Nuts and Bolts to Identifying MSAWs and their Families in Your Health Center

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Presented By:
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Colleen Pacheco, Special Populations Manager, Sea Mar Community 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.
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
I. WHO?
   - Identification of all Special Population Patients in all Health Centers (HCs).

II. HOW?
   - Getting it right, all the time.

III. WHY?
   - Why does it matter?

IV. RESOURCES
“This section asks for a count of patients from targeted special populations, including persons who are homeless, migratory and seasonal agricultural workers and their family members, patients who are served by school based health centers, patients served at or a health center located in or immediately accessible to a public housing site, and patients who are veterans.

All Health Centers report these populations, regardless of whether or not they directly receive special population funding.”

Migratory or seasonal agricultural workers status must be verified at least every two years by Migrant Health Center Grantees.
Audience Poll #1

Is your Health Center in compliance with the requirement that you identify and report these five targeted “special populations”?

• Yes
• No
• Not sure
Summary of Statute and UDS Definitions of MSAWs

Migratory Agricultural Workers & Families
- Principal employment is in agriculture on a seasonal basis,
- Has been so employed within the last 24 months, and
- Establishes a temporary home for the purpose of such employment.

Seasonal Agricultural Workers & Families
- The term "seasonal agricultural worker" means an individual whose principal employment is in agriculture on a seasonal basis
- and who is not a migratory agricultural worker.

Aged & Disabled Agricultural Workers & Families
- (B) individuals who have previously been migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and members of the families of such individuals who are within such catchment area.

HRSA, Health Center Program, Authorizing Statute. 42 USC Chapter 6A, Subchapter II, Part D, subpart i: health centers
Is your Health Center routinely identifying former aged and/or disabled MSAWs and their families as a part of the patient registration process?

- Yes
- No
- Not sure
Only Health Centers that receive section 330(g) funding from the Public Health Service (PHS) Act - Migrant Health Center funding, provide separate totals for migratory and for seasonal agricultural workers on lines 14 and 15.

- For section 330(g) grantees, Lines 14 + 15 = Line 16.

- All other Health Centers report on Line 16.
Audience Poll #3 (Trick Question)

If your Health Center is a PHS 330 (g) funded Migrant Health Center, on what line of your UDS should you report “former aged and/or disabled migratory workers and their families”.

*Please type your responses in the Questions box in the GoToWebinar control panel on the right side of your screen.
# 2016 Migrant Health Patients

## Table 4 - Selected Patient Characteristics

### National Data

View Information by Criteria Reported:
Tables 3A through 9E
View Full 2016 National Report

<table>
<thead>
<tr>
<th>1367 Grantees</th>
<th>Characteristics - Special Populations</th>
<th>Number of Patients (a)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Migratory (330g grantees only)</td>
<td>294,961</td>
<td>30.8%</td>
</tr>
<tr>
<td>15</td>
<td>Seasonal (330g grantees only)</td>
<td>565,450</td>
<td>59.1%</td>
</tr>
<tr>
<td></td>
<td>Migratory/Seasonal (non330g Health Centers)</td>
<td>97,118</td>
<td>10.1%</td>
</tr>
<tr>
<td>16</td>
<td>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</td>
<td>Homeless Shelter (330h grantees only)</td>
<td>256,612</td>
<td>20.3%</td>
</tr>
<tr>
<td>18</td>
<td>Transitional (330h grantees only)</td>
<td>109,900</td>
<td>8.7%</td>
</tr>
<tr>
<td>19</td>
<td>Doubling Up (330h grantees only)</td>
<td>258,116</td>
<td>20.4%</td>
</tr>
<tr>
<td>20</td>
<td>Street (330h grantees only)</td>
<td>77,626</td>
<td>6.1%</td>
</tr>
<tr>
<td>21</td>
<td>Other (330h grantees only)</td>
<td>125,526</td>
<td>9.9%</td>
</tr>
<tr>
<td>22</td>
<td>Unknown (330h grantees only)</td>
<td>75,516</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td>Homeless (non-330h grantees)</td>
<td>359,665</td>
<td>28.5%</td>
</tr>
<tr>
<td>23</td>
<td>Total Homeless (All Grantees Report This Line)</td>
<td>1,262,961</td>
<td>100.0%</td>
</tr>
<tr>
<td>24</td>
<td>Total School Based Health Center Patients (All Grantees Report This Line)</td>
<td>755,423</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total Veterans (All Grantees Report this Line)</td>
<td>330,271</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>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>

*PHS 330(g) funded Health Centers - Lines 14, 15, & 16. All other Health Centers report on Line 16 only.*
• (A) migratory agricultural workers, seasonal agricultural workers, and members of the families of such migratory and seasonal agricultural workers who are within a designated catchment area; and (B) individuals who have previously been migratory agricultural workers but who no longer meet the requirements of subparagraph (A) of paragraph (3) because of age or disability and members of the families of such individuals who are within such catchment area.

