



Massachusetts League of Community Health Centers



Monthly Meeting 10am – 12pm
Nov. 15, 2011

AGENDA

Introductions

2011 Program

- Prevent Blindness America vision screening – postponed; date UNK
- 1,936 Eligibility Applications, 193 providers for 2011 YTD; see UNK
- Patient Statistics: 1,142 patients, 2,633 visits
- Transportation, Outreach & Voucher bills - non-billable visits need to be sent in ASAP for Jan-Sept 2011
- Case Study: Patient needing inpatient rehab program
- CRVFHP Special Projects – 1 submission
- Advisory Board member recommendations
- Farmworker Focus Group – tonight
- Alabama Law
- Videos:
 - <http://www.theothersideofimmigration.com/>
 - <http://www.msnbc.msn.com/id/21134540/vp/45259935#45259935>
 - <http://www.msnbc.msn.com/id/21134540/vp/45259935#45260196>
- East Coast Migrant Stream Forum materials – comments from attendees
- Best Practices – Ideas from Outreach Workers

Resources:

- Western MA SEARCH Program
- 2011 CRVFHP forms

Next Meetings:

- Nov. 15th CRVFHP Focus Group, Community Health Services, Hartford, CT
- Dec. 13th CRVFHP Monthly Meeting, East Hartford CHC, East Hartford, CT
- TBD – Prevent Blindness America training, Location TBD

ProviderID	ProviderName	ProviderSpecialty	ProviderOrgName
812	Aaron Hexdall MD	unknown	Baystate Brightwood Health Center
29	Audrey Guhn, MD	OthSpec	Baystate Brightwood Health Center
648	Azad Jabiev	unknown	Baystate Brightwood Health Center
540	Baystate Affiliated Practice	OthSpec	Baystate Brightwood Health Center
438	Bernard Price	IM	Baystate Brightwood Health Center
793	Carolyn Delk	unknown	Baystate Brightwood Health Center
659	Chester Andrzejewski	Lab-Pathologist	Baystate Brightwood Health Center
782	Daniel Grow	unknown	Baystate Brightwood Health Center
89	Dorothea Von Goeler, MD	GP	Baystate Brightwood Health Center
102	Ellen Millermack, NP	NP	Baystate Brightwood Health Center
612	Grace Goncero	ObGyn	Baystate Brightwood Health Center
643	Gregory McDonald	OthSpec-EM	Baystate Brightwood Health Center
447	Heather Sankey	ObGyn	Baystate Brightwood Health Center
711	Hilda Rivera Rivera	GP	Baystate Brightwood Health Center
695	James Cook	OthSpec-Cardio	Baystate Brightwood Health Center
708	Jean Henneberry MD	Lab-Pathologist	Baystate Brightwood Health Center
617	Jeanne McCarthy	ObGyn	Baystate Brightwood Health Center
593	Jeannette Wolfe	OthSpec-EM	Baystate Brightwood Health Center
146	Jeffrey Scavron, MD	IM	Baystate Brightwood Health Center
697	Jennifer Cyrkler	OthSpec-EM	Baystate Brightwood Health Center
402	Jennifer Samale	PA	Baystate Brightwood Health Center
527	Jocelin Reatiraza	IM	Baystate Brightwood Health Center
618	John Nicasio	ObGyn	Baystate Brightwood Health Center
811	Katharine White, MD	unknown	Baystate Brightwood Health Center
170	Katherine Gerstle	FP	Baystate Brightwood Health Center
750	Luis Moral, MD	Lab-Pathologist	Baystate Brightwood Health Center
758	Marshal T. Fox, MD	unknown	Baystate Brightwood Health Center
206	Martha Nathan, MD	FP	Baystate Brightwood Health Center
658	Martin Broder, MD	OthSpec-EM	Baystate Brightwood Health Center
238	Noraymar Torres Muniz	FP	Baystate Brightwood Health Center
239	Norbert Goldfield, MD	GP	Baystate Brightwood Health Center
247	Peter Kassis	FP	Baystate Brightwood Health Center
260	Radiology & Imaging, Inc.	X-ray-Radiology	Baystate Brightwood Health Center
279	Ronald Burkman, MD	ObGyn	Baystate Brightwood Health Center
39	Rx-Baystate Pharmacy	Rx	Baystate Brightwood Health Center
194	Rx-Louis & Clark Pharmacy	Rx	Baystate Brightwood Health Center
813	Shantilal Kenia MD	unknown	Baystate Brightwood Health Center
810	Solveig Pflueger MD	unknown	Baystate Brightwood Health Center
814	Thomas Keenan MD	OthSpec-Cardio	Baystate Brightwood Health Center
794	Veronica Plasencia	unknown	Baystate Brightwood Health Center
815	Wayne Duke MD	Lab-Pathologist	Baystate Brightwood Health Center
804	Amanda Swan	unknown	CHC of Enfield
789	Amita Kulkarni	unknown	CHC of Enfield
771	Anna Olivier, APRN	NP	CHC of Enfield
790	Carlos Degollado Lopez	unknown	CHC of Enfield
680	Daniel Dennehy MD	ObGyn	CHC of Enfield

72	Daniel Wilensky, MD	IM	CHC of Enfield
678	Dipak Patel	FP	CHC of Enfield
799	Donald Schiermer	unknown	CHC of Enfield
87	Douglas Olson	Dentist	CHC of Enfield
805	Fusaini Mohammodu	unknown	CHC of Enfield
803	Hyun Won Shin	unknown	CHC of Enfield
770	Ivelisse Rivera Godre	unknown	CHC of Enfield
801	Jeffrey Thompsen	unknown	CHC of Enfield
798	Kathleen Wessling	unknown	CHC of Enfield
652	Laura Wilson, APRN	NP	CHC of Enfield
588	Margaret Drozdowski Maule	Dentist	CHC of Enfield
802	Michael Hwang	unknown	CHC of Enfield
675	Michael Mark	Dentist	CHC of Enfield
651	Mythili Kasturi, MD	FP	CHC of Enfield
757	Ovanes Borgonos MD	FP	CHC of Enfield
261	Radiology Associates of Hartford	X-ray-Radiology	CHC of Enfield
791	Referral - CHC, Inc	Referral	CHC of Enfield
273	Richard Putnam	Dentist	CHC of Enfield
800	Robert Dudley	unknown	CHC of Enfield
795	Sheela Tummala	unknown	CHC of Enfield
306	Syed Ali, MD	OthSpec	CHC of Enfield
728	Syed Hassan	unknown	CHC of Enfield
797	Theodora Vogiatzi Perdikis	unknown	CHC of Enfield
665	Theresa Suozzi, MD	FP	CHC of Enfield
561	Amy Jacobson	PA	CHC of Franklin County
480	Angelique Lauren, LICSW	MHSpec-LCSW	CHC of Franklin County
535	Anna Pearson, RN	nurse	CHC of Franklin County
387	Anne Chipperfield, MD	Peds	CHC of Franklin County
31	Austin Family Eye Care	OthSpec	CHC of Franklin County
414	Baystate Franklin Medical	OthSpec	CHC of Franklin County
573	Bernard Matute	Dentist	CHC of Franklin County
759	BMP FMC Orthopedics	OthSpec-Orthopedic	CHC of Franklin County
517	BMP Greenfield Surgery	OthSpec-Surgery	CHC of Franklin County
57	Celeste Chickering Wondstoski, RDH	DentHyg	CHC of Franklin County
710	Center for Human Development	MHSpec-OthLicMH	CHC of Franklin County
551	CHCFC Dental Provider	Dentist	CHC of Franklin County
611	Claire Sagor, RN	nurse	CHC of Franklin County
720	Connie Turner, FNP	NP	CHC of Franklin County
722	Daniel Zinn, MD	Peds	CHC of Franklin County
718	Diane Grasso, FNP	NP	CHC of Franklin County
723	Douglas Fusonie, MD	OthSpec-Surgery	CHC of Franklin County
111	Flora Sadri, DO	FP	CHC of Franklin County
113	Franklin County Cardiovascular	OthSpec	CHC of Franklin County
626	Franklin MRI Center	X-ray-Radiology	CHC of Franklin County
119	George E. Deering MD	OthSpec	CHC of Franklin County
715	Ghanim	Dentist	CHC of Franklin County
538	Greenfield Gastroenterology	OthSpec-Gastro	CHC of Franklin County

773	Greenfield Pulmonary	unknown	CHC of Franklin County
122	Greenfield Radiology Assoc, PC	X-ray-Radiology	CHC of Franklin County
772	Greenfield Specialty Assoc	unknown	CHC of Franklin County
566	Ileana Miranda, CNS	MHSpec-OthLicMH	CHC of Franklin County
717	Jean Raymond, LPN	nurse	CHC of Franklin County
777	Jeffrey Korff	OthSpec-Endocrinologist	CHC of Franklin County
776	Kari Lindefjeld-Calabi, DMD	Dentist	CHC of Franklin County
171	Kathleen Kerr, MD	FP	CHC of Franklin County
766	Koolkin	Dentist	CHC of Franklin County
765	Leboeuf	Dentist	CHC of Franklin County
198	Lynne Bennett, RDH	DentHyg	CHC of Franklin County
591	Marcello Prebianchi, DDM	Dentist	CHC of Franklin County
713	Mary Jo Korfage-Poret	nurse	CHC of Franklin County
431	Mary Sieruta, RD	OthPro-Nutritionist	CHC of Franklin County
625	Nicholas J. Greco	OthSpec-Dermatology	CHC of Franklin County
762	Northampton Surgical	OthSpec-Surgery	CHC of Franklin County
483	Pioneer Podiatry, PC	OthPro-Podiatry	CHC of Franklin County
537	Pioneer Valley ENT Surgeons	OthSpec-ENT	CHC of Franklin County
251	Pioneer Women's Health	OthSpec	CHC of Franklin County
706	Rebecca Pace, DO	IM	CHC of Franklin County
699	Referral - CHCFC	Referral	CHC of Franklin County
562	Risha DeLeon	Dentist	CHC of Franklin County
553	Russell Thomas	FP	CHC of Franklin County
84	Rx-CHCFC/Deerfield Pharmacy	Rx	CHC of Franklin County
412	Rx-CHCFC/Stop & Shop Pharmacy	Rx	CHC of Franklin County
290	Sarah Kemble, MD	IM	CHC of Franklin County
774	Skin Pathology Laboratory, Inc.	Lab-Pathologist	CHC of Franklin County
301	Stephanie Perkins-Strange, RDH	DentHyg	CHC of Franklin County
417	Steven Johnson, DDS	Dentist	CHC of Franklin County
409	Charlene Chateauneuf	Optometrist	Community Health Services
392	Clinical Laboratory Partners, LLC	Lab	Community Health Services
467	Dana Rotella, DDS	Dentist	Community Health Services
570	Darren Martin MD	IM/Peds	Community Health Services
768	Elaine Hamilton, RD	OthPro-Nutritionist	Community Health Services
610	Elzbieta Piekarz-Dyjak, MD	IM	Community Health Services
497	Erin McCleary	Ophthalmologist	Community Health Services
632	Everol Ennis, APRN	NP	Community Health Services
123	Gretchen Allen, MD	ObGyn	Community Health Services
133	Irving Buchbinder, DP	OthPro-Podiatry	Community Health Services
147	Jennifer Griffin, CNM	CNM	Community Health Services
157	Johvonne Claybourne	FP	Community Health Services
673	Kathleen Cusick	ObGyn	Community Health Services
778	Leila Bruno, RD	OthPro-Nutritionist	Community Health Services
760	Maritza DeGonzalez, LCSW	MHSpec-LCSW	Community Health Services
590	Mary Ann Rodriguez	NP	Community Health Services
578	Montessor Upshaw	Dentist	Community Health Services

248	Phyllis Schling, APRN	NP	Community Health Services
583	Referral - CHS	Referral	Community Health Services
572	Ricardo Arduengo	Dentist	Community Health Services
628	Rita Rivera, APRN	NP	Community Health Services
607	Ritu Dutta, MD	ObGyn	Community Health Services
606	Robert Gfeller	ObGyn	Community Health Services
657	Robin Gilbert	ObGyn	Community Health Services
25	Rx-CHS/Arrow Pharmacy	Rx	Community Health Services
682	Saman Ali	IM	Community Health Services
564	Samir Draa	Peds	Community Health Services
608	Sharjeel Ahmad, MD	OthSpec-InfecDis	Community Health Services
627	Sherwin Tucker	OthPro-Podiatry	Community Health Services
609	Susan Neagle, APRN (CHCFC)	NP	Community Health Services
767	Susan Neagle, APRN (CHS)	NP	Community Health Services
379	Tulika Kaushik	Dentist	Community Health Services
598	Angelo Carrabb	ObGyn	East Hartford Community HealthCare
430	Brian Riley	ObGyn	East Hartford Community HealthCare
511	Gursharan Dhal	FP	East Hartford Community HealthCare
503	Lyudmila Balyanova, DDS (EH)	Dentist	East Hartford Community HealthCare
597	Maria DeSousa	FP	East Hartford Community HealthCare
333	Vivien Iloeje, MD	IM	East Hartford Community HealthCare
736	Earl Youngelson, DMD	Dentist	Generations Family Health Center
781	Eastern CT Dental PC	Dentist	Generations Family Health Center
780	Jefferson Radiology	X-ray-Radiology	Generations Family Health Center
661	Jyothirmayee Korivi, MD	FP	Generations Family Health Center
167	Kari Waddington-Davis, APRN	FP	Generations Family Health Center
175	Kathy Montague, DMD	Dentist	Generations Family Health Center
223	Morton Glasser, MD	FP	Generations Family Health Center
225	Naida Arcenas, APRN	NP	Generations Family Health Center
227	Nancy Quimby, APRN	NP	Generations Family Health Center
671	Referral - Gen	Referral	Generations Family Health Center
16	Ana Maria Castrillon, MD	IM	Holyoke Health Center
787	B. Feingold	OthSpec-EM	Holyoke Health Center
585	David Zaluski	Dentist	Holyoke Health Center
95	Edward Robinson, DDS	Dentist	Holyoke Health Center
788	Erica DeLeon, RN	nurse	Holyoke Health Center
443	Holyoke HC Dental Provider	Dentist	Holyoke Health Center
128	Holyoke Medical Center	X-ray-Radiology	Holyoke Health Center
784	J. Jurczak	FP	Holyoke Health Center
142	Jeanne Allen, FNP	NP	Holyoke Health Center
495	Lisa Harvey, MD	GP	Holyoke Health Center
507	Monica O'Reilly	NP	Holyoke Health Center
240	Norman Spencer, MD	Ophthalmologist	Holyoke Health Center
619	Rafael Fernandez	IM	Holyoke Health Center
616	Referral - HolyHC	Referral	Holyoke Health Center
274	Robbie Lauter, NP	NP	Holyoke Health Center
703	Rx-HolyHC/MA Surgical Supply, LLC	Rx	Holyoke Health Center

490	Rx-Holyoke HC	Rx	Holyoke Health Center
600	Sarah Long, APRN	NP	Holyoke Health Center
785	T. Kozuch	nurse	Holyoke Health Center
786	W. Swiggard	OthSpec-InfecDis	Holyoke Health Center
385	Referral - UConn	Referral	UConn
388	UConn - dental	Dentist	UConn
324	UConn - primary care	IM/many	UConn

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812	Aaron Hexdall MD	unknown	Baystate Brightwood Health Center
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772	Greenfield Specialty Assoc	unknown	CHC of Franklin County

CRVFHP 2011 Program Statistics - as of Nov 14, 2011

Age	Male	Female	Total
< 1 yo	1	-	1
1-4 yo	7	6	13
5-12 yo	17	6	23
13-14 yo	4	2	6
15-19 yo	23	16	39
20 yo	14	10	24
21-24 yo	97	57	154
25-44 yo	383	198	581
45-64 yo	240	49	289
65-74 yo	8	2	10
75-84 yo	1	-	1
85+ yo	-	1	1
Total	795	347	1,142
	70%	30%	
2	3	1	4
< 13		3%	37
< 20		7%	82
< 25 yo		23%	260
25-44		51%	581
21-64 females only		304	27%
45-64		25%	289
65+		1%	12
Migrant		303	26.5%
Seasonal		839	73.5%

Race / Ethnicity	Number	%
Asian/Pacific Islander	1	0%
Black + Haitian	7	1%
Jamaican	126	12%
White/Brazil	38	3%
Amer Indian/Alaska Native	0	0%
Hispanic *	918	84%
Mexican	570	52%
Guat (Central)	177	16%
Puerto Rican	89	8%
Equa/Per (South)	51	5%
Hon/Nic (Central)	22	2%
Other Hispanic/Latino	4	0%
Sal (Central)	3	0%
Dominican	2	0%
Unknown/Unreported	52	5%
Total	1,142	
Total minus Unk	1,090	95%

Income	Number	%
<=100% FPL	1006	92%
101-150% FPL	80	7%
151-200% FPL	7	1%
> 200% FPL	1	0%
Unknown	48	4%
Total	1,142	
Total minus Unk	1,094	96%
Low Income	1,093	100%

Month	2011 Patients				2011 Visits			
	Medical *	Dental	Other	Total **	Medical	Dental	MH/Other	Total
jan	148	64	4	198	191	82	6	279
feb	108	45	8	130	222	93	15	330
mar	144	40	5	161	315	111	16	442
apr	62	39	1	78	198	107	2	307
may	44	38	2	68	102	77	3	182
jun	182	53	1	204	259	91	2	352
jul	157	67	1	176	270	89	6	365
aug	93	30	3	102	217	71	8	296
sep	19	4		17	48	16	4	68
oct	9			8	12	-	-	12
nov								-
dec								-
Total	966	380	25	1,142	1,834	737	62	2,633
	85%	33%			70%	28%		

2011 Patients by CHC				% of Total Patients
CHC	Primary &/or		Total *	
	Dental	Dental (only)		
Brightwood	299	-	299	25.3%
CHCE	33	11	44	3.7%
CHCFC	163	56	219	18.5%
CHS	52	50	102	8.6%
EHCHC	4	-	4	0.3%
Generations	143	56	199	16.8%
Holyoke	61	-	61	5.2%
UConn	240	14	254	21.5%
Total	995	187	1,182	100.0%

