AGS1
Opening General Session
Honoring Our Past, Celebrating 60 Years

NATIONAL ASSOCIATION OF Community Health Centers®

Rachel A. Gonzales-Hanson

Interim CEO, NACHC

Michael A. Holmes

Chair of the Board, NACHC

Chief Executive Officer, Scenic Rivers Health Services

COLORADO
COMMUNITYHEALTHNETWORK
Access for All Colorado

Annette Kowal

President and CEO
Colorado Community Health Network

COLORADO

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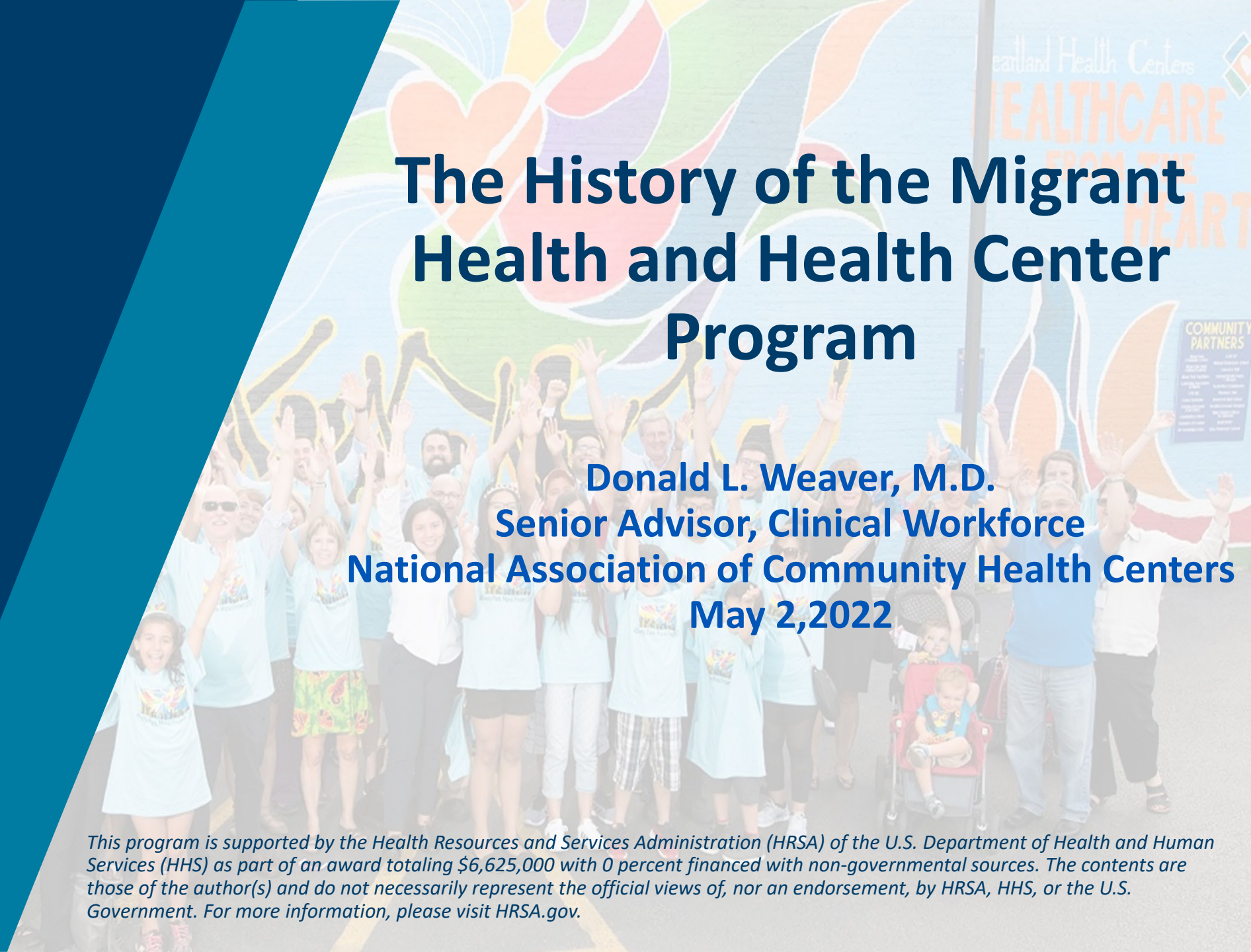
Access for All Colorado

NATIONAL ASSOCIATION OF Community Health Centers®

The History of the Migrant Health and Health Center Program

Donald L. Weaver, M.D.
Senior Advisor, Clinical Workforce
National Association of Community Health Centers
May 2,2022



This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,625,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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THANK YOU TO ALL COMMUNITY HEALTH CENTERS

#ThankYouCHCs

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THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®

Donald L. Weaver, M.D.

Senior Advisor, Clinical Workforce

National Association of Community Health Centers

NATIONAL ASSOCIATION OF Community Health Centers®

1850’s – 1940’s

1850s: Technological innovation in agriculture increases the demand for a migratory seasonal labor force.

1930-1936: The Dust Bowl

1942: The Bracero Program

1950’s

1951: Extension of the Bracero Program

1952: H-2 Visa Program

1955: Social Security Coverage Extended to Migrant Farmworkers

1960's

1962: The Migrant Health Act

1964: The Bracero Program Ends

1965: Medicaid and Medicare Programs are enacted

1965: Amendments to the Economic Opportunity Act

- Early grants were provided to local health depts and nonprofit health clinics in TX, WA, CO, and SC.
- The Fresno County Health Department's Camp Health Committees, with the slogan "We are all trying to find out what makes babies so sick", was an early prototype for migrant health services. Migrant health funding made replication of this model possible.

During the 1960's: National Migrant Worker Council, Inc., an organization of Catholic nuns representing several orders is created.

1970

1970: Migrant Health Act is reauthorized

- The National Advisory Council on Migrant Health is mandated.
- Seasonal farmworkers are added as eligible populations.

