## 2025 Current Fiscal Year Report: National Advisory Council on Migrant Health

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<b>1. Department or Agency</b> Department of Health and Human Services				<b>2. Fiscal Year</b> 2025	
3. Committee or Subcommittee		3b. ( No.	3b. GSA Committee No.		
National Advisor Health	y Council on M	ligrant	949		
4. Is this New D	uring 5. Curre	nt 6. E	xpected	7. Expected	
Fiscal Year?	Charter	Ren	newal Date	Term Date	
No	11/29/19	93 09/0	)9/2005		
8a. Was Termin FiscalYear?	ated During	b. Spec erminat uthorit	tion	8c. Actual Term Date	
No					
9. Agency Recommendati FiscalYear	on for Next	-	islation erminate?	10b. Legislation Pending?	
Continue	Ν	lot Appli	icable	Not Applicable	
11. Establishme					
12. Specific	13.		14.		
Establishment	Effec	ctive	Commitee	14c.	
Authority	Date		Туре	Presidential?	
42 U.S.C. 218	07/29	9/1975	Continuing	No	
<b>15. Description of Committee</b> National Policy Issue Advisory					
Board					
16a. Total Number of Reports	No Reports fo this FiscalYea				
17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0 Open					
Meetings and D No Meetings	ates				

<b>Current Next</b>
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EV

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	FY	FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.0	00\$0.00
18a(2). Personnel Pmts to	\$0.0	00\$0.00
Federal Members		
18a(3). Personnel Pmts to	\$0.0	00\$0.00
Federal Staff		
18a(4). Personnel Pmts to	\$0.0	00\$0.00
Non-Member Consultants	ψui	00000
18b(1). Travel and Per Diem to	¢0.1	00\$0.00
Non-Federal Members	ψ0.0	υψυ
18b(2). Travel and Per Diem to	<b>¢</b> 0.4	
Federal Members	<b>\$</b> 0.0	00\$0.00
18b(3). Travel and Per Diem to	<b>•</b> ••	
Federal Staff	\$0.0	00\$0.00
18b(4). Travel and Per Diem to	<b>.</b>	
Non-member Consultants	\$0.0	00\$0.00
18c. Administrative Costs (FRNs,		
contractor support,		
In-person/hybrid/virtual	\$0.0	00\$0.00
meetings)		
18d. Other (all other funds not		
captured by any other cost	\$0.0	00\$0.00
category)		
18e. Total Costs	\$0.0	00\$0.00
19. Federal Staff Support Years		
(FTE)	0.0	00.00

## 20a. How does the Committee accomplish its purpose?

The National Advisory Council on Migrant Health (NACMH or Council) meets bi-annually to review information and data on migrant and seasonal agricultural workers (MSAW) health and health care services provided to them and their families. NACMH then makes recommendations to the Secretary of Health and Human Services (HHS). Fiscal Year 2024 meetings were held in person on November 1-2, 2023, in Rockville, Maryland, and May 15-16, 2024, in Sacramento, California. The topics for the two meetings included: Integrating medical-legal partnerships at migrant and community health centers to address MSAW health disparities; culturally and linguistically appropriate healthcare to address the unique mental and substance use needs of MSAW; digital literacy and equity; climate and extreme weather impacts on MSAW; the collection of MSAW data; health challenges associated with growing, recruiting and retaining a migrant health center workforce; labor trafficking, and promoting equitable access to health care and enabling services for agricultural workers by addressing the widely prevalent multifaceted barriers that impact MSAW health and welfare. The Council received testimonies from 10 MSAWs on their health and welfare issues during the May 2024 meeting. The Council reviewed the information and data received and discussed avenues for improving MSAW health status. Based on these discussions, the Council's recommendations for improving the health status and available health care for MSAWs and their families pertained to the following areas: 1) Support and encourage the integration of Medical-Legal Partnerships at Migrant and Community Health Centers; 2) Develop funding opportunities that support comprehensive mult-level approaches to support positive mental health outcomes and provide inclusive, culturally, and linguistically relevant care designed to address the unique needs of MSAW and family members; 3) Support Initiatives that change entrenched patterns of unequal access to and differential quality of care for MSAW through workforce investments, enabling services, and training and technical assistance that integrate

