



# “Health Centers Serving Migratory & Seasonal Agricultural Populations”

Special Populations Enrichment Call  
Tuesday, April 22, 2014  
1:30 – 2:30 pm, ET

Hosted by  
Bureau of Primary Health Care  
Office of National Assistance and Special  
Populations



# AGENDA



- **Welcome & Introductions**
  - Jim Macrae, Associate Administrator, BPHC
  - Tracey Orloff, Director; BPHC/ONASP
- **Migrant Health Overview, Needs and Services**
  - Jennie McLaurin, MD, MPH; MCN
- **Best Practices, Management and Finance**
  - Bobbi Ryder, CEO; NCFH
- **Lessons Learned from the Field**
  - Milton Butterworth; Blue Ridge Community Health Center
- **Questions and Answers**



# Migrant Health Overview, Needs and Services

By

Jennie McLaurin, MD, MPH  
Migrant Clinicians Network



# 1942-1964: The Bracero Program





# Summary of Legislative Actions



**1962: The Migrant Health Act**

**1970: Migrant Health Act is reauthorized**

**1986: The H-2A Program**

**1996: Health Centers Consolidation Act**



# Definitions



## Section 330(g) of the Public Health Service Act

### Migratory Agricultural Worker

- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

### Seasonal Agricultural Worker

- Principal employment is in agriculture on a seasonal basis
- Does not migrate

### Aged & Disabled Agricultural Worker

- Individual who has previously been migratory agricultural worker but who no longer meets the requirements ... because of age or disability



# Agricultural Worker Demographics



**1-2.5 million**  
estimated population<sup>2,3</sup>



**1/2 million**  
children who work in agriculture



1. Findings from the National Agricultural Workers Survey (NAWS) 2007 - 2009. Demographic and Employment Profile of United States Farm Workers.

2. Kandel W. *Profile of Hired Farmworkers, A 2008 Update*. Economic Research Service, US Department of Agriculture; Washington, DC; 2008. Economic Research Report No. 60.

\* Note: Kandel uses a combination of NAWS and others data.

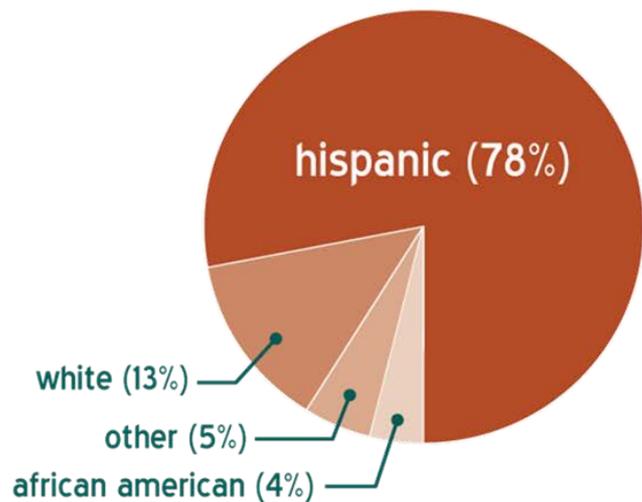
3. Martin P. Immigration reform: implications for agriculture University of California, Giannini Foundation. *Agricultural and Resource Economics Update*. 2006;9(4).