* some patients are double-counted b/c they were seen at more than 1 CHC

CHC	2011 Visits by CHC			Total **	Rx	% of Total Visits	Visit per Patient
	Primary	Dental	MH/Other				
Brightwood	504			504	243	19.1%	1.69
CHCE	42	21		63		2.4%	1.43
CHCFC	432	250	33	715	116	27.1%	3.26
CHS	144	214	29	387	313	14.7%	3.79
EHCHC	13	1		14		0.5%	3.50
Generations	229	134		363		13.8%	1.82
Holyoke	110	46		156	103	5.9%	2.56
UConn	363	71		434		16.5%	1.71
Total	1,837	737	62	2,636	775	100.0%	2.23

** not including Rx

Provider Visits	Number	%
Primary Care MD	1,391	53%
Other Specialist MD	202	8%
NP	167	6%
PA	35	1%
CNM	1	0%
Nurses	38	1%
Dentists	662	25%
Dental Hygienists	75	3%
Mental Health	27	1%
Vision Care		0%
Other Professional	35	1%
Total	2,633	

MASSACHUSETTS LEAGUE of COMMUNITY HEALTH CENTERS



40 Court Street, 10th Floor, Boston, MA 02108 • 617-426-2225 • Fax 617-426-0097 • www.massleague.org



Connecticut River Valley Farmworker Health Program

Advisory Board Membership

David Almeida
Regional Director
Massachusetts Migrant Education Program
EDCO Collaborative
Western Regional Office
123 Hawley Street
Northampton, MA

Heather Callahan
Wage and Hour Investigator
US Department of Labor, ESA Wage and Hour Division
Hartford, CT

Betsy Caraballo
ESL Instructor / Job Developer
New England Farm Workers' Council
490 Ann St
Hartford, CT

Gregory N. Piwonski
Human Resource Representative
Imperial Nurseries, Inc.
35 Floydville Road
Granby, CT

CRVFHP Staff

Mary Ellen O'Driscoll
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Massachusetts League of Community Health Centers
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Boston, MA 02108
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Molly Butler
Division of Health Promotion and Disease Prevention
Massachusetts Department of Public Health
23 Service Center
Northampton, MA

Eddie Sapiain
Labor Educator/Migrant Health Coordinator
ConnectiCOSH
683 North Mountain Road
Newington, CT

Edorbal (Eddie) Valentin
State Monitor Advocate
Connecticut Department of Labor
200 Folly Brook Blvd
Wethersfield, CT

Keith Maxwell
Technical Services Director
Massachusetts League of Community Health Centers
40 Court Street, 10th Floor
Boston, MA 02108
Ph: 617 425-2225 X234
Fax: 617 426-0097
Email: kmaxwell@massleague.org

Connecticut River Valley Farmworker Health Program
Farmworker Health Care Focus Group
Community Health Services, Staff Lunchroom, Basement
500 Albany Ave, Hartford, CT
November 15, 2011
5-7pm

4-5pm Set up room; determine best way to set up tables; food/drinks prep; game; video; poster setup with questions listed & agenda listed (*Spanish too*); set out name tags/goodie bags/pens/photo auth. **on colored paper**, etc.

[Mary Ellen, Elsa]

5pm **Welcome** [Mary Ellen]
Ask people to have dinner; sit at goodie bag (*need to create bags*); music in background (Pandora on laptop).

5-5:15pm **Dinner** [Mary Ellen]
Food provided first.

5:15-5:20pm **Introductions** [Mary Ellen]
Welcome and introductions of staff (Mary Ellen, Joan, Elsa), medical interpreter (Nelly Perez – same as last year). Thank you to Patricia at CHS for hosting once again.

Thank You & Confidentiality.... We want this to be a safe space where you can feel comfortable sharing your opinion. There is no one we would rather hear from than you - your opinion can really help us make decisions about our Program and changes to our Program. Everything shared this evening will be held confidential.

Why are we here? What is our motive?

It's important to us that you know why we are having this focus group. We do this work because we care about you. We appreciate the hard work that you do and we want to make sure that you and your families' health care needs are taken care of. In 1998, this Program was created to make sure you and other farmworker families could receive quality health care.

One study estimated that there may be as many as 21,000 farmworkers and their family members in the Valley. If this is true, only 1,600, or 13%, are accessing our health care services.

One of the main things we hope you can help us figure out tonight is why so many farmworkers are not using our services and how we might hope to change that.

Thank you gift cards (*CVS or Big Y – to be decided beforehand by OW staff*) & goodie bags (hat, League golf shirt/lunch coolers, hand sanitizer, flyers, etc. – *ask OW staff to bring things to add*).

We will also be taking a couple of pictures of the event (Elsa); please pass in to Elsa (*need photo authorization, pens – leave photo authorization out at each seat for quick signature*).

FW participants (10-15 total goal), observers (CRVFHP agency staff). Name badges available (*need name badges*).

5:20-5:30pm **Icebreaker** [Mary Ellen et al.]

Icebreaker:

Game/Jenga?

- **What is your name?**

And...

1. **Best & Worst part of farmwork?**
2. **What type of farm do you work on? What do you do on that farm?**
3. **What brought you to the Valley (MA or CT)?**
4. **What is your favorite food to eat?**
5. **Do you do other work besides farmwork? If yes, what?**
 - What's the hardest part of being a farmworker?
 - How many years have you been in the Valley?
 - Do you have kids? If yes, how many?
 - What is something you enjoy doing?
 - What is something you are good at?

Have attendees grab more food.

5:30-5:40pm **Video** [Mary Ellen → transfer to Joan]

Have projector and laptop

Brief overview of CRVFHP, CHCs & CRV. Watch video.

RIGHT AFTER VIDEO – SEGUE TO QUESTIONS

Have poster board already up with question headers

Have markers for poster board

Have stickys/pens available for adding to posters

5:40-5:45pm **Overview of Focus Group/Purpose/Goals** [Joan]

Joan brief bio.

“Thank you for coming this evening. We appreciate your willingness to share your opinion on the availability of health care for your needs and those of your family members. We would like to hear from each of you and will make sure that there is adequate time.

The purpose of this focus group is to hear about your experiences with the health care system: your provider and the area health centers. By sharing your opinion and experiences we can provide better services.

We do have a list of specific questions we will be asking you to consider but also want to make sure that you have the time to bring up issues or concerns that we might not think to ask about. Everything that is shared this evening will be confidential. Reminder: Although we will be taking notes (and taking a couple of pics), no one’s name will be used or disclosed. Any written report of this focus group will be a summary of comments without anyone’s name identified.

We have over 1 hour for this focus group including the wrap-up survey and will make sure we end on time.”

- Joan – facilitator
- Nelly – interpreter (as well as your Outreach Worker staff and Elsa)
- Mary Ellen / Elsa – note taker (as well as your Outreach Worker staff)

5:45-6:50pm **Questions [Joan and Mary Ellen]**

5 questions:

- Re: Reaching More Patients - Workers who are aware of our Program but are “scared.”
- Re: Reaching More Patients - Workers who are aware of our Program but just do not want to see a doctor.
- Re: Marketing to Reach More Farmworkers who either do NOT know about our Program or how to access it.
- Re: Your Health Care Needs.
- Re: Your Satisfaction with Health Care.

First 2 questions are based on last year’s feedback.

1. Re: Reaching More Patients - Workers who are aware of our Program but are “scared.”

- **When you go to the doctor, how does it make you feel? Do you find it intimidating/scary/threatening? If so, why/which part?**
- **Can you see why others might find it intimidating/scary/threatening?**

- Do you know anyone who has wanted to use our Program but didn't? Why not?
 - What are your concerns about immigration/documentation?
 - Do you have friends whom you work with who don't use our Program?
 - How many of you can think of a friend who doesn't go see the doctor but who you think probably should? Why should they go?
 - Have you ever recommended our Program to someone else?
 - Tell us about your experience when needing medical care, dental care, eye care, other specialty care. (Where, how frequent, degree of satisfaction?)
 - What obstacles / barriers have you faced in getting services (child care, transportation, time off work, cost, language)?
 - Is it easy / difficult for you to leave work for office visits? What does farm owner think?
 - How can we help build trust?
 - Have you needed other specialty care in the past? Could you afford it / would you get it if the CRVFHP didn't cover it?
 - Do you have difficulty obtaining Rx? Do you know why you need Rx?
 - Besides the CRVFHP, do you have insurance (Medicaid)?
 - Do you know how to use it? Is insurance offered through your farm?
2. **Re: Reaching More Patients - Workers who are aware of our Program but just do not want to see a doctor.**
- Why don't they go (if not addressed in previous question)?
 - Have you ever gone to the doctor when you were not sick or hurt, but just for a checkup?
 - What is your idea of 'prevention'? Does the idea of prevention make sense? Do you think it makes sense to your fellow FWs?
 - Have you ever come across a FW, at your farm or another farm, who has never heard of our Program?
3. **Re: Marketing to Reach More Farmworkers who either do NOT know about our Program or how to access it.**
- How did you hear about the CRVFHP (CHC)?
 - Have you seen our new poster? Does it help reach more farmworkers? What would work?
 - Besides farmworkers, who else qualifies for our Program (migrant, seasonal, dependents)?
 - How can we best reach other FWs / dependents?

- **When is the best time for you to see the doctors?**
- **What services do we cover?**
- **What else do you do besides farmwork, if anything?**
- Do you know we are Valley-wide?
- What are the hours of the HC nearest to you?
- Do you have a CRVFHP Eligibility Card?
- Do you know you must re-register each year?
- Have you seen our CRVFHP marketing materials? Did you ever read / get a brochure?
- Are we missing farms?

4. Re: Your Health Care Needs (Medical Chart Review / Clinical Measures).

- **Do you feel like you have enough information from your provider to successfully handle your health care? How so?**
- **How do you handle Rx's in U.S. v. home country / other state?**
- **If you move, what would you like to take with you to show new provider (medical chart; medicine card; list of Rx's)? Why can't you take a summary of your health record with you when you move? Transition policies? Are they done?**
- **This past year's emergencies – tornado, hurricane, snow, etc. Did anyone from health center reach out to you re: your safety? Did you get any EP supplies from your OW? If so, did you like them? Would you have wanted something else?**
- Compare with RFP Goals/Objectives and new Clinical Measures
- Do you know how to prevent the flu? [*have bi-lingual flyers available*] Do you plan to get a flu shot? Do you know how to get access to a flu shot at a CHC?
- How can we improve health outcomes?
 - Diabetes:
 - 64% with controlled HbA1c $\leq 9\%$
 - [25 out of 39 – 2009]
 - Hypertension:
 - 63% with controlled blood pressure $<140/90$
 - [12 out of 19 – 2009]
 - Pap test – 61% tested
 - [43 out of 70 sample – 2009]
 - Childhood Immunization:
 - 100% fully immunized
 - [1 out of 1 – 2009]
 - Mental Health:
 - Did a provider ask you about your mood, level of stress, depression?
 - Oral Health:
 - Did you receive a dental exam / referral?

- Environmental / Occupational Health:
Did a provider ask you about any physical activities that you do – at work or away from work – that you feel are harmful to you? Did a provider ask you if you were exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work?

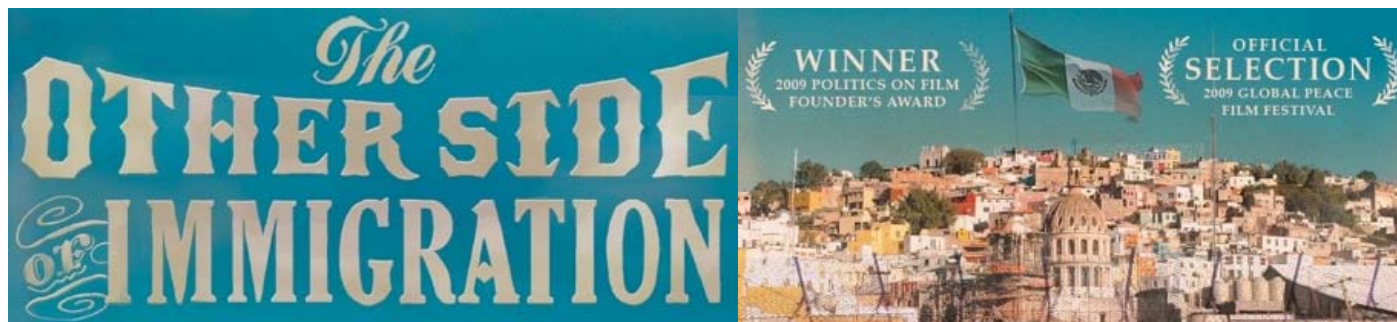
5. Your Satisfaction with Care:

- **Was there an opportunity to include your preferences (food, cultural beliefs, etc.) into your treatment plan? Are you able to follow the provider's recommendations in your treatment plan? What are the barriers, problems, if not?**
- **Are there health topics you wish to learn more about?**
- Please share with us your experience with the care you have received. Have there been language challenges. Did you need a translator? Did the staff speak your language? How difficult was it for you to understand the provider's questions or recommendations for treatment?
- Please share with us your experience with your provider. Did you feel that the provider respected your opinion on how to manage your health (chronic illness)?

6:50-7pm

***Wrap-Up Survey & Thank You!* [Joan or Mary Ellen]**

When you answer the survey questions we are asking you about the doctor and health center where you go to for routine health care.



HOME OWN THE FILM FAQs VIDEOS SCREENINGS THE DIRECTOR PRESS TAKE ACTION CONTACT



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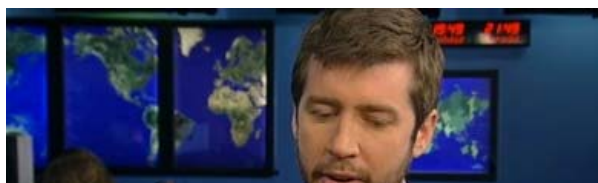
“most original presentation of a current political issue”
- Politics on Film / Bipartisan Policy Center

About the film Based on over 700 interviews, *The Other Side of Immigration* asks why so many Mexicans leave home to work in the United States and what happens to the families and communities they leave behind. Through an approach that is both subtle and thought provoking, the film challenges audiences to imagine more creative and effective immigration policies. Filmmaker Roy Germano holds a Ph.D. in political science from the University of Texas at Austin. He has conducted extensive research in the Mexican countryside with support from the National Science Foundation. *The Other Side of Immigration* emerged from his research. [Learn more.](#)

“*The Other Side of Immigration* does more than any other work to give people otherwise disparaged as ‘threatening’ and ‘illegal’ a human face and to reveal the devastating personal effects of U.S. immigration and economic policies on our closest neighbors.”
- Douglas S. Massey, Princeton University

“An intelligent, thought-provoking, beautiful, and caring look at the costs of policies in Mexico and the United States that lead to illegal immigration by so many. It is an understatement to say that the film has made me think...”
- Liza Finkel, Portland State University

“I recommend *The Other Side of Immigration* with enthusiasm for a wide range of audiences, including community groups, higher education institutions, public schools, and policy makers.”
- Scott Fletcher, Lewis & Clark College



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DVDs Licensed for Colleges/Universities and other organizations sold exclusively by our distributor Team Love LLC.

Dr. Roy Germano has presented the film at over 50 universities, conferences, and organizations. [Invite him](#) to speak at your upcoming event.

Latest updates from the director's blog

October 16, 3:54 PM

PUBLIC AND PRIVATE SECTOR EFFORTS TO ADDRESS THE ROOT CAUSES OF ILLEGAL IMMIGRATION



I think one of the more powerful statements in *The Other Side of Immigration* comes in the first minutes of the film when a Mexican policymaker explains his view on illegal immigration. “The effect is migration,” he states. “But that’s not the real problem. The

problem is the lack of opportunities in the Mexican countryside.”

This view of illegal immigration is quite different than the view often...

September 20, 10:48 AM

BORN UNDOCUMENTED, BY GUEST CONTRIBUTOR JASIVE OLIVIA GARZA CASTILLÓN



Did you do anything to be born where you were?

If given the choice, most of us would pick wealthy, loving families in rich countries like Italy, France, the United States, or Canada. But we don’t get to pick. We don’t do anything to earn the blessings or misfortunes we are born with. Imagine being born in a very remote, poor village—a place where time seems to have stopped a couple hundred years...

September 18, 11:42 AM

WHY I MADE THE OTHER SIDE OF IMMIGRATION

I am of Irish and Italian ancestry, born and raised in a primarily white, suburban area of Louisville, Kentucky. I grew up knowing (and caring) very little about Mexico or why so many Mexicans come to our country. My first introduction to immigration issues came about somewhat accidentally when I moved to Chicago in my early twenties and took a job waiting tables. At the restaurant, I worked...

September 14, 7:46 PM

UPCOMING SCREENINGS AND SPEAKING ENGAGEMENTS



Starting next month, I’ll be back on the road presenting *The Other Side of Immigration* and giving talks and Q&As about immigration issues. If your university, conference, or organization is interested in hosting an event, please email booking@roygermano.com for more information.

Mary Ellen O'Driscoll

From: James O'Barr <jobarr@HRHCARE.ORG>
Sent: Thursday, October 27, 2011 1:51 PM
To: Cluster_Compadres@yahoo.com; Andrew Lehto; Barbara Ginley; Cherie Arias; Curtis Edwards; Eileen McManus; Janis Sunderhaus; Lorena Royer; Mary Ellen O'Driscoll; Mary Englerth; Mary Zelazny; Rosario Rangel
Cc: Vilma Velez
Subject: FW: [Interfaith_Immigration] A Closer Look At Alabama's Disastrous Immigration Law

Friends,

FYI, passed along by the Mennonite Central Committee's Peace and Justice Coordinator.

