



**U.S. Department of Health and Human Services (HHS)  
National Advisory Council on Migrant Health (NACMH)  
October 22–23, 2024  
(Virtual)  
Meeting Minutes**

**Council Members in Attendance**

Mary Jo Dudley, MS, New York (Chair)

Eva Galvez, MD, Oregon (Vice Chair)

Marisol Cervantes, Idaho

Carolyn Emanuel-McClain, MPH, South Carolina

Maria del Carmen Huertero, California

Colleen Laeger, Colorado

Elizabeth Freeman Lambar, MSW, MPH, North Carolina

Georgina Rivera-Singleton, PhD, Florida

Karen Watt, New York

**Federal Staff in Attendance**

Office of Policy and Program Development (OPPD), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), HHS:

Liz Rhee, Designated Federal Officer (DFO), NACMH

Lakesha Broadway, Deputy DFO, NACMH

Mayra Nicolas, MPH, MBA, Senior Advisor

Tia-Nicole Leak, Deputy Director, Strategic Initiatives

**Absent Council Members**

Seth Holmes, PhD, MD, California

## Tuesday, October 22, 2024

### Call to Order

*Liz Rhee, MA, DFO, NACMH; Strategic Initiatives, OPPD, BPHC, HRSA*

Ms. Rhee called the meeting to order at 9 a.m. She welcomed the new Council Chair, Mary Jo Dudley, MS; Council members, federal leaders, and the public. Ms. Rhee explained that the Council was written into statute in 1975 and has been providing the HHS Secretary with recommendations on the health and well-being of migratory and seasonal agricultural workers (MSAWs) for the past 49 years. This meeting is an opportunity to engage with HHS agency representatives, community partners in migrant health centers, and others to improve the health of MSAWs. Public comments for this meeting can be submitted to HRSA at the posted and provided website.<sup>1</sup>

### Chair's Welcome

*Mary Jo Dudley, MS, Chair, NACMH*

Ms. Dudley welcomed the meeting participants. She thanked the Council members for their flexibility as the meeting switched from in-person to virtual in light of recent natural disasters that complicated work and travel schedules. Ms. Dudley thanked the HRSA staff and supporting contractor for working quickly to reorganize the meeting.

Ms. Dudley explained that she aimed to flip the script for this meeting in an effort to maximize the input of Council members, who bring significant expertise as health care providers, health center staff and board members, and employers/producers. She hoped Council members would share experience from the field and build on that knowledge to develop precise recommendations for the Secretary. For several meetings, the Council has repeated past recommendations. This meeting was designed as an opportunity to discuss HRSA progress to date on NACMH recommendations. Ms. Dudley appreciated the work by Ms. Rhee and her staff to provide detailed progress updates to the Council.

In keeping with the goal of sharing knowledge among Council members, the meeting agenda began with reports from the field. Although presentations to the Council highlighted some successes, the meeting also offered a forum to talk about challenges and propose new recommendations to address key issues. Individual Council members volunteered to take notes throughout the day to assist with Council discussions.

Ms. Dudley called for a review of the May 2024 minutes. Georgina Rivera-Singletary, PhD, moved to approve the minutes of the May 2024 NACMH meeting as is, and Maria del Carmen Huertero seconded the motion. Carolyn Emanuel-McClain, MPH, abstained from voting because she did not attend the May meeting. The motion carried.

Ms. Dudley called for a review of the October 2024 Meeting Agenda. Ms. Laeger moved to approve the agenda for this meeting, and Ms. Huertero seconded the motion. The motion carried.

Ms. Dudley announced that Eva Galvez, MD, would take on the role of Vice Chair, serving as a backup for the Chair. She appreciated Dr. Galvez accepting the role despite being relatively new to the Council. Ms. Dudley hoped to maintain the new structure of organizing Council meeting agendas and

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<sup>1</sup> Send public comments via email to [HRSA BPHC OPPD NACMH@hrsa.gov](mailto:HRSA BPHC OPPD NACMH@hrsa.gov) or visit the website at <https://hrsa.my.site.com/support/s/>.

recommendations based on input directly from Council members during monthly check-ins. Situations in the field change rapidly. The new structure will allow the Council to stay up to date in addressing issues affecting the health needs of MSAWs through its recommendations. Ms. Dudley emphasized the goal of facilitating open, candid conversation, noting that members may not always agree, but they can learn from others' perspectives.

### **Welcome and Opening Remarks**

*Jim Macrae, MA, MPP, Associate Administrator, BPHC, HRSA*

Mr. Macrae thanked the Council members and organizers for quickly shifting to a virtual meeting. He noted that the migrant health community is always resilient.

These are challenging times, especially for MSAWs. Avian influenza (H5N1 virus) has been the most recent challenge, and HRSA is working with many partners to get information and resources to MSAWs about the importance of keeping themselves and their families safe. HRSA is working closely with colleagues from the Centers for Disease Control and Prevention (CDC) to disseminate information through partners and other mechanisms to reach farmworkers, such as webinars. Avian flu is affecting many farms. To date, 12 human cases have been confirmed, but no human-to-human transmission has been identified. The biggest risk right now involves infected cattle.

Weather events have also posed a great challenge this year, most recently in the form of hurricanes and extreme heat that is persisting into the fall. These events have significant impact on agricultural worker populations. At the May 2024 NACMH meeting, the Council heard a presentation on the HHS Secretary's Initiative on Protecting Farmworkers from Extreme Heat & Wildfire Smoke. Mr. Macrae appreciated the Council's feedback on the initiative.

Congress recently passed a continuing resolution to fund the federal government through December 20, 2024, and HRSA has some mandatory funding to extend support through the end of the year. HRSA has made investments in health center capacity to provide behavioral health, substance abuse, and mental health services. It is also offering additional awards to expand health center operating hours, which will make services more accessible to the farmworker community. HRSA anticipates awarding \$60 million to about 120 health centers.

A new program for justice-system-involved populations who are transitioning into the community would allow health centers to provide support for 90 days before release. HRSA hopes to put out a funding opportunity announcement (FOA) that would provide \$50 million to 50 health centers. HRSA also put out a policy to allow all health centers to take advantage of this new flexibility. These efforts mirror activities by the Centers for Medicare & Medicaid Services to provide pre-release services.

In addition, HRSA is developing new guidance on defining the scope of projects for health centers in an effort to give more clarity on what health centers can do. The update is based on requests for more clarity about the use of mobile vans, school-based services, and telehealth services in particular and will be available shortly.

HRSA continues to work on maternal health issues, which are a major priority for the Biden-Harris Administration and a key focus of BPHC. BPHC offered some quality improvement awards for maternal health last year to expand the capacity of safety net programs to do more for pregnant people and to provide more support to address unacceptable disparities that pregnant people face. HRSA will continue

to push the health care system to think differently, and it is working with health centers to understand what is needed.

In addition, HRSA continues to address workforce issues through teaching health programs, the National Health Service Corps, and other mechanisms. HRSA is aware of concerns about recruitment, retention, and salaries. The agency conducted a workforce well-being survey a few years ago and is using the results to increase support for health centers in becoming employers of choice.

BPHC is working to improve customer experience. It has moved away from one-to-one relationships between awardees and project officers and has adopted a team-based approach. The transition comes with some growing pains, similar to those that health centers experienced in moving to a patient-centered medical home approach. BPHC recently organized a retreat with health centers and outside experts to improve how it works with health centers.

HRSA is collecting more granular data through modernization of the Uniform Data System (UDS), known as UDS+. It will gather more deidentified data to better understand what patients are experiencing and whether HRSA's investments are making an impact—particularly in reducing disparities and increasing health equity. About 80 health centers are participating in the first cohort. The goal is to have all health centers reporting some patient-level data next year. The effort reflects the direction of the overall health care industry, and it is important to support the safety net in this work.

In closing, Mr. Macrae thanked the NACMH. Within BPHC, through HRSA, and across HHS, the Council's recommendations and reports are taken seriously and closely reviewed to see where changes can be made and have the most impact. Mr. Macrae appreciated the Council's incredible work and support in making the case for these changes.

### **Council Members Reports from the Field**

Each member was asked to present the top two or three issues of concern that impact farmworker health in their community or health center.

*Marisol Cervantes, Idaho*

Speaking particularly to the Treasure Valley area, where Terry Reilly Health Services is located, Ms. Cervantes shared data from patients focus groups conducted in 2023 and 2024. The findings led to a report, developed with Idaho Universities, for follow-up on topics raised. The focus groups highlighted three main stress points:

- Patients who are MSAWs struggle to get time off work to attend appointments and screenings because they fear losing their jobs. Many said they would like to get screenings but do not have the flexibility in scheduling.
- Patients who are MSAWs want more health education for themselves and their employers, such as when to get screenings, and more education for worksite managers on preventing and mitigating health issues in the workplace.
- Many patients struggle to afford prescription medications. Many said they simply did not fill their prescriptions as a result.

Reilly offers a mobile van so that MSAWs do not have to take time off to travel for health care appointments. Ms. Cervantes hoped the Council would consider how to amplify the need to better disseminate education and to address the affordability of prescription drugs.

*Mary Jo Dudley, MS, New York*

As referenced by Mr. Macrae, New York is facing major challenges with retention, as large hospitals are offering big bonuses (as high as \$50,000) that draw workers away from Federally Qualified Health Center (FQHCs). During the COVID-19 pandemic, health centers hired a lot of people to support statewide outreach. The end of federal funding for COVID-19 services posed financial difficulties for FQHCs. Health centers spent significant time hiring, training, and retraining staff, but the funding cuts are forcing them to choose between getting rid of well-trained new staff or decreasing the amount of time providers spend with patients. FQHCs have had to lay off some community health workers (CHWs), further challenging their ability to maintain service levels. Finding health care providers willing to work extended hours or travel to remote sites to provide care is also challenging.