1970: The National Association of Neighborhood Health Centers (later to be called the National Association of Community Health Centers) is created.

1970: Emergency Health Personnel Act of 1970 (S 4106, P.L. 91-623) establishes the National Health Service Corps.

1970's

1971: Early Migrant Health Centers located in several CA communities, Toppenish, WA, Ft. Lupton, CO, Berrien Springs, MI, Beaufort, SC, and Harlingen and Laredo, TX.

1975: Health Services Nurse Training Amendments of 1975 (P.L. 94-63):

- Establishes the Community Health Centers Program in Section 330 of the PHS Act (after 10 years as an OEO demonstration project) and reauthorizes the Migrant Health program in Section 329.
- Sets minimum service and consumer-majority policy board requirements for both programs.

1970s (Cont'd)

1975: National Center Farmworker Health incorporated.

1978: P.L. 95-626, the Health Services and Centers Amendments of 1978.

- Reauthorizes the Community Health Centers, Migrant Health, and NHSC programs.
- New provision allows up to 5 percent of Section 330 funds to flow to public grantees.
- Eligibility for Migrant Health care is expanded to include aged and disabled former farmworkers.

1980's

1980-1985: President Ronald Reagan calls for major change in role of the federal government, including elimination of hundreds of federal programs and block granting others to the states—including the Community and Migrant Health Centers.

- NACHC and its membership successfully fight for the repeal of the optional block grant and the restoration of the program to direct federal local partnership status.
- Triggers first new health centers funding since 1981 and allows CHCs to develop special activities to reduce infant mortality in low-income and minority communities (P.L.s 99-117, 99-280, 99-660).
- Funding provided for the development of State and Regional Primary Care Associations.

Health Centers are serving 5.5 million people.

1980's (Cont'd)

1983: Employment Law Changes -- The Migrant and Seasonal Agricultural Workers Protection Act establishes the rights of migrant farmworkers, and the guidelines labor contractors must follow to respect those rights.

1983: Midwest Migrant Health Information Office (now known as Migrant Health Promotion) founded.

1984: Migrant Clinicians Network Established.

1985: The first Camp Health Aide Program implemented in southwest Michigan with eight migrant farmworker health women.

1980's (Cont'd)

1986: The Immigration Reform and Control Act (IRCA):

- Institutes penalties against employers that employ undocumented immigrants.
- Grants legal immigration status to 1.1 million formerly undocumented agricultural workers.
- Revises the agricultural guest worker program, which is renamed the H-2A Program.

1987: Enactment of the Steward McKinney Homeless Act: –Leads to the establishment of the Health Care for the Homeless Program.

1990s

1990-91:

- FQHC designation established under Medicare and Medicaid.
- Malpractice coverage to health centers provided under the Federal Tort Claims Act (FTCA).

Health Center Program serving 6 million patients.

1992: EPA's Worker Protection Standard -- sets minimum standards for protecting farmworkers from pesticide exposure.

1995-1997: Under Republican leadership, Congress again considers block granting the Health Center Program and other programs (including Medicaid).

- NACHC leads successful effort to secure the 5-year authorization of the CHC Program and defeat the Medicaid block grant.

Health Center Program serving 9 million people.

1990s (Cont'd)

1996: Health Centers Consolidation Act

- Consolidates migrant health centers, healthcare for the homeless, health services for residents of public housing, and community health centers into a single Section 330 authority.
- Language ensures the continued funding of programs serving farmworkers, homeless individuals and public housing residents at the same proportional level as had been the case under the previous four separate programs.

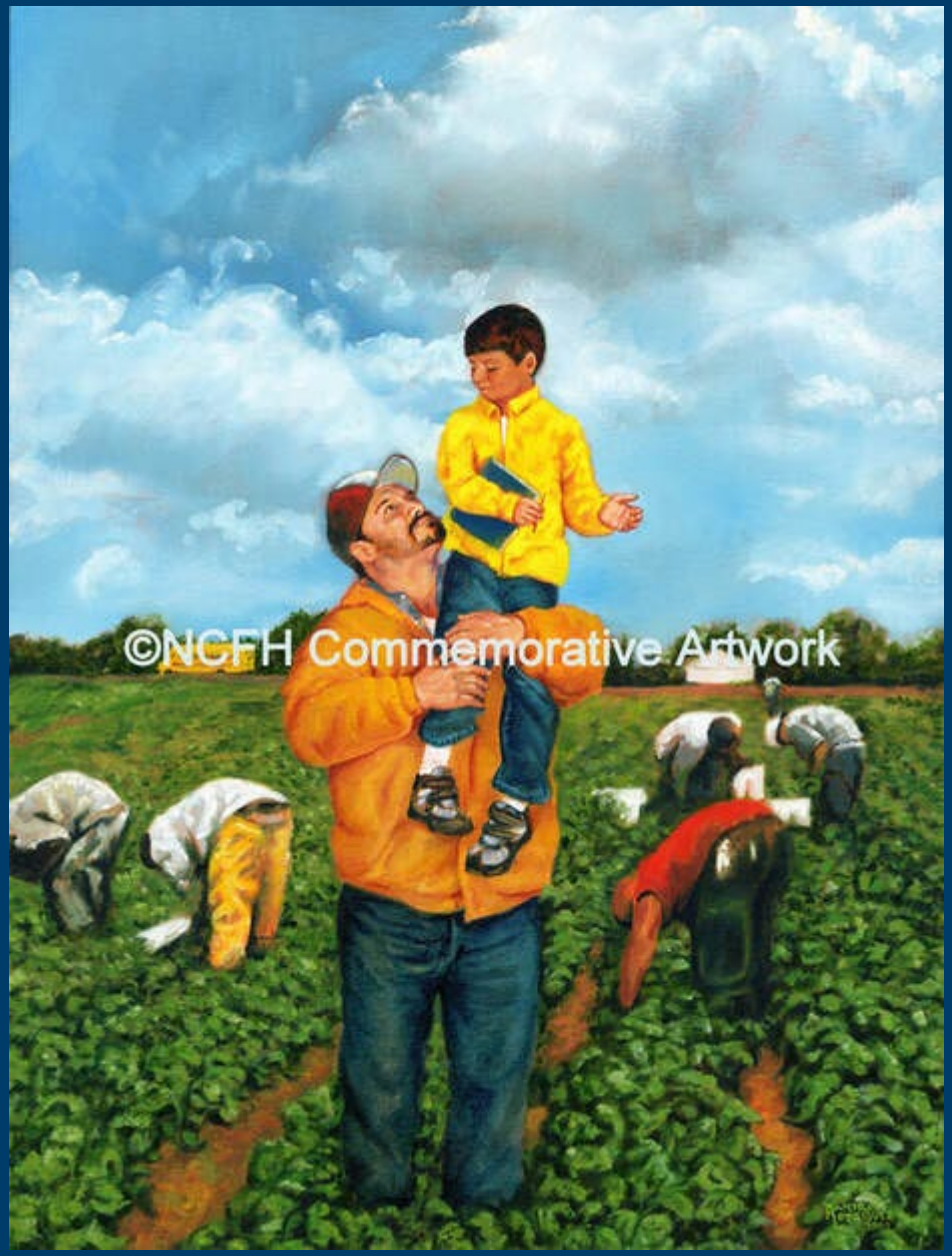
1996: 14 Camp Health Aide Programs operate across U.S. The model wins 1996 "Models that Work" competition sponsored by BPHC to honor innovative programs that improve health.