# Agricultural Worker Demographics – Cont

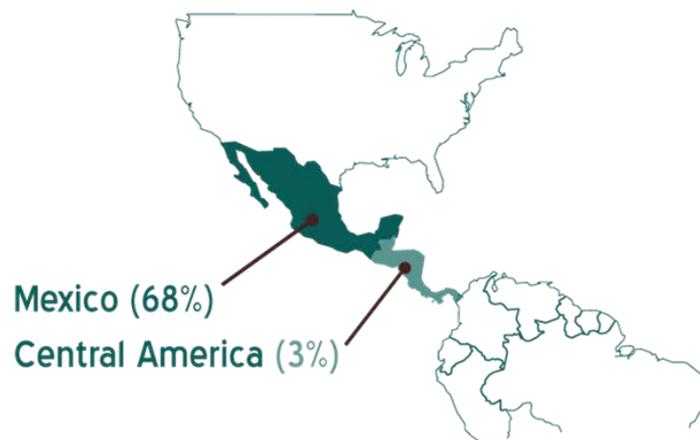


## Spanish

dominant language

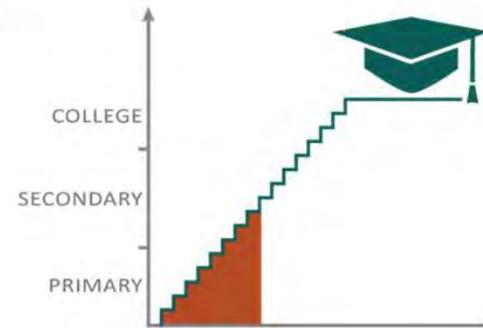


## 71% foreign born



**41%** had no healthcare visit in last 2 years

# Agricultural Worker Demographics -Cont

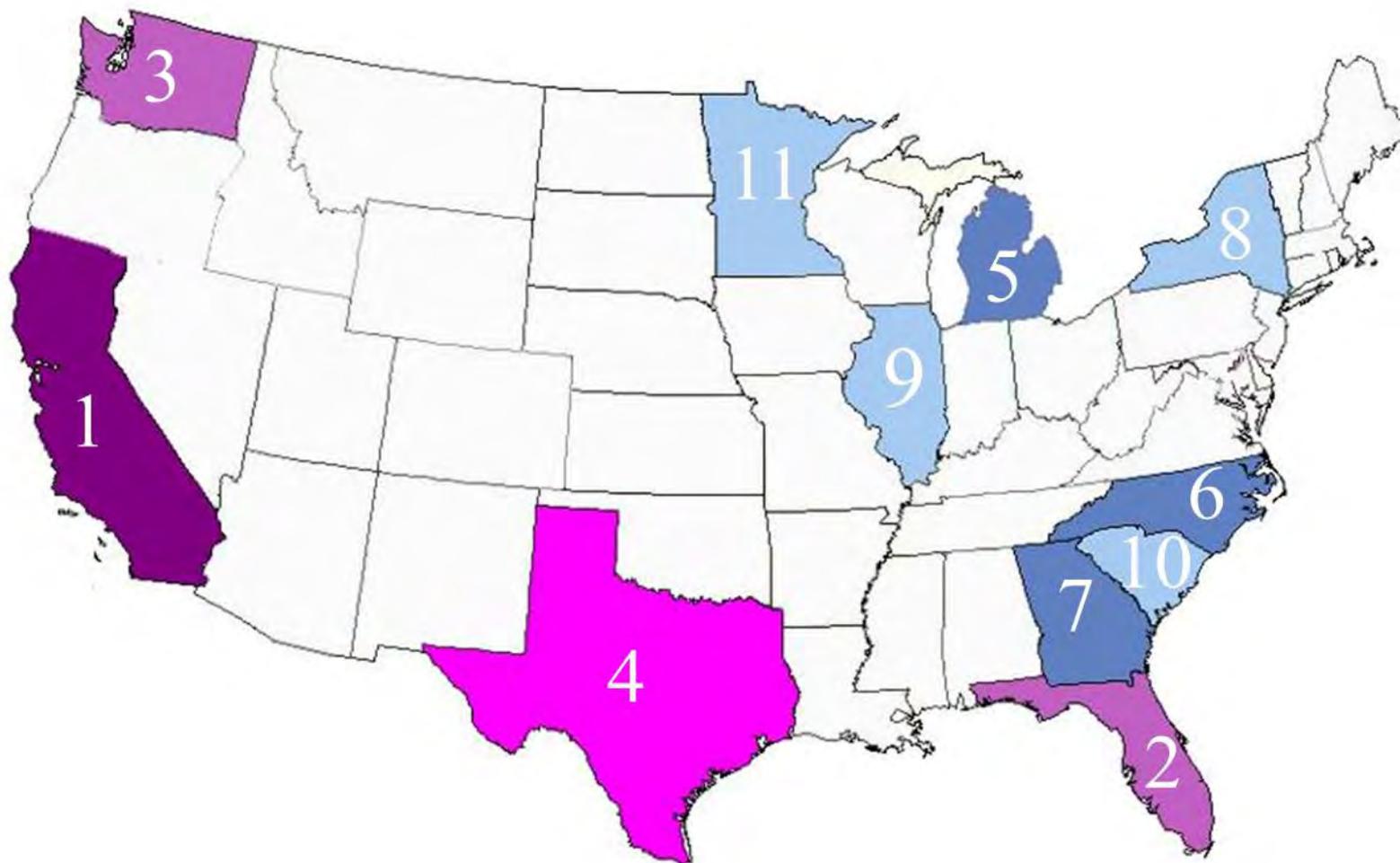


Foreign born workers, on average, have a **8th grade education**

4. Per Capita Personal Income in 2008. U.S. Dept. of Commerce, Bureau of Economic Analysis. Released March 2012. <http://bber.unm.edu/econ/us-pci.htm>  
5. Federal Poverty Level in 2008 Household size 1. Health Assistance Partnership. <http://www.hapnetwork.org/medicaid/fpl-2008.html>



# Highest Impact States





# Required and Additional Services (PR #2)



- Primary care services
  - For all family members including the agricultural worker
- Preventive services
  - Often lacking these in the past
- Enabling health services
  - Are they helpful for farmworkers?
  - Case management with attention to mobility; transportation; language
- Additional health services as appropriate and necessary
  - Worker's comp, occupational/environmental
  - Special needs?
- Either directly or through established written arrangements and referrals.



# Staffing, Hours, and Sliding Fee Discounts (PR #3-7)



- Staff able to provide comprehensive services to all patients
- Clear communication on consistent after-hours coverage
- Consider seasonal or time-limited employment with income that fluctuates dramatically
- Low literacy language-appropriate signage



# Quality Improvement/ Assurance Plan (PR #8)



- What are the clinical outcomes (cervical cancer screening, colorectal screening, immunizations, HTN control, etc.) for the special population as compared to general?
- Are there clinical measures that need emphasis with special pops that differ from those in general population?
- What about PCMH issues?
- Who is being missed?



# Best Practices: Management and Finance

By  
Bobbi Ryder, CEO  
National Center for Farmworker Health



# Health Center Adaptations



## Overcome Major Access Barriers

1. Financial
2. Access
3. Health Center Systems
4. Health Center Priorities, Goals & Direction
5. Patient Experience & Perception
6. Clinical Services



