



1770 967 FM - Buda, TX - phone: 512-312-2700 - fax:512-312-1600

INCREASE ACCESS TO CARE FOR MIGRATORY AND SEASONAL AGRICULTURAL WORKERS AND THEIR FAMILIES MIGRANT HEALTH PROGRAM SELF-ASSESSMENT TOOL

ORGANIZATION INFORMATION

Organization Name

CEO/Executive Director

Address

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone

Email

<input type="text"/>	<input type="text"/>
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CONTACT PERSON FOR MIGRANT HEALTH/SPECIAL POPULATIONS

Name

Title

<input type="text"/>	<input type="text"/>
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Telephone

Email

<input type="text"/>	<input type="text"/>
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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:

2021 # of Patients served:

2022 # of Patients served:

<input type="text"/>	<input type="text"/>
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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.)

2020 # of MSAW Patients served:

2021 # of MSAW Patients served:

Total =	M =	S =	Total =	M =	S =
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Name of Service Delivery Sites <i>(please list – add more rows if necessary)</i>	Counties Served by Site	Total Number of Ag Worker Patients at Site	Year 2020	Year 2021

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.)

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

3. 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?

4. 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

5. If yes, what do you think has contributed to the **increase**?

- | | |
|-------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Improved outreach strategies | <input type="checkbox"/> Welcoming environment and customer service |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Availability of bilingual staff |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Training and Technical Assistance received |
| <input type="checkbox"/> Extended service hours | <input type="checkbox"/> System changes |
| <input type="checkbox"/> Other: please indicate _____ | |

6. 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

7. If yes, what do you think is contributing to the **decrease**?

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Increased competition | <input type="checkbox"/> MSAWs don't know how to access services |
| <input type="checkbox"/> Challenge with customer services | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Change in hours of operation | <input type="checkbox"/> No money to pay for services |
| <input type="checkbox"/> Communication challenges | <input type="checkbox"/> Challenge with transportation |
| <input type="checkbox"/> Lack of bilingual staff | <input type="checkbox"/> Less MSAWs in the area |
| <input type="checkbox"/> No money to hire outreach workers | <input type="checkbox"/> Fear of accessing services |
| <input type="checkbox"/> MSAWs don't know that the health center exists | <input type="checkbox"/> Other: please indicate _____ |

8. Do you have a patient registration policy?

- Yes – please attach policy No Not sure

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

- Yes – please attach policy No Not sure

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

- Yes – please attach procedures No Not sure

11. 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

12. 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)?

13. 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?

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

- Yes – please describe No Not Sure

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

Yes – please describe

No

Not Sure

16. 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?

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

GOAL SETTING

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

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

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

Yes

No

Not Sure

21. 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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