2000s

2000: Health center supporters in Congress block a phase-out of Medicaid FQHC payments and begin efforts to achieve the REACH initiative that doubles health center funding over 5 years.

Over 1,000 Community, Migrant and Health Care for the Homeless Centers serve 11 million people at over 3,200 delivery sites.

2001: President George W. Bush introduces his Initiative to Expand Health Centers.



2000s (Cont'd)

2002: Health Care Safety Net Amendments:

- Reauthorizes the Health Centers Program through 2006.
- Seeks to expand services to rural communities.
- Authorizes the Community Access Program.

2003: Migrant Health Program wins first Bi-National Border Models of Excellence initiative for its work with partner organizations.

2007: Congress reauthorizes and fully funds the CHIP program.

2000s (Cont'd)

2008: Congress reauthorizes the Consolidated Community Health Center Program through 2012 and preserves its core elements.

2009: American Recovery and Reinvestment Act of 2009 (ARRA) economic stimulus legislation:

- Provides for $2 Billion for the CHC Program:
  - $500 million dedicated for increased demand for primary care, dental/oral health, pharmacy, mental health and substance use services.
  - $1.5 Billion allocated for construction and renovation of health center facilities and HIT acquisition.
- Provides $500 million for PHS workforce programs. Of this amount, $300 million is allocated to the NHSC.

2010s

2010: The Patient Protection and Affordable Care Act enacted and signed into law by President Barak Obama on March 23, 2010.

- Provides for a major expansion of Health Centers, dedicating $9.5 Billion to serve 20 million new patients by 2015 and provides $1.5 Billion for capital needs for health centers.
- Provides $1.5 Billion to expand the National Health Service Corps over 5 years.
- Expands coverage under Medicaid to 133% of FPL w/o categorical eligibility and provides for health insurance premium subsidies for low- and modest-income Americans through State Health Insurance Exchanges beginning in 2014.

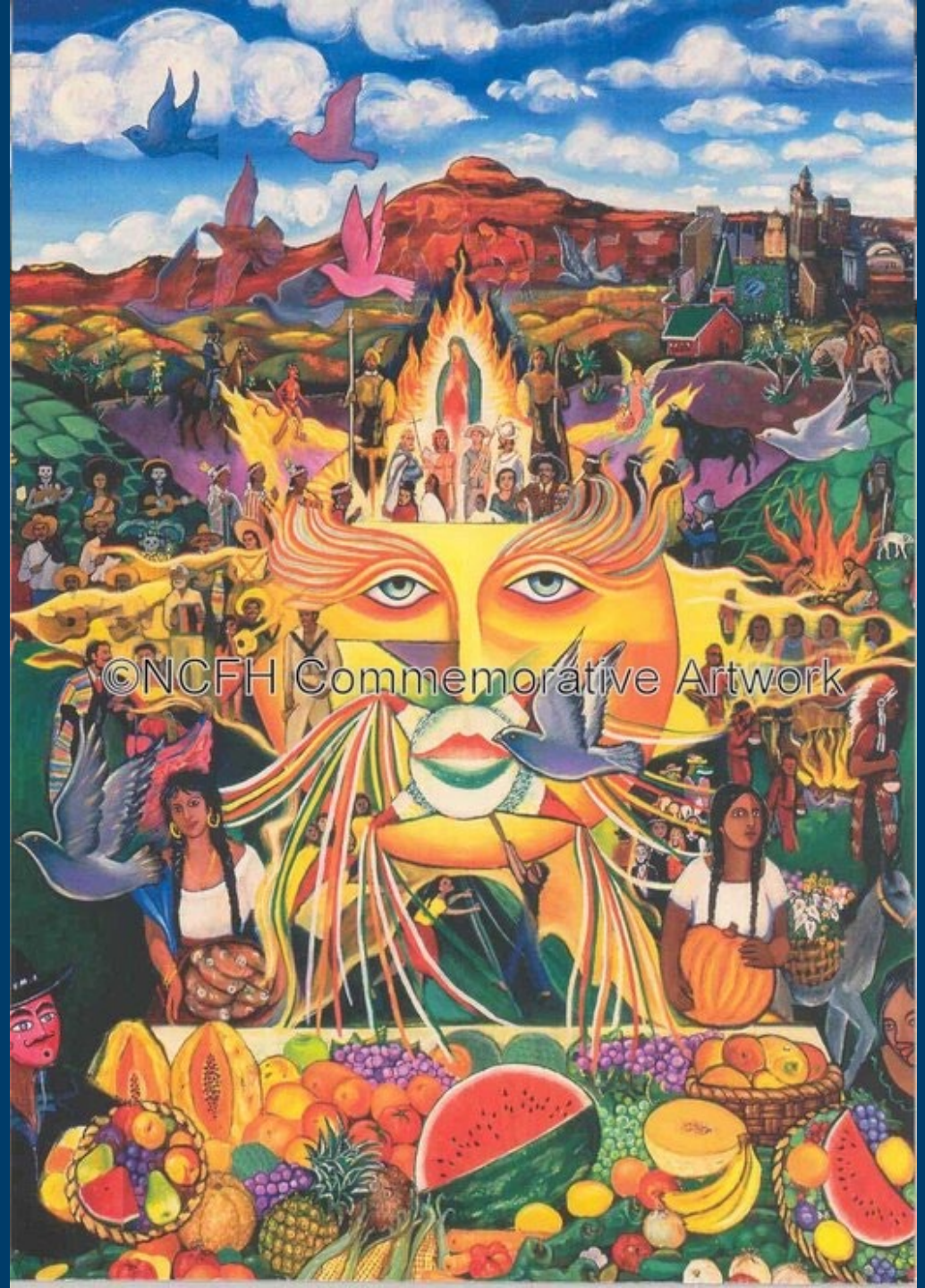
2010s (Cont'd)