James

Sent: Tuesday, October 18, 2011 10:42 AM
Subject: Fw: [Interfaith_Immigration] A Closer Look At Alabama's Disastrous Immigration Law

FYI

Curtis W Book, Peace and Justice Coordinator
MCC East Coast
900 E Howell St
Philadelphia, PA 19149
cbook@mcc.org
215-535-3624 (office)
215-316-6528 (cell)
215-423-4194 (home)

----- Forwarded by Curtis Book/MCC on 10/18/2011 10:39 AM -----

From: Jen Smyers CWS <jsmyers@churchworldservice.org>
To: interfaith_immigration@yahoo.com
Date: 10/18/2011 08:45 AM
Subject: [Interfaith_Immigration] A Closer Look At Alabama's Disastrous Immigration Law
Sent by: interfaith_immigration@yahoo.com

Helpful info on AL's law

A Closer Look At Alabama's Disastrous Immigration Law

Oct 17, 2011 | By [Amanda Peterson Beadle](#)

The fact that Alabama has HB 56, the [nation's harshest anti-immigrant law](#) on the books, has become a point of pride of some Alabama Republicans. The bill's sponsor, state Sen. Scott Beason (R), has [bragged about its success](#) even as farmers described to him the crops they were losing without enough workers to pick them. Sen. Jeff Session (R-AL) even used the [number of Hispanic children missing from school](#) to show that the law is working.

But they should have considered the experience of other states before going down this path.

Georgia [lost thousands of immigrant farm workers](#) and [hundreds of millions of dollars](#) in economic losses after passing a law that, like Alabama's, required police to check the immigration status of people they stopped and rendered the state completely inhospitable to migrant farm workers. Arizona [may not even be able to afford its 2010 law](#), which has already cost the state [hundreds of millions of dollars](#) in conference cancellations, even though the Ninth U.S. Circuit Court of Appeals [has ruled the most extreme parts of the law are unconstitutional](#).

Yet the GOP politicians apparently were blind to these lessons before they pushed a bill that went further than any other state, "igniting a [civil rights, humanitarian, and moral crisis](#)" in the state. While courts have blocked some provisions of the law from going into effect or stopping them from being enforced, the worst of the damage has already been done.

CHILDREN SCARED AWAY FROM SCHOOLS: One provision tucked into HB 56 drew much of the critics' ire: when children enrolled for school, officials were required to check their immigration status. When a federal judge ruled that this provision could stand after the Justice Department challenged it, Hispanic children immediately began to not show up for school. Fearing that their families could be at risk, [undocumented children stayed home](#) out of fear that their parents could be deported if they were discovered to be undocumented at school. Assurances from state education officials that only new enrollees, not current students, would need to present a birth certificate to prove their citizenship did not stop the withdrawals. A principal in Foley, Alabama said undocumented immigrants even made arrangements for American citizens to take in their children in case they were arrested and detained for not having proper immigration papers. The Monday after the law went into effect on Oct. 1, roughly [7 percent of Hispanic students](#) in Alabama public schools did not show up for school. And because the schools receive funding based on attendance, the schools now risk losing funding because children were too terrified by the state's law to show up. After two weeks of children avoiding school and [families fleeing](#) the state, the Eleventh Circuit [blocked schools from checking students' immigration status](#) until the appeals court has given the law a full hearing. But the ruling is too late for those already affected. The students who were absent or already withdrew might as well wear a scarlet "I" for "illegal immigrant" because their classmates and school officials will surely know why they weren't there.

ILLEGAL TO TAKE A SHOWER: But HB 56 did more than marginalize undocumented immigrants living in the state. The law made it [illegal to even live as an undocumented immigrant](#) in Alabama by, among other things, preventing an undocumented immigrant from entering into a "business transaction" with the state; essentially, they cannot pay taxes or even receive water in their homes. At least one local water board in Allgood, Alabama interpreted the law this way — officials there posted a sign saying that all customers would have to present their driver's licenses to prove their citizenship or they would [risk losing their water service](#). According to the National Immigration Legal Center, the Montgomery Water Works and Sanitary Sewer Board also asked customers to prove their citizenship at least for a period of time, and Alabama Power reportedly told one family that [they could not get electricity](#) because of the new immigration law. According to HB 56, a "business transaction" can include (but is not limited to) "applying for or renewing a motor vehicle license plate, applying for or renewing a driver's license or nondriver identification card, or applying for or renewing a business license." (Applying for a marriage license is excluded.) But because of the broad definition and with it potentially including everything from paying taxes to receiving public utilities, this provision makes it illegal for an undocumented

immigrant to remain in Alabama.

TOO LATE TO STOP: So far, judges have blocked aspects of the state's anti-immigrant law. Just as in [Georgia](#), Judge Sharon Blackburn barred Alabama officials from implementing a provision that made it [illegal to transport an undocumented immigrant](#), and a person cannot be charged for housing an undocumented immigrant either. But the heart of the law was upheld in that ruling — a ruling in which U.W. Clemon, Alabama's first black federal judge, said [Blackburn "was mistaken."](#) The Eleventh Circuit have stopped additional provisions of the law [pending a full hearing](#), such as preventing schools from asking new enrollees about their citizenship and making it a state crime to be undocumented in Alabama. But it still too little, too late for the children scared away from school, and it does nothing for a family that may be denied water or power in their home because of the law. Under the law, people can still be asked to prove their citizenship or immigration status [during traffic stops](#), and families will undoubtedly continue the move away from the hostile environment the state has created. Alabama farmers will continue to [watch their crops rot](#) in the field without their workers to help with the harvest, and the state will lose the [\\$130.3 million](#) that undocumented immigrants pumped into the economy through state and local taxes. In a way, it doesn't matter that courts have knocked down parts of Alabama's extreme law. There are no winners when the state is driving people away, potentially to its own detriment.

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Coming up on Rock Center - Fri, Nov 11, 2011



Greek to Me: 'The party's over' - Mon, Nov 7, 2011

Immigrant workers, farmers fearful in wake of Alabama immigration law

Mon Nov 14, 2011 7:34 AM EST

By **Kate Snow**
Rock Center correspondent

Jerry Danford drives me out back in his white pickup truck to see his 100 acres of cucumber fields. I'm sweating. It's at least 80 degrees in the shade on this September day, which Danford tells me is pretty standard for southeastern Alabama this time of year. He's been working in agriculture for nearly 50 years now.

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As we park and walk toward the fields, Danford talks about how many workers he needs to harvest all the cucumbers. Danford supplies a lot of the major pickle brand names you'd recognize. All those acres represent \$20 million in retail pickle sales.

"Americans lose sight about how we get our pickles in a pickle jar in a grocery store. We forget that this is where it comes from," Danford says as we walk down a long row of tidy green plants.

"People are not informed about what it takes to do these special crops. Now a lot of people aren't interested. The lawmakers that passed this law, they didn't come out here and interview people. If they had done their homework, they would have realized," he says.

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Danford is referring to the Republican lawmakers in Alabama who've passed the most severe immigration law in the United States. He's angry at those Republicans for what he sees as a political move that has deeply affected his life on the farm.

Since the bill was signed into law this summer, Danford has watched many of the immigrant workers he relied on leave. He worries that none of them will return for the spring harvest, when a provision requiring that employers check the immigration status of workers will be in effect.

"I would like for these lawmakers to go out and get me a pool of labor," he says.

And here's what makes his story particularly interesting: He voted for those lawmakers.

Danford is a lifelong Republican. He admits he did once vote for a Democrat for governor. But in every other race, at every level, he's always been for the GOP. When I ask if he's ever voted a Democrat into the White House he scoffs, making a face that says "you have to be kidding."

He voted for Alabama's current governor, Robert Bentley, a Republican. But he now says he regrets that decision.

"It was an honest mistake," Danford says, "but, you know, I feel bad over it."

Up in the state Capitol building, I sat down with Gov. Bentley. It was his first national television interview on this subject.



"I did think that if we signed this bill then we would certainly have to defend the bill. And that's what we're having to do," he says.

Bentley says he doesn't want to become the face of an anti-immigrant movement, but by signing this legislation he acknowledges that he put himself at the center of a national storm.

The U.S. Justice Department, under President Obama, has

sued Alabama, arguing that enforcing immigration policy is the job of the federal government, not the states.

Bentley says Alabama is just enforcing laws that the federal government has not. But Alabama's law has gone further in criminalizing certain acts.

"You're not supposed to be here without documentation. You're not supposed to be in the United States," Bentley argues. "And so that's all we want to do is to make sure that the people that are here, that are working here, do so legally."

"I'm not going to back down from the fact that we need immigration reform in this country," Bentley says. "Let me tell you, if the federal government would do their job, that's all we ask. If the federal government would do their job, we wouldn't, states wouldn't have to do this. It would not be necessary for Alabama or Georgia or Utah or South Carolina or Arizona or any of these other states to pass immigration bills if the federal government would do their job."

One of Bentley's primary arguments in favor of the law is that it will help put a dent in Alabama's unemployment rate, which is quite high at almost 10 percent. Yes, undocumented farm workers will leave the state, he says. But unemployed legal residents will replace them on farms like Jerry Danford's.

"If they are using illegal workers right now, will it hurt them? Possibly," Bentley says. "Especially this first year or maybe the second year. But eventually, it will not hurt them, because we will get back to doing things the right way."

To ease the adjustment, Bentley has set up a statewide employment hotline for farmers looking for agriculture workers.

Recent tweets

RockCenterNBC: MT @tvkatesnow The view from my perch. Talking about Alabama's immigration law on @mitchellreports <http://t.co/tfEpCoMr>

RockCenterNBC: Exclusive interview. #RockCenter's @tvkatesnow on impact of controversial AL immigration law. STORY: <http://t.co/9wf5GGq0>

RockCenterNBC: RT @tvkatesnow Brian Williams previews tomorrow night's @RockCenterNBC #RockCenter <http://t.co/9LABSMZg>

RockCenterNBC: #PennState team arrives by bus. Video from #RockCenter's @laurenspecter on assignment. <http://t.co/vSzkbyWI>

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As of this week, the website advertises five employers offering a total of 59 openings; 378 Alabamians had signed up on the site indicating their interest in a temporary job. But a spokesperson for the state office running the program says no one has yet been hired using the website.

On several visits to Alabama, we did find some native Alabamians willing to work in the fields.

We met Jess Montez Durr, who was picking tomatoes on the Jenkins tomato farm on Chandler Mountain in northern Alabama.



Durr said he'd stick with this as long as he could, but he preferred his previous job as a dishwasher at Applebee's.



"The work was a whole lot more easier than this," he said.

Since our visit, he and the other American workers have quit.

And that's why farmers like Jerry Danford say the governor's notion of "adjustment" will never work.

"The people that you could get locally, they wouldn't -- regardless of what you offered them, within reason -- they wouldn't put in the long hours. It'd take probably three (of them) to do what two of the immigrant workers do," he says.

"They'd want to be on break all the time, going to the bathroom, going to get a drink, or, you know, something. They just don't have the initiative to work, just plain and simple," Danford says.

He says he bases this opinion on decades of experience with local workers who show up for a day and then quit, if they apply at all.

Since Danford doesn't think a pool of labor, apart from immigrant workers, exists, he says he won't be able to plant so much produce anymore.

But what if he paid a higher hourly wage? The going rate now is \$10 an hour.

"The [pickle] company wouldn't buy it from you then," he says. They'd turn to suppliers in other states where labor is cheaper -- states that allow undocumented immigrants to continue working under the radar.

Across Alabama we heard the same thing, from watermelon growers in the south to tomato farmers up north.

A crew boss of a mostly undocumented Mexican crew, Servando Popoca, says he won't bring his men to Alabama anymore.

"They're gonna get deported," Popoca says. "And I will not risk my crew or myself."

So what will a farmer like Jerry Danford do?

He's considering planting a wider range of crops and perhaps more row crops, which can be harvested using automated equipment, rather than people.

Millions of dollars are on the line, not just for the farmers but for everyone in the supply chain. When Danford planted watermelons last year, he estimates he paid a trucking company close to \$10 million to transport them.

A new forecast from the University of Alabama estimates the law will cost the state economy at least \$40 million in lost revenue overall.

For Jerry Danford, it's a sad time.



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He tells me he loves his life on the farm: "Being out in the open. Being out looking, watching nature."

But he's not sure how many more generations will be able to make a living this way in Alabama.

Editor's note: Kate Snow's full broadcast report, "Help (not) Wanted", airs Monday, Nov. 14, at 10pm/9c on Rock Center.

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Bama-836911 Restored



Let the American worker pick the crops the ones that are getting paid ever week for nothing.

#1 - Mon Nov 14, 2011 8:11 AM EST

175 votes

txmom32 Restored



There are certainly enough of a workforce of unemployed in Alabama to work the fields. Not glamorous and certainly physically hard but then if you drop out of a free and fair public school education what do you expect your prospects to be.

#1.1 - Mon Nov 14, 2011 8:20 AM EST

157 votes

Mark VanGelder-1693883 Restored



Oh sure, our saggy drawer, materialistic, self-centered, I-Pad obsessed youth are going to get out there and do the same job, for the same money, as immigrant/migrant farm workers?

Dream on delusional tea baggers.

I guess this is the "job creation" we were promised by Republicans.

BWAHAHAHAHAHAHA

#1.2 - Mon Nov 14, 2011 8:24 AM EST

163 votes

rick m.-2395539 Restored



The immigrants will be welcomed back when they register & start paying taxes like all citizens do. America is now known as the country of free hand outs. That has to end.

#1.3 - Mon Nov 14, 2011 8:31 AM EST

196 votes

Will-1091847 Restored



If Americans weren't so fat and lazy, this wouldn't be an issue. Are there American people who would be willing to come pick these crops? Sure. But, the farmer will have to pay them more, they will work very slow, call out sick a lot more, and the turnover rate would be at least triple due to the loser, meth addicted workers constantly getting fired.

So, the HUGE draw of illegal Mexican workers is not just the low cost of the labor, but the great **speed and quality** of the labor. It has been at least 50 years since the average American had a work ethic like this or took this level of pride in their work. So goes the decline of America, like the Roman Empire before.



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Thursday, October 20, 2011

[Research for All! Applying Research Skills to Real Needs within your Organization](#); Liberty Day Ruihley, Alice B. Larson.

[Fear and Frustration: The Impact of Immigration Enforcement on Farmworker Families](#); Roger Rosenthal.

[Bringing Health Education to Life: An Interactive Workshop on Multimedia Educations with Farmworkers](#); Mary Johnson Rockers, Raul Gamez, Susan Auger.

[Unifying the Advocacy Capacity among Farmworkers and Healthcare Providers](#); Erin Sologaistoa, Robin Lewy.

Friday, October 21, 2011

[Wall of Wonder, An Assessment of Farmworkers in the Eastern Stream](#); Magdalena Fernandez, Erin Sologaistoa, James O'Barr.

[2011 Mid-Atlantic Migrant Health Profile](#); Magdalena Fernandez.

[2011 Mid-Atlantic Profile Data](#); Magdalena Fernandez.

[Meeting the Challenges of Creating a Patient-Centered Medical Home System for Migrating Patients](#); Ed Zuroweste, Richardo Garay.

[Promotoras: Volunteers, Contractors or Staff?](#) Colleen Reinert, Anne Lee.

[Cultural Competency and Health Literacy: A Plan to Improve Health Communication](#); Vangie Orozco.

[Migrant Health Centers - Adapting to the Changing Environment by Building a Collective Growth Plan](#); Pamela S. Byrnes, Virgilio Licona, Doug Smith.

[Bureau of Primary Healthcare/Office of Special Population Health Update](#); Sony Fermin.

[NACHC Update](#); Joseph Gallegos

[Targeting Hispanic Health: Overview of Current CDC Initiatives](#); Julio Dient Taillepierre.

Improving HIV/STD Related Services for Migrant Farmworkers: A Forum for Mutual Learning by Service Providers, Program Specialist, and Researchers;

[Thomas M. Painter](#)

[Karen Kroeger](#)

[Jorge Alonzo](#)

[Ricky Wascher Tavares](#)

[Telehealth](#) - Using Collaboration and Technology to Provide Access to Care; Mary Zelazny, Sirene Garcia.

[Using the Workers Compensation System Effectively](#); Brent Probinsky, Ed Zuroweste.

Saturday, October 22, 2011

[Pregnancy Health among Florida Farmworkers](#); Linda McCauley, Maureen Kelley.

[Creating a Joint Partnership between Farmworker Healthcare and Legal Advocates](#); Shaundra Young Scott, Susan Chang.

[Assessing Migrant's Risk for Chronic Disease: The Experience of a Mobile Health Program in North Eastern Colorado](#); Miriam Ceja de Diaz, Clara Cabanis.

[Migrant Health 101](#); Kristen Stoimenoff, Colleen Reinert, Ricardo Garay.

[Organizational Workflow Changes for the Seamless Integration of Health IT: How Streamlining Your Farmworker Health Organizational Processes Can Help you Achieve Maximum Productivity When Adopting Health IT](#); Talal Asad.


[Heat-related Illness among Migrant Farmworker Communities in South Georgia: A Clinical/Research Partnership](#); Nancy L. Fleisher, Jeri

Fear and Frustration: The Impact of Immigration Enforcement on Farmworker Families

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Washington, DC

24th East Coast Migrant Stream Forum
October 20, 2011 – West Palm Beach, Florida



When was the last time there was a
major change in U.S. immigration
law?



1996



The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRAIRA)...

- Made it more difficult to enter the United States
- Made it more difficult to gain legal status
- Made it easier to get deported
- Restricted access to some public benefit programs



The 1996 Immigration Law did not:

- Make legal immigrants immediately deportable if they participate in federal or state funded programs.
- Deny all legal immigrants access to federal, state, and local funded programs.
- Deny undocumented children the right to receive a free public education.




True or False?

The Immigration and Naturalization Service (INS) continues to exist?



False!

When the U.S. Department of Homeland Security (DHS) was established, post 9/11/01, the functions of INS were placed at DHS.



Two bureaus were established to undertake some of the INS functions

- U.S. Citizenship and Immigration Services (USCIS)
- U.S. Immigration and Customs Enforcement (ICE)



The A, B, Cs of U.S. Immigration

- What is an Immigrant?
 - An immigrant is a foreign-born individual who has been admitted to reside permanently in the United States as a Lawful Permanent Resident (LPR).