Ms. Dudley hoped the Council could offer insights on how to address emerging health issues, such as avian flu and valley fever, in a timely way and learn from the COVID-19 response. The pandemic revealed the inefficiency of relying on a hierarchical system—in which resources were passed down from the federal to the state to the county level—for getting testing and vaccines to farmworkers. That approach did not work. Some success was achieved by national networks, such as the Migrant Clinicians Network (MCN) and the National Center for Farmworker Health (NCFH), which distributed personal protective equipment (PPE) and vaccines. The top-down approach does not facilitate direct support to farmworkers through FQHCs. In New York, for example, most county health departments are not culturally or linguistically equipped to serve as primary providers of PPE and testing for farmworkers.

At the May 2024 NACMH meeting, Council members discussed the metrics for measuring success in providing services to farmworkers. Effective measurement is a concern for all those serving special populations such as MSAWs, who are by definition a transitory workforce. Ms. Dudley said more mechanisms are needed for measuring provision of services to temporary or short-term workers off site. FQHCs cannot include such encounters in their reporting to HRSA, which distinguishes “casual” encounters from the services provided to “continuous” patients who come to the clinic year-round.

*Elizabeth Freeman Lambar, MSW, MPH, North Carolina*

Ms. Lambar shared visual images of a Christmas tree farm in western North Carolina captured by farmworker advisory board members as part of a special project with the National Institutes of Health (NIH) on digital equity and inclusion. She noted that the area was devastated by Hurricane Helene. Many MSAWs arrive in March and stay through December; fall is a very busy season in the area.

Among the many ongoing needs, Ms. Lambar said that behavioral health services have been a concern for more than 20 years. Her organization received funding to support such services. Access is further complicated by the lack of bilingual and bicultural behavioral health providers. Efforts are underway to identify other models, such as training support staff to take on behavioral health roles (for example, getting certified to provide brief interventions and referring people to therapy for suspected anxiety or depression). Ms. Lambar described an increase in suicide in recent years among young workers, noting that such deaths traumatize everyone in the community.

Digital inclusion became a priority with the start of the pandemic, as service providers struggled to reach farmworkers in migrant camps with no internet access and limited telephone service. Deploying portable hotspots provides access, but they cannot meet all of the needs, so better solutions are needed. So much of health and wellness is tied to digital literacy, such as making appointments, using health portals, and taking advantage of telehealth services. Digital access is a social determinant of health (SDoH). Ms.

Lambar emphasized that digital inclusion is essential to wellness, behavioral health, and access to health care. She added that occupational safety concerns related to heat and weather persist.

Staffing and retention are also a concern. Ms. Lambar's organization supports more than 30 enabling staff members. She highlighted one team who takes a mobile health unit out on Tuesday nights to labor camps, often with trainees and medical residents in tow. Such care is generally not reimbursed or subsidized, so it is difficult to pay staff for all the hard work they do off site. Demands for care are increasing. Changes to the Fair Labor Standards Act raised the salary threshold; people who earn less than \$58,000 must be paid overtime for extra hours. How to pay workers adequately within existing laws is a big concern nationally.

*Eva Galvez, MD, Oregon*

From her perspective as a primary care provider at a health clinic who also provides services through a mobile unit in two large counties outside of Portland, OR, Dr. Galvez said her top concerns are the health impacts of climate change and farmworkers' access to health care. In terms of climate change, patients indicate that despite instructions not to work outside in extreme heat, they are working longer hours in anticipation of the heat or feel pressured to pick crops before they are spoiled by the heat. Some do not feel empowered to speak up when workplace guidelines are violated because they fear losing their jobs. Some ignore an employer's direction to stop work because they need the money. Dr. Galvez said the farmworker housing she sees is often inadequate to protect against heat and pesticide exposure. As a result, the short- and long-term health of workers is affected.

Health centers would like to expand their hours to increase access, but they lack the workforce to do so. Lots of things could help, such as increased outreach, urgent care centers, and mobile vans, but it is difficult to find employees willing to work extra hours to support such offerings. Many trained staff are offered other jobs with higher pay and fewer demands. There are some innovative programs but no funding to build the infrastructure to create and sustain programs for farmworker health. The shortage of primary care providers, especially in rural and underserved areas, is notable. Primary care providers are the backbone of community health centers. Without them, it is hard to provide very good care.

*Mary Jo Dudley, MS, California (for Seth Holmes, MD, PhD)*

Speaking on behalf of Dr. Holmes, Ms. Dudley said that systemic social inequity and discrimination affect all migratory farmworkers, particularly indigenous farmworkers. Some research highlighted food insecurity among indigenous migratory farmworkers, noting that most lack enough food for three full meals per worker or family per day. Most indigenous migratory farmworkers must choose between health care and food. Also, discriminatory discourse against immigrants, particularly Latin American immigrants, is increasing, as is violence against farmworkers.

To ameliorate these barriers, efforts should focus on closing the gaps in labor laws that allow agricultural exceptions. For example, the National Labor Relations Act excludes farmworkers. Ms. Dudley said that New York amended its laws to enforce labor rights, including additional funding for those working to secure labor rights. It is important to be cognizant of how to support MSAWs' human rights and social integration, especially at a time of discriminatory public and political discourse. State laws or regulations that discriminate against undocumented or unauthorized workers or that allow health centers to check immigration status put MSAWs at higher risk. More than half of farmworkers in the United States are undocumented. Dr. Holmes hoped the Council would address the human rights of farmworkers.

*Maria del Carmen Huertero, San Diego, CA*

Ms. Huertero said that among the top challenges for her health center is federal funding, such as reimbursement levels versus rising costs; rising demand for behavioral health services without the capacity to bill for group or same-day medical or behavioral health visits; and staff retention. Among the challenges impacting agricultural workers are inflation and rising costs (which contribute to overcrowding and substandard housing). Ms. Huertero's health center is partnering with growers, for example, by sending food baskets to sites along with information and using innovative ways to increase access to vaccinations, which have been popular. Ms. Huertero said it has been lovely to see the strengthening partnership between growers and the health center.

Another challenge for workers is the inability to take time off for health care visits, even when evening hours are offered, because they cannot afford to lose wages. Health center staff share that farmworkers are mostly seen in emergency room visits and find it hard to return for regular care. Even identifying farmworkers is a challenge. Front desk staff do not know how to probe for that information or patients do not want to disclose it. Transportation is a challenge, so the health center leverages mobile units or community events when possible. Staffing on weekends and evenings is challenging and affects staff retention. The health center is seeing better vaccine uptake as a result of nursery partnerships and hopes to replicate that.

With all the political advertising, undocumented and mixed families are experiencing a lot of fear and anxiety, and their mental health needs are high. There is still some stigma to overcome around mental health. Finding therapists to provide linguistically and culturally appropriate services is a challenge, as is covering the costs of such care. Finally, Ms. Huertero pointed out that a lot of dairy and other farms are moving out of the county.

*Colleen Laeger, Colorado*

Workforce recruitment and retention and flat funding are the key issues facing migrant health service providers in Colorado, said Ms. Laeger. One organization has been seeking a permanent driver for its mobile unit for 2 years. Currently, the employees who staff the mobile unit take turns driving. Cultural competence is also a concern.

Ms. Laeger said her area has a lot of temporary agricultural workers with H2A visas; with the growing season winding down, most will return to their homes until next year. This season has been difficult, with lingering, extreme heat never before seen in the area. Ski areas are just getting their first snow, which is unusually late. Ms. Laeger said the combination of weather and staff retention are primary concerns. She also said wealthy organizations are luring employees away with big bonuses.

*Carolyn Emanuel-McClain, MPH, South Carolina*

Ms. Emanuel-McClain said her organization surveyed 680 MSAWs who received care either at the health center or in the field; it also talked with growers. In the survey, the top health concerns MSAWs reported were back pain, dental issues, sexually transmitted diseases (STDs), allergies, vision issues, migraines, high blood pressure, and skin irritation. The mobile van does not provide dental care; patients often come to the health center when oral health reaches a severe state and require a course of antibiotics before the underlying issue can be addressed. South Carolina has high rates of STDs. Allergies, vision issues, migraines, high blood pressure, and skin irritation may be related to pesticide and heat exposure.

The survey found that 59 percent of MSAWs stay in the area after the harvest. About 90 percent of MSAWs are from Mexico. Notably, 73 percent have low education levels, and 73 percent do not speak English. Survey respondents requested more information on nutrition, work safety, depression, and behavioral health. The most recent survey represents the first time that a significant number of respondents mentioned mental health. Cultural competence is critical for providing services and poses another workforce challenge. HRSA loan repayment programs for behavioral health providers help, but health centers could offer more to recruit more bilingual, bicultural staff. The request for nutrition information is likely linked to providers' talking with patients about the effects of nutrition on cholesterol, blood pressure, and diabetes risk.

The South Carolina Primary Health Care Association has a grant to provide vouchers for migrants in the state who are served by entities that do not have migrant health grants. The vouchers are intended to support developing education sessions, increasing outreach and engagement, and providing transportation. When health centers are short on staff, mobile units and outreach services are hard to support. Community health centers need more bilingual staff who can serve MSAWs and more educational materials available in Spanish at the appropriate educational level. Translating standard pamphlets will not work, said Ms. Emanuel-McClain.

*Georgina Rivera-Singletary, PhD, Florida*

Florida faced two massive hurricanes over the course of 2 weeks, exacerbating all the state's existing challenges. As a result, said Dr. Rivera Singletary, homelessness has become a major problem. Lack of funding is a common theme for all health centers. The shutdowns and closures caused by the hurricanes also resulted in lost revenue for the health centers. Access for MSAWs has become even harder, as road closures have made some sites inaccessible for mobile units and CHWs. MSAWs often rely on others for transportation, but many people lost their cars to the hurricanes. The hurricanes also damaged or destroyed many crops, which will affect employment. Either the MSAWs will move away, leaving behind any medical care they received, or they will be unable to pay for any care at all.

In the political arena, undocumented and indigenous workers in particular are facing a lot of scrutiny. Dr. Rivera-Singletary said it is not possible to reach them all with education about their human rights. As a result, many undocumented workers avoid seeking services because they think they are not eligible or will be asked to prove their citizenship.

