It’s Not Too Early to be Thinking About 2018 UDS Reporting for MSAWs and their Families

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Presented By:
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Deborah Salazar, Migrant Health Program Director, Salud Family Health Centers

All lines are muted.
Please use the chat box to ask the CHAMPS Organizer a question or if you are experiencing technical difficulties.
Community Health Association of Mountain/Plains States (CHAMPS)

Mission
- CHAMPS’ mission is to provide opportunities for education and training, networking, and workforce development to Region VIII community health centers so we can better serve our patients and communities.

Vision
- All patients and communities benefit from the impact of the resources that CHAMPS provides to community health centers.
Northwest Regional Primary Care Association (NWRPCA)

Mission
• NWRPCA is a member organization that strengthens community and migrant health centers in the Northwest by leveraging regional power and resources on their behalf.

Vision
• With the support of NWRPCA, our community health centers will be exemplary professional homes for their staffs and serve their communities well.

www.nwrpca.org
PRESENTATION OUTLINE

I. Historical Perspectives
II. Current Perspectives
III. Critical Perspectives for 2018
I. Historical Perspectives – Origins of CHC Program

1962 – Migrant Health Act (PHS 329)

1967 – Community Health Act (PHS 330)

1987 – McKinney Homeless Assistance Act

1990 – Disadvantaged Minority Health Improvement Act

1996 – Health Centers Consolidation Act

2010 – Affordable Care Act
I. Historical Perspectives...Continued

A. Statutory & Programmatic stability 1962-2018:
   i. Statutory definition of Agriculture remains unchanged (more to follow)
   ii. Statutory definition of Agricultural Worker (Ag Worker) & Family remains unchanged
   iii. All Ag Workers and their families are able to be served at any CHC, regardless of organizations Special Population funding

B. Identification of any and all Special Population patients, is:
   i. For classification purposes only, not “eligibility” to be served
   ii. Similar to classification of patient by gender, ethnicity, race, etc.
   iii. Not a form of “insurance” coverage, although it does have funding implications

C. Verification of “eligibility” status is relevant only to application for SFS
Are you confident that your registration process is correctly identifying Ag Workers and their families in your patient populations?

• Yes
• No
• Not sure
II. Current Perspectives

A. All Grantees are required to ID all Special Pops served and report on Uniform Data System (UDS), regardless of funding types

B. Stigma and reluctance to self-identify as “Migrant” because of connotations

C. Definitions and descriptions relevant to “Ag Workers” are complex and confusing

D. Cold Hard Reality - Ag Workers and their Families are:
   i. More likely to be hard to reach
   ii. Less likely to have third party insurance coverage
   iii. More likely to have complex health needs due to limited access to care
   iv. Often more expensive to serve
II. Current Perspectives...Continued

D. Current Strengths and Opportunities (+)/(-)
   i. Electronic Medical Records (EMR) data gathering capabilities (+)
   ii. Primary Care Associations (PCAs) and Health Center Control Networks (HCCNs) relationships (+)
   iii. Collective impact of Ag Worker Access Campaign (+)
   iv. Opportunities to expand to serve more Ag Workers and their families (+)
Status Verification and Funding

Funding
• A 330 (g) Grantee’s funding corresponds to the # of Ag Workers and their families proposed to be served

Funding Obligations
• Compliance with 19 HRSA program requirements for PHS Section 330
• Provision of services to eligible population
• Submission of UDS reports

Funding Continuation

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### Table 4 - Selected Patient Characteristics

#### National Data

View information by Criteria Reported:

**Tables 3A through 9E**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Patients (a)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Migratory (330g grantees only)</td>
<td>294,961</td>
<td>30.8%</td>
</tr>
<tr>
<td>15. Seasonal (330g grantees only)</td>
<td>565,450</td>
<td>59.1%</td>
</tr>
<tr>
<td>Migratory/Seasonal (non330g Health Centers)</td>
<td>97,118</td>
<td>10.1%</td>
</tr>
<tr>
<td>16. Total Migratory/Seasonal Agricultural Worker or Dependent (All Grantees Report This Line)</td>
<td>957,529</td>
<td>100.0%</td>
</tr>
<tr>
<td>17. Homeless Shelter (330h grantees only)</td>
<td>256,612</td>
<td>20.3%</td>
</tr>
<tr>
<td>18. Transitional (330h grantees only)</td>
<td>109,900</td>
<td>8.7%</td>
</tr>
<tr>
<td>19. Doubling Up (330h grantees only)</td>
<td>258,116</td>
<td>20.4%</td>
</tr>
<tr>
<td>20. Street (330h grantees only)</td>
<td>77,626</td>
<td>6.1%</td>
</tr>
<tr>
<td>21. Other (330h grantees only)</td>
<td>125,526</td>
<td>9.9%</td>
</tr>
<tr>
<td>22. Unknown (330h grantees only)</td>
<td>75,516</td>
<td>6.0%</td>
</tr>
<tr>
<td>Homeless (non-330h grantees)</td>
<td>359,665</td>
<td>28.5%</td>
</tr>
<tr>
<td>23. Total Homeless (All Grantees Report This Line)</td>
<td>1,262,961</td>
<td>100.0%*</td>
</tr>
<tr>
<td>24. Total School Based Health Center Patients (All Grantees Report This Line)</td>
<td>755,423</td>
<td></td>
</tr>
<tr>
<td>25. Total Veterans (All Grantees Report this Line)</td>
<td>330,271</td>
<td></td>
</tr>
<tr>
<td>26. Total Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)</td>
<td>2,691,329</td>
<td></td>
</tr>
</tbody>
</table>
Audience Poll #2

What percent of Ag Workers and their families, do you think your organization is serving in your catchment area?

- 5-10%
- 10-20%
- 20%+
- Not sure
Migratory Agricultural Worker
- Principal employment is in agriculture
- Has been so employed within the last 24 months
- Establishes a temporary home for the purpose of such employment

Seasonal Agricultural Worker
- Principal employment is in agriculture on a seasonal basis
- Has been so employed within the last 24 months
- Is not a migratory worker

Aged & Disabled Agricultural Worker
- Individual who has previously been a migratory agricultural worker but who no longer meets the requirements...because of age or disability
The term "agriculture" means farming in all its branches, including:

(i) cultivation and tillage of the soil;

(ii) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and

(iii) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).
Benefits of Accurate Identification and Registration of Ag Workers and their Families

• Ensures accuracy of data and supports service delivery and population research

• Improves population-specific goal setting and performance improvement

• Facilitates access to care and to treatment

• Ensures continued funding availability
Do you think your health center has the capacity to serve more Ag Workers and their families?

• Yes
• No
• Not sure
JOIN THE AG WORKER ACCESS 2020 CAMPAIGN

Approximately 20% of Ag Workers are being served in Community & Migrant Health Centers. The goal is to increase that number to 2 million people served. We can’t do it without your help!

I CARE ABOUT AMERICA’S AGRICULTURAL WORKERS

Sign up to be part of the Campaign
Strategy 1: Take Credit Where Credit is Due - Identifying and Reporting All Current Ag Workers and their families

Strategy 2: Opening Doors and Increasing Access

Strategy 3: Building Capacity for Growth
Audience Poll #4

What kind of assistance would help you to increase your capacity to serve Ag Workers and their families?

*Please type your responses in the Chat box in the GoToWebinar control panel on the right side of your screen.
NCFH Resources

NCFH Tools and Templates

• Policies.
• Procedures.
• Registration forms.
• Intake and registration questions to ask.
• Staff training resources.
• Digital Story on Ag Worker Patient Registration
For Additional Training Resources On This Topic:

Alicia Gonzales,
Director of Consulting and Professional Development Services,
Email: gonzales@ncfh.org
Salud Family Health Centers’ Approach to Ag Workers and their Families Integration among Staff

- Extensive onboarding with new health center staff
- Presentations of MSAWs and their families population at all-staff orientations
- Board member buy-in
- Organizational staff meeting presentation
- Adapting to changing agricultural landscape – shift from large to small sized farms
- Participate in state and local coalitions
- Outreach programming to identify new farms for service delivery
Questions & Speaker Contact Information

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2018 MSAWs and their Families Webinar Series
Upcoming Event

Nuts and Bolts to Identifying MSAWs and their Families in Your Health Center
Thursday, April 26, 2018
12:00-1:00PM PT / 1:00-2:00PM MT / 2:00-3:00PM CT
Registration link is in the chat box.

Archived recording and event materials can be found on the:
• Online Archived CHAMPS Distance Learning Events webpage (www.champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events)
• CHAMPS YouTube Channel, search “Community Health Association of Mountain/Plains States” on www.youtube.com
• NWRPCA’s Learning Vault (www.nwrpca.org/learningvault)

Please contact Valerie Steinmetz (Valerie@CHAMPSonline.org) or Seth Doyle (sdoyle@nwrpca.org) with any future training requests.