The A, B, Cs of U.S. Immigration

- What is an Undocumented Immigrant?
 - An undocumented immigrant is a person who is present in the U.S. without the permission of the U.S. government.
 - Undocumented immigrants enter the U.S. either
 - Illegally, without being inspected by an immigration officer or by using false documents
 - Legally, with a temporary visa, and then remain in the US beyond the expiration date of the visa.



The A, B, Cs of U.S. Immigration

- What is a refugee?
 - A person *outside* of the United States who seeks protection on the grounds that he or she fears persecution in his or her homeland is a refugee.

The A, B, Cs of U.S. Immigration

- To attain refugee status, the person must prove that he/she has a “well-founded fear of persecution” on the basis of at least one of five specifically-enumerated and internationally-recognized grounds.
 - Race
 - Religion
 - Membership in a social group
 - Political opinion
 - National origin


The A, B, Cs of U.S. Immigration

- A person who has *already entered* the U.S. and who fears persecution if sent back to his country may apply for **asylum** here.
- Once granted asylum, the person is called an “**asylee**”.

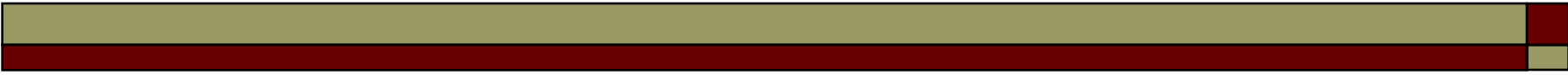


The A, B, Cs of U.S. Immigration

- Like a refugee, an asylum applicant must also prove that he or she has a “well-founded fear of persecution” based on the same enumerated grounds.
- Both refugees and asylees may apply to become LPRs after one year.



Migrant \neq immigrant
 \neq undocumented



There are two basic ways an individual can be sponsored for legal status (or be admitted to permanently reside in the U.S.):

--Employment-based
immigration

--Family-sponsored immigration



Employer Sponsorship

- Skills
- Availability of Workers



Family Sponsorship



The A, B, Cs of U.S. Immigration

- How do Immigrants Get Admitted to Permanently Reside Here?

Through **family-sponsored immigration**, a U.S. citizen can sponsor his or her spouse, foreign-born parent (if the sponsor is over the age of 21), minor and adult children, and brothers and sisters. A lawful permanent resident can sponsor his or her spouse, minor children and adult unmarried children

Facts on Family-Sponsored Immigration

- Family-Sponsored Immigration is how U.S. citizens and lawful permanent residents bring family members from other countries to live permanently in the U.S.
- Citizens may only bring their spouses, unmarried children, parents (if the citizen is over 21 years), married children, and brothers and sisters (if the citizen is over 21 years).



Facts on Family-Sponsored Immigration

- ❑ Lawful Permanent Residents (LPRs) may only bring their spouses and unmarried minor and adult children.
- ❑ Neither citizens nor LPRs may bring in more distant family members, such as aunts, uncles and cousins.

Facts on Family-Sponsored Immigration

- Our immigration system divides the family members eligible for sponsorship into 2 tiers.
 - “**Immediate relatives**” of U.S. citizens (excluding brothers and sisters, unmarried and married adult children) receive an unlimited number of visas each year.
 - All others fall into the “**family preference system**” which has an annual maximum limit of 226,000 visas issued per year.

Facts on Family-Sponsored Immigration

Immigration Based on Family Relationships

Category	U.S. Sponsor	Relationship	Visas Allocated
Immediate relative	U.S. Citizen	Spouses, unmarried minor children and parents (if the citizen is 21 years or older)	Not numerically limited (approximately 250,000 have been issued annually in recent years.)

Facts on Family-Sponsored Immigration

Immigration Based on Family Relationships

Category	U.S. Sponsor	Relationship	Visas Allocated
1 st Preference	U.S. Citizen	Unmarried adult children (21 years or older)	23,400 visas/year, plus any visas left from the 4 th preference
2 nd A Preference	LPR	Spouses and minor children	87,900 visas/yr
2 nd B Preference	LPR	Unmarried adult children (21 years or older)	26,300 visas/year

Facts on Family-Sponsored Immigration

Immigration Based on Family Relationships

Category	U.S. Sponsor	Relationship	Visas Allocated
3 rd Preference	U.S. Citizen	Married adult children	23,400 visas/year, plus any visas left from the 1 st and 2 nd preferences
4 th Preference	U.S. Citizen (21 years or older)	Brothers and sisters	65,000 visas/yr, plus any left over from the previous preferences



Facts on Family-Sponsored Immigration

□ Limits on Immigrants from One Country

- In addition to the number of visas allocated to the different categories, U.S. law also limits the number of visas that may be issued to any one country in a year.
- This “per-country ceiling” (about 25,600 visas) represents the total number of family preferences *and* employment-based visas that may be issued to nationals of a given country.

Facts on Family-Sponsored Immigration

□ Income Requirements

- To begin the process, the citizen or LPR must file a petition with CIS, seeking an “immigrant visa” for the family member
- All citizens or LPRs wishing to petition for a family member must also earn at least 125% of the federal poverty level and sign a legally enforceable *affidavit of support* promising to support the immigrant financially.

Facts on Family-Sponsored Immigration -Income Requirements

- Petitioners are allowed to get another person to co-sign the affidavit of support on behalf of the immigrant to satisfy this financial requirement.
- In this case the co-signer also assumes unlimited liability to support the immigrant.

Facts on Family-Sponsored Immigration -Income Requirements

- While this requirement was added to the law in 1996 to ensure that immigrants will be provided for by family members and will not become a “public charge”: for some hardworking but low paid Americans, it closes off an opportunity to reunite with close family members.



The A, B, Cs of U.S. Immigration

- What are Non-Immigrants?
 - Non-immigrants are individuals who are permitted to enter the U.S. for a period of limited duration, and are given only temporary visas.
 - Some non-immigrant (temporary) visas are given to: students, tourists, temporary workers, business executives, and diplomats.

The A, B, Cs of U.S. Immigration

- What is a Naturalized Citizen?
 - Lawful permanent residents are eligible to apply for US citizenship through a process called **naturalization**.
 - To qualify to naturalize, applicants must reside in the U.S. for 5 years (3 if they are married to a U.S. citizen), demonstrate a knowledge of U.S. history and government, show they have committed no serious crimes, have paid their taxes, are of “good moral character”, and demonstrate that they understand, speak and write ordinary English.



**“Adjustment of Status” within
the United States**



Mr. & Mrs. Smith



FACT PATTERN

Mrs. Smith has been married to Mr. Smith for 15 years. Mr. Smith was born in the United States in Immokalee, Florida. Mrs. Smith was born in Mexico and is undocumented. She entered the U.S. “without inspection”.

Query: Can Mr. Smith sponsor Mrs. Smith for legal status while Mrs. Smith remains in the United States?



Answer:

No! He cannot sponsor her while she resides in the United States.



245 (i)

(A program for adjustment of status within the
United States)

This program ended on April 30, 2001 and
has not been renewed.



Three year bar

Ten year bar



Current Crisis/Current Needs/Avoiding Scams



Consequences of the Failure to pass Immigration Reform

State and Local Anti-Immigrant Laws and Ordinances

Hazelton, PA; Farmers Branch, TX; Oklahoma; Arizona; Georgia; Alabama

IMMIGRATION LAW STATUS

- Enacted**
Laws are temporarily blocked, in full or in part, except in South Carolina.
- Pending bills**
Arizona copycat laws have been introduced and are on the table.
- Defeated bills**
Legislatures that considered and rejected what the ACLU defines as Arizona copycat immigration laws during this year's legislative session.



ALABAMA
In a Justice Department lawsuit, a federal judge on Wednesday blocked parts of Alabama's immigration law but allowed other portions to take effect.

SOUTH CAROLINA
The law has been passed, though it has not taken effect. The ACLU and other groups are planning to sue over the law, and the Justice Department is considering a lawsuit.



Litigation Challenging State and Local Ordinances

(including suits by the U.S. Department of Justice)



State and Local Law Enforcement of Federal Immigration Laws

*Can local police stop anyone and ask for
immigration documents?*




Enforcement of Immigration Law is a federal function

In principle, state and local police do not have the authority to enforce federal immigration law



Stopping a Car



Approval by the U.S. Department of
Homeland Security to “deputize”
state and federal law enforcement—
the 287(g) program


<http://www.ice.gov/news/library/factsheets/287g.htm>



What Should You Do When Immigration Officers Come To Your House?



Immigrants and Government Benefits



School Lunch and Breakfast programs have no immigrant restrictions. No Social Security numbers are required to participate.



Public Charge



WILL USING BENEFITS HURT MY CHANCES OF GETTING A
GREEN CARD OR BECOMING A U.S. CITIZEN?

GOOD NEWS! INS says:

If you DO NOT have a green card yet

☺ It will **NOT** hurt
your chances
of getting a
green card
if YOU, your
CHILDREN, or
other FAMILY
MEMBERS use:

- ✦ **HEALTH CARE**, such as: Medicaid, Children's Health Insurance Program, WIC, prenatal care, other free or low-cost medical care
- ✦ **FOOD programs**, such as: Food Stamps, WIC, school meals, and other food assistance
- ✦ **Other programs that do not give cash**, such as: public housing, disaster relief, child care services, job training, transportation vouchers



**You MIGHT
have a problem
getting your
green card later
ONLY IF:**



YOU use CASH WELFARE, such as: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), General Assistance (GA)



OR your family's only source of support is cash welfare received by your CHILDREN or other FAMILY MEMBERS



OR you are in a nursing home or other LONG-TERM CARE paid for by Medicaid or other government funds


Call one of the phone numbers listed on the back for more information.

If you are a REFUGEE or ASYLEE



You can use ANY benefits, including cash welfare, health care, food programs, and non-cash programs, without hurting your chances of getting a green card.


If you already **HAVE** a green card

 You **CANNOT** lose your green card if YOU, your CHILDREN, or other FAMILY MEMBERS use:

✦ HEALTH CARE, FOOD programs, and other NON-CASH programs

✦ CASH WELFARE

✦ LONG-TERM CARE

 But You **MIGHT** have a problem:

✦ If you leave the U.S. for **more than 6 months** continuously and you have used cash welfare or long-term care.

✦ OR in **extremely rare cases**, if you use cash welfare or long-term care during your first 5 years in the U.S., for reasons (such as an illness or disability) that existed **before** you entered the country.

Call one of the phone numbers below for more information.

If you are applying for U.S. citizenship

 **You CANNOT be denied U.S. citizenship** for lawfully receiving benefits, including cash welfare, health care, food programs, and non-cash programs.

If you want to sponsor your relative

 **Using benefits, including cash welfare, health care, food programs, and non-cash programs, should not prevent you from sponsoring your relative.** But you will need to show that you or your co-sponsor earn enough income to support your relative.

FOR MORE INFORMATION, CALL:

OR CALL:

Developed by the Asian Pacific American Legal Center for the California Immigrant Welfare Collaborative, a joint project of:
Coalition for Humane Immigrant Rights of Los Angeles * National Immigration Law Center * Northern California Coalition for Immigrant Rights * Asian Pacific American Legal Center

Translations funded and coordinated by Community Voices Project for Immigrant Health of Asian Health Services & La Clínica de la Raza - Alameda County, CA; American Immigration Lawyers Association; National Asian Pacific American Legal Consortium; National Council of La Raza; National Immigration Forum; National Immigration Law Center; National Immigration Project of the National Lawyers Guild; and the United States Catholic Conference.



¿ SI USO BENEFICIOS PÚBLICOS, me afectará la posibilidad de obtener la RESIDENCIA LEGAL (LA MICA/GREEN CARD) o la CIUDADANÍA DE LOS EE.UU. ?

¡BUENAS NOTICIAS!

DICE EL SERVICIO DE INMIGRACIÓN Y NATURALIZACIÓN (INS):

Si usted todavía NO tiene una tarjeta de residencia legal (la mica/green card):



La posibilidad de obtener una tarjeta de residencia legal (la mica/green card)

NO será afectado

Si USTED, sus HIJOS, u Otros MIEMBROS DE SU FAMILIA usan:



BENEFICIOS DE SALUD, tales como:

Medicaid, Seguros y Programas de Salud para los Niños (CHIP), WIC, cuidado prenatal u otros beneficios de salud gratis o de bajo costo.



Programas de ALIMENTACIÓN, tales como:

Estampillas de Comida, WIC, comidas escolares u otros programas de alimentación gratuita.



Otros programas que no proveen dinero, tales como: vivienda pública,

ayuda para desastres, servicios de cuidados de niños, entrenamiento de trabajo y cupones para transportación.



Usted **TENDRÁ**
problemas en el futuro
para obtener su tarjeta
de residencia
SOLO SI:



USTED usa **WELFER PAGADO EN EFECTIVO**, tales como:
Asistencia Temporal para Familias Necesitadas (TANF),
Seguro Social Suplementario (SSI), Asistencia General (GA).



O la única fuente de mantenimiento de su familia es welfer
pagado en efectivo recibido por sus **HIJOS** ú otros **MIEMBROS**
DE SU FAMILIA.



O usted está en un asilo de ancianos donde recibe cuidados
médicos ó recibe otra atención a **LARGO PLAZO** pagada por el
Medicaid u otros fondos gubernamentales.

*Para más información, llame a uno de los teléfonos
en la lista al reverso de esta forma.*

Si usted es un **REFUGIADO** o **ASILADO** :



Usted puede usar **CUALQUIER** beneficio, incluyendo ayuda en efectivo,
beneficios de salud, programas de alimentación y programas que no
proveen dinero en efectivo, sin perjudicar sus posibilidades de obtener su tarjeta
de residencia legal (la mica/green card).

Si usted ya TIENE una tarjeta de residencia (la mica/green card) :



Usted **NO PUEDE** perder su residencia permanente, si USTED, sus HIJOS, u otros MIEMBROS DE SU FAMILIA usan:

- ✧ BENEFICIOS DE SALUD, programas de ALIMENTACIÓN y otros programas que no proveen dinero.
- ✧ AYUDA EN EFECTIVO (WELFER).
- ✧ CUIDADO A LARGO PLAZO.



Pero Usted **PODRÍA** tener problemas:

- ✧ Si sale de los EE.UU. por más de 6 meses continuos, y ha usado programas que proveen dinero en efectivo o cuidado a largo plazo.
- ✧ O en casos extremadamente raros. Por ejemplo, si usted usa programas que proveen dinero o cuidado a largo plazo durante sus primeros 5 años en los EE.UU. por razones (como una enfermedad o incapacidad) que existía antes que usted entró al país.


Llame a uno de los teléfonos escritos abajo para obtener más información.

Si usted está aplicando para la ciudadanía de los EE.UU. :

 **NO SE LE PUEDE** negar la ciudadanía de los EE.UU.

por recibir legalmente beneficios públicos, incluyendo ayuda en efectivo, beneficios de salud, programas de alimentación y programas que no incluyen dinero en efectivo.

Si usted quiere patrocinar a un pariente :

 El usar beneficios públicos, incluyendo ayuda en efectivo, beneficios de salud, programas de alimentación y programas que no incluyen dinero en efectivo, no le impide que patrocine a su pariente. Pero usted y (si fuera necesario) su copatrocinador tendra(n) que demostrar que ganan lo suficiente para mantener a su pariente.

PARA MAS INFORMACION, LLAME AL:

O LLAME AL:

Desarrollado por Asian Pacific American Legal Center para el California Immigrant Welfare Collaborative, un proyecto conjunto de:
Coalition for Humane Immigrant Rights of Los Angeles * National Immigration Law Center * Northern California Coalition for Immigrant Rights * Asian Pacific American Legal Center

Traducciones financiadas y coordinadas por Community Voices Project for Immigrant Health of Asian Health Services & La Clínica de la Raza-Alameda County, CA; American Immigration Lawyers Association; National Asian Pacific American Legal Consortium; National Council of La Raza; National Immigration Forum; National Immigration Law Center; National Immigration Project of the National Lawyers Guild; and the United States Catholic Conference.



Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”



The Obama Era

Guiding Principles:

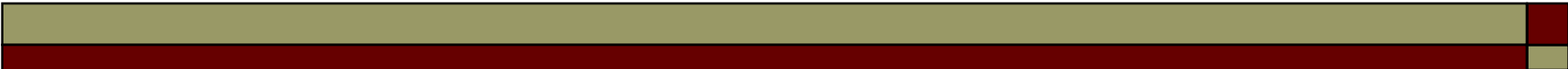
Strengthen Border Control
Improve Our Immigration System
Remove Incentives to Enter Illegally
Bring People Out of the Shadows
Work with Mexico

<http://www.whitehouse.gov/issues/immigration>



The Obama Era (continued)

What has been happening?



"Congress hasn't moved forward with the legislation that the administration envisioned, which puts ICE in the middle of the fray. The only thing happening with immigration in the country is enforcement."

Doris Meissner - Former Commissioner of the Immigration and Naturalization Service (INS) in the 1990's, and currently a senior fellow at the Migration Policy Institute, quoted in a Washington Post story entitled, *"Immigration policies sparking tensions within ICE"* by Andrew Becker, August 27, 2010, page B3.



Legislative Proposals for Reform

(including AgJOBS and the Dream Act)



Bills Recently Introduced



Government Action/Policy

Increased Border Enforcement



Raids/Deportations

Audits of Employers



DHS guidance regarding “Prosecutorial Discretion” with respect to Deportations



287(g) Program Changes



E-Verify



Secure Communities Program



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Assessing Migrant's Risk for Chronic Disease: The Experience of a Mobile Health Program in North Eastern Colorado

Clara Cabanis, MHSA

Miriam Diaz, IMG

Maria de Jesus Diaz,
PhD.





Learning Goal

- To adopt one specific action to identify risk factors for chronic diseases within outreach programs.