Because of high turnover, health centers continue to struggle to educate staff about how to appropriately identify MSAWs. Pay is a big challenge. Well-trained staff take their experience elsewhere, to organizations with better hours and pay. Even those who are strongly committed to serving the community are finding the pay insufficient, especially when the hours are very long, as is often the case when working on the mobile van.

In summary, funding, access to health care, identifying MSAWs adequately, and getting their data into the system are top challenges. The numbers of MSAWs are falling, but there are still many, so health center staff need to know who should be identified as MSAWs. Ms. Dudley noted that New York is seeing patients from Florida who fear they will be reported and deported if they seek care in Florida.

*Karen Watt, New York*

Ms. Watt said New York is facing the same workforce challenges as others. Her organization also finds it difficult to categorize farmworkers to determine whether they qualify for Medicaid or other services. The



paperwork required for farmworkers is complicated and requires staff with a lot training. Once trained, staff are often hired by other places at higher wages. The shortage of providers persists, and the situation is not unique to New York. In addition to a large mobile unit, Ms. Watt's organization has eight minivans that deliver some services. Unfortunately, individuals are mimicking those minivans and traveling to farm labor housing to sell drugs or conduct other illicit business, which is complicating matters.

### *Discussion of Common Themes*

Ms. Dudley asked members to identify some common trends from the field reports. Dr. Galvez summarized the reports, noting that most addressed the same topics, with two major issues rising to the top: the impact of climate change on farmworkers and the challenges of recruiting and retaining health center staff to provide high-quality care. Competition for trained workers, the need to better identify farmworkers who seek care, the importance of measuring the success of care for farmworkers (including the need for better metrics), and the need to address emerging health issues like avian flu and valley fever, were also raised. Lifting up the voices of indigenous farmworkers also came to the surface.

### Climate Change and Emergency Preparedness

Ms. Dudley said the Council addressed the impact of climate change in a series of recommendations made in May 2024 centering on heat and smoke exposure. She suggested expanding those recommendations to include impacts from flooding and hurricanes.

Dr. Rivera-Singletary said that although Floridians are used to hurricanes, the recent destruction to inland areas demonstrated the need for more education about emergency preparedness. She also stressed the rise in mental health issues, including suicide attempts, related to disasters. The hurricanes triggered many chain reactions. Without roads, schools were shut down for 2 weeks. Mobile home parks are underwater, and some residents were afraid to seek shelter in schools because of their immigration status. Many people lost their homes. There are no data on how many farmworkers were affected by the hurricanes. Emergency preparation has to go beyond current measures, Dr. Rivera-Singletary stressed. Ms. Dudley said that in addition to addressing climate change, the Council should consider recommendations on emergency preparedness and anticipation of emerging health issues.

Dr. Galvez agreed with including flooding in the existing recommendations. She also suggested adding wildfires. Ms. Dudley noted that the Council will hear from HRSA staff at this meeting about progress made around heat exposure and wildfire smoke, but the Council may decide to refine its recommendations further.

Ms. Cervantes agreed that climate change has a big effect, but she questioned the role of HRSA in addressing it. If the Council spends time developing such a recommendation, it should consider how to ensure that recommendation is conveyed to people who can make a difference. Ms. Dudley concurred, adding that the extensive review of progress to date will show how the Council's recommendations are implemented in agencies other than HRSA and how the Council can strengthen its recommendations.

### Staffing Challenges

Ms. Dudley said the Council has touched on the issues of recruiting and retaining quality staff and the competition from other providers in previous recommendations, but the field seems to be at a critical juncture. The ability to care for MSAWs is at risk because of staffing challenges. There has been a

wonderful boost in support for behavioral health for farmworkers, but it is still challenging to find linguistically and culturally competent providers. The field also needs more behavioral health providers trained in trauma-informed care. Ms. Dudley hoped the Council could make some concrete recommendations to address the universal challenge of staff shortages.

Dr. Galvez said her FQHC is increasing pay for primary care doctors and nurses to be more competitive, but investments in primary care training are not great, and primary care is reimbursed at lower rates than other types of health care, despite being the backbone of health. Dr. Galvez called for a transformational approach that invests in primary care, including raising pay and reimbursement, which will increase the number of trainees who pursue primary care. Migrant health centers cannot compete with organizations supported through private investors that offer much higher pay. Ms. Dudley suggested recruiting medical students early in their training as one approach and called for more ideas to address the shortages of primary care across the board for health care.

#### Reporting Services and Measuring Success

Ms. Dudley asked other Council members for their thoughts on the need to measure the success of health center efforts to care for MSAWs. Under current reporting guidelines, HRSA appears to place unequal value on services provided sporadically to MSAWs, such as vaccinations at the farm site, compared with care provided to patients who come to a clinic or receive services from a mobile unit repeatedly. Dr. Galvez said she believes that any individual who receives a service defined under the UDS is considered a patient, although she recognized that providing vaccinations and information are not counted as patient encounters. Ms. Dudley emphasized that service providers require resources to provide vaccinations, information, and education at temporary sites, so she would like to urge HRSA to reconsider how such services are counted in terms of financing. Dr. Galvez agreed that the issue is worth pursuing, particularly as services move toward a value-based payment model that revolves around committing to care for patients classified as continuous.

Mr. Macrae appreciated all the reports from the field, noting that the perspectives and insights help to ground BPHC and HRSA in their work. He observed that HRSA also struggles with metrics. The agency does not want to create disincentives. However, some organizations say that counting all those who receive services sporadically can have a negative impact on their performance on quality measures.

#### Emerging Health Issues

Ms. Dudley asked for reflections on how health centers could better prepare for emerging health issues by, for example, building more flexibility into their structures to respond in a timely manner and drawing on lessons learned from the pandemic. She said her organization is producing educational materials about avian flu in conjunction with farmworkers and the New York State Department of Health, as are CDC and MCN. Through this collaborative approach, health care providers learned about specific challenges and concerns, such as the discomfort of wearing PPE during very hot weather and the need to don fresh PPE after lunch breaks. Ms. Dudley emphasized that county health departments, employers, and workers have different perspectives and needs. She suggested seeking more information about the Strategic National Stockpile (SNS) for PPE, specifically what PPE are included that would be relevant for avian flu and valley fever. Ms. Emanuel-McClain pointed out that, other than the SNS, MSAWs have no readily available avenue to obtain PPE; migrant health centers should have direct access to the SNS.

Mayra Nicolas, MPH, MBA, said BPHC promotes resources provided by CDC and the HHS Administration for Strategic Preparedness and Response (ASPR), which oversees the SNS. More information about the SNS is available at <https://aspr.hhs.gov/SNS/Pages/Emergency-Preparedness-and-Response.aspx>.

Dr. Galvez pointed out that valley fever emerges in the wake of wildfires, as the heat “wakes up” the spores in the soil. It appears that use of masks and respirators is only recommended for those outside who are exposed to smoke from wildfires. However, exposure through inhalation of spores can occur after the fires and smoke are gone. Dr. Galvez volunteered to look into the PPE recommended to protect against valley fever. In addition, Dr. Galvez said health care providers on the front lines may need updated information about valley fever. (Via chat, Lakesha Broadway highlighted CDC information on valley fever: <https://www.cdc.gov/niosh/valley-fever/about/index.html>.)

### Other Barriers to Address

Ms. Dudley suggested considering the link between extreme weather events and emergency preparedness. Dr. Rivera-Singletary pointed to the domino effects of a disaster, such as increased numbers of homeless people (including MSAWs) and increased numbers of children eligible for services under the McKinley-Vento Homeless Assistance Act. Disasters also lead to spikes in mental health disorders, sexual violence, and child abuse, for example. Homeowners’ insurance does not cover floods caused by hurricanes, which comes as a shock to many. Many MSAWs are reluctant to seek behavioral health services, and those who do have difficulty finding linguistically and culturally appropriate providers. Ms. Dudley reiterated the need to increase cultural and linguistic competency for behavioral health providers, as well as the importance of training in trauma-informed care.

In terms of language barriers, Ms. Dudley noted that Dr. Holmes raised the issue of how to meet the needs of MSAWs who speak indigenous and less commonly spoken languages. She said that during the pandemic, her organization was fortunate to find people who spoke Mam (a Maya Indian language) to help with translation. However, she wondered whether a national resources was available to help with translation.

### *Discussion of Meeting Structure*

Ms. Dudley asked for feedback on whether beginning the meeting with the field reports helps the Council better identify key challenges to address. Ms. Watt said the discussion has been helpful, as it revealed many common denominators. Ms. Emanuel-McClain agreed and appreciated the opportunity to step back and create a framework for the Council’s work. Ms. Laeger also agreed, noting that all are facing the same challenges despite serving different populations in different areas. The discussion underscores the scope of the challenges and opportunities that migrant health poses. Ms. Huertero appreciated the idea of prioritizing the work and looking historically at what has been done and what still needs to be done. The persistence of some common problems over decades is discouraging, so it is encouraging to see what is in the works. Ms. Huertero also appreciated the attention to how the Council can elevate critical issues and measure progress. Ms. Dudley agreed on the importance of hearing about specific progress in response to Council recommendations as a way to determine how to refine existing recommendations to make them more actionable.

Ms. Cervantes also liked the new process and especially appreciated those Council members who took time to obtain data from workers. The more direct community input available to inform decisions, the better. Dr. Rivera-Singletary suggested the Council create a document on a platform that can be shared among members to which they could contribute notes and ideas about specific topics. With such a document, members could add and review information before meetings and avoid duplicating effort.

Ms. Dudley agreed that the Council should create a Google document that is shared before meetings for input and feedback. Identifying common, broad challenges in advance will allow for more time to discuss specifics in person. Dr. Rivera-Singletary said the document could also be a source for language and ideas that can be readily translated into recommendations by the working groups, saving time and effort.