# Key Management Staff (PR #9)



- Not just culturally sensitive, but culturally competent, population-specific knowledge
- Appreciation & commitment to serving population
- Technical skills and abilities
- Integration of Special Pops needs into overall HC Systems
- Get out for a Field Trip!



# Contractual/Affiliation Agreements (PR #10)



- Unique 'sub-recipient'
  - Health Centers Vs. Voucher Programs
  - Voucher contracts with private providers
  - Best practice: NC MH Program
  - Geographic diffusion
  - Provision of enabling services
  - Uninsured Patients



# Collaborative Relationships (PR #11)



- Migrant Education, Migrant Head Start, Migrant Labor
- Overcoming contradictory definitions, differing service priorities, fees for services
- Hospitals/uninsured patients
- "Nearest C/MHC Neighbor" may be 1000 miles away



# Financial Management and Control Policies (PR #12)



- Intake procedures and documentation of migratory and seasonal agricultural status
- Policies and Procedures that allow for Self Declaration of income & residence



# Billing and Collections (PR #13)



- Sliding Fee Discounts
  - Sliding fee schedules All Patients?
- The ASK vs Collection Success
  - Staff Training
- Seasonal fluctuations in patient's income
- Does not deny services
  - "Able to Pay"
  - Payment Plan



# Budget (PR #14)



- Front Desk recognition that MHC funding is not an insurance program
- Understanding of how a health center is funded among staff, board, patients and community partners
- Projects collections based on different populations



# Program Data Reporting Systems (PR # 15)



- Importance of appropriate identification and documentation of migratory and seasonal agricultural status
- Collection of data from all sites, outreach teams and mobile units
- Value proposition of enabling services even though it is not a medical or dental encounter



# Scope of Project (PR #16)



- Population penetration rate
  - Pop size in service area
  - % served
  - Funding support
  - Ratio of % of migratory and seasonal agricultural workers: All others



# Board Authority (PR #17)



- Full understanding of the different roles between CEO and Board
- Board acts with one voice to serve all patients
- Micromanagement vs Rubber Stamp
- Strength of relationships
- Speed of trust



