



# HRSA's Health Center Program and the National Agricultural Workers Survey (NAWS)

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**Ana Carolina Loyola Briceno, MPH**  
Epidemiologist, Office of Quality Improvement  
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



# Learning Objectives

1

Understand the mission and populations served by the Health Resources and Services Administration (HRSA) and the Health Center Program (HCP).

2

Understand how data from the National Agricultural Workers Survey (NAWS) complements and supports HRSA and HCP activities.

3

Understand how HRSA and the HCP use NAWS data, along with other data sets, to better understand the migratory and seasonal agricultural worker (MSAW) population they serve and inform related activities.



# Health Resources and Services Administration (HRSA)

## Overview

# HRSA

Health Resources & Services Administration

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA Health Center Program Mission

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To improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

# Health Center Program Fundamentals



## Serve High Need Areas

- Must serve a high need community or population (e.g., HPSA, MUA/P)



## Patient Directed

- Private non-profit or public agency that is governed by a patient-majority community board



## Comprehensive

- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)



## No One is Turned Away

- Services are available to all, with fees adjusted based upon ability to pay



## Collaborative

- Collaborate with other community providers to maximize resources and efficiencies in service delivery



## Accountable

- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

# Health Center Program Fast Facts

- Nearly **1,400** health centers operate nearly **13,000** service delivery sites
- Nearly **30 million** patients
- Health centers provide **patient-centered, comprehensive, integrated care** by offering a range of services:
  - Primary medical, oral, and mental health services
  - Substance use disorder and medication-assisted treatment (MAT) services
  - Enabling services such as case management, health education, and transportation

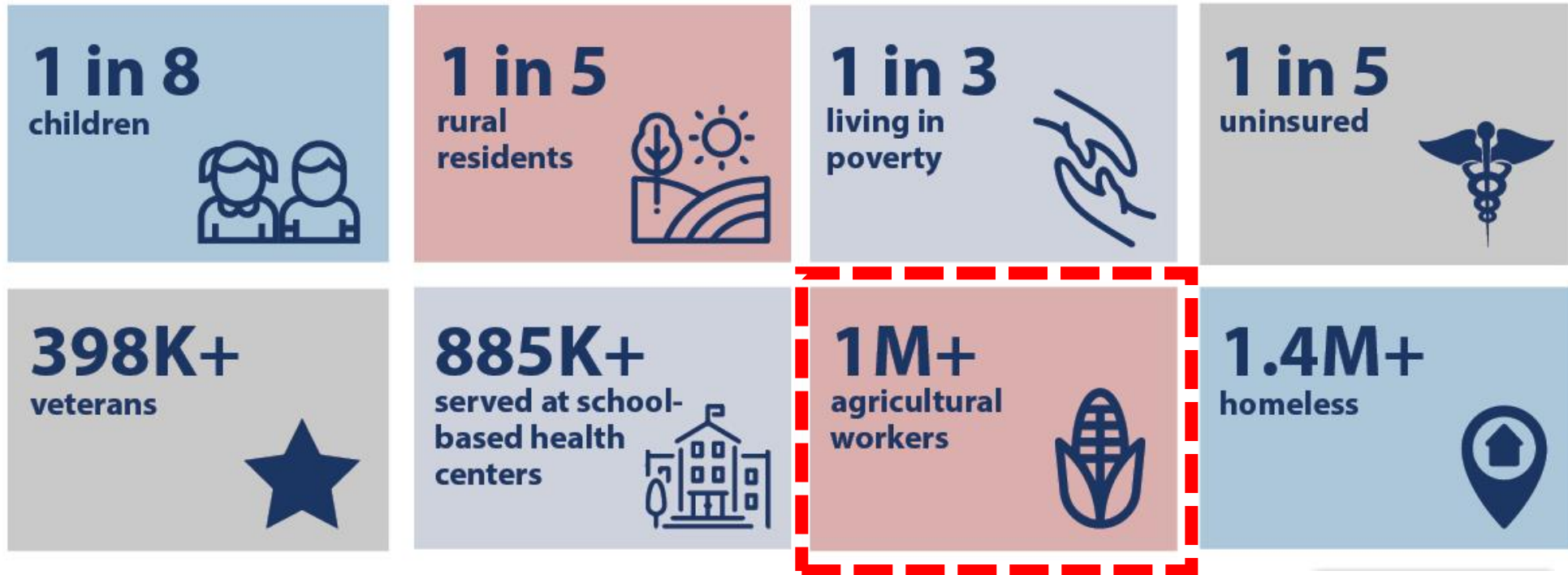


Source: Uniform Data System, 2019

# Health Center Program Patients

## HRSA-Funded Health Centers Improve Lives

Nearly 30M people—that's **1 in 11** in the U.S.—rely on a HRSA-funded health center for care, including:



Source: Uniform Data System, 2019



# Health Center Program Special Populations

Health centers funded under section 330(g), (h), and/or (i) of the Public Health Service Act are required to provide services to a statutorily defined target population and include:

- **Migrant Health Center (MHC) Programs, funded under section 330(g);**
- Health Care for the Homeless (HCH) Programs, funded under section 330(h); and
- Public Housing Primary Care (PHPC) Programs, funded under section 330(i).