Ms. Lambar and Dr. Galvez both said the new structure will help direct conversation and focus energy. Ms. Rhee noted that her staff is paying close attention to the feedback and thinking about how to lighten the burden on working groups in writing their recommendations. Plans are underway to hire a research assistant in 2025 to support the Council and its working groups.

### *Suggestions for Best Practices and Innovations*

Ms. Lambar pointed out that MSAWs are often treated differently than the general public in terms of emergency planning and response. For example, emergency responders might not know where MSAWs live or how to reach them. Ms. Lambar proposed that the NCFH and MCN, which offer hands-on support for health centers, develop sample plans for disaster response among vulnerable populations. Health centers and providers need reliable and easily digestible information and mechanisms for disseminating it. Ms. Dudley added that disaster response planning requires collaboration across agencies at the local level, which opens a door for communicating the needs of farmworkers, such as transportation to cooling centers during heat waves. She agreed that the role of MCN and NCFH in educating about emergency response and PPE should be assessed. Moreover, following disasters or extreme weather events, farmworkers need alternative approaches to short-term housing, as the combination of low literacy levels and complicated regulations make shelters and other options untenable. (Via chat, Mr. Macrae noted that an upcoming HRSA-funded webinar on November 6, 2024, will address the mental health needs of MSAWs during extreme heat [see <https://outreach-partners.org/webinars/> for the archived version]. Also via chat, Ms. Broadway identified the Cultural Competency Curriculum for Disaster Preparedness and Crisis Response from the Substance Abuse and Mental Health Services Administration [SAMHSA]: <https://www.samhsa.gov/resource/dbhis/cultural-competency-curriculum-disaster-preparedness-crisis-response>.)

Ms. Broadway suggested that mobile vans could share more information with individuals about emergency preparedness and disaster planning. Ms. Dudley responded that her organization provides information about avian flu through mobile units and in-camp visits to farms. In addition to producing materials that are linguistically and culturally appropriate, information must take literacy barriers into account and consider more visual communication. Ms. Huertero pointed out that the Council has made recommendations on the need for linguistically and culturally appropriate materials; more could be done to raise awareness about existing materials that sites could tailor to their own populations' needs. Ms. Huertero called for innovations that enhance efficiency, such as identifying or creating a website to share relevant materials. Ms. Dudley strongly supported this concept.

Ms. Huertero said ads about deportation and immigration are common. The Council has made recommendations about placing legal services in health clinics and addressing the lack of linguistically and culturally appropriate legal services. Ms. Huertero asked that the Council consider how to promote some effective models and focus some resources on legal services. Providing legal services in clinics allows workers to request assistance with less concern about retribution. Ms. Huertero said the Council is seeing the same issues over and over, so taking the broadest possible approach makes sense.

Ms. Dudley observed that a recent Council meeting focused on medical-legal partnerships. She agreed to share information from her organization's research with active medical-legal partnerships to develop

recommendations on such partnerships. Ms. Dudley said having legal services in clinics is valuable but much more feasible in hospitals than FQHCs.

Dr. Galvez suggested funding the Farmworker Health Network (FHN) to house up-to-date resources for clinics and providers that can be tailored. Ms. Dudley said the MCN and NCFH have such sites but do not allow outside organizations to post materials directly to them. Ms. Lambar suggested learning how organizations can interact with web resources provided by the National Training and Technical Assistance Partners (NTTAPs), whose purpose is to serve health centers. She also suggested HRSA support national resources, such as access to interpreters via telephone, for all FQHCs. Ms. Nicolas said the Health Center Resource Clearinghouse (available at <https://www.healthcenterinfo.org>) provides materials specific to migrant health and vulnerable populations, for example, and that NTTAPs are required to submit their training programs to the Clearinghouse. Clearinghouse resources are available to anyone.

### **Future Meeting Planning**

Council members discussed plans for their next meeting in 2025, including how to engage farmworkers in the meeting, and agreed on the following:

- Ms. Laeger and former Council member Deb Salazar agreed to host the next meeting in the Denver, CO, area.
- Members agreed on a tentative date of June 3–4, 2025.
- MSAWs will be invited to join the Council for a meal and give feedback on broad topics, such as challenges to accessing health care services and suggestions for improvement.
- To make the environment more welcoming to public commenters, one option is to have MSAWs speak to a subset of meeting participants (for example, at small tables over lunch). Organizers will have to determine how to capture the testimony and discussion so that it can be incorporated into the meeting minutes and communicated to HRSA.
- Spanish translators should be available to facilitate public comments.
- The following issues should be taken into account for public comments:
  - Any individual's testimony reflects that person's own experience in the moment; it does not necessarily provide an accurate or complete picture of the circumstances. Such testimony is most helpful for identifying current concerns specific to the region.
  - Organizers should strive to identify public commenters who have relevant experience to share and use health services frequently, such as those who are enrolled in Medicare, are pregnant, or have children.
  - Organizers should seek some public commenters who represent indigenous populations and should provide appropriate translation services.
- Topics for the upcoming meeting will be determined through the monthly Council check-in meetings. Two dates will be offered for each monthly check-in. About 10 days before the monthly check-in, HRSA staff will send members a list of topics for discussion. Members are encouraged to send feedback in writing if they are unable to attend the monthly check-in. There will be no monthly check-in for November or December 2024, as members will be involved in working group meetings to develop recommendations by December 18. Monthly check-in meetings will begin in February 2025.
- The fall Council meeting is tentatively scheduled for November 4–5, 2025.

## **HRSA Program Update**

### *Overview*

*Matt Kozar, Director, Strategic Initiatives, OPPD, BPHC, HRSA*

Mr. Kozar explained that the OPPD supports health centers by working across BPHC to ensure compliance with requirements and adherence to priorities in a data-driven way, administering loan programs, and supporting NACMH work. Mr. Kozar appreciated Ms. Rhee, Ms. Broadway, and their colleagues for taking on the management of the NACMH and implementing process improvements to ensure the success of this meeting. He summarized the mission of HRSA's Health Center Program to improve health and provide culturally competent, high-quality care. The pandemic and recent hurricanes stand as reminders of the critical role health centers play in their communities.

According to the most recent data available from the UDS, health centers continue to increase access to care even as they emerge from the pandemic, navigate workforce challenges, and face inflation. In 2023, health centers provided care for 760,000 more people than in 2022, reaching a total of 31 million people. Health centers demonstrated consistent improvements on clinical quality measures; 90 percent of health centers improved on at least 6 of 18 measures. The data demonstrate modest but important increases in services to MSAWs, mostly in migrant health centers, which received \$517 million in HRSA funding in 2023.

No funding has been available to support New Access Points since 2019. However, HRSA anticipates such funding for 2025, pending budget approval from Congress.

BPHC has established several strategic priorities that it anticipates will have longstanding impact and benefit health centers:

- **Exceptional Experience Every Time:** Improve customer experience and engagement.
- **Data Informed Decision-making:** Modernize data collection and analytics.
- **Commitment to Community Care:** Strengthen and streamline Health Center Program oversight.
- **Investing for Outcomes:** Maximize the impact of the Health Center Program.
- **BPHC Today and Tomorrow:** Invest in BPHC's future leaders.

Mr. Kozar explained that although funding depends on resources allocated by Congress, HRSA is ready to deploy resources as they become available for maximal benefit for communities and patients.

### *HRSA Response to Council Recommendations*

*Tia-Nicole Leak, Deputy Director, Strategic Initiatives, OPPD, BPHC, HRSA*

Ms. Leak noted that many NACMH recommendations extend beyond the sole purview of HRSA, so her office works with others across HHS and with other federal partners to identify opportunities to address the recommendations. HRSA appreciates that the Council members contribute diverse perspectives, which enhances the breadth and depth of discussion that informs the recommendations. The Council's attention to specific challenges in the field leads to deeper analysis and more effective solutions. Its collaborative approach yields more creative recommendations to complex problems. The NACMH process also highlights the importance of accountability.

At the same time, the Council faces challenges around coordination and communication, as all members have pressing demands on their time and limited opportunity to work together. The Council must also navigate bureaucratic hurdles as it follows strict protocols in developing recommendations. HRSA staff

are aware of the tension that arises when trying to balance inclusivity with efficiency. NACMH plays a crucial role in advising HHS, but its recommendations are not always implemented or can take years to gain traction. HRSA staff strive to manage expectations while valuing Council members' input and time, as well as ensuring that the needs of MSAWs are met.

HRSA is committed to implementing NACMH recommendations widely. BPHC is engaging funded partners such as the NTTAPs to promote recent Council recommendations by considering including the concepts expressed in their workplans to align how they provide training and technical assistance (TA). BPHC has also renewed its focus on cross-government engagement and partnership, as demonstrated in the Secretary's initiative on smoke and wildfire.

Staff have been gathering responses from agencies across HHS to NACMH's May 2024 recommendations to report back to the Council. The Secretary's initiative gave HRSA an opportunity to broaden connections across HHS, such as with CDC and its National Institute for Occupational Safety and Health (NIOSH); the National Center for Environmental Health, ASPR, NIH, the Office of Civil Rights, the Office of Minority Health, and the Office of Quality Improvement. BPHC staff compiled a list of activities related to heat, wildfire, and smoke exposure from these and other divisions that was shared with Council members in advance of this meeting. That effort sets a baseline for measuring progress toward Council recommendations related to the impact of climate. BPHC staff will continue to monitor and update progress. Staff are also seeking opportunities to advance NACMH recommendations via other BPHC initiatives, such as highlighting them at the quarterly meeting of the Migrant and Seasonal Head Start program. Ms. Leak said BPHC will keep the Council updated on activities related to its recommendations.

#### *HRSA Activities Related to NAMHC Recommendations*

*Mayra Nicolas, MPH, MBA, Senior Public Health Policy Analyst, Policy, OPPD, BPHC, HRSA*

Ms. Nicolas highlighted some HRSA responses to NACMH recommendations, noting that tomorrow's agenda would include more details on funding opportunities, partnerships, and investments in NTTAPs.

