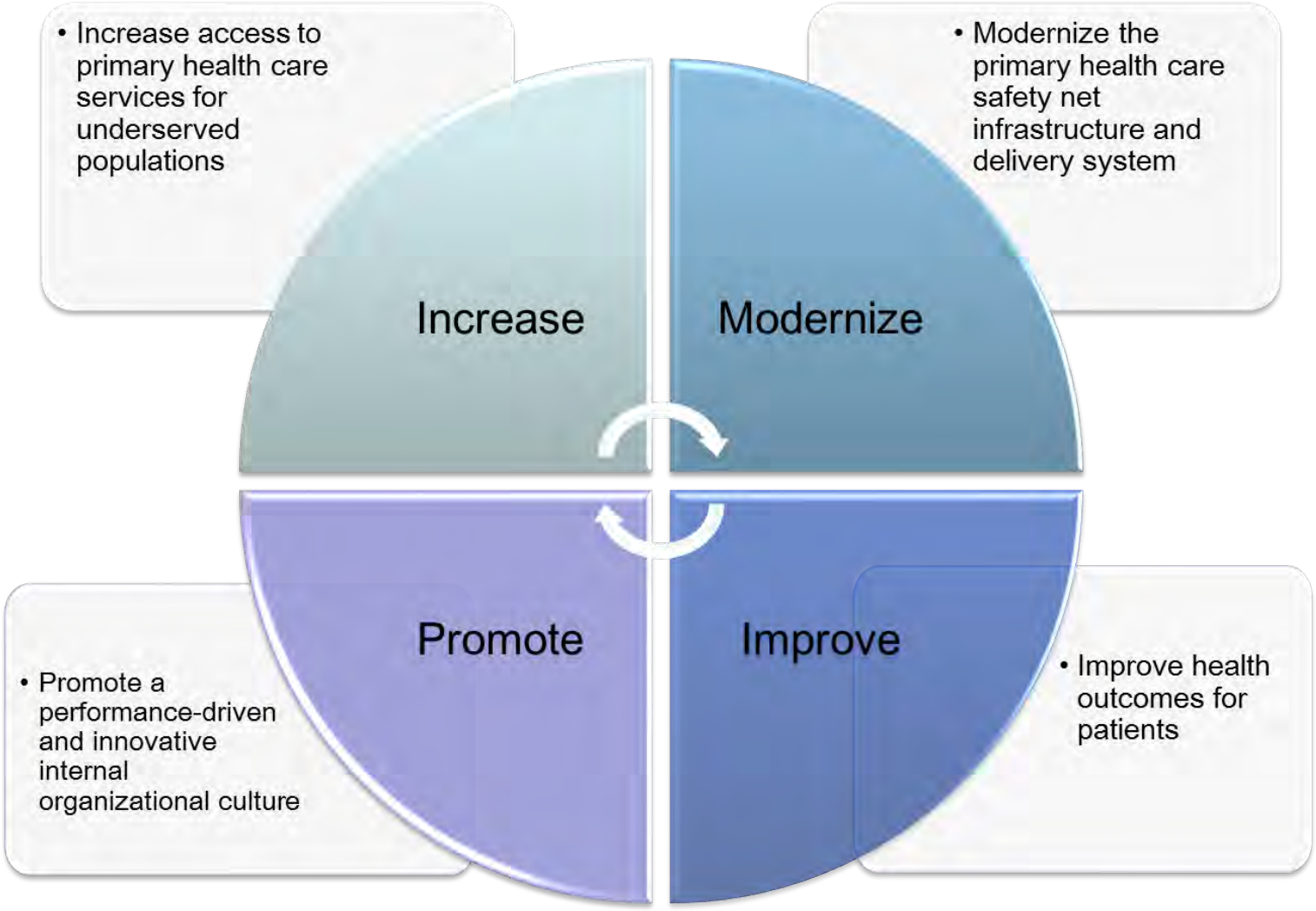


Source: Findings from the National Agricultural Workers Survey (NAWS) 2010 - 2012.
Demographic and Employment Profile of United States Farm Workers