“Migratory Agricultural Workers: Line 14: Report patients whose principal employment is in agriculture and who establish a temporary home for the purposes of such employment as a migratory agricultural worker, as defined by section 330(g) of the Public Health Service Act. Migratory agricultural workers are usually hired laborers who are paid piecework, hourly, or daily wages. Include patients who had such work as their principal employment within 24 months of their last visit, as well as their dependent family members who have also used the center. The family members may or may not move with the worker or establish a temporary home. Note that agricultural workers who leave a community to work elsewhere are classified as migratory workers in their home community, as are those who migrate to a community to work there. Include Aged and Disabled Former Migratory Agricultural Workers, as defined in section 330 (g)(1)(B). Aged and disabled former agricultural workers includes those who were previously migratory agricultural workers but who no longer work in agriculture because of age or disability and family members.”
The term agriculture means farming in all its branches, as defined by the OMB-developed North American Industry Classification System (NAICS) under the following codes and all sub-codes within: 111, 112, 1151, and 1152. Migratory and Seasonal Agricultural Workers (MSAWs):
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).
Fisheries – Cultivation (in the land?)
Vs Fishing – Wild Caught
Transportation – Provided by Who?
Agricultural Cultivation vs Processing off Farm
Chicken Farming
Packing & Processing on the Farm or in a Factory off the Farm?
Horse Breeding vs Horse Racing
Christmas Tree Farming or Forestry?
It Starts Here - Registration Process

**Ejemplo: Nuevo Formulario de Registro del Paciente**

<table>
<thead>
<tr>
<th>Información del Paciente</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primer Nombre:</td>
</tr>
<tr>
<td>Dirección de su domicilio:</td>
</tr>
<tr>
<td>Dirección de Correo:</td>
</tr>
<tr>
<td>Teléfono de la casa:</td>
</tr>
<tr>
<td>Fecha de Nacimiento:</td>
</tr>
<tr>
<td>Estado Civil:</td>
</tr>
<tr>
<td>Raza (circule todas las que aplican):</td>
</tr>
<tr>
<td>Étnico(a):</td>
</tr>
<tr>
<td>Designación Especial de la Población:</td>
</tr>
<tr>
<td>1. ¿En los últimos 2 años, usted o algún miembro de su familia, trabajó en algún tipo de agricultura (trabajo de campo) alimentando, cosechando, preparando la tierra, en una empaquetadora, maneando una camioneta para cualquier tipo de trabajo de campo, o con animales como vacas, pollos, etc.?</td>
</tr>
<tr>
<td>2. ¿En los últimos 2 años, usted o algún miembro de su familia vivió lejos de la casa para trabajar en cualquier tipo de agricultura (trabajo de campo)?</td>
</tr>
<tr>
<td>3. ¿Usted o algún miembro de su familia ha parado de trabajar en la agricultura (trabajo de campo) por alguna discapacidad o por la edad (ya es muy mayor para hacer el trabajo)?</td>
</tr>
<tr>
<td>4. Actualmente, ¿usted vive con amigos o familiares, en su casa, en un refugio, en un hotel, o en la calle?</td>
</tr>
<tr>
<td>5. ¿Usted es veterano de los Estados Unidos?</td>
</tr>
<tr>
<td>6. ¿Está viviendo en una Vivienda Pública?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Información del Seguro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tipo(s) de Cobertura de Salud:</td>
</tr>
<tr>
<td>Seguro Primario:</td>
</tr>
<tr>
<td>Seguro Secundario:</td>
</tr>
<tr>
<td>Su visita de se debe a:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persona Responsable (tiene que ser un adulto mayor de 18 años)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primer Nombre:</td>
</tr>
<tr>
<td>Fecha de Nacimiento:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Información del Trabajo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empleador:</td>
</tr>
<tr>
<td>Dirección del Empleado:</td>
</tr>
<tr>
<td>Teléfono:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Información de Contacto en caso de Emergencia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persona a contactar en caso de emergencia:</td>
</tr>
<tr>
<td>Dirección:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Otros Familiares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primer Nombre:</td>
</tr>
</tbody>
</table>

*Yo, CERTIFICO QUE, EN EL MEJOR DE MIS CONOCIMIENTOS, LA INFORMACIÓN ANTERIOR ES VERDADERA Y CORRECTA. Entiendo que soy financieramente responsable por todos los cargos, bien sean cubiertos o pagados por la compañía de seguros. En caso de que [nombre del centro de salud] participe con mi plan de seguro, todos los copagos y pagos de consignación se deben pagar al momento de recibir el servicio. Por el*