- **New Access Point FOA for fiscal year (FY) 2025:** This FOA will provide funding for current health centers to provide mobile units and new sites for delivery of care, contingent on federal appropriations.
- **Funding for expanded hours (FY 2025):** HRSA anticipates awarding \$60 million to about 120 health centers to expand their hours of service.
- **Dedicated special populations lead to coordinate training and TA:** In direct response to a Council recommendation, in FY 2024, HRSA established a requirement that state and regional primary care associations dedicate a position to coordinating training and TA for organizations serving special populations. This step is expected to increase the focus on the needs of MSAWs and their families. Moreover, these state and regional leaders will inform HRSA, which will in turn work with NTTAPs to coordinate national-level training and TA.
- **Health Center Resource Clearinghouse:** This online source is open to all and welcomes input from outside resources. (See <https://www.healthcenterinfo.org>.)
- **Health Centers Stories web page:** This relatively new site highlights success stories from health centers across the nation. These stories are also promoted in bulletins, newsletters, and other formats to disseminate good practices. (See <https://bphc.hrsa.gov/about-health-centers/health-center-stories>.)

- **Farmworker Appreciation Day:** This year, HHS focused on health centers' experiences with wildfires, particularly emergency preparedness for MSAWs. Other efforts highlighted digital literacy and heat-related topics.
- **CHW Training Program:** CHWs are critical to health care delivery, especially for reaching MSAWs. Training programs funded by HRSA's Bureau of Health Workforce include support for higher education institutions to increase the number and capacity of CHWs.
- **Licensure Portability Grant Program:** In response to a Council NACMH recommendation, HRSA is supporting partnerships between states to make licenses portable across states. Spearheaded by HRSA's Office for the Advancement of Telehealth, this program is the first of its kind and launched in summer of 2024. The initial effort focuses exclusively on social workers, and it is hoped that states will streamline social work licensing for telehealth. HRSA hopes to expand to other types of licenses in the future.
- **Long COVID and other fatiguing illness:** In response to NACMH recommendations, HRSA is partnering with CDC on monthly webinars to share information and conducting a lot of outreach to motivate participation.
- **Enhancing engagement with the Spanish-speaking community:** Health centers offer a lot of materials in Spanish, but HRSA is lagging behind. The agency hopes to leverage existing expertise to increase linguistic and cultural competency, leadership, workforce, and engagement. It launched the HRSA en Español web page in 2023 and plans to update it soon. The web page brings together HRSA resources as well as materials developed by partners. It has focused on translating vital materials into Spanish, such as tools to find Healthy Start locations and applications for National Health Service Corps scholarships and loan repayment programs. HRSA is offering more webinars in Spanish around grant application processes. SAMHS translated its online tool for finding treatment into Spanish.

See the appendix for more details about new and proposed HRSA program funding.

### *Discussion*

Ms. Dudley asked about the process for uploading materials to the Health Center Resource Clearinghouse. Via chat, she provided links to a video developed by Cornell University on COVID-19 in the farmworker community (English: <https://cals.cornell.edu/global-development/our-work/programs/cornell-farmworker-program/cornell-farmworker-program-during-covid-19>; Spanish: [https://trabajadores.cornell.edu/covid\\_prolongado](https://trabajadores.cornell.edu/covid_prolongado)). Ms. Dudley asked Mr. Kozar to elaborate on how the Council can ensure its recommendations fit into HRSA's scope of influence. Mr. Kozar said the agency seeks to leverage existing mechanisms, such as funding for health centers, investment in training and TA for primary care associations, and NTTAP agreements, to expand its sphere of influence. HRSA appreciates recommendations that address the whole government but also wants direction on how HRSA programs can contribute to implementation.

Ms. Leak added that although NACMH advises HHS and the federal government broadly, not all of its recommendations fall within HRSA's or BPHC's sphere of influence. Still, the agency is committed to working with partners to implement recommendations and close the feedback loop. Mr. Kozar pointed out that government works at a measured pace, and it takes time to build relationships. HRSA staff are looking at previous Council recommendations with the goal of showing incremental progress over time. The Secretary's initiative on heat and wildfire smoke demonstrates one way that Council recommendations are implemented. Ms. Leak acknowledged that it can take years to see the impact of



recommendations, so the so onus is on HRSA staff to communicate how they track progress and how they stay abreast of work going on across the department.

Given the effort to develop recommendations and the time it takes for HRSA to implement them, Ms. Lambar wondered whether submitting new recommendations twice a year is still helpful. With so many ongoing challenges, it may be more helpful to reiterate previous recommendations. Ms. Leak said HRSA is exploring whether it remains helpful and realistic to expect the Council to produce recommendations following every meeting. Staff are evaluating several years' worth of recommendations to determine where action has been taken, what efforts are still needed, and what issues may have fallen off the radar. Ms. Leak said there are opportunities to help the Council be more efficient. Mr. Kozar said that even if the Council is no longer obligated to produce new recommendations after every meeting, it still needs the ability to move quickly to address emerging issues. Ms. Huertero suggested requesting public testimony about existing or recent recommendations to gather specific feedback from those on the ground.

Ms. Dudley summarized the Council's concerns about reporting service encounters with MSAWs to HRSA. FQHCs make substantial investments in reaching MSAWs; the current reporting system does not result in adequate funding for that work. Mr. Kozar responded that HRSA's advisory board for the UDS looks at how to improve and update metrics. He suggested that the Council provide specific information and create an opportunity for dialogue to shed more light on the nature of care provided by FQHCs to MSAWs. A formal Council recommendation is one way to advance the issue, Mr. Kozar said, but members may also want to communicate with HRSA via email to explore the issue. Ms. Nicolas said the issue has been raised, and the Council is free to recommend that HRSA consider how to address it.

Ms. Dudley asked for advice for the Council as it considers refining previous recommendations. Mr. Kozar suggested that the Council assess how the challenges it identifies connect with the five strategic priorities, particularly the priority of improving the experience of customers—that is, health centers—in their interactions with HRSA. Mr. Kozar pointed out that HRSA has enjoyed bipartisan support, so he did not anticipate significant changes, but the federal government is once again facing uncertainty around its budget. Nevertheless, HRSA continues to make new investments and hopes to fund more New Access Points. The agency will adapt as needed and continue to be as flexible as possible.

Ms. Dudley asked how the Council would be notified of any dramatic changes that affect Council procedures or communication. Mr. Kozar said that the DFO will communicate directly with Council members, but they may also take advantage of the weekly BPHC Digest ([https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic\\_id=USHHSHRSA\\_118](https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=USHHSHRSA_118)) and the "Today with Macrae" broadcast (<https://bphc.hrsa.gov/about-us>) to keep up with HRSA news. (Past BPHC Digest issues can be found here: <https://bphc.hrsa.gov/about-us/primary-health-care-digest-past-issues>.) Ms. Leak explained that the NACMH is authorized by statute. Shifting political winds are a concern and could affect how recommendations are made or implemented, but the NACMH is not easy to dismantle.

In terms of refining recommendations, Ms. Leak suggested the Council focus on aligning its recommendations with existing policies. Ideally, recommendations will outline long-term actions that address broad issues and short-term recommendations to facilitate quick wins using current resources. Ms. Leak also suggested that the Council ask stakeholders and constituents to review the draft recommendations to ensure they are clear, specific, and relevant. Such review can be conducted

informally. Ms. Dudley said Council members all have ongoing contact with stakeholders representing various perspectives.

### **Secretary's Initiative on Protecting Farmworkers from Extreme Heat and Wildfire Smoke**

*Ana Mascareñas, MPH, Counselor to the Secretary, Office of the Secretary, HHS*

*Jenny Keroack, MPH, Policy Advisor, Office of the Secretary, HHS*

Ms. Mascareñas said she and her colleagues drew on information provided by the Council and input from other experts on how the Secretary's initiative can leverage HHS agencies and find opportunities to do more. She highlighted some examples of efforts across all of HHS to date and said she would provide more detailed information to Ms. Rhee. The initiative was launched earlier this year with the goal of safeguarding farmworkers from the impact of extreme heat and wildfire smoke. HHS worked with experts across the department and encouraged partnerships around environment health, occupational safety, and other areas. The key partners in the initiative are CDC, NIH, HRSA, ASPR, SAMHSA, the Administration for Children and Families, the Office of the Assistant Secretary for Health, and the Office of Minority Health, with additional input from subject matter experts, such as NIOSH staff and NACMH members.

Ms. Mascareñas invited NACMH members to comment on a NIOSH draft hazard review, *Wildland Fire Smoke Exposure Among Farmworkers and Other Outdoor Workers*; public comments are due November 12, 2024. (For more details, see <https://www.cdc.gov/niosh/docket/review/docket352a/default.html>.)

NIOSH put together various scientific reviews to create the draft. It is a crucial step in developing recommendations that will inform rulemaking by the Department of Labor (DoL). Ms. Mascareñas pointed out that NIOSH initiated much of the critical work that informed the federal heat standard proposed by the DoL's Occupational Safety and Health Administration (OSHA). (That proposed rule is open for public comment until December 30, 2024; see <https://www.osha.gov/heat-exposure/rulemaking>.) For the NIOSH draft hazard review, HHS is particularly interested in hearing comments on gaps in the scientific evidence and responses to the proposed recommendations. Once finalized, NIOSH will communicate the hazard review to farmworkers, employers, advocates, and the public to increase awareness of how to better safeguard health and well-being.

Several states have enacted requirements to protect workers against wildfire smoke, and those actions are included in the draft hazard review. There is also a plain language summary of the review, for which feedback is welcome. NIOSH has developed plain language summaries for other documents to improve communication with those affected by occupational hazards.

NIOSH has also expanded access to its Health Hazard Evaluation Program by making the request form available in multiple languages. Ms. Mascareñas welcomed input on additional languages that should be included and how to make the community more aware of the form.