Current Program Impact: Key National Indicators

	All Grantees (2012)	All Grantees (2013)	MHC Grantees (2013)
EHR Implementation			
% of HC with EHR Implementation	90%	96%	95%
EHRs at all sites used by all providers	79%	88%	82%
EHRs at some sites used by some providers	11%	8%	14%
Patient-Centered Medical Home Recognition (44% as of March 2014)			
% of HCs Achieving PCMH Recognition		59%	77%
Health Center Meeting/Exceeding Healthy People 2020 Goals			
Meet/Exceed Hypertension Control Goal of 61%	59%	58%	55%
Meet/Exceed Diabetes Control (HbA1c ≤9) Goal of 84%	11%	7%	4%
Meet/Exceed Early Entry into Prenatal Care Goal of 78%	37%	37%	35%
Meet/Exceed Low Birth Weight Goal of 7.8%	61%	60%	67%

Primary Care: Key Strategies

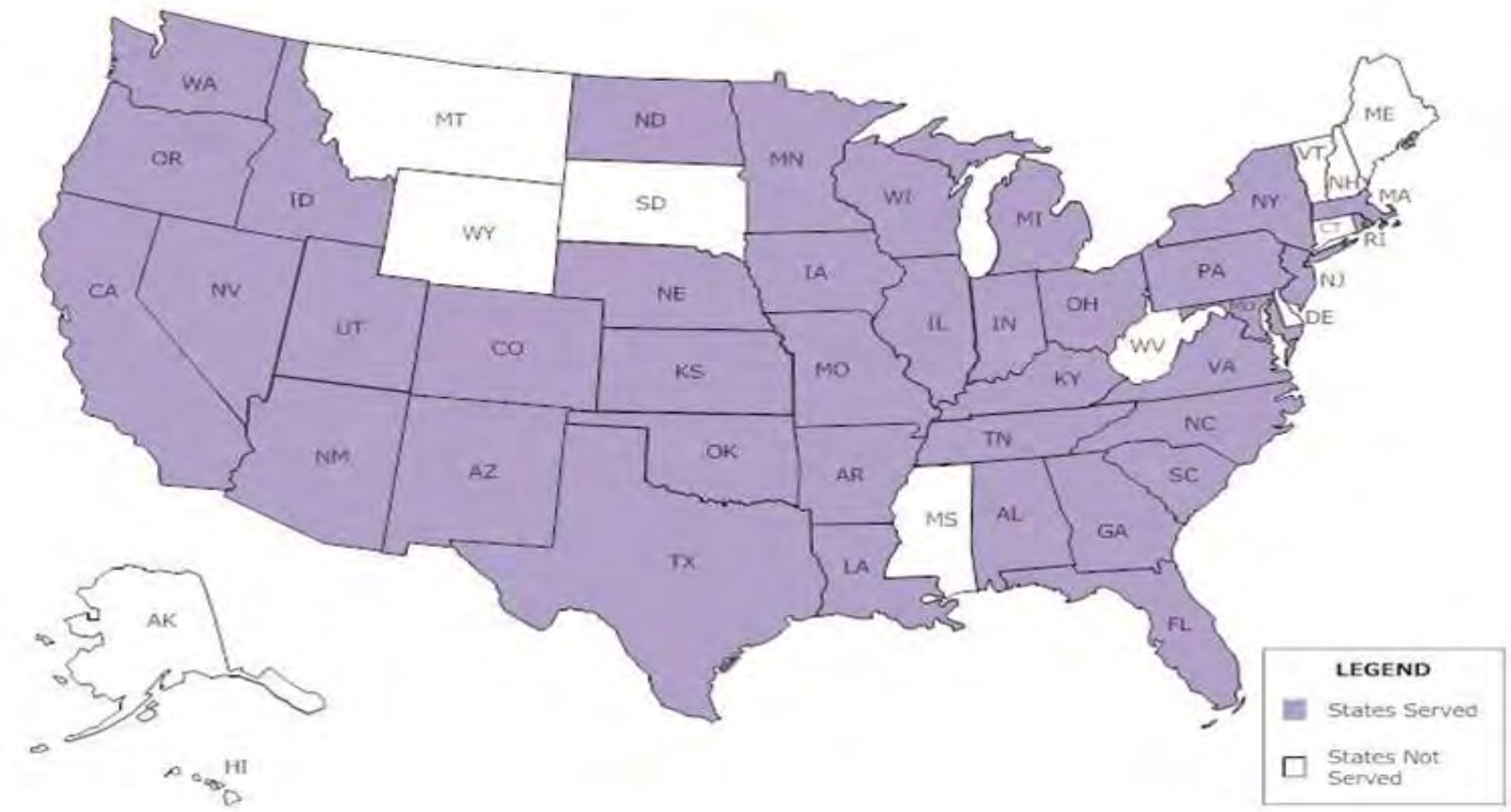


Administration for Children and Families/Migrant and Seasonal Head Start Program

Guadalupe Cuesta, Director, National Migrant and Seasonal Head Start Collaboration Office
Email: gcuesta@fhi360.org
Tel. 202.884.8594

Migrant and Seasonal Head Start Program

Migrant and Seasonal Head Start Programs Located in 37 States



Migrant and Seasonal Head Start
56 Agencies

Program Types	Migrant and Seasonal Head Start Programs	56
Agency Types	Community Action Agency (CAA)	13
	Government Agency (Non-CAA)	2
	Private/Public for profit (e.g., for-profit hospitals)	1
	Private/Public non-profit (Non-CAA) (e.g., church or non-profit hospitals)	36
	School System	4

Migrant and Seasonal Head Start Program Eligibility Criteria

1. Birth to compulsory school Age
2. Income below federal poverty guidelines
3. 51% of income from agriculture within the last 12 months-families must meet this requirement each year
4. The *entire* family must have moved within the last 24 months in search of agricultural work

Migrant and Seasonal Definition (Migrant Head Start Act 1998)

