

**INCREASE ACCESS TO CARE FOR MIGRATORY AND SEASONAL AGRICULTURAL WORKERS AND THEIR FAMILIES**

**MIGRANT HEALTH PROGRAM SELF-ASSESSMENT TOOL**

**ORGANIZATION INFORMATION**

Organization Name

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CEO/Executive Director

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Address

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City State Zip

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Telephone Email

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**CONTACT PERSON FOR MIGRANT HEALTH/SPECIAL POPULATIONS**

Name Title

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Telephone Email

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**DEMOGRAPHIC INFORMATION**

How many total patients served (include Medical & Dental users and those seeking mental health, substance abuse services, etc.) served:

2016 # of Patients served: 2017 # of Patients served:

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How many total Migratory and Seasonal Agricultural Worker (MSAW) patients served (include Medical & Dental Users and those seeking mental health, substance abuse services, etc.)

2016 # of MSAW Patients served: 2017 # of MSAW Patients served:

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| --- | --- | --- | --- | --- | --- |
| **Total =** | **M =** | **S =** | **Total =** | **M =** | **S =** |

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| **Name of**  **Service Delivery Sites**  ***(****please list – add more rows if necessary)* | **Counties Served**  **by Site** | **Total Number of**  **Ag Worker Patients**  **at Site** | **Year 2016** | **Year 2017** |
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**ASSESSMENT QUESTIONS**

1. Describe your Ag Worker population (i.e. types of tasks, industries, are they migratory workers, seasonal workers, what they do when not working in agriculture, etc.)

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1. What funding resources are dedicated to Increasing Access to Care for agricultural worker population? Ex. 330 MHC funding; other grant support?

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1. Which type and how many staff are dedicated to serving Special Populations? For example, do you have outreach workers or nurses, case managers, etc. If so, how many?

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1. After reviewing your health center UDS numbers, have you seen an **increase** in Ag Worker patient numbers in the past year?  Yes  No  Not Sure
2. If yes, what do you think has contributed to the **increase**?

Improved outreach strategies  Welcoming environment and customer service

Word of mouth  Availability of bilingual staff

Marketing  Training and Technical Assistance received

Extended service hours  System changes

Other: please indicate

1. After reviewing your health center UDS numbers, have you seen a **decrease** in Ag Worker patient numbers in the past year?  Yes  No  Not Sure
2. If yes, what do you think is contributing to the **decrease**?

Increased competition  MSAWs don’t know how to access services

Challenge with customer services  No insurance

Change in hours of operation  No money to pay for services

Communication challenges  Challenge with transportation

Lack of bilingual staff  Less MSAWs in the area

No money to hire outreach workers  Fear of accessing services

MSAWs don’t know that the health center exists  Other: please indicate

1. Do you have a patient registration policy?

Yes – please attach policy  No  Not sure

1. Do you have a patient registration policy for Special Populations that includes Ag Workers?

Yes – please attach policy  No  Not sure

1. Do you have Ag Worker specific patient registration procedures to assist staff in identifying Ag Worker status?

Yes – please attach procedures  No  Not sure

1. Do you have a patient registration form that includes questions to ask about migratory or seasonal Ag Worker status in both English and Spanish?

Yes – please attach registration forms  No  Not sure

1. Are any of the following questions below asked during the registration process?

Yes – please attach registration forms  No  Not sure

In the last 2 years, have you or anyone in your family, worked in any type of agriculture (farm work) like: planting, picking, preparing the soil, packing house, driving a truck for any type of farm work, worked with animals like cows, chicken, etc.

In the last 2 years, have you or a member of your family lived away from home in order to work in any type of agriculture (farm work)?

Have you or a member of your family stopped migrating to work in agriculture (farm work) because of a disability or age (too old to do the work)?

1. Do you currently provide training to your patient registration staff on how to accurately identify and register Ag Worker patients?

Yes – please describe. (Attach training materials.)  No  Not Sure

How often do you provide the training and who provides the training?

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1. Does your new employee training include training on special populations, like Ag Workers?

Yes – please describe  No  Not Sure

1. Does your new employee training include how to accurately identify and register Ag Worker patients?

Yes – please describe  No  Not Sure

1. What are some issues your health center has encountered pertaining to increasing access to care for Ag Workers? How did you address the issue/s?

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1. What opportunities would you like to explore that can help you further increase access to care for Ag Workers?

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**GOAL SETTING**

1. What are some NEW strategies/programs that **you** can implement to increase access to care for the Ag Worker population?

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1. What kind of Training and TA do you need to help you improve services to the MSAW population?

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1. Would you like to make a commitment to increase access to care for MSAWs?

Yes  No  Not Sure

1. If yes, what is your one year goal for a percent increase in the number of MSAW patients to be served?

5%  10%  15%  Other: please write your goal

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