# Board Composition (PR #18)



- Full representation of migrant and seasonal agricultural workers
- Seasonal & Migratory status
- Migratory and seasonal agricultural worker representatives are trained
- At-Large representatives are trained on special populations
- Bilingual vs monolingual with interpretation
- BPHC Governance PIN



# Conflict of Interest Policy (PR #19)



- Multicultural environment – fosters respect and cultural competence
- Screens for 'agendas' when recruiting
  - Personal
  - Business
  - Community Service
- Avoids appearance of Conflict of Interest
  - Example: Interrelationships between health center and promotora programs



# Blue Ridge Community Health Services



**Milton Butterworth**  
**Director of Community Engagement**  
**Hendersonville, North Carolina**



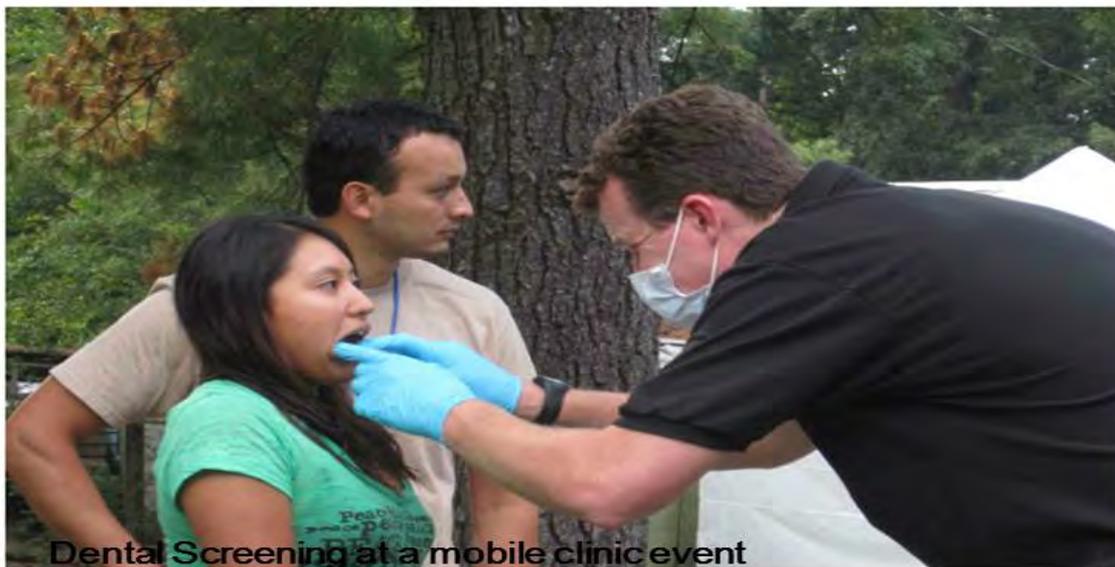
# Blue Ridge Community Health Services: Mobile Clinics



Chief Medical Officer, Dr. Shannon Dowler, holding migrant child



Physician screening a MSAW at a mobile clinic event. We bring healthcare to the migrant camps several times each summer.



Dental Screening at a mobile clinic event



Our founder, Claire Heyden Burson, during the early days of our migrant clinic circa 1963



# T/TA Resources



Farmworker Justice

<http://www.farmworkerjustice.org>



Health Outreach Partners

<http://www.outreach-partners.org>



MHP

<http://www.mhpsalud.org>



Migrant Clinicians Network

<http://www.migrantclinician.org>



National Association of Community Health Centers

<http://www.nachc.com>



National Center for Farmworker Health

<http://www.ncfh.org>



# Special Populations National Enrichment Call Series



- **Health Centers Serving Migratory & Seasonal Agricultural Worker Populations Enrichment Call**
  - Tuesday, APRIL 22, 2014, 1:30 – 2:30 pm EST
- **Lesbian, Gay, Bisexual, and Transgender Populations Enrichment Call**
  - Tuesday, JUNE 24, 2014, 1:30 – 2:30 pm EST
- **Health Care for the Homeless Program and Public Housing Primary Care Program – Enrichment Call**
  - Thursday, JULY 10, 2014, 1:00 – 2:00 pm EST
- **School-Based Health Centers and Aging Enrichment Call**
  - Thursday, OCTOBER 30th, 2014, 2:00 – 3:00 pm EST