### *Achievements and Milestones*

Ms. Keroack appreciated the NACMH recommendations that informed the Secretary's initiative. At the May 2024 NACMH meeting, some members asked how to better communicate that health centers can take advantage of opportunities under the Inflation Reduction Act (IRA). HHS worked with the NTTAPs to create educational materials explaining how health centers can make their organizations more resilient and save money through energy infrastructure improvements supported by the IRA. The online materials include specific resources for tribal and rural populations, among others (see

<https://www.hhs.gov/sites/default/files/migrant-health-center-ira-factsheet.pdf> and <https://www.hhs.gov/climate-change-health-equity-environmental-justice/climate-change-health-equity/health-sector-resource-hub/new-catalytic-program-utilizing-ira/index.html>). HHS hopes these resources will encourage health centers to look into IRA funding opportunities.

HHS also published case studies showing how some health centers have used IRA funding. For example, Chiricahua Migrant Health Center installed solar panels that will provide all of its electricity needs and provide power during grid failures (which are common in the area). As a result, the organization will be self-sufficient and save money. (For more details, see <https://www.hhs.gov/sites/default/files/ira-case-study-chiricahua.pdf>.)

In addition, HHS has published clinical guidance for migrant health clinics and front-line workers on the health effects of smoke exposure (see <https://www.migrantclinician.org/resource/heat-related-illness-clinicians-guide-june-2021.html>). The NTTAPs created guidance on extreme heat and recently added more information on smoke exposure that will be translated into clinical guidance by the end of the year. (An archived MCN webinar on wildfires is available at <https://www.migrantclinician.org/webinar/wildfires-2024-06-25.html>.)

To increase community engagement around preparing for extreme heat and wildfire smoke exposure, ASPR is working with local units of the Medical Reserve Corps to determine how to help farmworkers onsite. ASPR also partnered with the Administration for Children and Families on cooling centers, which are supported by federal block grants. HHS published guidance on how to use block grant funding to improve home cooling, so people can stay safe in their homes. (A description of resources from the Office of Community Services to address wildfire and extreme heat conditions is available here: <https://www.acf.hhs.gov/ocs/policy-guidance/ocs-dcl-24-06-resources-address-wildfire-extreme-heat-conditions>.)

Secretary Xavier Becerra has been active in outreach to the farmworker community. For example, he observed Farmworker Appreciation Day with an event about heat and smoke exposure organized by Líderes Campesinas. The 2024 Hispanic Health Summit featured a panel on environmental justice. The Farmworker Appreciation Day Factsheet (available at <https://www.hhs.gov/sites/default/files/farmworker-appreciation-day-fact-sheet.pdf>) highlights what has been done and what is planned around extreme heat and wildfire smoke exposure. In addition, 25 different HHS divisions have developed language access plans to increase access to resources, research, and care.

### *Discussion*

Ms. Dudley said the Council is considering how health centers can expand their emergency preparedness planning to respond to homelessness among MSAWs following disasters. Ms. Keroack said that ASPR is working with communities to figure out how to support health centers in the wake of disasters. It is also stepping back to consider advance preparedness. Renewable energy can be transformative in keeping health services available during extreme weather conditions. Ms. Mascareñas added that ASPR is also partnering with the Federal Emergency Management Agency on hurricane relief.

Dr. Galvez said the progress update made her more hopeful that things are happening, and she appreciated the reminder that many agencies are involved. Ms. Lambar similarly praised the progress update and asked what the Council can do to help HHS advance further. Ms. Mascareñas explained that the milestones described are just the foundation on which HHS intends to build. Eight HHS agencies are

working closely on the initiative, but there are likely others that have not yet been engaged. In December, HHS will publish a more detailed summary of progress to date on the Secretary's initiative; Ms. Mascareñas said she would be mindful of Council feedback as that summary is finalized.

As to next steps, Ms. Keroack encouraged Council members to comment on the NIOSH draft hazard review by November 12. She shared a social media message from Secretary Becerra that can be forwarded to others to encourage them to provide their input on the draft hazard review. (See <https://x.com/SecBecerra/status/1838290293692449114>.) Responses from people who might not otherwise provide public comments, such as farmworkers and other outdoor workers, will help NIOSH better tailor its research to meet their needs and acknowledge their lived reality. The goal is to produce a thoughtful document that takes lived experience into account. Ms. Keroack also encouraged Council members to communicate with their communities about resources available, such as the Health Hazard Evaluation Program (see <https://www.cdc.gov/niosh/hhe/request.html>).

Ms. Dudley asked whether exposure to valley fever as an aftereffect of wildfires is addressed by the NIOSH draft hazard review. Tod Neimeier of NIOSH said valley fever is not addressed but appreciated the concern. He suggested making a public comment so that the matter is formally recognized. (A study describing the association between wildfires and valley fever is available here: <https://pubmed.ncbi.nlm.nih.gov/37545805/>.)

In response to Dr. Galvez's request for clarification, Mr. Neimeier said that OSHA, which is part of the DoL, focuses on workplace hazards and creates regulations. OSHA has provided feedback on NIOSH's draft hazard review. NIOSH research often serves as a foundation for OSHA regulations. Ms. Keroack reiterated that NIOSH's work around heat standards informed the OSHA proposed rule currently open for comment until December 30. Council members agreed to discuss the NIOSH draft hazard review during lunch tomorrow and will consider providing comment as a whole.

### **Council Discussion on Previous Recommendations**

Ms. Dudley asked Council members for feedback on the [May 2024 recommendations](#), unresolved recommendations and next steps, and emergent issues not covered in previous recommendations. She requested that background information for Council meetings be sent to members further in advance of the meeting. (*Note: The Council began the discussion on the first day of the meeting and returned to it on the second day. The ultimate decisions on how to follow up on recommendations from the May 2024 meeting are described later in this summary, in the section "Council Discussion on Previous Recommendations (continued)."*)

Some discussion revolved around monitoring the status of recommendations that require a long time to implement. Given the new focus on closely tracking and communicating progress to the Council, it was determined that the Council does not need to reiterate or rewrite recommendations that should be considered ongoing, unless there is a clear need to refine the content. Some consideration should be given to how to "retire" a recommendation when appropriate.

Council members briefly discussed how to track progress across the federal government on multiple recommendations in a way that better highlights areas the Council should revisit. Ms. Rhee said her staff attempted to organize the initial progress report by categories. Ms. Dudley said that on day two of this meeting, the Council would take a different approach to mapping progress that might better identify gaps.

## **Wrap Up and Recess for the Day**

*Mary Jo Dudley, MS, Chair, NACMH*

Ms. Dudley summarized the updated agenda for day two. She thanked all the participants for their time and careful consideration of the issues. Ms. Dudley added that feedback on the Council's new meeting structure is welcome. The meeting recessed for the day at approximately 5:10 p.m.

## **Wednesday, October 23, 2024**

### **Call to Order**

*Mary Jo Dudley, MS, Chair, NACMH*

Ms. Dudley called the meeting back to order at 9:01 a.m. and thanked the Council members and staff for their hard work on day one.

### **Farmworker Health Network**

*Gladys Carrillo, Chair, FHN, and Director, NCFH*

Ms. Carrillo explained that the FHN is comprised of six national cooperative agreements around agricultural worker health, funded by HRSA, to provide training and TA to more than 1,100 community and migrant health centers across the country. The organizations are collectively known as NTTAPs. Each organization has unique skills and resources, which enables the FHN to maximize its reach and avoid duplicating effort. Each organization follows the same HRSA requirements and addresses the following seven objectives in its work plan:

1. Access to comprehensive health care
2. Emerging issues (e.g., disease prevention, prenatal care)
3. Preparedness for emergencies and environmental impact on health
4. Advancing health equity (e.g., language access, SDoH)
5. Chronic disease management
6. Prevention services outcomes
7. Social risk factors

All of the organizations support the Ag Worker Access Campaign, a joint effort of FHN and the National Association of Community Health Centers (NACHC), launched in in 2014 to raise awareness about and prioritize this vulnerable population in migrant health programs. Since the campaign began, the number of farmworkers served has increased every year. As of 2023, the campaign is halfway to its goal of serving 2 million agricultural workers and their families in community and migrant health centers. Ms. Carrillo encouraged Council members to join the campaign.

The FHN's work aligns with and responds to the recommendations of the NACMH. Organizations address health care quality and workforce capacity through training and TA. Figures 1 and 2 describe topics of focus under each objective. All of the objectives ultimately work toward increasing access to quality care for vulnerable populations, improving health outcomes, and ensuring patients have a medical home that addresses all of their medical needs.

## FHN Topics Per Objective



Figure 1: FHN Objectives 1–4

## FHN Topics Per Objective

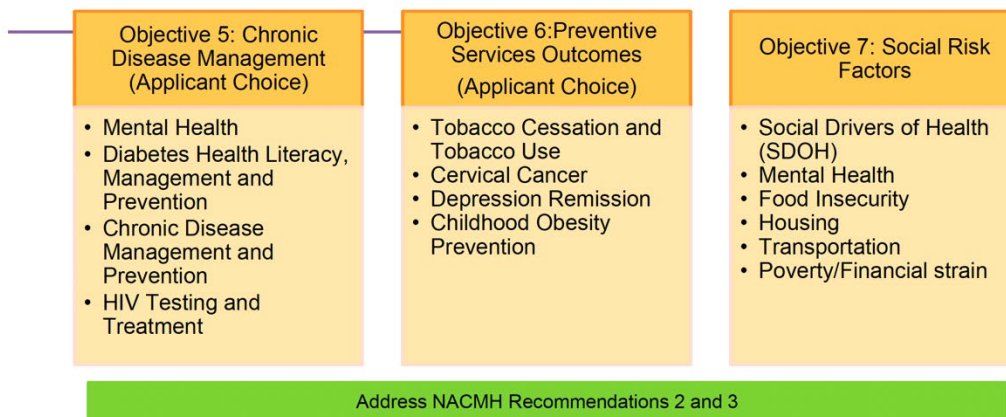


Figure 2: FHN Objectives 5–7

Specific accomplishments over the past year include the ongoing Ag Worker Access Campaign, agricultural worker health trainings at regional conferences and via webinars, a compilation of online resources available via the Health Center Resource Clearinghouse (see also FHN’s 2023 Key Resources for Agricultural Worker Health at <https://www.farmworkerjustice.org/resource/2023-key-resources-for-agricultural-worker-health/>), a presentation to the BPHC Council on special populations, and collaboration with the HHS Secretary to address issues raised by the NACMH.