2011: Results of 2010 elections results in a shift of political control in the House and narrowing of majority control in the Senate, ushering in a political climate focused on repealing health reform and reducing the federal budget deficit.

2015: Congress extends Health Center (& NHSC, THCGME) Funds for 2 years.

2017: Congress again extends Health Center & NHSC, THCGME Funds for 2 years, through FY 2019.

2019: Health Center Fund programs again face potential funding 'cliff', seek extended funding for at least 5 years.



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2020

- March -- COVID-19 coronavirus pandemic impacted the international health and global economy.
- Agricultural workers on the front lines every day.
- ONE-TIME FUNDING March 6, 2020 -- Coronavirus Preparedness and Response Supplemental Appropriations Act -- included $100 million for Community Health Centers.
- ONE-TIME FUNDING March 27, 2020 -- CARES Act -- included $1.382 billion for Community Health Centers.
- December -- The Consolidated Appropriations Act, 2021
  - Health Center Mandatory and Appropriations Funding - Extended CHCs mandatory funding for three years (FY21 – FY23) at $4 billion per year. The legislation also included $1.7 billion for CHC FY21 appropriations funding (an increase of $57 million above FY2020).
  - Also included Health Center Workforce Funding and COVID-19 Funding.

2021

- ONE-TIME FUNDING March 2021 -- American Rescue Plan Act to address the COVID-19 pandemic.
  - $7.6 billion for Health Centers and Look-Alikes to address COVID-19.
  - Also included Health Center Workforce Funding.
- October – December 2021 -- Continuing resolution to keep the government funded., with level funding for CHCs.
- November 2021 -- The House passed its version of the Build Back Better Act, a $1.7 trillion legislation supporting a social, health and climate change agenda. However, the BBB Act stalled in the Senate.

2022

- January – March 2022 -- Congress passed a continuing resolution to keep the government funded.
- March 11, 2022 -- Congress passed the FY22 Omnibus which included:
  - $1.748 billion for Community Health Center funding ($65 million above FY2021 levels) including funding for the following CHC programs: Ending HIV Epidemic Program, School-Based Health Centers, Native Hawaiian Health Care, Intimate Partner Violence and Alcee H. Hastings Program for Advanced Cancer Screening in Underserved Communities.
  - Also included Health Center Workforce Funding.
  - Language extending all existing Medicare health center telehealth flexibilities for 151 days past the Public Health Emergency

Remember: Health Center funding comes from two sources -- mandatory funding from the Community Health Center Fund (CHCF) + discretionary funding appropriated by Congress each year.

- The CHCF is currently extended through FY 2023.
- There is another funding cliff looming in FY 2024.

2022 (Cont'd)

Health Center Program serving 28, 590, 897 people, including 977,744 agricultural workers and their family members.

FARMWORKER JUSTICE

- Founded in 1981
- FJ's T/TA focuses on:
  - ✓Policy issues that affect agricultural worker health and access to health care
    - Resources include Health Policy Bulletin, Clinician Guides, Issue Briefs
  - ✓Community collaborations to promote partnerships that increase access to health care and other services
    - Resources include: Medical-Legal Partnership Guide, Illustrated Brochures for Workers in English, Spanish, and Haitian Creole
- For more information:
  - ✓Website: *www.farmworkerjustice.org*
  - ✓T/TA Contact: Alexis Guild, Senior Health Policy Analyst, *aguild@farmworkerjustice.org*

Since 1970, **Health Outreach Partners** (HOP) has been at the forefront of elevating the importance of outreach, recognizing the critical role it plays in increasing access to primary care and facilitating case management, health promotion and disease prevention, and related social services to underserved populations, including agricultural workers and their families.

HOP offers a wide range of customized training, consultation, and information services to assist community-based organizations in building strong, sustainable, grassroots community health models that improve the health and well being of agricultural workers and other vulnerable populations.

Health Outreach Partners

HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

HOP Priority Areas:

Health Outreach and Enabling Services
Transportation and Health Care Access
Program Planning and Development
Needs Assessment and Evaluation Data
Health Education and Promotion
Community Collaboration and Coalition Building
Structural Competency

NATIONAL ASSOCIATION OF Community Health Centers®

www.outreach-partners.org

Oakland, CA

@NACHC

MHP Salud builds on community strengths to improve health in farmworker and border communities. We train community leaders to be *Promotores* and *Promotoras de Salud*.

Promotores(as) belong to the same culture and speak the same language as the people they serve. They…

- Provide culturally appropriate health education
- Make referrals to health and social services
- Encourage people to seek care
- Empower community members
- Bring health to farmworkers where they live

We can help you…

- Design an effective *Promotora* program
- Find funding opportunities and draft budgets
- Create an evaluation plan
- Train Program Coordinators and *Promotores(as)*
- Locate and develop health education materials

956.968.3600
info@mhpsalud.org
www.mhpsalud.org

NCFH
National Center for Farmworker Health, Inc.