Salud Clinic Locations

- Brighton
- Commerce City
- Estes Park
- Fort Lupton
- Frederick
- Sterling
- Longmont
- Fort Collins
- Fort Morgan
- Mobile Unit



 **Salud**
Family Health Center

Fort Lupton, Colorado

Your healthcare home. Su clinica familiar

Need

- This is a program designed to reduce barriers to health care access among Immigrants in northern area of Colorado, with an emphasis on rural populations.



 **Salud**
Family Health Centers

...your healthcare home

Su clinica familiar

Fort Lupton, Colorado

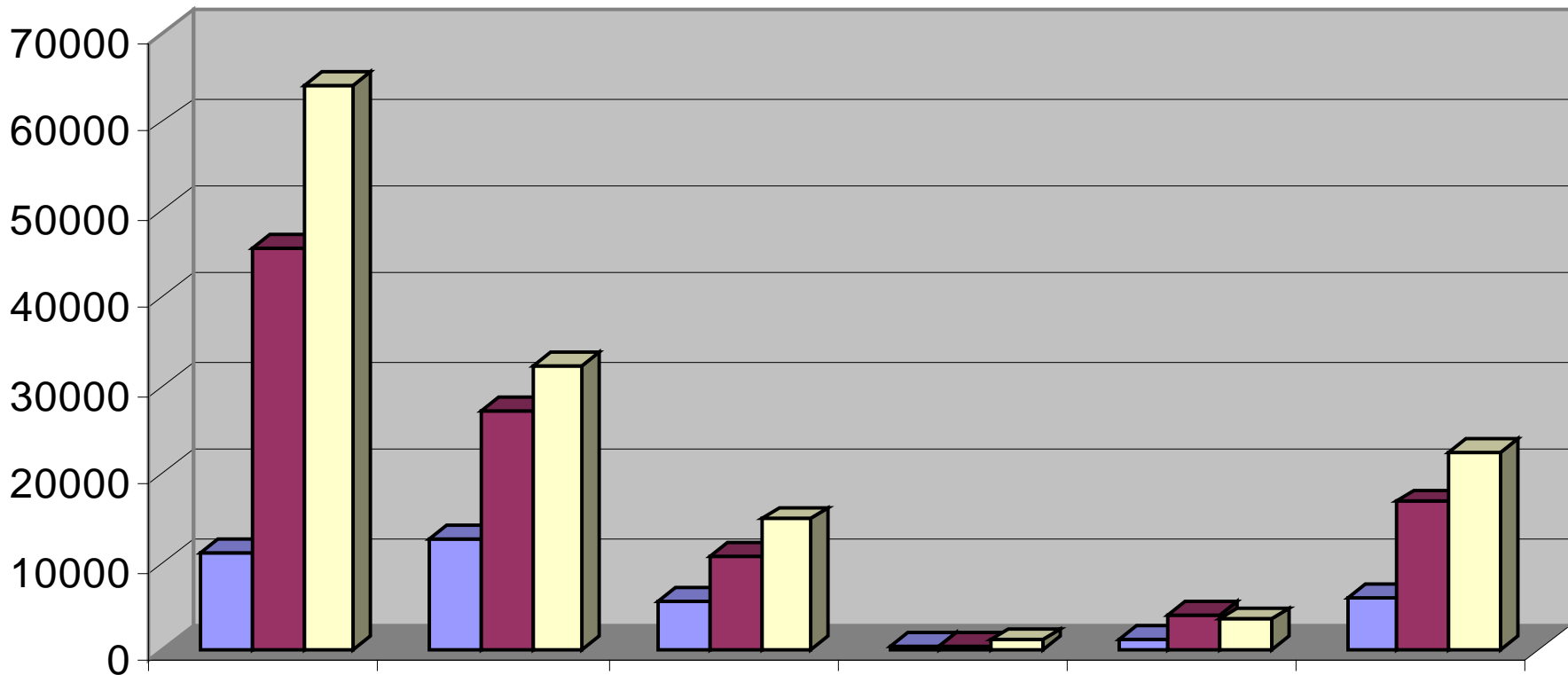
 **Salud**
Family Health Centers

healthcare home Su clinica familiar

Three men are present: one in a grey shirt and blue cap is loading a purple bag into a cardboard box; another in a red plaid shirt and white cap stands nearby; a third in a white t-shirt and blue jeans stands further back. The bus's storage compartment is open, showing medical supplies.

Background

- In 21 states, the number of Hispanics increased, often because farmers, meatpackers, or poultry processors turned to immigrants to harvest crops or work on disassembly lines. This immigration has made rural and agricultural areas a new gateway to the United States (Martin, P. 2001 *Immigration Reform and Rural America, Ellis Island to The Ellis Farm*, Choices 6 – 10).



■ Immigrants 1990 ■ Immigrants 2000 ■ Immigrants 2009

Why does this outreach program exist?

- Increase health care access to immigrants.
- Comprehensive patient education (many immigrants do not know how to find medical and mental health service in the US).
- Provide screening services to those who currently do not receive them and direct those who need further care to a health care home.
- Target men which are the demographic group least likely to seek medical care.



Program Description

Mobile Unit



Identifying the need

- BMI measurement was included in every visit in Mobile Unit.
- Observed High BMI in the population served by Mobile Unit
- Decided to study if there is a relationship between time spent in the US and risk factors for chronic disease.

Study

- Data was collected between August 2009 and September 2010
- Demographics
- Years spent in the US
- Years of education
- Number of trips between US and country of origin
- BMI, Blood Pressure, Random Blood Sugar

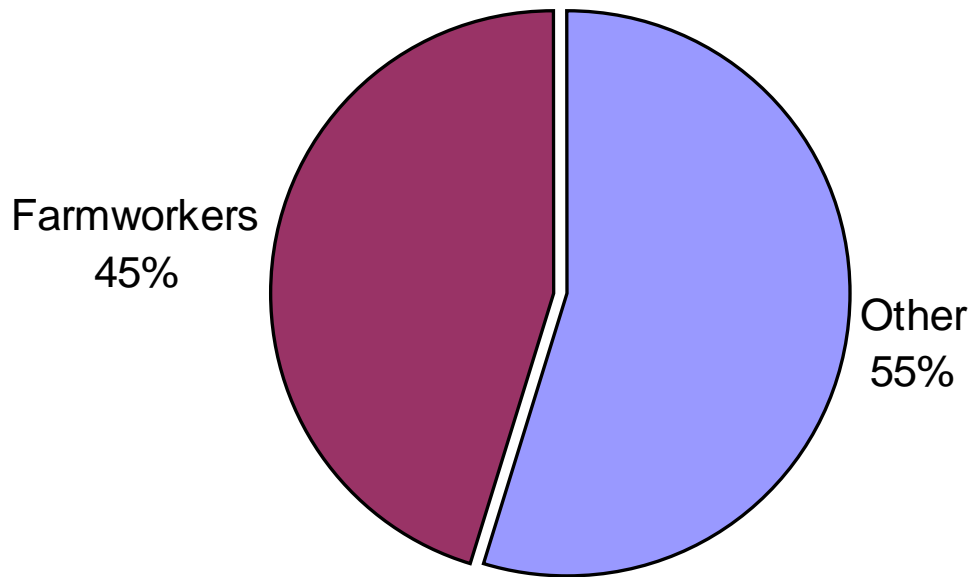


Findings

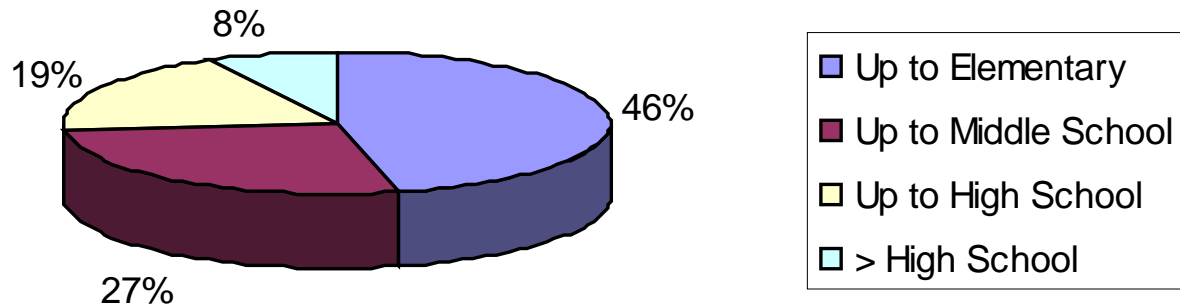
- Total Sample: 1718
- Ages: 18 – 82
- Years in the US: 0 – 76
- Trips between country of origin and US:
0 – 80
- More men than women were screened