(A) with respect to services for migrant farmworkers, a Head Start program that serves families who are engaged in agricultural labor and who have changed their residence from one geographical location to another in the preceding two year period; and

(B) with respect to services for seasonal farmworkers, a Head Start program that serves families who are engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding two year period

Agriculture Labor: row and tree crops, (some nursery and cannery work)

Improving Access to Health Services

Steadily increased access to health services for children (infant, toddler and preschoolers).

- In 2014, 34% of MSHS children received Health Services from a Migrant Health Center
- Improved education among MSHS children on the importance of oral health care services:
  - Prevention (Fluoride, reducing the transmission of bacteria from the mother (or primary caregiver) to child and through education/health literacy for parents and caregivers)
  - Early detection (Stop/delay the onset of tooth decay in the primary teeth)
  - Treatment (Treating tooth decay early)
  - Continuous care (Preventing new and recurrent tooth decay)

Coordinating & Maximizing Resources

SHARING COST:

- **Recruitment of Families**
  - 51% of MSHS return to the area for every season
  - 49% are new families in the area
- **Enrollment in Medicaid/CHIP/Health Insurance Marketplace**
- **Transportation, Interpretation and Translation**
- **Case/Workload Management**
- **Education, Training and Technical Assistance**
- **Collaboration on Community Needs Assessments**

Guadalupe Cuesta, Director
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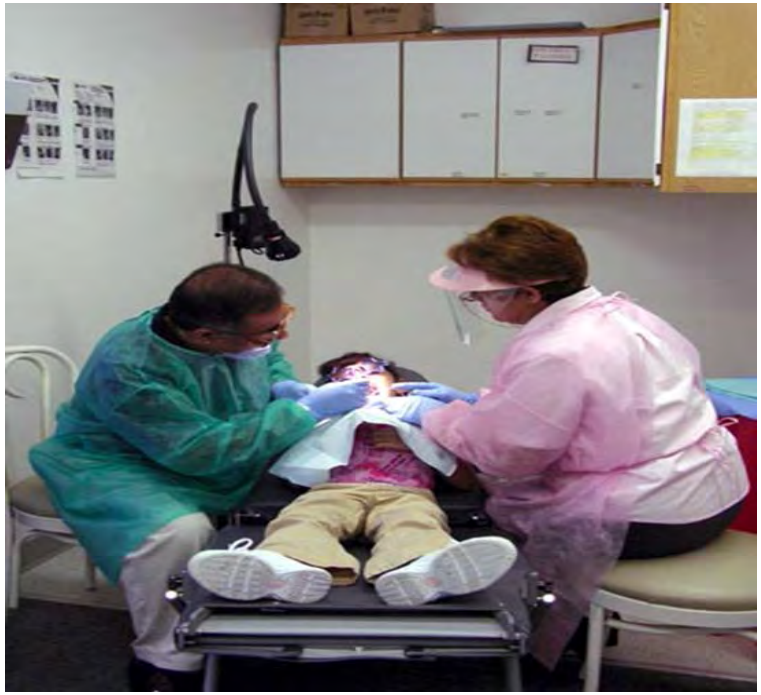
For copies of ACF/HRSA MOU, Effective Partnerships Guide and the Locator/Directory:
http://bphc.hrsa.gov/technicalassistance/headstart/index.html