The **National Center for Farmworker Health** is a private, not-for-profit corporation located in Buda, Texas, whose mission is "to improve the health status of agricultural worker families through the provision of innovative training, technical assistance, and information services to Migrant and Community Health Centers."

Programs, products, and services in support of our mission, include:

- Population specific resources and technical assistance
- Governance development and training
- Program management
- Staff development and training
- Health education resources and program development

1770 FM 967 Buda, TX 78610
(512) 312-2700 (800) 531-5120
www.ncfh.org

MIGRANT CLINICIANS NETWORK

MCN

"A force for health justice for the mobile poor"

Migrant Clinicians Network is celebrating 35 years!

We provide training and resources to CHCs in the following areas:

Cutting Edge Programming

Resources and Dissemination

Advocacy and Policy

Research and Knowledge Mobilization

Clinical Support and Capacity Building

Contact us!

Email ***mcn@migrantclinician.org*** or visit our website ***www.migrantclinician.org***

Questions to Ask

What contributed to our success over the past 60 years?

What do we need to do to build on a proud past to achieve health equity and social justice?

Guadalupe Cuesta, MA

Org Psych | Director

National Migrant and Seasonal Head Start Collaboration Office

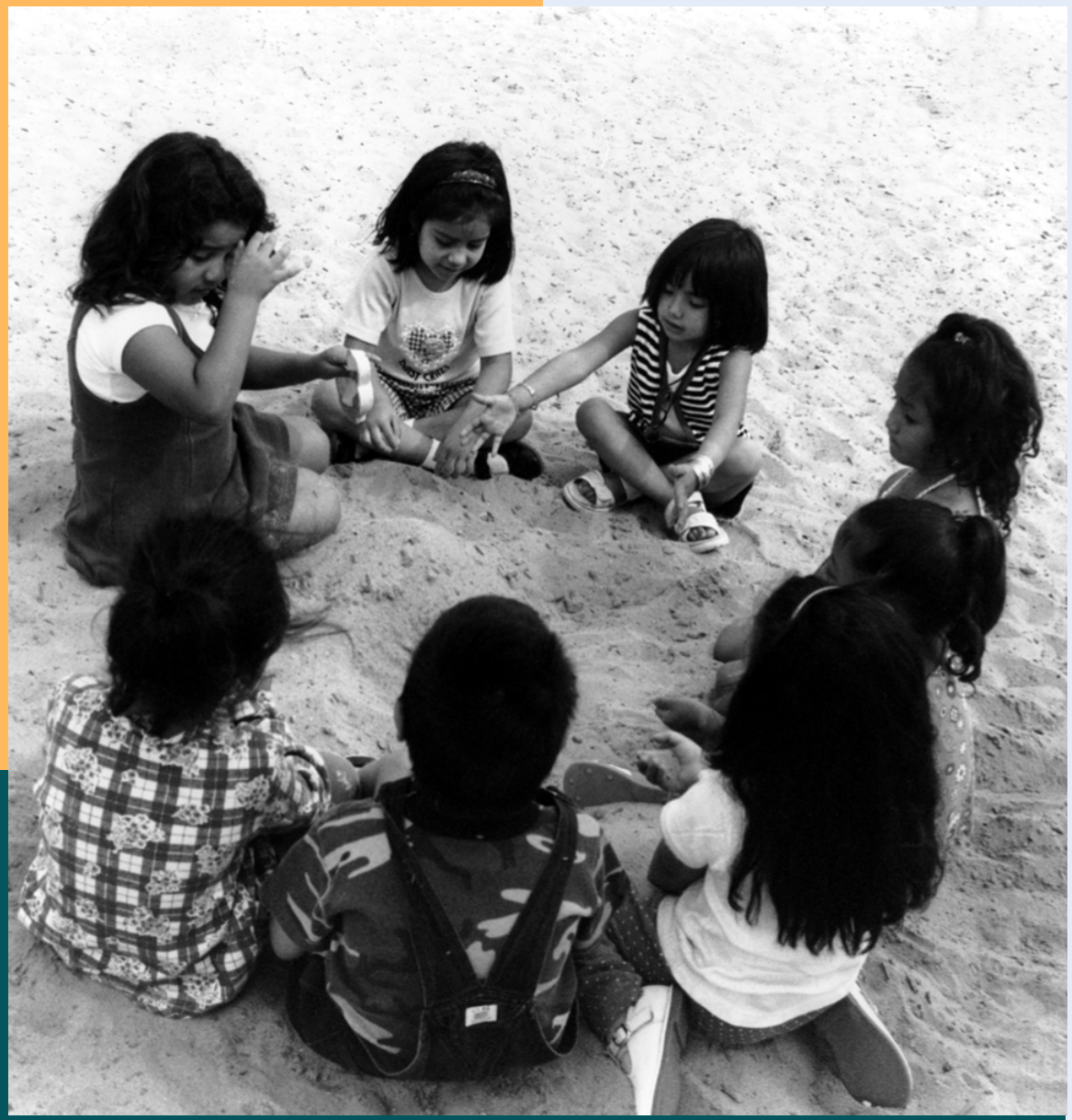
NATIONAL ASSOCIATION OF Community Health Centers®

MSHS AND NACHC A PARTNERSHIP THAT WORKS

Guadalupe Cuesta

Director | National Migrant and Seasonal Head Start Collaboration Office

The Migrant Seasonal Head Start (MSHS) program is one of the largest community-based service providers in the nation, providing a wide range of services to over 25,000 migrant and seasonal children, ages birth to compulsory school age, and their families each year. At least 10% percent of total funded enrollment are slotted for children eligible for services under IDEA.