Demographics

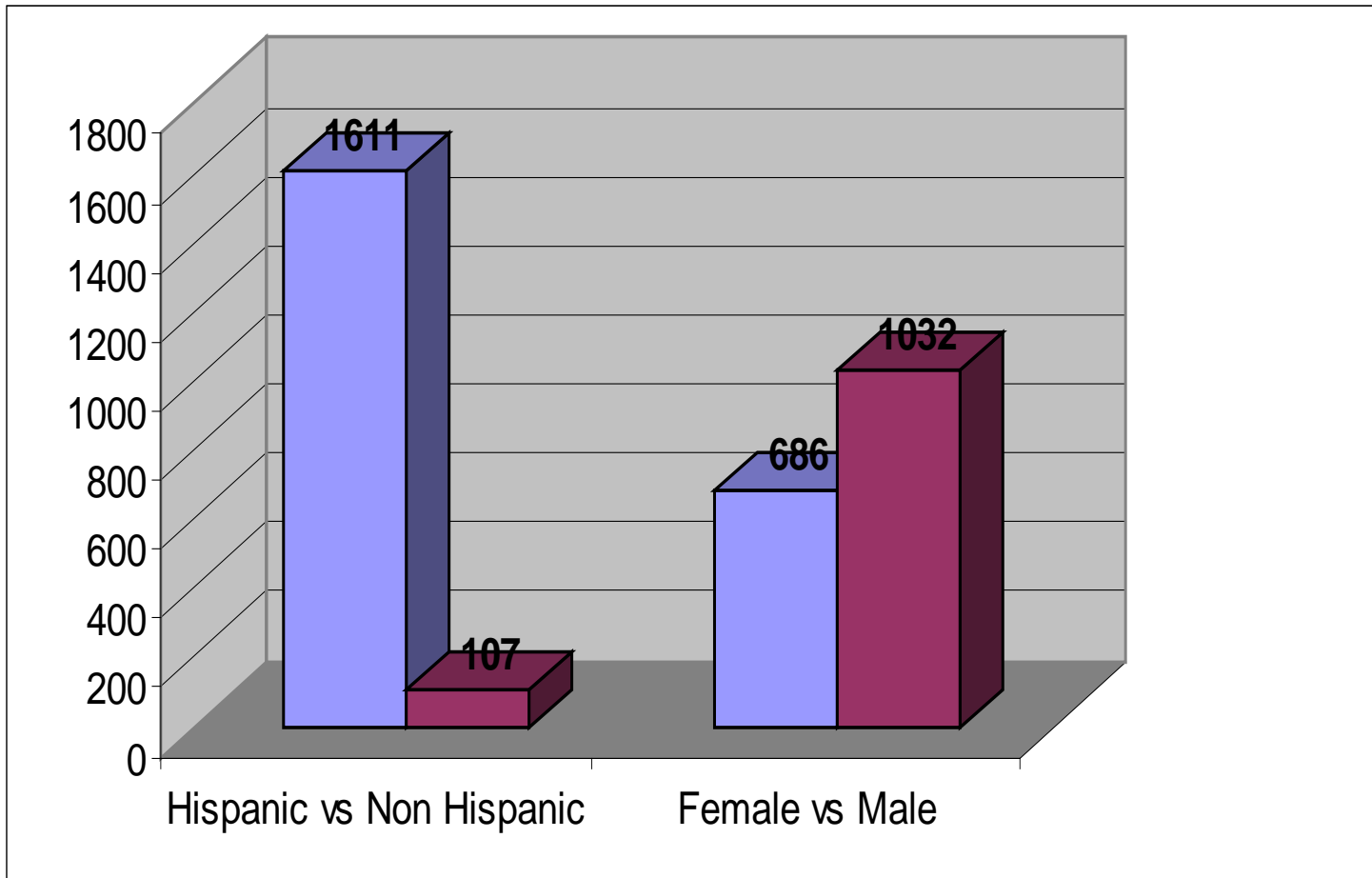
Farmworkers Status



Education

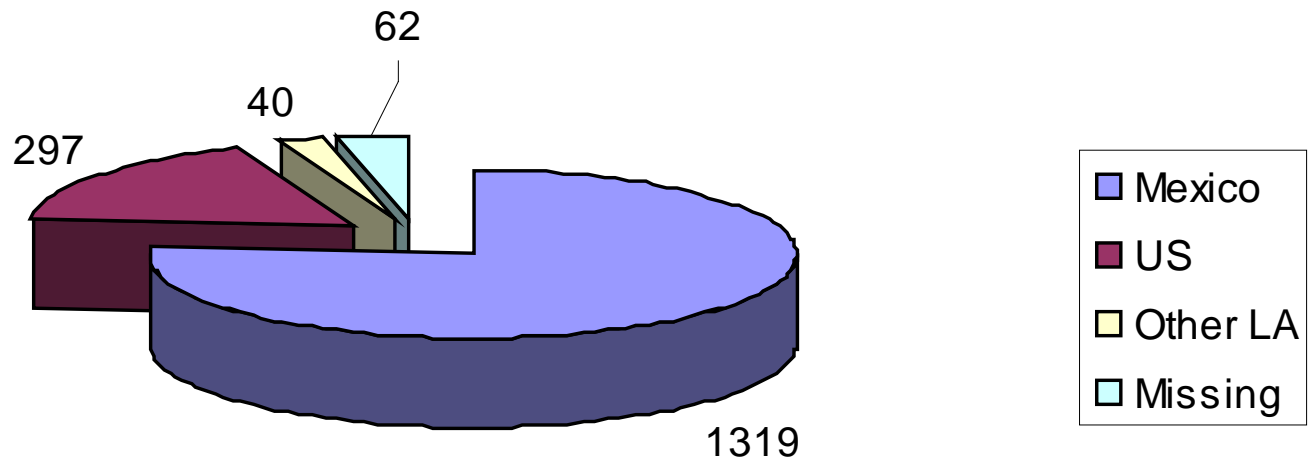


Gender and Ethnicity

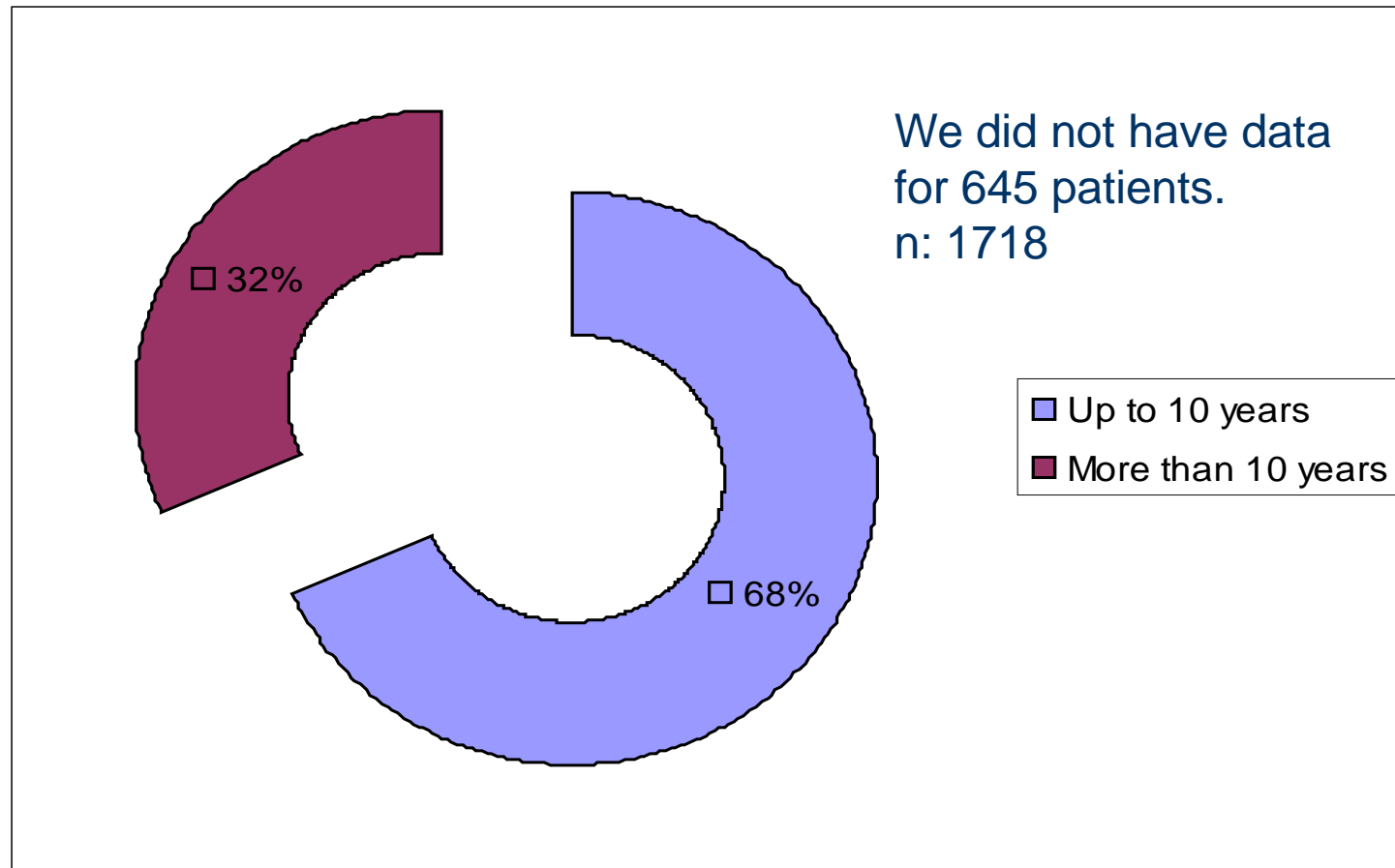




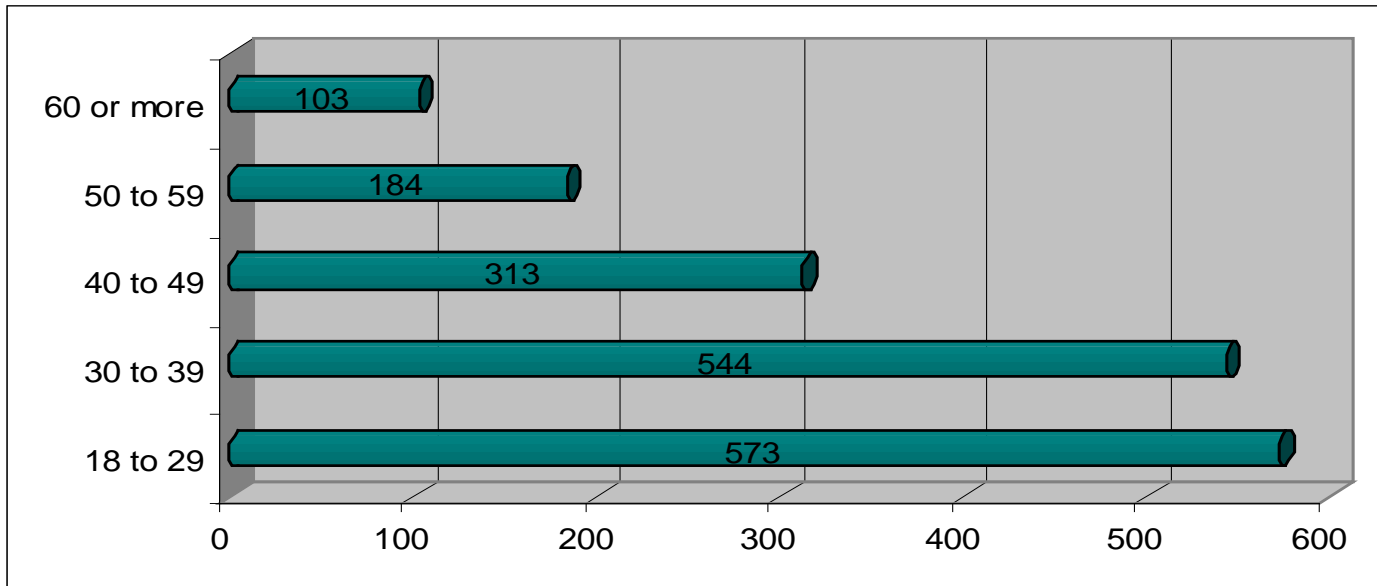
Place of Origin



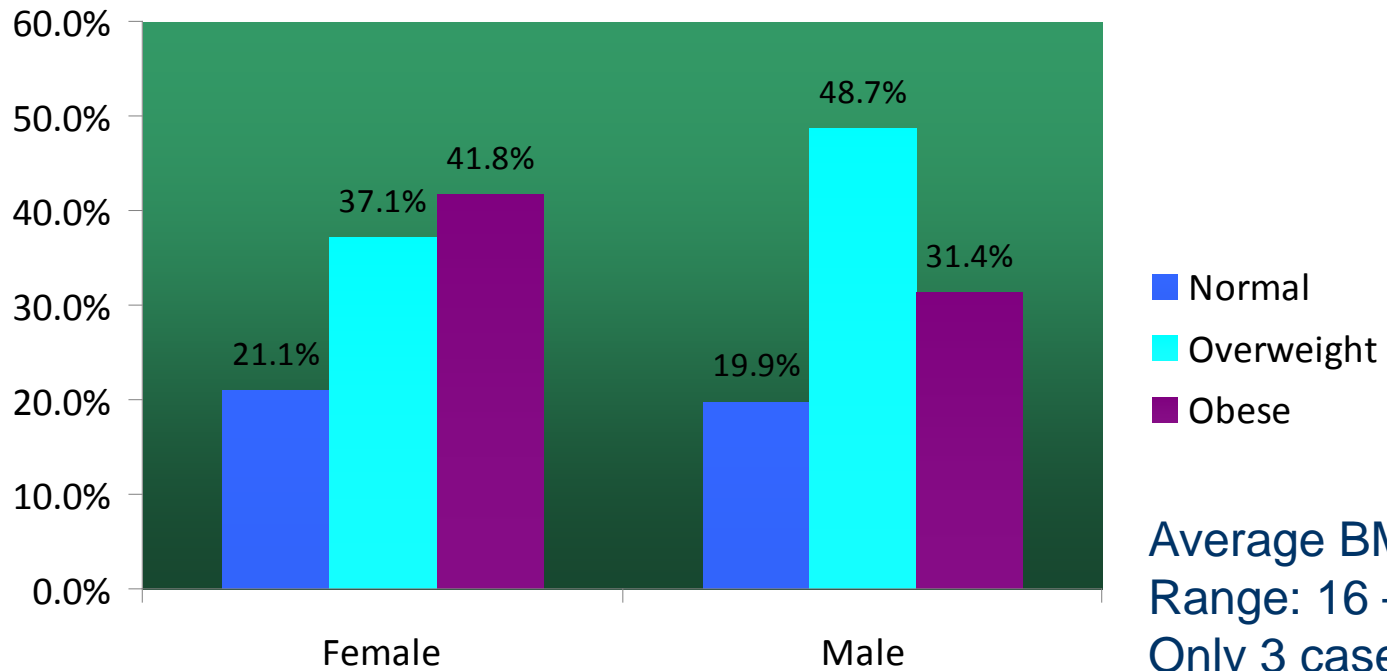
Time spent in the US



Age Distribution



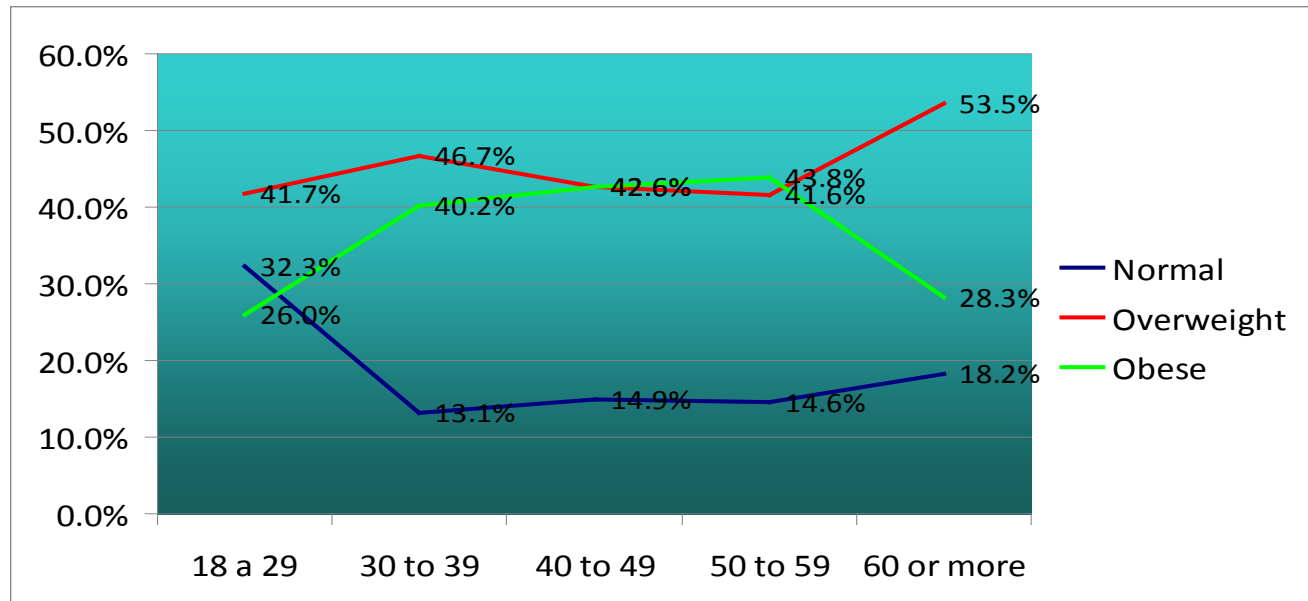
Body Mass Index by Sex



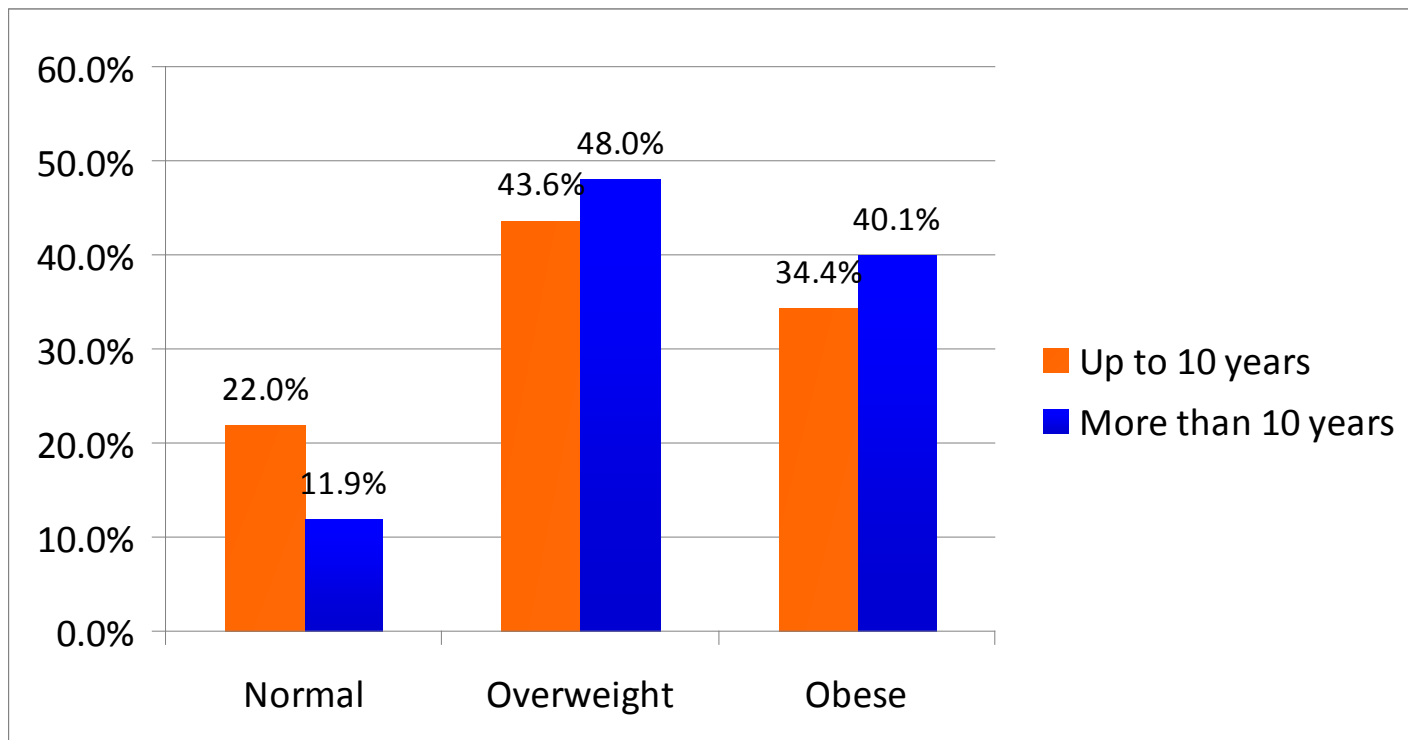
Average BMI: 28.8
Range: 16 – 58
Only 3 cases were
underweight