© National Center for Farmworker Health
**Asking the Right Questions**

<table>
<thead>
<tr>
<th>Questions</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past two years, have you or a member of your <strong>family</strong> worked in agriculture/farming as your/their principal employment including, but not limited to:</td>
<td>This person and his/her family are agricultural workers.</td>
<td>There is no agricultural worker in the household.</td>
</tr>
<tr>
<td>• Preparing, irrigating or spraying the fields, nurseries, orchards;</td>
<td>CONTINUE to questions 3-4.</td>
<td>GO to question 2.</td>
</tr>
<tr>
<td>• Planting, picking, sorting, packing, or transporting fruits, vegetables, grains, nuts, plants, tobacco, hops, flowers, grass, alfalfa, hay, or other agricultural products;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Planting trees; working with Christmas trees; picking pine needles or Spanish moss;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Working on farms that produce chickens, ducks, turkeys, cows, goats, sheep, horses, fish, seafood, etc.,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### In the Right Order

<table>
<thead>
<tr>
<th>Questions</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Have you or a member of your family stopped migrating to work in agriculture because of a disability or old age?</td>
<td>This person and his/her family are “former migratory agricultural workers” and should be registered as migratory workers.</td>
<td>CONTINUE to questions 3-4.</td>
</tr>
<tr>
<td>3. In the past two years, have you or a member of your family established a temporary home in order to work in agriculture?</td>
<td>This person and his/her family are migratory workers. STOP</td>
<td>CONTINUE to question 4.</td>
</tr>
<tr>
<td>4. In the past two years, have you or a member of your family worked in agriculture on a seasonal basis without the need to establish a temporary home?</td>
<td>This person and his/her family are seasonal workers. STOP</td>
<td></td>
</tr>
</tbody>
</table>
• Ensures continued funding availability
• Facilitates access to care and to appropriate treatment, improves outcomes
• Improves population-specific goal setting and performance improvement
• Ensures accuracy of data and supports service delivery and population research
NCFH Resources

NCFH Tools and Templates

- Procedures.
- Policies.
- Registration forms.
- Intake and registration questions to ask.
- Staff training resources.
- Digital Story on Ag Worker patient registration
National Training Resources

Farmworker Justice
http://www.farmworkerjustice.org

Health Outreach Partners
http://www.outreach-partners.org

MHP Salud
http://www.mhpsalud.org

Migrant Clinicians Network
http://www.migrantclinician.org

National Association of Community Health Centers
http://www.nachc.com

National Center for Farmworker Health
http://www.ncfh.org
Campaign Strategies

**Strategy 1:** Take Credit Where Credit is Due - Identifying and Reporting All Current Ag Workers and their families

**Strategy 2:** Open Hearts, Open Doors, Open Access - Reaching out, serving new patients

**Strategy 3:** Building Capacity for Growth

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I CARE ABOUT AMERICA’S AGRICULTURAL WORKERS


#AGWORKERACCESS

© NCFH 2018
The first three participants in today’s webinar to register as a member of the Ag Worker Access 2020 Campaign win a 2015 NCFH Commemorative Poster by artist Erin Brady of Nashville TN

– Register Here:

1. Implement policies, procedures and staff training to ensure that staff understand the population and their needs.

2. Ask the right questions on the registration form and provide culturally and linguistically sound assistance.

3. Remember to inquire about occupation within the last two years.

4. Make sure that all patients or guardians are screened for agricultural worker (and other special population) status, regardless of insurance or employment.

5. Inquire about the history of migratory work and inability to continue due to age or disability. Ensure that aged and/or disabled former migratory Ag workers and family members are entered in UDS Table 4, Line 14 (if receiving 330g funding).
6. Document migratory workers and family members in UDS Table 4, Line 14 (if receiving 330g funding).

7. Document seasonal workers and family members in UDS Table 4, Line 15 (if 330g funded).

8. For HCs not receiving 330g funding, include all MSAWs and family members in UDS Table 4, Line 16.

9. Cross reference adult agricultural workers with family members (not necessarily legal dependents) who are patients of the HC in the electronic health record.

10. Develop outreach strategies to inform MSAWs and their families community, including employers, of availability of HC services.

11. Forge coalitions with other service organizations and work together to increase access.
Mission

Sea Mar Community Health Centers is a community-based organization committed to providing quality, comprehensive health, human, and housing services to diverse communities, specializing in service to Latinos.