Assessing the needs of MSHS children, families and programs

Two needs: Child Care and Health Services

Survey of Results

MSHS programs were spending thousands of dollars…up to $132,000 – private providers

Only 10 % of MSHS lack any type of insurance

Returning families continued needing treatment-No follow-up after MSHS season ended

MSHS families accessing Community Health Center < 10 %

MSHS CAMPION

NACHC'S FULL SUPPORT

INCREASE IN ACCES TO PRIMARY HEALTH SERVICES

- JIOMVRT

MSHS families accessing Community Health Center….38%

HRSA, NACHC and MSHS

Strategic Planning to promote:

- Building relationships, partnerships & collaborations
- MOU
- Effective Partnership Guide

.

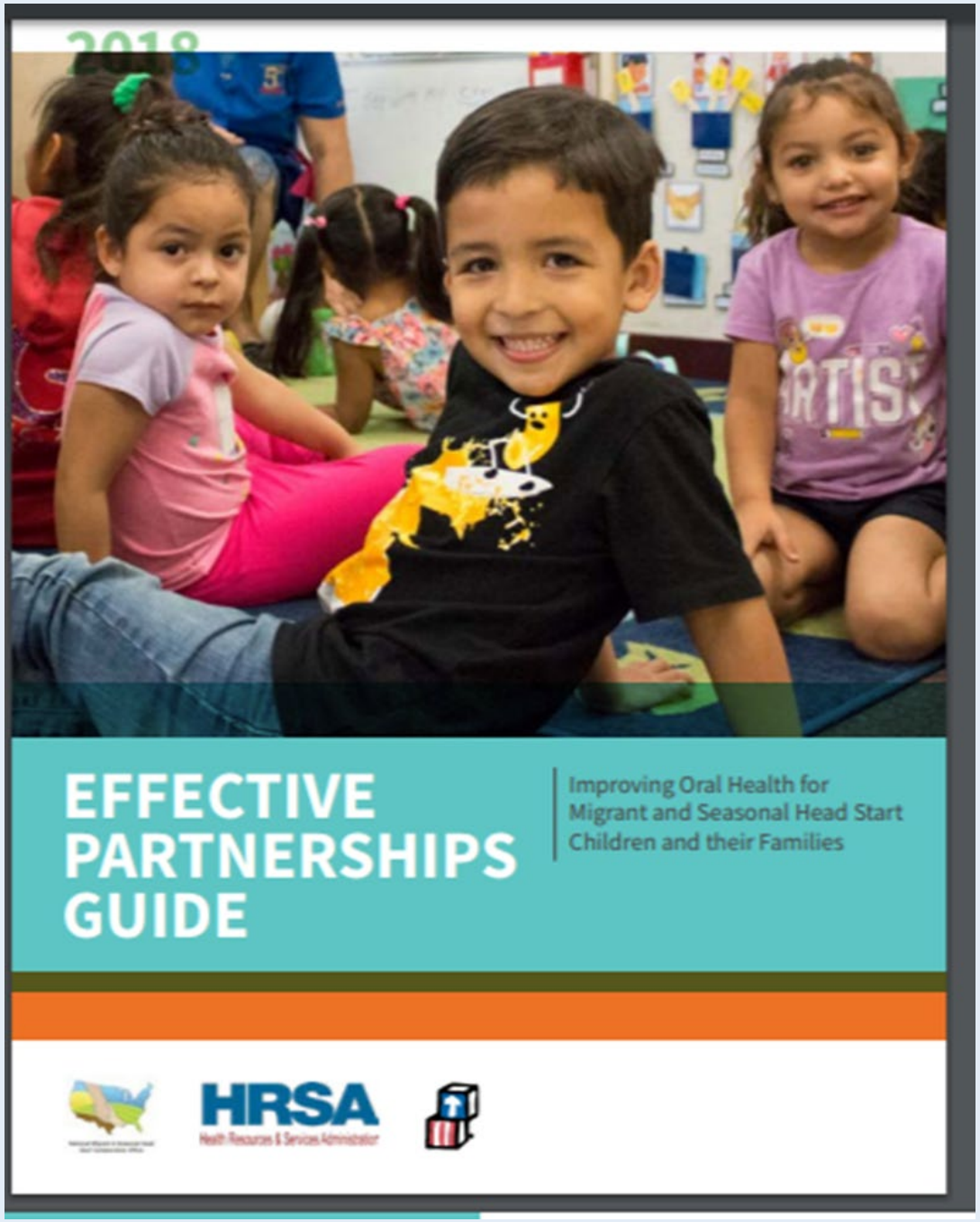
MOU

We pledged to coordinate resources and align policies at the national level

We expressed commitment

We committed to fostering partnerships at the national, state and local levels for assuring access to comprehensive, high quality, culturally-competent preventive and primary health services to migratory and seasonal agricultural workers (MSAWs) and their families.

Effective Partnerships Guide- Improving Oral Health for Migrant and Seasonal Head Start Children and their Families



Migrant and Seasonal Head Start Center and Health Center Locator

To download the app for Free, follow these steps:

1) Enter your app store
Google Play Store or **Apple App Store**

GET IT ON Google Play

Download on the App Store

2) Enter the name **Migrante Head Start** in the Search box and select the application with the following icon:

3) In Google: Press **Install** and than **Accept**
In Apple: Press **Get** and than **Install**

National Migrant and Seasonal Head Start Collaboration

Our New Champions

Thank You

Questions, Comments, Etc.?

Guadalupe Cuesta

National Migrant and Seasonal Head Start Collaboration Office

gcuesta@fhi360.org

John Santistevan

President/CEO

Salud Family Health Centers

NATIONAL ASSOCIATION OF Community Health Centers®

HISTORY OF THE MIGRANT HEALTH PROGRAM AT SALUD FAMILY HEALTH

Salud Family Health

John Santistevan, President/ CEO

1969

Weld County, Colorado

- Platte River Valley- home to small communities and truck farms – sugar beets, onions, corn, green beans, potatoes, cabbage, etc. Today, it still retains the rural community feel in some areas yet has experienced tremendous growth in recent years.
- It was in Weld County, in the small community of Fort Lupton that Plan de Salud del Valle, Inc. first responded to the health care needs of those in need.
- In 1969, a large migrant labor camp, located for decades in the valley town of Fort Lupton, was ordered closed by the Colorado Department of Health due to "reported" severe environmental health concerns. Some of these "reported" health concerns were exaggerated in response to intolerance, many did not want migrant workers living in the area.
- The housing displacement, coupled with a time of social unrest and unwelcomed attitudes toward the migrant population, compounded the already urgent health care needs of the farmworker population and led to a proposal to establish a migrant health program in Weld County.