# 330(g) Migratory and Seasonal Agricultural Worker (MSAW) – Defined



Migratory agricultural workers: individuals whose principal employment is in agriculture, and who have been so employed within the last 24 months, and who establish for the purposes of such employment a temporary abode;



Seasonal agricultural workers: individuals whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker;



Individuals who are no longer employed in migratory or seasonal agriculture because of age or disability who are within such catchment area; and/or



Family members of the individuals described above.

Per 330(g) of the Public Health Service Act, MSAW population includes:

Agriculture refers to farming in all its branches, as defined by the North American Industry Classification System under codes 111, 112, 1151, and 1152.

# HRSA/DOL's NAWS Interagency Agreement

## Interagency Agreement (IAA) between the HRSA/BPHC\* and the DOL/ETA\*

- Purpose: Combine HRSA and DOL resources to improve survey and analytical services and reports regarding the National Agricultural Workers Survey (NAWS)
- IAA provides HRSA/BPHC with access to NAWS analyses and resulting findings and, in concert with DOL/ETA and other NAWS stakeholders, the opportunity to take the lead in identifying and prioritizing future health research domains for the survey.



\*BPHC – Bureau of Primary Health Care, ETA – Employment and Training Administration



# HRSA'S Goals for NAWS Data

## Goals for expanded health questions:

- Enhance HRSA's ability to understand the barriers farm workers and their families face in accessing comprehensive, affordable, and culturally and linguistically effective health care services.
- Inform and enable HRSA to undertake outreach focused on expanding farm worker access to comprehensive, affordable, and culturally and linguistically effective health services. An expansion in access to health has implications for health care utilization as previous research shows that having health insurance makes medical care more affordable and accessible.



# How HRSA Uses NAWS Data

## HRSA uses NAWS findings/data to:

- ✓ Make informed decisions at Federal and non-Federal Technical Working Groups.
- ✓ Assess barriers to health care and learn about the quality and access to health care.
- ✓ Make informed decisions regarding the expansion of health care services and/or New Access Points (NAPs) funding awards for health centers.
- ✓ To formulate recommendations to the Secretary of Health and Human Services via the National Advisory Council on Migrant Health.



# How HRSA Uses NAWS Data

## HRSA's National Training and Technical Assistance Partners (NTAAPs\*) use NAWS data to:

- ✓ Identify health and demographic characteristics of MSAWs, patterns, and trends in health status (access and utilization), and the effects in health services to create technical assistance (TA) resources.
- ✓ Develop targeted training and technical assistance that is needed to keep MSAW and their families safe, given the unique challenges that they face during emergencies.
- ✓ Present NAWS findings at HRSA-sponsored agricultural worker health forums/conferences.

\*NTTAPs provide training and technical assistance to health centers directly and through collaborations with HRSA-funded and other T/TA partners.



# The Uniform Data System (UDS)

- Standardized health center reporting system
- Required by Section 330 of Public Health Service Act
- Annual reports submitted by health centers by 2/15
- Annual changes announced via Program Assistance Letter (PAL)
- [UDS Manual](#) provides reporting instructions

**UDS is updated every year to:**

- ✓ Reduce reporting burden
- ✓ Keep pace with the current healthcare environment
- ✓ Reflect stakeholder feedback
- ✓ Ensure evaluation of Bureau and Departmental priorities



# UDS – Migratory and Seasonal Agricultural Workers

**Migrant Health Center [MHC] [330(g)] program awardees are required to report on migratory and seasonal workers.**

“Report the number of patients seen during the reporting period who were either migratory or seasonal agricultural workers, family members of migratory or seasonal agricultural workers, or aged or disabled former migratory agricultural workers (as described in the statute section 330(g)(1)(B)).”

“For both categories of workers, report patients who meet the definition of agriculture farming in all its branches, as defined by the Office of Management and Budget (OMB)- developed [North American Industry Classification System \(NAICS\)](#), and include seasonal workers included in the following codes and all sub-codes within 111, 112, 1151, and 1152.”

# Synergies with Other Data

Nationally representative surveys will be used to compare health-related and socio-demographic insights drawn on MSAW from the NAWS with the rest of the U.S. population:

## National Health Interview Survey

- Collects data on a broad range of health topics that are used to track health status, health care access, and progress toward achieving national health objectives.

## Medical Expenditure Panel Survey

- Collects data on the specific health services that Americans use, and the frequency, cost, and how of these services are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

## National Health and Nutrition Examination Survey

- Assesses the health and nutritional status of adults and children in the U.S. through interviews and physical examinations and contains demographic, socioeconomic, dietary, and health-related questions.

## Health Center Patient Survey

- Provides data about patients' experience with the care and services they receive at health centers funded under Section 330 of the Public Health Service Act.





# Thank You!

**Ana Carolina Loyola Briceno, MPH**

**Epidemiologist, Office of Quality Improvement**

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[ALoyolaBriceno@hrsa.gov](mailto:ALoyolaBriceno@hrsa.gov)

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