Services By County

- Pierce: Medical, Dental, Behavioral Health, Pharmacy, Homeless Outreach, Inpatient Substance Abuse, MSS, WIC
- Skagit: Medical, Dental, Behavioral Health, Pharmacy, MSS, Community and Social Services, Homeless Outreach, Migrant and Seasonal Farmworker Outreach
- Snohomish: Medical, Dental, Behavioral Health, Pharmacy, MSS, Residency Program
- Thurston: Medical, Dental, Behavioral Health, Pharmacy, MSS, WIC
- Whatcom: Medical, Dental, Behavioral Health, Inpatient Substance Abuse, Homeless Outreach, Migrant and Seasonal Farmworker Outreach, MSS, WIC
- Yakima: Northwest Communities Education Center, Radio KONA

Agency-wide (2016 UDS)
- 203,344 unduplicated patients
- 826,204 total visits
- 47% Caucasian; 34% Latinos
- 87% <200% of FPL
- 81% no insurance or Medicaid

54,475 MSAW in network area (NCFH); two-thirds in Skagit and Whatcom Counties

- Over 138 service sites in 81 locations in 13 counties
- MSAW patients in all counties where services are provided
MSAW UDS Trends

Our Successes
- 37% increase since joining Ag Worker 2020 Campaign
- 96% increase between 2013-2017

Keys to Success
- Agency-Wide Focus:
  - New policies on MSAW Identification, Verification and Documentation
  - Mandatory Annual Training
  - SOGI – community demographic form
- Skagit & Whatcom Counties Focused Activities:*
  - Relationship building & establishing trust
  - Increase health literacy and preventive health
  - Increase access to MSAW

*Led by the MSAW Promotores Program
Agency-Wide Tools for identifying MSAW

Policies

PART 1: FARMWORKERS ELIGIBILITY & VERIFICATION PROCESS

Migrant and Seasonal Farmworker Status
In the past two years, have you or any member of your family worked in agriculture/livestock, forestry, or fisheries as your primary source of income? (Limit: 200 characters)

- Yes
- No

Are you or any member of your family established a temporary home in order to work in agriculture?

- Yes
- No

Have you or any member of your family stopped the need to establish a temporary home to work in agriculture because of disability or did age?

- Yes
- No

Housing Status
Are you currently living with friends or family in your car, in a shelter, in a hotel, or on the street?

- Yes
- No

Other Demographics
Are you a U.S. Veteran?

- Yes
- No
Agency-Wide Tools for identifying MSAW

Special Populations Training – MSAW Identification

Flow Chart
Steps to determine if your patient qualifies as Migrant or Seasonal Farmworker

1. In the past 2 years, have you or a member of your family worked in agriculture, forestry or fisheries as your main source of employment?

   YES

   NO

2. In the past two years, have you or a member of your family established a temporary home in order to work in agriculture, forestry or fisheries? i.e., live in trailers or houses provided by employer, hotel, or share house with others?

   YES

   NO

3. In the past two years, have you or a member of your family worked in agriculture, forestry or fisheries on a seasonal basis without the need to establish a temporary home? i.e., work for same farm year round but hours or income change weekly, or laid off and have to do other types of work?

   YES

   NO

(1a) Have you or a member of your family stopped migrating to work in agriculture, forestry or fisheries because of disability or old age?

   YES

   NO

You and your family members are Migrant agricultural workers

You and your family members are Seasonal agricultural workers

You and your family members are NOT agricultural workers
County-Specific Initiatives: Skagit & Whatcom

Skagit & Whatcom Counties Focused Activities:

- Relationship & trust building
  - MSAW Mapping Project
  - Increased community engagement
- Expand service delivery to outreach sites
  - Off-site mobile medical and dental clinics
- Increase health literacy & preventive health knowledge
  - Workshops & health-topic campaigns
- Increase access to MSAW
  - Indigenous language interpreters
  - Cultivating relations with new farms

Barriers to Accessing Health Care:

- Unfamiliar with US systems or customs
- Lack of knowledge of preventive health
- Prefer curanderos and folk medicine
- Seek out treatment they are familiar with
- High degree of monolingualism and low literacy (varies by cultural community, hometown and age of arrival)
- Distrust outsiders & suffer discrimination

Local indigenous people tend to avoid medical care except in emergencies or when health issues worsen.

Aztecs: Mixtec, Triqui, Zapotec; Purepecha, Nahuatl, Tepejuana, Chocho

Mayans: Aguacateco, Mam, Chalchitecos, Chuj, Ixil, Q’anjoba’, K’iche’, Tzotzil (Mexico)

* Other ethnicities: Punjabi, Nepali, Russian, Samoan, Vietnamese, Burmese, Farsi
Questions & Speaker Contact Information

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National Center for Farmworker Health  
Email: ryder@ncfh.org

Colleen Pacheco  
Special Populations Program Manager  
Sea Mar Community Health Centers  
Email: colleenpacheco@seamarchc.org
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.