1969

Initial Funding

- A successful proposal was submitted to the U.S. Public Health Service by a Denver-based non-profit organization, the Foundation for Urban Neighborhood Development (FUND), with the support from the University Of Colorado School Of Medicine, and was funded under the Migrant Health Act.
- This proposal was chosen for funding from among competing applicants because it sought to depart from traditional public health approaches and offered to provide comprehensive, family-oriented, culturally sensitive, accessible, and multi-disciplinary health care to the farmworker population, including patient transportation and outreach services.

1970

Plan de Salud del Valle, Inc.

- Plan de Salud del Valle, the health plan of the valley, refers to the rich agricultural land that surrounds the Platte River Valley, that runs through Fort Lupton, CO.
- Commonly referred to as Salud, we opened for business on July 1, 1970, in a small apartment in Fort Lupton – close to the old labor camp. The first year's budget matched the federal award amount of $400,990.
- A former onion warehouse across the street was later purchased and converted into a small medical and dental facility and would be Salud's home for over a decade.

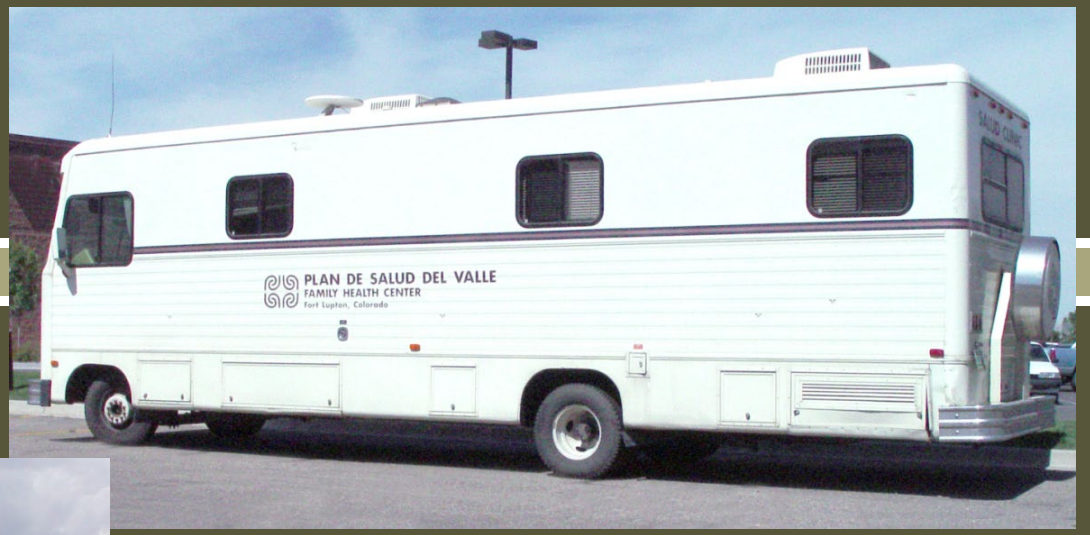
Onion Shed, Fort Lupton, Colorado

1979

Early Years

- With the agreement of the Public Health Service and the State Health Department, Salud took over the operation of a migrant health program in Longmont, providing direct services to a sizeable farmworker population in eastern Boulder county.
- Salud also acquired its first mobile unit. Known affectionately as “the Bus” the mobile unit delivers health care services to many farmworker camps in Salud’s growing service area.
- Fort Lupton’s old onion warehouse was at capacity. With the help of the Farmers Home Administration, Salud planned and built a new 21,000 sq. ft. center on the east side of town. Salud’s new clinic was occupied in 1982, twelve years after its beginnings in the small apartment on 11th Street. This clinic continues to serve the Fort Lupton community and was renovated in 2008.


CENTRO MOVIBLE DE SALUD
PLAN DE SALUD DEL VALLE


PLAN DE SALUD DEL VALLE
FAMILY HEALTH CENTER
Fort Lupton, Colorado


Salud


EXCELLENCE.
EVERY PATIENT.
EVERY TIME.
Salud
Family Health
EXCELENCIA.
CADA PACIENTE.
CADA VEZ.
saludclinic.org • 303-MySalud