Community Health Partnership of Illinois, Inc.

Susan Bauer, Executive Director
Email: sbauer@chpofil.org
Tel. 312.795-0000 x 222
www.chpofil.org

COMMUNITY HEALTH PARTNERSHIP OF ILLINOIS: 3 DECADES OF COLLABORATION WITH MIGRANT AND SEASONAL HEAD START



Serving Agricultural Workers and Their Families Since 1970s

- Community Health Partnership of Illinois (CHP) is one of the “original” migrant voucher programs
- Transitioned in last decade to on-site services and expanded scope to include predominantly rural, Latino underserved communities
- Clinic sites in Aurora*, Kankakee*, Rantoul, Mendota* and Harvard (*dental and medical services)
- Long-standing collaboration with Migrant and Seasonal Head Start Program (MSHS) and Migrant Education (1982)

CHP-MSHS Collaboration

- Work collaboratively to provide/arrange for provision of all required health screenings and follow-up - including preventive dental services and treatment - while the families are in our service area
- Provide monthly on-site nurse observations/training for infant caregivers as required by Head Start Program regulations
- Share cost of services that are not covered by Medicaid/CHIP

Evolution of CHP Collaboration with MSHSP

- 1982: CHP (part of the Illinois Migrant Council) received a state grant for a 2-chair mobile dental van
- Coordinated with MSHS Health Services Coordinator (state level) to offer services of dental van (friend of a friend: match made in heaven!)
- Created state-level agreements for medical, dental services
- CHP clinic director, MSHS center director/health services coordinator complete “Planning Grid” (See Inter-Agency Agreement)
- CHP staff serve on MSHS Health Services Committee, MSHS staff serve on CHP Board of Directors

Head Start Partnership Primary Goal and Challenges

- Assure that all Migrant and Seasonal Head Start enrollees receive all required screenings, services within 30 days of enrollment.
- Adapt service delivery to the specific need, circumstances, available resources:
  - Bring services (physical exams, preventive dental services) to the MSHS center using portable or mobile equipment
  - Established CHP seasonal site at the largest MSHS center in Illinois (Rantoul)
  - Co-located clinic/MSHS center in same building (Kankakee)
  - Contract for services with other HCs, private provider where we do not have a dental clinic (Princeville, Rantoul)
  - Coordinate with local health departments for immunization services

Outcomes of Migrant Health/Head Start Partnership: 2013*

- **Served 143 children** jointly by CHP and MSHS (down from 350+ over the last decade, due to reduced enrollment in MSHS in CHP service areas). 439 children served in Illinois by MSHS
- **Early detection and coordinated case management** for children with identified health conditions requiring follow-up
- **Parent Engagement-**While most parents are working and unable to be present when their child receives services, CHP staff is active in MSHS parent open houses, providing health screening, education, registration for CHP services for parents and other family members

*2014 data not yet complete

Partnership Impact I

Selected Clinical Outcomes Measures of Migrant Health/Head Start Partnership: 2013*

Measure	% Compliance
EPSDT screenings	90%
BMI	
• Normal	80%
• Overweight	8.5%
• Obese	8.5%
Up to date immunizations	85%
Dental exam	82%
Dental Treatment Needed	27%