structural competency; 4) Develop an HHS interagency strategy to research, institute and enforce a national heat and air quality standard and improve mechanisms and educational materials to lodge concerns/complaints and improve enforcement; 5) Provide non-competing supplemental funding opportunities to health centers to support provision of heat and air quality PPE and enabling staff to provide education on the risks of exposure to heat and wildfire smoke; 6) Expand funding to migrant health centers to recruit, retain, and invest in the development of health center staff; 7) Invest in programs to improve digital health literacy and access to health technology among farmworkers; and 8) Invest in a centralized website for culturally and linguistically appropriate educational information to increase health equity for MSAW.

## 20b. How does the Committee balance its membership?

The Council consists of governing board members from migrant and community health centers, former farmworkers, a farmer, and individuals experienced in research, the medical sciences, or the administration of health programs. Most of the members are active locally and statewide on various councils and planning committees. They have diverse backgrounds and experiences. The Council also has geographic representation from the three migrant farmworker streams (east coast, mid-west, and west coast), to enable an understanding of geographic/regional MSAW health and welfare concerns.

## 20c. How frequent and relevant are the Committee Meetings?

The NACMH Charter requires that the Council meet bi-annually at the call of the Chair and with

the advance approval of the Designated Federal Official (DFO). The Council convened two in-person meetings on November 1-2, 2023, and May 15-16, 2024. The meetings provided the Council members opportunities to meet significant stakeholders working on diverse aspects of health care provision to MSAWs and their families. Additionally, the May 2024 meeting gave the Council an opportunity to receive firsthand testimonies from 10 MSAWs from the Sacramento, California area, providing valuable information towards the development of recommendations for the Secretary of HHS.

## 20d. Why can't the advice or information this committee provides be obtained elsewhere?

There are no other federal programs that specifically address the health needs of migratory and seasonal agricultural workers and their families with representation from governing boards and patients of migrant and community health centers. Most other groups have a primary focus in a specific area (e.g., education, agriculture, housing, etc.). The authorizing legislation for the Council defines its make-up and ensures that it consist of a majority of individuals who are directly involved in the governance of migrant health centers, and are patients of these health centers. The Council is charged with advising, consulting with, and making recommendations to the Secretary of HHS and the Administrator of HRSA regarding the organization, operation, selection, and funding of migrant health centers and other entities funded under section 330(g) of the Public Health Service (PHS) Act (42 U.S.C. §254b).The NACMH Charter requires that the Council consist of 15 members including the Chair and Vice-Chair. All members serve 4-year terms. Twelve Council members are required to be governing board

members of migrant health centers and other entities assisted under section 254(b) of the PHS Act, at least nine of which must be patient board members. Three Council members must be individuals qualified by training and experience in the medical sciences or in the administration of health programs.

### 20e. Why is it necessary to close and/or partially closed committee meetings? N/A

### 21. Remarks

Member Juan Mota's term end date changed from 4/22/2027 to 6/6/2024 due to their resignation from NACMH. Member Marco Viniegra's term end date changed from 7/3/2025 to 4/26/2024 due to their resignation from NACMH. Viniegra served as NACMH Chair from 7/4/2023 - 4/26/2024. Mary Jo Dudley's term as Chair effective 7/4/2024 - 7/3/2025. Teng Vang's term end date changed from 4/22/2027 to 9/22/2024 due to their resignation from NACMH.