Body Mass Index by Age

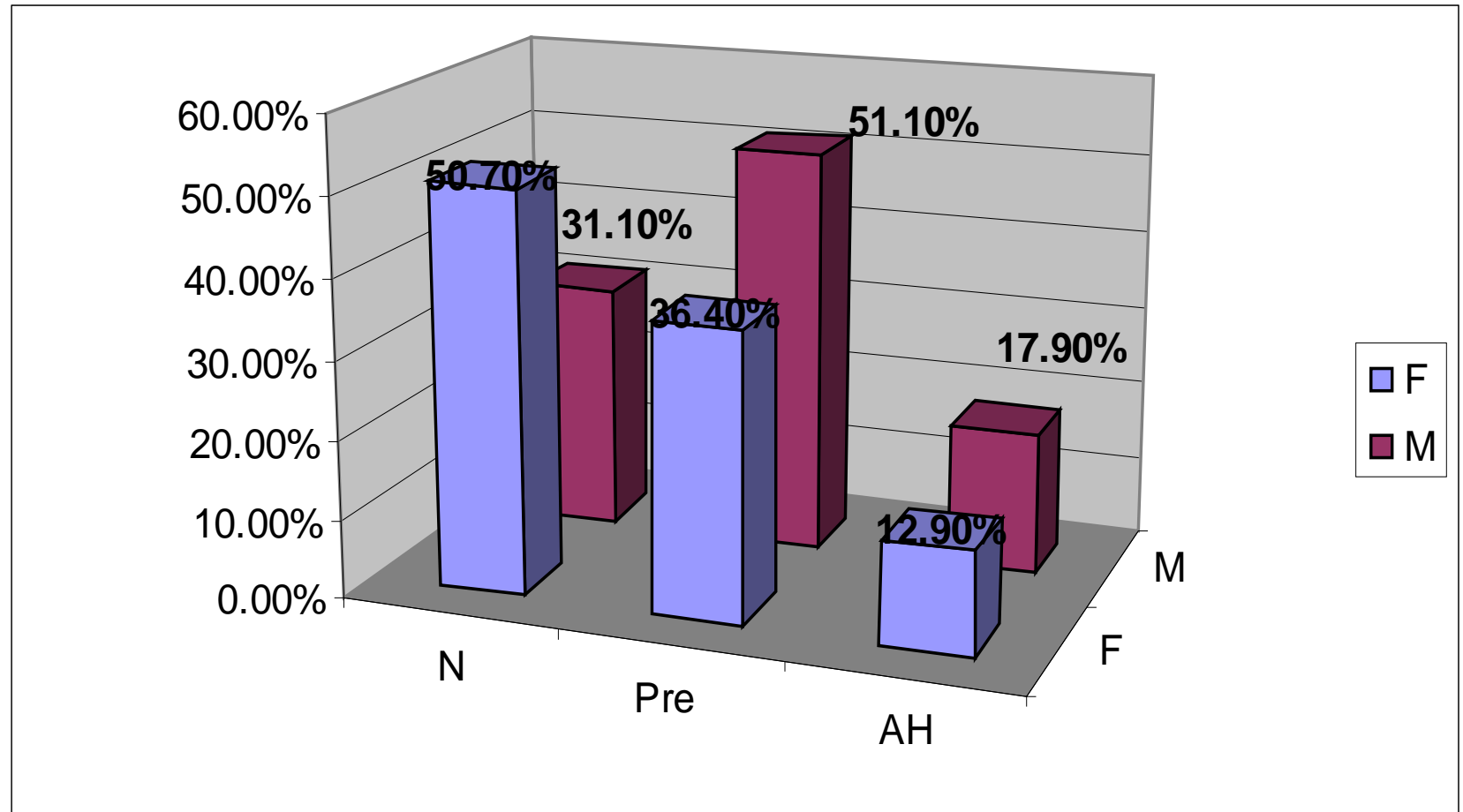


Body Mass Index by Time in the US

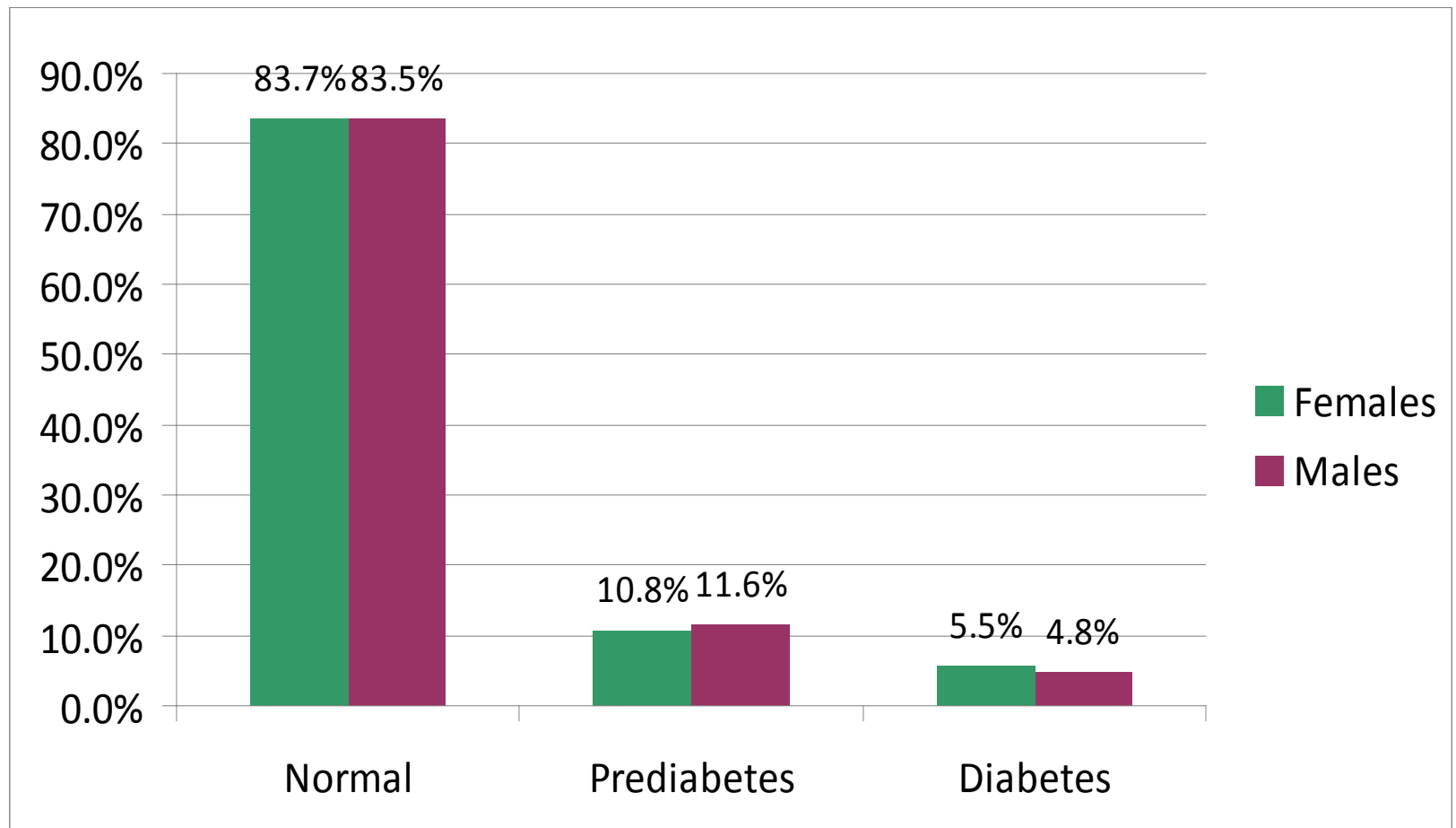




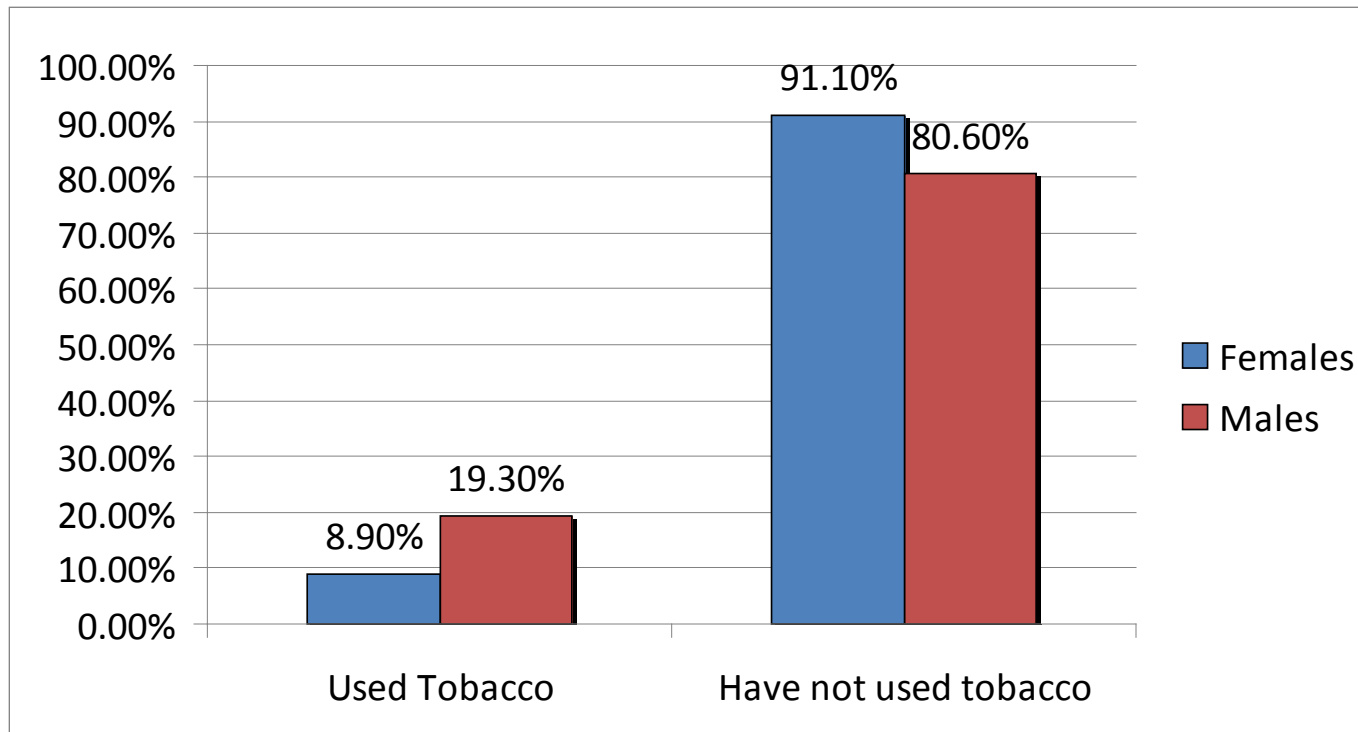
Blood Pressure by Gender



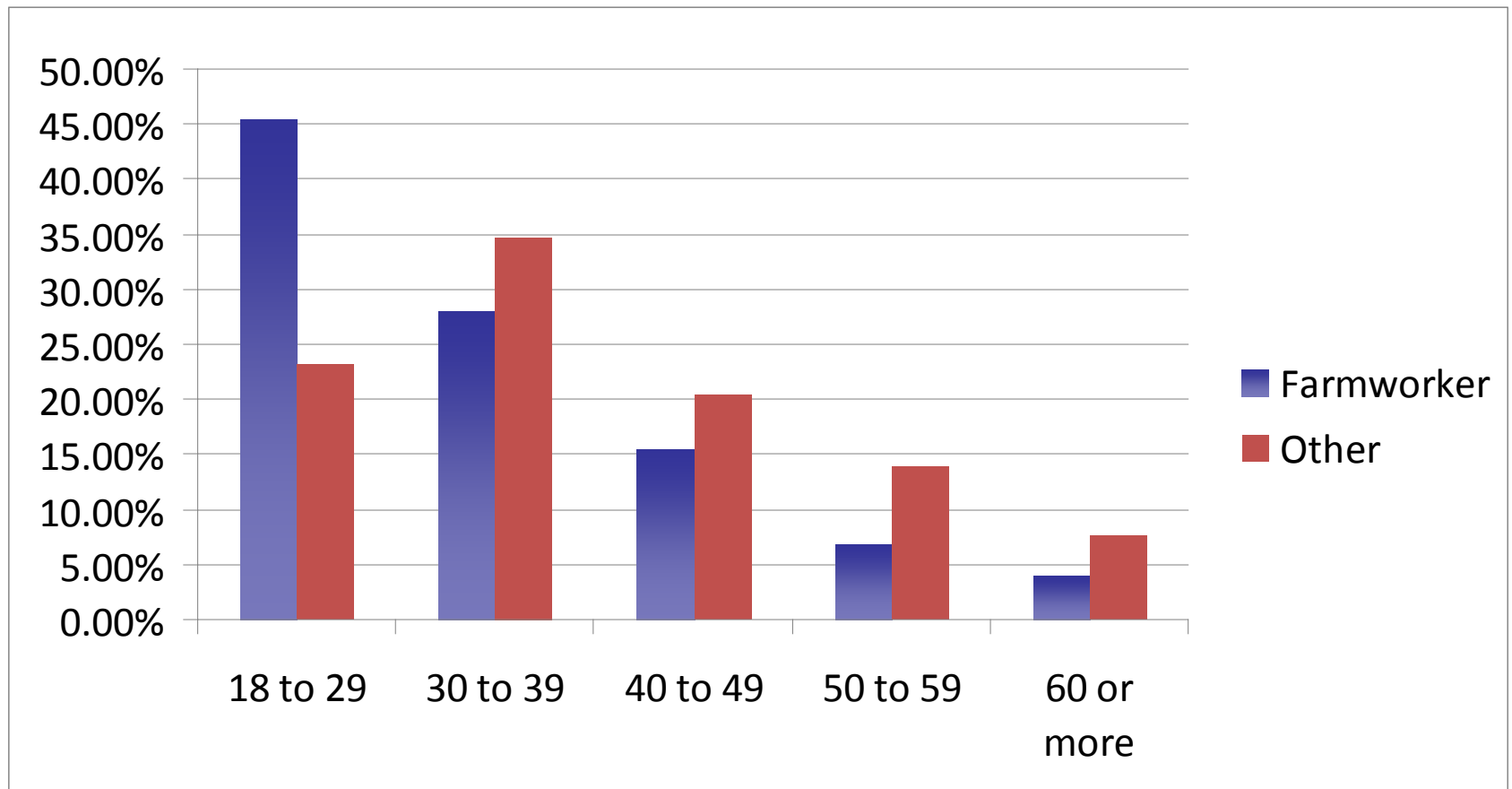
Glucose Level by Gender



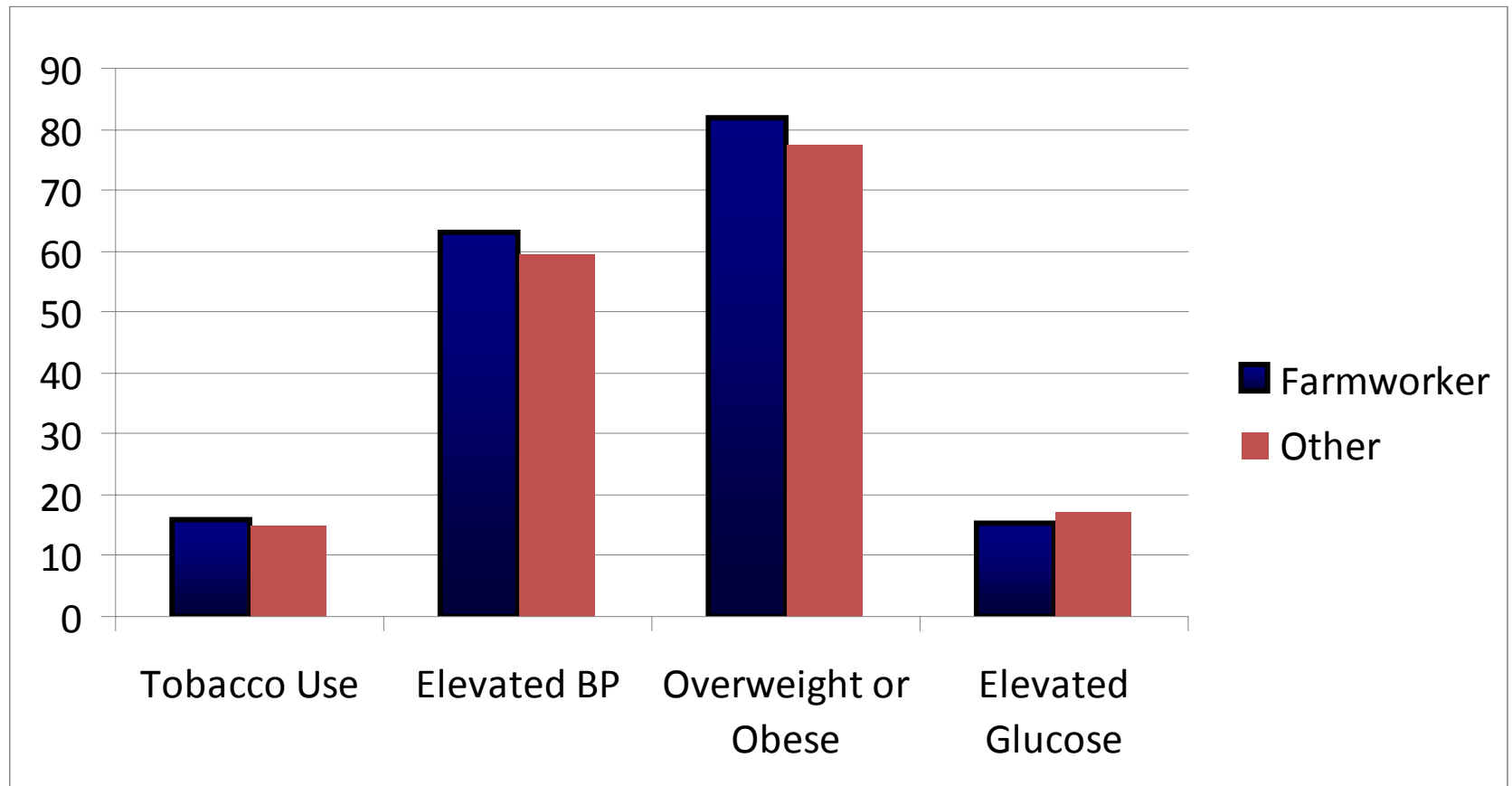
Tobacco Use by Gender



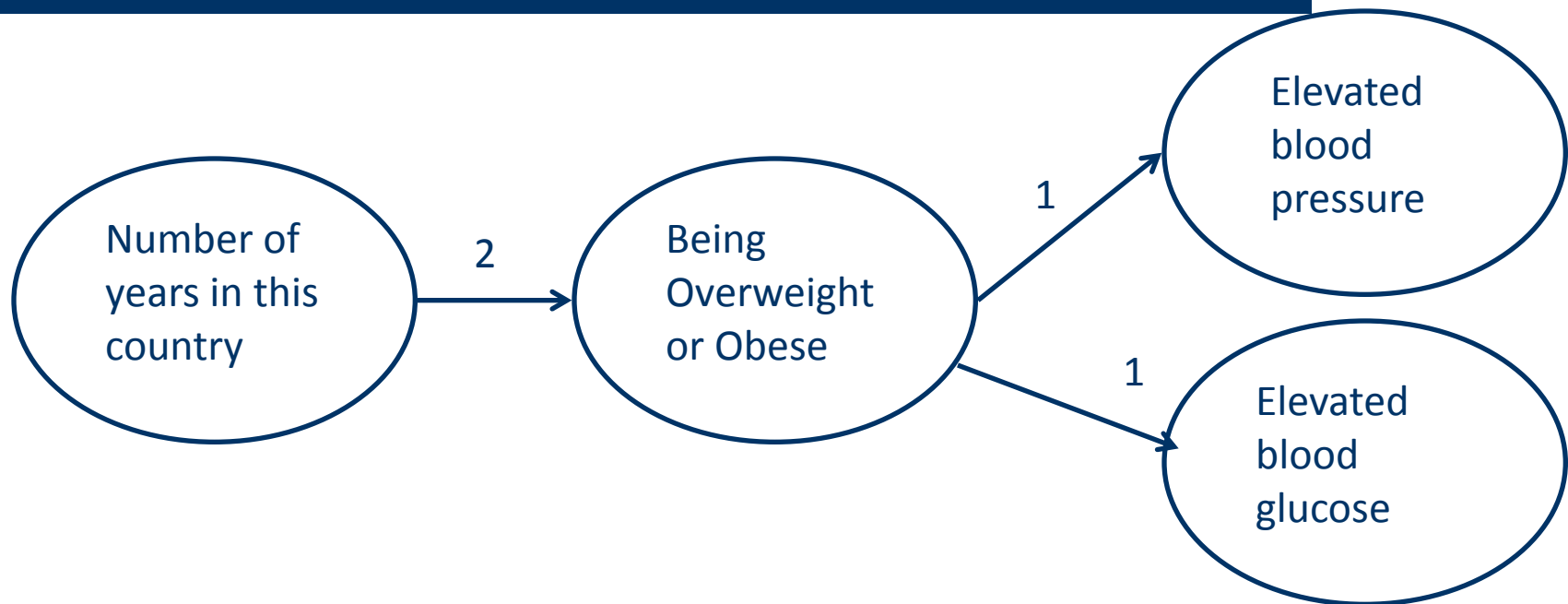
Farmworker Status by Age



Risk Factors by Farmworker Status



Relationships among number of years in this country and risk factors for chronic disease



For a person with the same age, gender, education level, and type of occupation, we found that:

- 1) Being overweight or obese significantly increased the probability of having elevated blood pressure or blood glucose.
- 2) Having spent more years in this country significantly increased the probability of being overweight or obese.

Discussion Exercise





NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care



NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.



NATIONAL ASSOCIATION OF
Community Health Centers

Deficit Reduction and the Future of Health Centers & Medicaid

Joe Gallegos, MBA

**Senior Vice President for Western Operations
National Association of Community Health Centers**

24th East Coast Migrant Stream Forum

October, 2011



Topics for Today

- **Status on FY 2012 Appropriations**
- **The Budget Control Act of 2011 & Joint Select Committee**
- **Impact on Medicaid and Health Centers**
- **Advocacy Mobilization**



Health Reform: What Was it About?

- **Expand coverage for 32 million low income Americans:**
 - **16 million estimated to acquire coverage through Medicaid expansion to 133% of FPL**
 - **Another 16 million estimated to acquire coverage through State Exchanges between 134% to 400% of FPL through subsidized premiums**
- **Expand Health Centers by \$11 Billion dollars---\$9.5 Billion for operations and expansion to reach 40 million patients by 2015, PLUS, \$1.5 Billion for capital expansion**



Health Reform: What Was it About?

- **Expanded coverage** for the very people & communities served by CHCs, AND –
- **Guaranteed funding** to expand CHCs & the NHSC to reach 40 million by 2015
(2 million Farmworkers)

PLUS

- Changes designed to **revitalize Primary Health Care** (THCs, Training, Payment Improvements) and Promote Integrated Care for Better Quality & Lower Costs



Health Reform: What Was It About?

- **New and dedicated funding for the National Health Service Corps into a Trust Fund -- \$1.5 Billion over 5 years to place approximately 15-17,000 primary care providers in shortage areas**
- **Changes designed to revitalize Primary Care (Teaching Health Centers, Training of health professionals)**
- **Payment reform (PPS rates under Exchanges)**
- **Promote Integrated Care for Better Quality and Lower Costs**

This Year: Armageddon!



April 12, 2011

New Cuts Detailed in Agreement for \$38 Billion in Reductions

The Seattle Times

April 12, 2011

**No one happy as details emerge
on spending cuts**

The Charleston Gazette

April 12, 2011

Deep cuts in store for nation's safety net



Armageddon: What Does it Mean?