* Statewide data. Includes collaboration of other FQHCs, providers

Ongoing Challenges

- **Migration**: Families arrive, depart unpredictably, which challenges scheduling providers, and completing all required services
- **Food "Insecurity"**: Low income families have limited access to nutritional foods, snacks, which lead to increased rates of obesity, recurring dental disease
- **Time:** Due to competing priorities for CHP clinic and MSHS staff, there is less time for regularly scheduled communication to address issues that arise
- **Geography**: Collaborate with all MSHS programs statewide, which can be taxing, requiring a great deal of travel and moving portable equipment
- **Staff Turnover**: Many MSHS and clinic staff positions are seasonal, which often leads to high staff turnover
- **Consents**: MSHS staff often struggle to get parents to sign consent forms, which may result in delays in screenings, treatment, or late cancellations
- **Immunization Records**: Multi-state/country records are often incomplete/ unreliable and challenging and time consuming to obtain

Sustainability/Replicability I

Successful Collaboration

#1: Build Positive Working Relationships

- Focus on common purpose
- Let go of negative assumptions based on past experience
- Support and/or participate in each other's special events, advisory committees

#2: Create Clear, Realistic Expectations

- Use the MOU Agreement Template, Planning Grid to clarify roles/responsibilities in advance, timeframes, "Plan B"

#3: Structure time for ongoing communication

- Establish regular in-person "check-ins" with key staff from both programs

#4: Celebrate shared successes

- Assess and address what doesn't go as planned

Family Health Centers of Southwest Florida, Inc.

Teri Buchanan, Senior Vice President, Chief Administrative Officer
TBuchanan@HCNetwork.org
Tel. 239-931-3867
http://www.fhcswf.org/

Family Health Centers

has been a federally qualified health center since 1985, and has provided uninterrupted primary health care service to the people of southwest Florida since 1964.

General Overview

- Dental Grant in partnership with Redlands Christian Migrant Association
- Strong Social Services/Outreach Department
- Disease Management Program
- One of few Medical/Dental providers that accept Medicaid

Partnership Impact II (1/2)

Total Dental Patients	31,049
Total Dental Encounters	102,673
Dental Providers	18
Dental Hygienists	10
Dental Assistants	58
Head Start School Screening Program covering counties:	3
• Children seen in Lee County	500
• Children seen in Hendry County	200
• Children seen in Charlotte County	400
Migrant/Seasonal Patients	2,580
Migrant/Seasonal Children 0-17	1,615
CHIP/Medicaid Children 0-17	1,357
Migrant/Seasonal Dental Patients	1,432
Migrant/Seasonal Dental Encounters	5,737

Partnership Impact II (2/2)

Migrant/Seasonal Sites	25
EVENTS	
Health Fairs	17
Screening Events	33
Adult Health Education Classes	37
Child Health Education Classes	6
Donation Distribution Events	14
Total	107
AGE GROUP	
Age 0-5	789
Age 6-16	383
Age 17-21	291
Age 22-45	2269
Age 46+	1692
Total	5424
STATISTICS	
Migrant	1035
Seasonal	795
Other	3283
Total	5113

Adult Metabolic Syndrome	791
Adult Weight management	53
Case Management	333
Kids Shape It Up	277
Quest for Kids Health	598
Smoking Cessation	4
Women's Gestational Diabetes	299
TOTAL	2355

Partnership Impact From UDS

Access	2011	2012	2013
Total Users	63,554	68,601	66,009
Cervical Cancer	58.57%	62.86%	70.77%
Child/Immunization	38.57%	51.43%	81.43%
Cholesterol	0	71.90%	75.71%
Prenatal	54.26%	50.46%	59.61%
Child Weight	61.43%	71.41%	82.86%
Adult Weight	51.43%	47.53%	57.61%
Tobacco Use	81.43%	91.03%	96.47%

Sustainability/Replicability II

- Provide dental care in all of the schools (Head Start Program and public schools)
- Medicaid reimbursement rate (including children not covered by Medicaid).
- Established Social Service and Disease Management partnerships in the migrant community.

Sustainability/Replicability II (2/2)

- Focus on benefits of Head Start partnership with CEO and CFO.
- Social Service/Outreach Department
- Disease Management Education
- Bilingual Providers

National, State & Regional Partnership Resources

Joe Gallegos, Senior Vice President
Western Operations, NACHC
Email: igallegos@nachc.com
Tel. 505-855-6964
https://www.nachc.com

Importance of cultivating Partnerships between FQHCs and MSHS

It is about the mission and a shared vision!!!