### **Designated Federal Officer**

Liz Rhee Public Health Analyst, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857

Committee Members	Start	End	Occupation	Member Designation
Cerventes, Marisol	07/06/2021	07/03/2025	Health Center Board Member	Special Government Employee (SGE) Member
Dudley, Mary Jo	05/22/2022	05/21/2026	Health Center Board Member	Special Government Employee (SGE) Member

Emanuel-McClain, Carolyn	04/23/2023	04/22/2027	Director, SC Agricultural Worker Health Program	Special Government Employee (SGE) Member
Freeman Lambar, Elizabeth	05/22/2022	05/21/2026	Director, North Carolina Farmworker Health Program	Special Government Employee (SGE) Member
Galvez, Eva	01/28/2024	01/27/2028	Family physician at the Virginia Garcia Memorial Health Center, a HRSA-supported health center	Special Government Employee (SGE) Member
Holmes, Seth	04/23/2023	04/22/2027	Professor and Physician	Special Government Employee (SGE) Member
Huertero, Maria del Carmen	07/06/2021	07/03/2025	Health Center Board Member	Special Government Employee (SGE) Member
Laeger, Colleen	05/22/2022	05/21/2026	Health Center Board Member	Special Government Employee (SGE) Member
Oxford, Sandra	08/25/2024	08/24/2028	Patient and governing board member at Sun River Health	Special Government Employee (SGE) Member
Reyes, Monica	08/25/2024	08/24/2028	Governing board member and patient at the Great Lakes Bay Health Center	Government Employee
Rivera-Singletary, Georgina	01/28/2024	01/27/2028	Board Chair for Premier Community HealthCare, a HRSA-supported health center serving Pasco and Hernando Counties in Florida	Special Government Employee (SGE) Member
Watt, Karen	07/06/2021	07/03/2025	Health Center Board Member/Farmer	Special Government Employee (SGE) Member

### **Narrative Description**

The NACMH supports the Agency's mission to improve the nation's health by providing recommendations that assist the HHS Secretary and HRSA Administrator in improving the delivery of quality health care and enabling services to migratory and seasonal agricultural workers and their families.

### What are the most significant program outcomes associated with this committee?

	Checked if
	Applies
Improvements to health or safety	$\checkmark$
Trust in government	$\checkmark$
Major policy changes	$\checkmark$
Advance in scientific research	$\checkmark$
Effective grant making	$\checkmark$
Improved service delivery	$\checkmark$
Increased customer satisfaction	$\checkmark$
Implementation of laws or regulatory	1
requirements	( <b>M</b> .)
Other	

### **Outcome Comments**

NA

### What are the cost savings associated with this committee?

	Checked if Applies
None	
Unable to Determine	$\checkmark$
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	

**Cost Savings Other** 

### **Cost Savings Comments**

NA

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee? 469

### Number of Recommendations Comments

This Council has made the decision to limit the number of recommendations to those that impact the organization, operation, selection, and funding of migrant health centers as well as other health center programs. The Reports tab contain the list of recommendations and attachments.

# What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Fully</u> implemented by the agency?

### % of Recommendations Fully Implemented Comments

Some of the recommendations made were beyond the Secretary's authority. Other recommendations were not feasible to implement at that time.

# What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency?

35%

### % of Recommendations Partially Implemented Comments

Some of the recommendations were modified to better align with the goals and strategic plan of HHS.

## Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes 🗹 No 🗌 Not Applicable 🗌

### Agency Feedback Comments

HHS, HRSA Bureau of Primary Health Care (BPHC) senior leaders, managers and HRSA grantee Training and Technical Assistance partners provide updates to the Council members on HHS/HRSA/BPHC policies and programs impacting migratory and seasonal

agricultural workers and their families. These updates are provided during meetings and when requested. The Secretary also responds to the NACMH letter of recommendations by official correspondence. The public can obtain information regarding agency responses to committee recommendations by contacting the DFO.

## What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	$\checkmark$
Reallocated resources	
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

### **Action Comments**

The recommendations from the Council provide the HHS Secretary and the HRSA Administrator valuable information to establish strategic priorities for services provided at migrant health centers.

### Is the Committee engaged in the review of applications for grants? No

### Grant Review Comments N/A

### How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	✓
Online Agency Web Site	✓
Online Committee Web Site	✓
Online GSA FACA Web Site	✓
Publications	
Other	

### Access Comments

N/A