FHN is currently focusing on emerging health issues affecting farmworkers, including avian flu and the need for emergency preparedness and response that considers the impact of climate change across the country. It is also particularly interested in the increasing need for services addressing mental and behavioral health, sexual health, and maternal health, considering the recent rise in syphilis cases in farmworker populations.

Through its collaborative activities for FY 2025, FHN continues to address NACMH recommendations through resources, webinars, and communications disseminated through all of its available communication channels. These include the ongoing Ag Worker Access Campaign, agricultural worker health webinars, updated key resources, and presentations at the National Agricultural Worker Symposium.

FHN also collaborates to strategize on addressing farmworker concerns. It has developed recommendations that highlight the importance of responding to emerging issues affecting the health of agricultural workers. FHN must be ready and willing to adapt its priorities based on patients' and health centers' needs. FHN continues to prioritize and raise awareness of farmworkers' health needs through education and policy advocacy to improve workplace safety and occupational and environmental health standards. It recognizes that additional training and capacity building for the health center workforce is critical to improving cultural competency in service delivery and that more bilingual and bicultural health providers are needed. FHN believes these goals can be accomplished through the outstanding collaborative model it uses. It will continue to partner and share information to increase farmworker health outreach and support the health centers that serve them.

Ms. Carrillo highlighted the upcoming National Agricultural Worker Health Symposium in December, which will replace the regional stream forums previously offered. This move represents an historic shift to better meet workforce needs. The inaugural symposium will focus on emerging issues in preventive, occupational, and environmental health, supporting the most recent NACMH recommendations. The symposium is an opportunity to engage with peers from across the country around promising practices and resources. (For more details, visit <https://www.ncfh.org/symposia.html>.)

#### *Discussion*

Ms. Dudley summarized some of the key themes from the Council members' field reports for Ms. Carrillo's benefit:

- Mitigating the impact of climate change and extreme weather
- Increasing emergency preparedness and disaster response
- Enhancing staff recruitment and retention and investment in primary care
- Reporting health centers' encounters with MSAWs and measuring success
- Responding to emerging health issues

Ms. Carrillo noted that many of the issues raised by the Council members comport with topics the FHN has been addressing for years, such as adequate housing and access to linguistically and culturally competent care. The FHN recognizes the increasing need for mental and behavioral health services as well as the impact of extreme weather on farmworkers. FHN organizations provide information, resources, and training for health care workers on such issues. For example, with CDC funds, NCFH is developing materials and guidelines on protecting farmworkers and health center workers against avian flu. Other NTTAPs are heading efforts around wildfire smoke and extreme heat, for example.

Ms. Carrillo acknowledged that recruitment and retention are challenging. The FHN works with health centers to create career pipelines and raise interest in rural settings. It seeks to address barriers to care for farmworkers in rural areas, such as lack of transportation and limited access to technology. The FHN works with health centers to understand the unique challenges of the populations they serve, which is critical to reaching those populations.

### Sustaining Mobile Health Units

Dr. Galvez asked whether the FHN has projects aimed at sustaining mobile health units. She emphasized that seeing patients in the fields is key to building community. Dr. Galvez also asked how to continue raising awareness about the health needs of farmworkers, a population that is often not prioritized in the face of competing demands. Ms. Carrillo pointed out that raising awareness about migrant health has been a challenge for 60 years. One way to frame the issue is to emphasize that farmworkers' needs are not unique; rather, like other vulnerable populations, they face conditions such as lack of adequate housing, substance use disorders, and mental health disorders. Most health centers do not receive funding specific to migrant health, yet most routinely serve agricultural workers in the course of addressing these common issues, demonstrating that the needs of multiple populations overlap and can be addressed regardless of the funding source.

The COVID-19 pandemic highlighted the capacity to reach people in remote areas with mobile health clinics, said Ms. Carrillo, yet sustaining them remains a challenge. Many health centers are struggling to maintain services in clinics as well as mobile units because of limited funding. They are increasingly pressed to come up with creative ways to reach people, such as collaborating with community partners, schools, and faith-based organizations to offer health screenings. FHN strives to support health centers in establishing new community partnerships to serve patients.

### Building Relationships with Employers

Ms. Watt appreciated that NCFH reaches out to farmers to establish relationships. She suggested that more health centers recruit a farmer to serve on their board of directors. Farmers have an interest in the health of their employees. Ms. Watt also suggested that health centers recognize the influence of county farm bureaus. Ms. Carrillo responded that the NCFH understands the need for collaboration at the community level. Agricultural coalitions have successfully increased the capacity to provide guidance and advice by fostering relationships. Getting the message out that a healthy workforce is good for business is critical. Health centers can support employers by offering training on health issues, simultaneously building relationships with employers and reaching target populations.

Ms. Emanuel-McClain echoed the benefits of building relationships with farmers, emphasizing that they want to partner to keep workers healthy. Ms. Carrillo noted that farmers are also patients, so they bring both perspectives to the relationship.

### FHN Priorities

Asked to identify the issues most vital to improving health, Ms. Carrillo said that improving the cultural competence of the workforce and recruiting and retaining staff are key to mitigating barriers. Addressing emerging issues, and in particular emergency preparation to manage the impact of extreme weather on farmworkers, is another high priority. Most important is continuing to keep the needs of farmworkers at the forefront and ensuring that health centers have programs capable of providing migrant health services. The Ag Workers Access Campaign seeks to help health centers understand that reaching this population is critical to the overall effort to care for their communities.



### Health Center Resource Clearinghouse and Needs Assessment

Margaret Davis of NACHC explained that anyone can submit materials to the clearinghouse following a simple vetting exercise. She clarified that the clearinghouse includes patient resources. Ms. Lambar suggested making it easier to search for materials in the clearinghouse quickly.

Ms. Davis noted that HRSA has funded the NACHC to conduct a national training and TA needs assessment for all health center staff. She encouraged Council members to spread the word that the assessment is open for responses until November 1, 2024. It is available in English and Spanish. (The assessment is available at <https://www.healthcenterinfo.org/national-tta-needs-assessment/>.)

### Recognizing MSAWs in Health Center Reporting

Ms. Lambar emphasized the importance of raising awareness of farmworkers' needs among FQHCs that do not receive funding dedicated to migrant health. She also stated that it is important for health centers to be aware of the estimated number of farmworkers in their service areas so that health centers can assess their reach. Ms. Carrillo observed that the FHN has expanded its scope from migrant health centers to all health centers. Health centers are required to report special populations served through the UDS, and the FHN supports training on UDS reporting and how to identify and verify farmworkers during the health care registration process. NCFH has developed the Farm Labor Data Dashboard, using data from the UDS and the DoL's National Agricultural Workers' Survey (NAWS) (available at <https://www.ncfh.org/dashboard.html>). It is free and open to the public, and NCFH offers training on how to navigate the dashboard. The dashboard gives a snapshot of farmworker populations by area and allows users to apply various filters to the dataset. Ms. Nicolas added that HRSA encourages health centers to use data in their proposals and promotes the dashboard in its notices of funding opportunities. She said HRSA welcomes recommendations on how to strengthen performance and oversight.

Ms. Carrillo cautioned that the data drawn from the NAWS are always a few years old. Research on farmworkers is limited and hampered by the lack of current data sources. Ms. Carrillo said the FHN has conducted needs assessments, polls, and surveys of health centers and others to supplement other data sources.

### Funding and Other Critical Needs

Ms. Dudley appreciated that the FHN's work supports many of the Council's recommendations. She asked for Ms. Carrillo's input on gaps or emerging needs to address. Ms. Carrillo pointed to the need to increase funding opportunities for health centers to reach farmworkers, such as more funding for staff recruitment. Ms. Dudley acknowledged the FHN's webinars to aid health centers applying for funding; she asked what other approaches could help FQHCs retain staff, especially in the face of competition from private organizations. Ms. Carrillo acknowledged that the problem has come up anecdotally, and staff retention is a persistent challenge. She suggested more efforts to build the pipeline of future health care providers by increasing interest in health care careers, especially in rural areas. Employing CHWs and health educators and encouraging patients to become health care advocates are effective steps to reach farmworkers and build connections with the community. NCFH created a certificate of excellence program for paraprofessionals as one way to help health centers build capacity.

Ms. Lambar said money is the bottom line; health centers need funding to pay higher salaries and increase wages for those working evenings and weekends. She called for more attention to nurturing

health care champions, who can be crucial in fostering retention. For example, paying for staff to attend conferences is an opportunity to enhance leadership and prevent burnout. Ms. Carrillo added that offering mental and behavioral health support for staff should be a priority, and NCFH has several resources to that end. Dr. Galvez said that she and many of her colleagues are passionate about providing care to the community; higher pay is not as important to her as being afforded the time to care for patients and train others. However, her health center loses money when she cannot care for patients because she is mentoring trainees or attending a conference.

Ms. Dudley suggested thinking about incentives and rewards that would help staff feel less isolated. For example, paying for CHWs to attend workshops in person is helpful. Ms. Carrillo said the NCFH offers stipends and scholarships to cover costs so that staff can network with and learn from their peers (see <https://www.ncfh.org/scholarships.html>). Ms. Dudley asked for more specific ideas on what the Council could recommend to increase retention.