- FQHCs and MSHS programs have a common mission and common constituent.
- Both were created as part of the *War on Poverty*; are community-based; sister agencies.
- FQHCs are funded to serve migratory and seasonal agricultural workers and their families.
- FQHC Mission- to provide access to care for low-income medically underserved communities and populations.
- MSHS Mission – to provide health, nutrition, early childhood education and parent involvement services to low income farmworker children and their families.

Importance of Cultivating Partnerships between FQHCs and MSHS cont'd

It is about a shared vision!!!

- Ensure Health Outcomes are met for MSHS children & their families — assure quality, culturally competent, comprehensive primary care services for MSHS children & their families.
- FQHCs strive to provide "one-stop shop/care" model that is convenient for children/families as well as for the provider. *"Refer down the hall vs. refer down the road"*
- FQHCs goal is to provide a "health care home" so everyone has a regular source of care over their life cycle.

Challenges

- Lack of awareness of each other's role and responsibility.
- Lack of understanding the organizational climate in which each agency operates.
- Some FQHCs are at full capacity and unable to serve additional patients. High Staff Turnover.
- Recruitment and retention of health professionals, especially in rural areas is a challenge.
- Need for leadership of each agency to come together to understand each others culture, resource availability and understand each others limitations.
- Scheduling and timeline for service delivery dates.

Initiating the Partnership

Key to effective partnering is---*Planning, Planning and more Planning*

- Get the right people to the table—Key management staff and Program staff from FQHC and MSHS grantees to develop an MOU/MOA/Contract. MOU is an expression of commitment.
- The purpose of the MOU is to develop a joint strategy for ongoing planning, service delivery and evaluation. A tool for managing expectations
- MOU outlines need for collaboration, need for services, payment provisions, identify responsibilities for transportation, translation, and case management. Identify areas of collaboration and mutual benefits: Shared staffing, training, community needs assessment, patient education, clinical outcomes.
- Face-to-face meeting is critical to building trust and confidence between the partners.
- Begin planning at least six months prior to anticipated need for services.

Value in Partnership and Collaboration

- Increased access to culturally competent comprehensive primary health care and enabling services, such as interpretation, translation, transportation and case management for MSHS children and their families
- Maximization of local resources for both agencies – (community needs assessments, staff training, technical assistance, shared staffing, patient education)
- Achieve improved health outcomes for MSHS children and their families.
- It is about the mission, it is about vision and It is the right thing to do!!!

Technical Assistance Resources

State Primary Care Association Offices (PCAs)

- State or regional nonprofit organizations that provide training and technical assistance to safety-net providers.
- Designated staff person who serves as the Point of Contact for Special Populations.

Resources:

Effective Partnership Guide: *Improving Oral Health for Migrant and Seasonal Head Start Children and Their Families.*

http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration/docs/effective-partnerships-guide-oral-health-mshs-v3.pdf

National Center for Farmworker Health – Models of Collaboration: Fostering Partnerships between Migrant Education and Migrant Health
http://www.osymigrant.org/health/2013/CollaborationReport_1013.pdf

Migrant National Cooperative Agreements

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Farmworker Justice
http://www.farmworkerjustice.org

Health Outreach Partners
http://www.outreach-partners.org

MHP Salud
http://www.mhpsalud.org

Migrant Clinicians Network
http://www.migrantclinician.org

National Association of Community Health Centers
https://www.nachc.com

National Center for Farmworker Health
http://www.ncfh.org

Migrant Health Four-Part Enrichment Webinar Series

Improving Quality Health Care Access for MSAWs and their Families:

- Part I: **Migrant and Seasonal Head Start Partnership Models**
  - Tuesday, March 3, 2015, 2:00 – 3:00 pm ET
- **Part II: Promotora Models**
  - Tuesday, May 19, 2015, 2:00 – 3:00 pm ET
- **Part III: Intake Innovation Process**
  - Tuesday, July 21, 2015, 2:00 – 3:00 pm ET
- **Part IV: National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care**
  - Tuesday, September 22, 2015, 2:00 – 3:00 pm ET