- **\$600 million in CHC spending cuts (\$125 million to NHSC) halfway through Fiscal Year 2011, AND**
- **An ACO rule that banishes CHCs to 2nd-class status in reform, AND**
- **A debt-limit agreement that promises MORE CUTS in 2012 AND threatens to dismantle Medicaid and end the vital PPS system**



FY 2012 – Appropriations

- **None of 12 federal appropriations/spending bills have been approved for FFY 2012 – (October 1, 2011-September 30, 2012)**
- **Currently under Continuing Resolution (C.R.) through Friday, November 18, 2011. Includes 1.5% reduction to all federal agencies**
- **CHCs with Grant Start Dates: November and December 1, 2011 -- Expect 1.5% reduction to NGA through November 18, 2011**



FY 2012 – Appropriations

Senate	Proposed FY 2012	FY 2011 - Actual	Difference
Discretionary Level	\$1.58 Billion	\$1.58 Billion	
Mandatory Level	\$1.20 Billion	\$1.00 Billion	
TOTAL	\$2.78 Billion	\$2.58 Billion	+\$200 Million
House	Proposed FY 2012	FY 2011 – Actual	Difference
Discretionary Level	\$2.58 Billion	\$1.58 Billion	
Mandatory Level	-0-	\$1.00 Billion	
TOTAL	\$2.58 Billion	\$2.58 Billion	



The Current Political Landscape

The Context:

- Divided chambers: House, Senate, Freshmen;
- Push to 'control spending;' and
- Debt ceiling and deficit reduction

The Budget Control Act of 2011:

- \$900 billion in discretionary cuts over 10 years, beginning in FY2012 (subject to Appropriations action soon)
- Joint Select Committee on Deficit Reduction (aka: "Super Committee") charged to find \$1.2T or more in cuts (ALL programs, mandatory & discretionary, are on the table)
- Automatic across-board cuts if Super-Committee fails (some programs exempt - eg, Medicaid, Health Centers)

The “Super Committee”

House

- Rep. Jeb Hensarling (R-TX-5)*
- Rep. Fred Upton (R-MI-6)
- Rep. David Camp (R-MI-4)
- Rep. James E. Clyburn (D-SC-6)
- Rep. Xavier Becerra (D-CA-31)
- Rep. Chris Van Hollen (D-MD-8)

Senate

- Sen. Patty Murray (D-WA) *
- Sen. Max Baucus (D-MT)
- Sen. John F. Kerry (D-MA)
- Sen. Pat Toomey (R-PA)
- Sen. Jon Kyl (R-AZ)
- Sen. Rob Portman (R-OH)

Charged to find \$1.5 trillion (at least \$1.2 trillion) over 10 years to avoid sequestration trigger:

- Nothing is off the table
- Medicaid, Health Center PPS, funding could be cut
- Committees of Jurisdiction will make recommendations (House Energy & Commerce, Senate Finance, Senate Health, Education, Labor & Pensions)



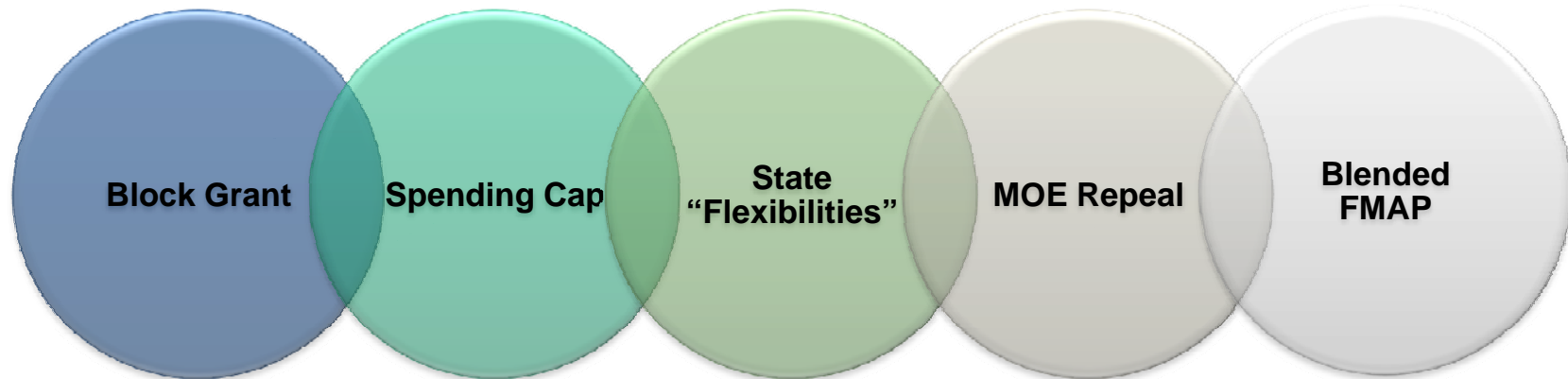
“Super Committee” Timeline

MAJOR DATES

- **August 16th**: Committee Appointed
- **September 16th**: First Super Committee Meeting
- **October 14th**: House and Senate Committees of Jurisdiction submit recommendations to Super Committee
- **November 23rd**: Committee has to vote on its recommendations
- **December 2nd**: Legislative language drafted
- **December 23rd**: Congress action to vote on the Committee’s recommendations

Super Committee: Medicaid

Changes to Medicaid Already Under Consideration



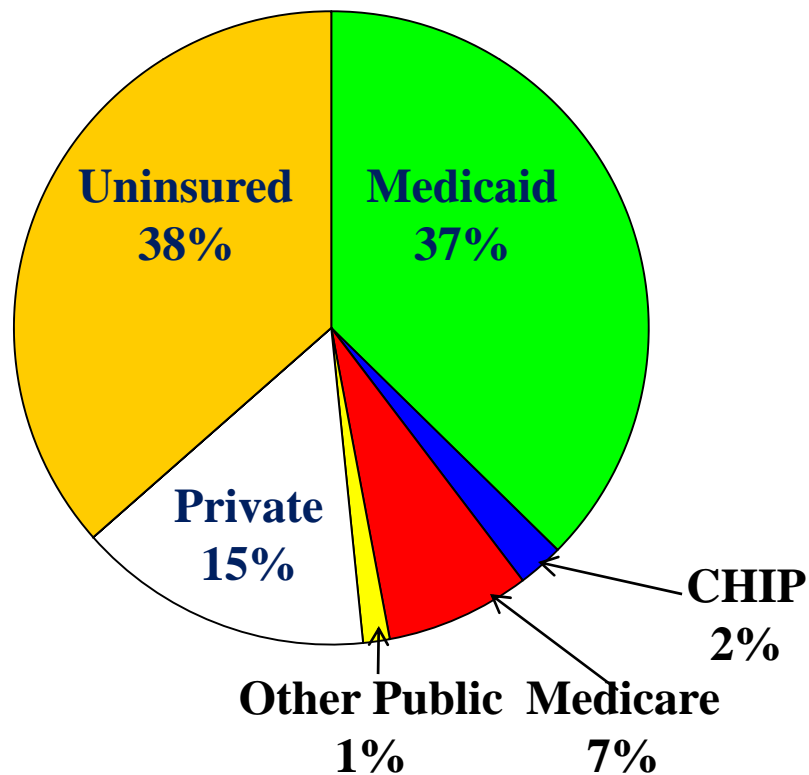
Greatest Threats to Medicaid & Health Centers



- **No matter which flavor you choose, effect is the same!**
 - Major reductions in eligibility/enrollment
 - Loss of benefits/coverage (eg, FQHC package)
 - Loss of FQHC payment rate

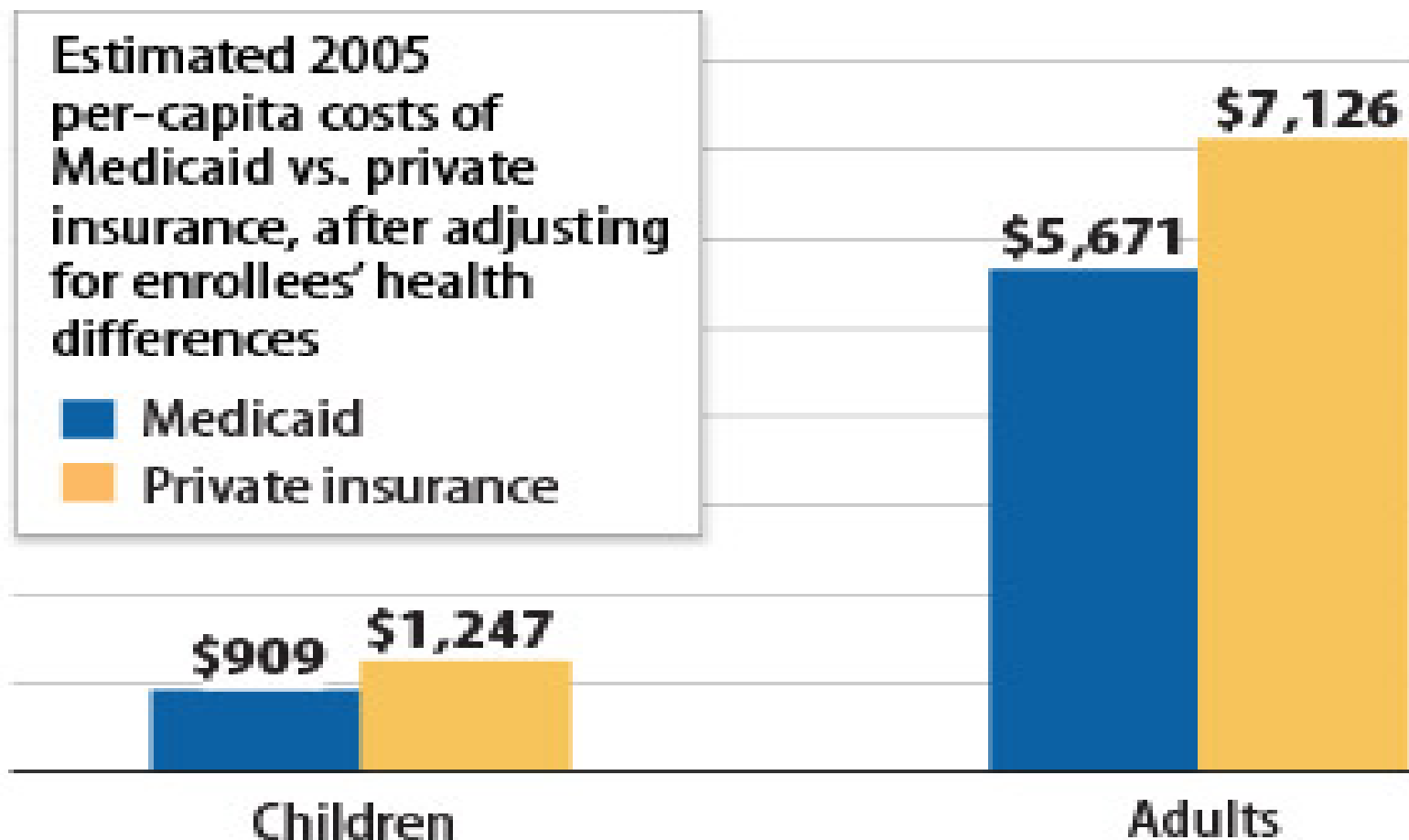
The People Served by Health Centers

Medicaid and Uninsured Make Up Three-fourths of Health Center Patients



Source: 2010 Uniform Data System, BPHC/HRSA

Medicaid Costs 27% Less for Children, 20% Less for Adults Than Private Insurance



Source: Center for Budget and Policy Priorities.



NACHC Medicaid Priorities

- **Preserve Medicaid**
 - Health Centers payer mix: Medicaid/CHIP = 37% of revenues
 - 46–50% of revenues from Medicaid/CHIP expected in 2015
- **Prospective Payment System (PPS)**
 - Preserve the PPS and health reform’s “Menendez Amendment,” ensuring that private insurance plans pay at least Medicaid PPS
- **Partnership for Medicaid**
 - Work with Congress to protect and strengthen Medicaid



Health Centers and Payment Reform

- **FQHC PPS Payment Systems ARE reform**
 - Bundled payment per visit, NOT open-ended fee-for-service
 - Rate unique to each center's costs/scope, NOT single universal rate
 - Prospective Payment, with limited growth, NOT unrestricted
 - Effectively risk-based – if patients need more, furnished at NO additional cost
 - Performance-based, given HRSA's strict standards
 - Original intent is still vital
 - Ensure appropriate payment for covered individuals
 - Not force Medicare/Caid subsidy by uninsured grant funds



Advocacy Mobilization

- New website: **Campaign for America's Health Centers** - <http://www.stepupforchcs.org/>
 - Sign up to become a CHC Advocate
 - Online Petitions
 - Upload Videos (Patient Stories, et. al.)
 - Links to NACHCs YouTube, FaceBook, Twitter sites
 - Tools to start an **Advocacy Plan** at your health center
- Fly-in day – October 5-7, 2011
- National mobilization day – October 13, 2011
- National mobilization days scheduled for week of November 7-11, 2011
- Learn more about what's happening on Capitol Hill with NACHC blogs on NACHC.com
- Twitter updates: [#fqhc](#), [#savechcs](#), [@NACHC](#)
- Receive “ACTION ALERTS” on your phone via text: [ADVOCATE to 69866](#)



Where Can You Get More Information?

- Visit our **NEW** web site, **www.saveourchcs.org**...
 - **for the latest on policy developments, including the work of the “Super Committee”,**
 - **to sign up as an advocate and learn how you can help,**
 - **For all the tools you need to make a difference!**
- Read the **Washington Update** each week...
 - Available at **www.nachc.org**



CMS Proposed Rules – Comments due 10/31/2011

Proposed Rules by Center for Medicare and Medicaid Services (CMS) under the Children’s Health Insurance Program and Reauthorization Act (CHIPRA) - *Model of Interstate Coordination of Medicaid Coverage*

Proposed Rules by CMS - Medicaid Eligibility changes per Affordable Care Act (ACA) re: Residency requirements—

Proposed Rules by CMS re: *Residency and Eligibility determinations for health coverage under State Health Insurance Exchange*

Thank You!

**Any
Questions?**



Massachusetts League of Community Health Centers



Best practices/hot topics --> and store on our Google Groups website (or create a binder):

OUTREACH – PROGRAM DEVELOPMENT – MARKETING

- How can we get additional small funds for mini-projects? Health topics, food, gas cards
 - League plans to incorporate this into our QI/A Plan currently being updated
 - Other options include:
 - diabetes foundation
 - banks do community grants
 - Verizon technology grants (FHASES)
 - domestic violence
 - old libraries
- How to give back: Bicycle rebuilding and sharing with FWs to increase independence and visits (freecycle.org but need to pick up); food drives; 'hands of giving'; etc; Christmas drive; toys for tots; need to develop email template
- Marketing: How to properly market our Program but be sensitive to non-FWs struggles, bad attitudes; immigration concerns, political discussions, FWs tell other FWs about the CRVFHP/CHC including front desk training / sensitivity
- Collaboration with other agencies; joint activities; goodie bags; health fairs
- How to work with referral agencies? National organizations as a resource (funerals for example)
- What add'l trainings do OWs need? First Aid; CPR; safety planning (esp. in dark); blood borne pathogens info on web; motivational interviewing funded through Ryan White (patient case management)
- How are people tracking outreach activities (in Practice Management Systems); is there coding specifically for outreach? (Luz uses Excel form for # of Elig App rec'd); also have tracking for activities and how can we better identify FWs who have other insurance (dependents)?
- How to reach new farms
- How to build trust? Soccer games
- Where to do the best outreach (locations)
- How to set boundaries with FWs
- How to make sure CHC submits non-billable visits in timely fashion
- How to improve (and understand) health care goals and objectives (clinical measures)
- How to implement / improve 340b program for MSFWs (pharmacy)
- What agencies do you consider great resources (lawyers, WIC, workforce, health care education)
- How best to address issues when patients receive non-Referral provider bills and the CRVFHP can not pay for it; how do we better educate FWs on the CRVFHP and the services we provide
- How to better incorporate MSFWs into CHC

Mary Ellen O'Driscoll

From: Leslie Bailey
Sent: Thursday, November 10, 2011 10:52 AM
To: Mary Ellen O'Driscoll
Subject: FW: REQUEST FOR PARTICIPATION: Western MA Summer SEARCH Program

Importance: High

FYI – We copied you on this to see if you might be interested in promoting within the farmworker program.

From: Alexis Powell
Sent: Thursday, November 10, 2011 10:38 AM
Cc: Leslie Bailey; Mary Ellen O'Driscoll; Alexis Powell
Subject: REQUEST FOR PARTICIPATION: Western MA Summer SEARCH Program
Importance: High

Dear Western MA Community Health Centers –

The Massachusetts League of Community Health Centers, in partnership with the MassAHEC Network, will once again sponsor the Western Massachusetts Summer SEARCH Experience. We are actively seeking the participation of health centers in Western MA to make this program a success!

We are asking health centers to host one or two students for 2 – 3 days of clinical precepting during the 6-week program which will run **July 2, 2012 – August 12, 2012**. Participating health centers will receive **\$1500 per student**. This program receives applications from a variety of health professions' students (MD, DMD, NP, PA, CNM, LCSW, etc) . Let us know if you have a preference and we will try to prioritize that placement.

We ask that you please respond as soon as possible. For more information on SEARCH and additional details about the Western MA Summer SEARCH Experience, please contact Leslie Bailey at (617) 988-2296 or Alexis Powell at (617) 988-2239. This is a wonderful program and we would love to have you all participate.

Thank you,

The Massachusetts SEARCH Team

Leslie Bailey
Program Manager
Primary Care Workforce Initiatives/SEARCH Program Director
Massachusetts League of Community Health Centers
40 Court Street, 10th Floor
Boston, MA 02108
(617) 426-2225 ext. 296
(617) 426-0097 (fax)
lbailey@massleague.org
www.massleague.org

SEARCH is a program funded by HRSA to provide opportunities for health professions students and residents to serve on multidisciplinary health care teams in underserved communities throughout the United States and its territories, thereby establishing and strengthening links between community-based sites and academic institutions. Massachusetts is one of 28 programs across the country. SEARCH also supports the mission of the National Health Service Corps and promotes participation in its programs.