

**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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