

2024 Current Fiscal Year Report: National Advisory Council on Migrant Health

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2024

3. Committee or Subcommittee

National Advisory Council on Migrant Health

3b. GSA Committee No.

949

4. Is this New During Fiscal Year?

No

5. Current Charter

11/29/1993

6. Expected Renewal Date

09/09/2005

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

42 U.S.C. 218

13. Effective Date

07/29/1975

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open

0

17b. Closed

0

17c. Partially Closed

0

Other Activities

0

17d. Total

0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

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 2023 meetings were held in person on November 2-3, 2022, in Rockville, Maryland, and May 24-25, 2023, in Tampa, Florida. The Council received testimonies from 10 MSAWs on their health and welfare issues during the May 2023

meeting. The topics for the two meetings included: climate change impact on kidney disease among US MSAWs; health challenges associated with growing, recruiting and retaining a migrant health center workforce; addressing the public health implications of the social and cultural factors that place MSAWs at risk for human immunodeficiency virus (HIV)/sexually transmitted infections (STI); understanding immigration status as a defining social determinant of health that significantly impacts MSAW health and welfare; the unique and critical early childhood development health, and welfare concerns of MSAW households; 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 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) Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA) collaborate with other federal agencies and research organizations to broaden the understanding of environmental heat exposure among agricultural workers, including the US Department of Labor (DOL), to ensure heat-related kidney diseases are recognized as an occupational hazard, and towards developing a culturally and linguistically appropriate MSAW campaign to reduce the risks of kidney and other heat-related illnesses. (2) HHS agencies collectively address long standing MSAW barriers to health care: poverty, linguistic and cultural barriers, lack of health insurance, high cost of services, transportation challenges, power

differentials in the workplace, dehumanization of workers, racism, discrimination and coercion resulting in fear, which fosters a culture of silence, condones abuses and retaliation, and exacerbates mistreatment. A wider adoption of unique service delivery models and strategies implemented by some health centers have the potential to improve the health and wellbeing of MSAWs. (3) Address the nation's migrant and community health center workforce shortage crisis, to ensure the health care safety net, health centers located in the nation's most under-resourced remain functional and recruits a high-quality workforce. (4) HRSA bring together diverse stakeholders to enable the coordination, collaboration, and capacity building to develop effective community-based interventions for HIV/STI prevention, care and treatment to address the social and cultural factors that place MSAWs at risk. (5) HRSA build health center grantees capacity for robust public health responsiveness and preparedness by developing an evidence base on the impact of the pandemic on the approximately 1M agricultural workers served in 2021, to inform future MSAW health and welfare efforts. (6) HRSA further the understanding of immigration status as a social determinant of health and collaborate with the Substance Abuse and Mental Health Services Administration to assess the impact of the mental health epidemic in progress in the agricultural worker population living under the constant threat of immigration enforcement. (7) HRSA collaborate with other agencies and programs to better serve MSAW children and families. For example: (a) collaborate with Department of Education and Migrant and Seasonal Head Start to expand and ensure access to wraparound services for MSAW children; (b) BPHC collaborate with HRSA Maternal and Child Health Bureau to leverage

MCHB programs for MSAWs; and (c) migrant and community health centers and HRSA-funded school-based service sites serve as health care hubs for MSAW children. (8) HRSA promote equitable access to health care and enabling services for MSAWs by addressing structural inequities, stigma and exclusion in receiving communities during migration, inadequate access to transportation, and technology gaps, by supporting MSAWs as they navigate an unfamiliar medical system, lack of health insurance, high cost of care and income-based financial challenges.

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 2-3, 2022, and May 24-25, 2022. 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 2023 meeting gave the Council an opportunity to receive firsthand testimonies from 10 MSAWs from the Tampa, Florida 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

In fiscal year (FY) 2023, NACMH held two in-person meetings. The first meeting was held at the HRSA Headquarters in Rockville, MD and the second was held in Tampa, FL to ensure the participants and recommendations represented a geographically wide perspective. The May 2023 meeting included testifiers from Tampa, FL. The recommendations to the Secretary of HHS for the November 2022 and May 2023 meetings were submitted on January 10, 2023, and July 19, 2023, respectively. Jose Salinas and Donalda Dodson's term end date changed from March 30, 2023, to December 30, 2023, in accordance with the HRSA Administrator's decision to extend their term of appointment by 180 days to fill two unanticipated vacancies. These vacancies resulted because one FY 2023 nominee was not approved, and one approved nominee did not accept the Secretary's appointment for personal reasons. Dr. Salinas and Donalda Dodson served as the NACMH Chair and Vice-Chair from July 4, 2022 to July 3, 2023.

Designated Federal Officer

Esther Paul 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
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Cerventes, Marisol	07/06/2021	07/03/2025	Health Center Board Member	Special Government Employee (SGE) Member
Dodson, Donalda	03/31/2019	12/30/2023	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
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
Mota, Juan	04/23/2023	04/22/2027	Insurance agent and migrant health center board member	Special Government Employee (SGE) Member
Salinas, Jose	03/31/2019	12/30/2023	Health Center Board Member	Special Government Employee (SGE) Member
Vang, Teng	04/23/2023	04/22/2027	Behavioral health counselor and migrant health center board member	Special Government Employee (SGE) Member

Viniegra, Marco	07/06/2021	07/03/2025	Health Center Board Member	Special Government Employee (SGE) Member Special Government Employee (SGE) Member
Watt, Karen	07/06/2021	07/03/2025	Health Center Board Member/Farmer	Special Government Employee (SGE) Member

Number of Committee Members Listed: 13

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	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input checked="" type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

NA

What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>

Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

466

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 Percentage of these recommendations that have been or will be Fully implemented by the agency?

65%

% 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 Percentage of these recommendations that have been or will be Partially 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

HRSA BPHC senior leaders, managers and the DFO 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	<input checked="" type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>

Publications



Other



Access Comments

N/A