PLAN
DE SALUD
DEL
VALLE


SALUD
FAMILY

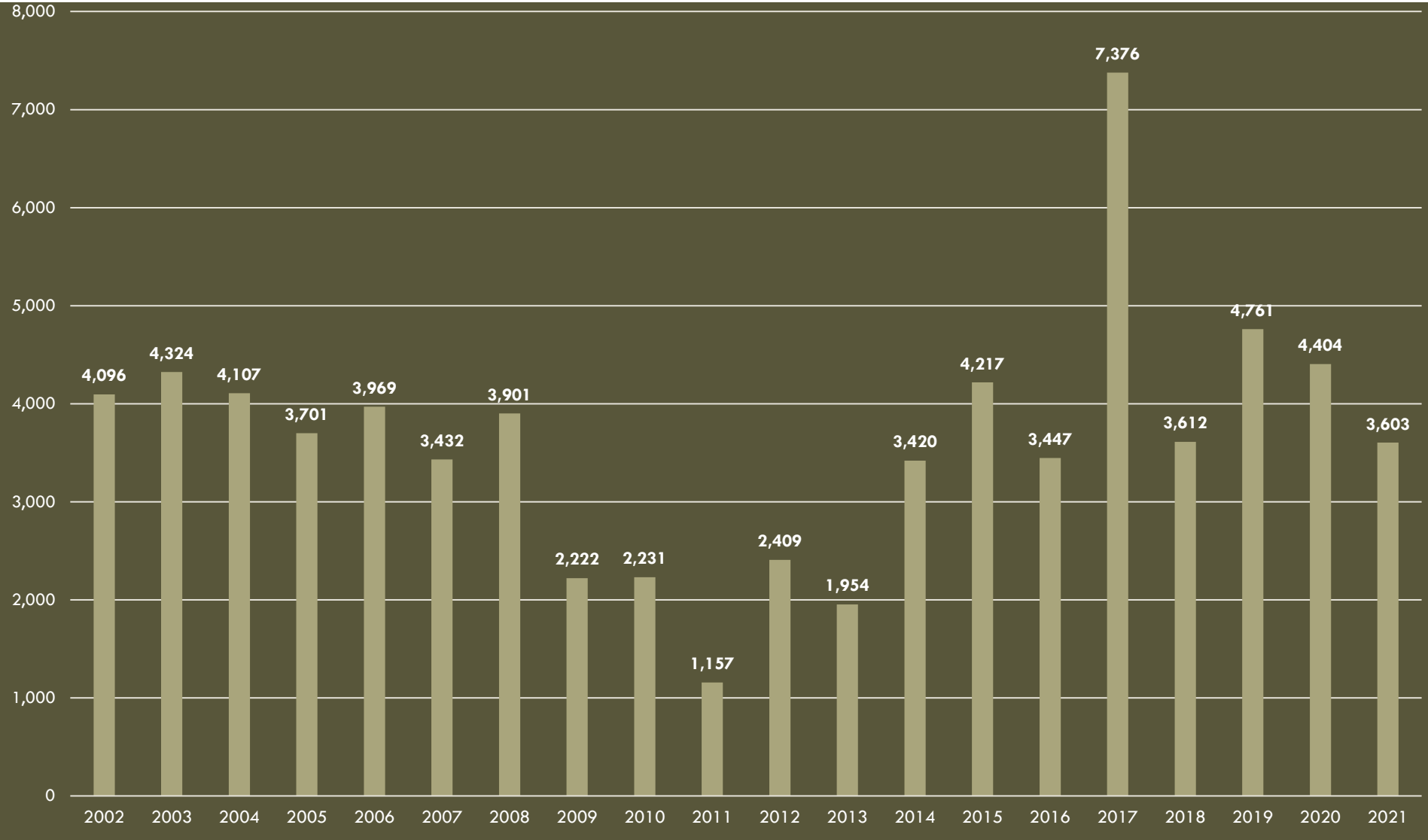

Salud

TODAY

- Salud has expanded services to MSFW throughout our service area, across the front range and the eastern plains.
- Salud operates as a community and migrant health center, operating 13 sites, 1 school based health center and a mobile unit.
- Salud's participation in the National Advisory Council on Migrant Health, 15 members are appointed by the Secretary to serve four-year terms (Jesus Tijerina, Salud Board member served 2 terms and Deb Salazar from Salud is a current member).
- We celebrate and take pride in our roots as a migrant health center 52 years ago!

Migrant Seasonal Farmworkers

2002-2021 UDS



Our Mission

To provide a quality, integrated health care home to the communities we serve.

Our Core Values

Salud
Family Health Centers

Integrity	Dignity	Creativity & Innovation	Quality & Excellence	Compassion	Teamwork	Commitment
						
Integridad	Dignidad	Creatividad e Innovación	Excelencia y Calidad	Compasión	Trabajo en equipo	Compromiso

Salud Service Area


Salud
Family Health Centers
...your healthcare home
Su clinica familiar
Fort Lupton, Colorado
Salud
Family Health Centers
healthcare home Su clinica familiar

Services Provided and Access Supported through the Mobile Unit

- Basic screenings for blood pressure, diabetes, anemia, cholesterol, dental screenings and vaccines (TD, TDAP, PPV, and FLU).
- Primary Care for acute problems.
- Laboratory tests are provided as ordered by the providers.
- Referral service including the information on how to obtain an appointment (medical or dental), and the different ways to pay for their health care, including discounts available in our clinics.
- The mobile unit makes regular visits to the various Farms, Dairy's and Greenhouses within the Salud service area. The "Bus" also visits the Agricultural worker's housing complexes. The unit revisits these sites periodically during the farming season to reach most of the workers.
- The Mobile Unit staff research these areas in advance and obtain permission from the owner or site manager to bring the unit to these sites.
- 33% of people who visited the mobile unit had contact with formal health care in this country
- 67% Of people who visited the mobile unit had not had any contact with formal health care in this country
- Reaching out to the community helps to remove some of the perceived barriers to accessing formal healthcare among this population.

Response to COVID-19

- Threats: Working for long periods of time in close contact with other workers, sharing transportation and housing with other workers or multi-generational family members, moving from community to community for work.
- Salud responded by: Opening Tents to safely screen patients outside
- Community-wide Public Testing and COVID vaccine offered through Mobile outreach vans and the Mobile Unit to MSFW in service area.
- Outreach to patients with chronic conditions to ensure ongoing care was provided
- Use of Telehealth in Medical, Pharmacy and BH

Threats to MSFW Program

- Water rights are challenging to acquire, Platte River Water Rights lawsuit resulted in many farms closing.
- Development across the Front Range of Colorado, land is more valuable for homes!
- Work visa limitations impacts how many workers growers can employ

Looking Forward

- Adapt to the changes in the farming industry
- Continuing to look for new places to serve MSFW
  - A) depending on local Ag workers
  - B) take part in coalitions that work with the Agricultural workers and their families
    - 1) Ag workers, Families and Children Collaboration (statewide)
    - 2) Colorado Migrant and Rural Coalition (local)
- Active outreach- going door to door to perspective locations offering our services.
- Continue to reinforce our relationship with the farmers

Thank You

Questions?

Salud
Family Health Centers
EXCELLENCE. EVERY PATIENT. EVERY TIME.

Q&A

Contact Us

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