

**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:

2019 # of Patients served: 2020 # 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.)

2019 # of MSAW Patients served: 2020 # 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 2019** | **Year 2020** |
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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

*This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09737, Training and Technical Assistance National Cooperative Agreement for $1,433,856 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*