Ms. Emanuel-McClain suggested asking HRSA how it plans to bring migrant health centers up to par in terms of providing value-based care given their limited resources. Ms. Dudley said the issue of value-based care ties into the need to better report farmworker encounters. Value-based care excludes much of the work conducted by mobile clinics and at remote sites. Ms. Carrillo added that health centers that use vouchers for service delivery face a similar challenge, because they are not providing service directly. She said HRSA needs to better understand the different types of service delivery models and offer better ways to support them financially. Dr. Rivera-Singletary said her health center is among those for whom MSAWs are a small proportion of the overall patient population, which further complicates issues.

Dr. Rivera-Singletary also noted that engaging farmworkers on boards is a challenge because they may need translation services. Ms. Laeger said that HRSA funding can be used to pay for transportation and child care, and there may be staff available who can act as translators. Ms. Carrillo said there are resources for recruiting and training board members, but success requires buy-in from leadership. (See the NCFH Health Center Toolbox at <https://www.ncfh.org/health-center-toolbox.html>.)

Dr. Galvez noted that it is easier for administrative staff to attend conferences rather than care providers, which can limit the opportunity to foster champions and build the pipeline. It might be helpful to recommend funding specifically for building the workforce via training and conferences. Ms. Lambar said HRSA may already support such efforts through its funding of teaching centers. She added that providers with a passion for service can have a lot of influence on staff, even outside of formal training. The Council should seek to explain the influence that champions can have and how to nurture such providers without increasing the burden on people who are already overworked. The Council could consider proposing a workforce development program to be managed by NCFH.

### **Council Discussion of Previous Recommendations (continued)**

Ms. Rhee provided Council members with a spreadsheet summarizing the May 2024 recommendations and the collaborating agencies involved for each recommendation. The Council continued its assessment of progress to date. Council members pointed out that it is challenging to track progress when there are no clear metrics to accompany the recommendations. In addition, HRSA has only had the recommendations for a few months, so it might be too soon to see progress. Council members agreed that maintaining and updating the spreadsheet may be a useful way to identify incremental steps and areas that still need to be addressed.

Ms. Rhee said that HRSA aims to develop metrics for success around the recommendations. However, agencies are not obligated to address the NACMH's recommendations as written. In some cases, HRSA might assess the influence of its recommendations on others' actions as a measure of success.

#### *May Recommendation 1, Climate Impact*

- **Recommendation 1A** (federal strategy for air quality standards): HRSA staff described many steps around this recommendation, including those related to the Secretary's Initiative on Protecting Farmworkers from Extreme Heat & Wildfire Smoke. Staff will update the Council about ongoing progress, including proposed timelines for activities, with as much specificity as possible.
- **Recommendation 1B** (federal collaboration for enforcing workplace safety): The Council proposed an interagency website for lodging and following up on concerns and complaints related to workplace safety for agricultural workers. The Health Center Resource Clearinghouse does not address this issue. The working group that developed this recommendation was particularly concerned about the lack of enforcement of regulations and standards, as described in testimony to the Council. Staff will update the Council about ongoing progress, including proposed timelines for activities.
- **Recommendation 1C** (federal non-competing supplemental funding to increase workers' awareness of climate-related risks): HRSA has not been able to offer much supplemental funding under recent budgets, but the agency develops funding concepts in anticipation of additional funds from Congress. HRSA is required by statute to respond to the needs of high-risk and vulnerable populations, yet congressional funding does not seem adequate. The Council requested that HRSA provide more information about policy decisions around funding, such as the boundaries and flexibilities. This recommendation may merit refinement to include emerging issues.
- **Recommendation 1D** (interagency monitoring of illness and death related to heat and smoke exposure): Staff will update the Council about ongoing progress, including proposed timelines for activities and partnerships.
- **Recommendation 1E** (research funding): Numerous research projects are underway.

#### *May 2024 Recommendation 2: Health Care Access*

- **Recommendation 2A** (funding for staff recruitment and retention): This recommendation should be refined to indicate that health centers need funding to support staff training. It should distinguish the training needs of various types of direct health care providers and identify the partners who can provide training. It should address the need to incentivize FQHCs to make long-term investments to build the pipeline of providers.
- **Recommendation 2B** (digital health literacy and access): No major activities are underway across HHS. This recommendation remains a high priority for the Council. It requires long-term attention and investment.
- **Recommendation 2C** (partnerships and collaborations between migrant health centers and employers): No progress has been reported to date. No large organization has taken the initiative on this front. This recommendation should be refined to better capture ongoing efforts and to encourage links between nongovernmental agencies, such as national producers' associations and farm bureaus.

### *May 2024 Recommendation 3: Resource Development and Information Sharing*

The Health Centers Resource Clearinghouse and the HRSA Abriendo Puertas initiative are among the steps taken to create an online one-stop shop for information. Efforts around legal services should be included in the progress assessment for this recommendation. Staff will update the Council about ongoing progress, including proposed timelines for activities.

#### **Council Discussion of NIOSH Draft Hazard Review**

Comments on the NIOSH draft hazard review, *Wildland Fire Smoke Exposure Among Farmworkers and Other Outdoor Workers*, are due November 12, 2024. Council members agreed that it would be helpful for NACMH to comment on the inclusion of valley fever in the document. Individual members are welcome to review the document in more detail and provide additional public comments. Ms. Cervantes gave a brief overview of the content. Following some discussion, the Council reached consensus on the following statement:

In light of concern about cases of valley fever in the farmworker community, we would recommend that the recommendations include an approach to protect farmworkers that may have been exposed to valley fever spores while working in areas that had previously experienced wildfires. While workers are advised to utilize appropriate personal protective equipment (PPE; N95 masks and/or respirators) when exposed to wildfires, we would recommend that funding be made available for distribution of PPE, fit testing, and linguistically and culturally appropriate education materials and joint training programs for farmworkers and agricultural producers as they continue to labor in areas impacted by wildfires, since that leads to exposure to valley fever spores.

Ms. Dudley will submit the comment on behalf of the Council. Ms. Rhee will ask the NTTAPs whether any have commented on the draft hazard review and share the responses with the Council.

#### **Council Discussion of Proposed Recommendations**

Ms. Dudley identified three topics that seem to be high priorities: emergency preparedness and emerging issues, staff recruitment and retention (including behavioral health providers), and reporting and measurement (also referred to as countable encounters).

Council members agreed that the May 2024 recommendation 2A on funding for recruitment and retention should be rewritten as a separate recommendation that incorporates training issues. The issue of reporting and measurement goes beyond countable encounters; it speaks to concerns about the lack of sufficient funding to support health care services for vulnerable populations. Following a voting exercise, the Council agreed to establish two new working groups to develop recommendations on (1) examining what constitutes a countable encounter and how that affects funding; and (2) training, retention, and development of health center staff (building on recommendation 2A).

The Council's letter to the Secretary will explain that the Council requested ongoing progress updates about its May 2024 recommendations. Ms. Dudley will prepare a description of the Council's areas of continuing concern to include in the letter to the Secretary.

Council members broke out into two groups to discuss briefly the next steps for each working group.

## **Reports from Breakout Discussions**

### *Working Group 1: Training, Retention, and Development*

Dr. Galvez will serve as the lead for this group. She said the group agreed that little has changed since recommendation 2A was finalized. Refinement should include identifying potential partners and proposing some metrics for success. Ms. Cervantes clarified that the group will use the original recommendation 2A as the basis for a new, standalone recommendation that addresses issues raised at this meeting. Dr. Galvez said the group tasked individuals with sifting through existing research in anticipation of meeting to review the research and begin writing.

### *Working Group 2: Countable Encounters*

Ms. Laeger will serve as lead for this group. Ms. Lambar will assess what current statute requires. Ms. Lambar sent out to the group the definition of an encounter under current procedures. The group discussed how to begin counting the uncounted in the UDS and how to track workers who are transient and receive care in different clinics. The group will initially focus on gathering information.

Council members indicated their consensus with moving forward with two new recommendations via the two new working groups. The due dates are as follows:

- Initial draft: November 15
- Revised draft: December 4
- Final draft: December 18

## **Meeting Wrap Up and Adjournment**

### *Mary Jo Dudley, MS, Chair, NACMH*

Ms. Dudley summarized the next steps:

- Ms. Dudley will submit the Council's public comment on the NIOSH draft hazard review.
- Each working group will establish a process and schedule for drafting recommendations.
- The Council will meet next on June 3–4, 2025, in the Denver, CO, area.
- Monthly check-in meetings will begin in February 2025, with two options for each monthly meeting from February through May.

Ms. Dudley asked Council members to comment on the new meeting structure. Ms. Laeger appreciated the opportunity to determine whether past recommendations need further action or could be retired. Several agreed that the virtual format is not ideal for interaction and that it is difficult to maintain focus for very long stretches online.

Ms. Dudley thanked the staff and contractors who assisted and coordinated this meeting, particularly given the change in structure and the rapid pivot to an online event. In closing, Ms. Dudley appreciated everyone's work to address the complex issues around migrant health. She adjourned the meeting at 4:33 p.m.

## **Appendix: New HRSA Program Funding and Proposed Budget**

### **New Program Funding**

- UDS+ Quality Improvement Awards (June 2024): \$56 million in one-time awards
- Behavioral Health Service Expansion (September 2024): \$240 million (\$200 million for ongoing services/\$40 million in one-time funding)
- Transitions in Care for Justice Involved Populations—Quality Improvement Fund (November 2024): \$51 million in one-time awards
- Expanded Hours (December 2024): \$60 million for ongoing funding
- New Access Points (June 2025): \$50 million for ongoing services, subject to availability of additional fiscal year (FY) 2025 funds

The FY 2025 Budget includes \$8.2 billion for health centers, an increase of \$2.4 billion. It extends and increases mandatory funding, serving 37.4 million patients, with increased investments for FY 2025:

- \$700 million to expand access to comprehensive services in all health centers, expanding access to medical care, behavioral health, and oral health care
- \$200 million to provide patient support and enabling services
- \$100 million to recruit, retain, and grow the health center workforce
- \$50 million for high quality, patient-centered maternal health services, including behavioral health services
- \$50 million to expand access to street medicine services, increasing street outreach and patient support services for homeless populations