

# Bridges to Health

February 20, 2024  
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Migrant Health Programs  
UVM Extension



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# Migrant Health Programs

Develop, coordinate, implement and support community-based outreach initiatives and services which contribute to health and health equity within designated migrant communities at local and statewide levels.

- Farmworker Mental Health Assessment
- Advisory boards and task forces
- Huertas & Food Access Projects
- Bridges to Health Community Health Worker Program

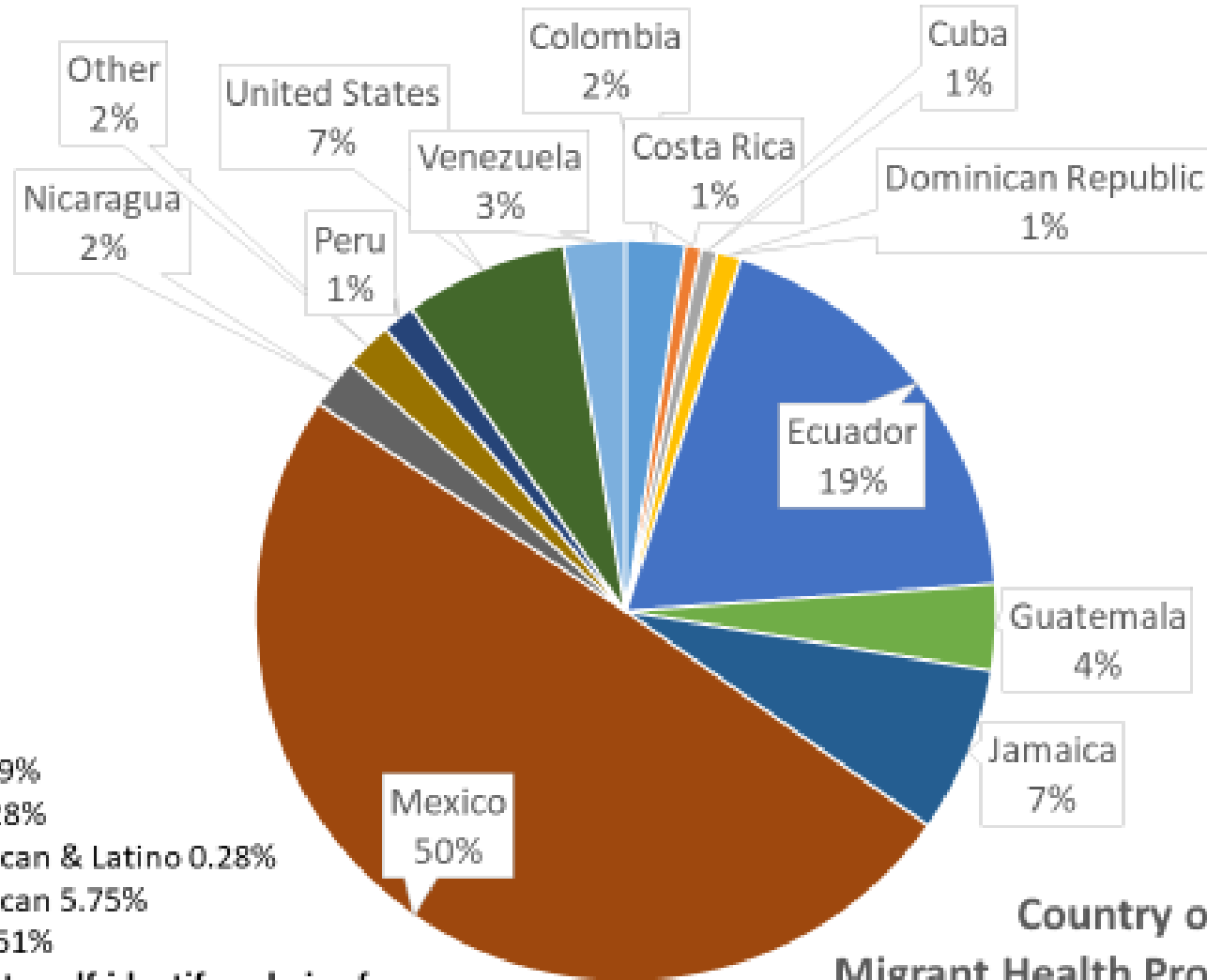
# Who we serve through Bridges to Health

- Migrant and Immigrant Workers and Families
  - Currently living in Vermont
  - Not otherwise supported by existing funded infrastructure (Refugees, Parolees & Immigrants supported by USCRI, ECDC, AALV, GIG )
  - Face barriers to health care on an individual and/or systems level
- Farm/business based clinics open to whole business when possible



# IM/MIGRANT WORKER POPULATION ESTIMATES

<b>Agricultural workers<sup>1</sup></b>	<b>1400</b>
<b>• Year Round Im/migrant Agricultural Workers &amp; Family Members</b> <i>(Spanish &amp; Some Indigenous Languages)</i>	900
<b>• Seasonal Migrant Agricultural Visa Holders (H2A)</b> <i>(Patos/English, Spanish, occasionally an Indigenous Language)</i>	500
<b>Non-Agricultural Workers<sup>2,3</sup></b>	<b>2421</b>
<b>• Seasonal Migrant Non Agricultural Visa Holders (H2B)</b> <i>(English, Patois/English, Spanish, Eastern European Languages)</i>	1421
<b>• Im/migrant Non Agricultural Workers &amp; Family Members</b> <i>(Spanish, Quechua, Other Indigenous Languages)</i>	1010



**Country of Origin**  
**Migrant Health Programs Data 2023**  
 (N 856)

**Race/Ethnicity\***

- Southeast Asian 0.19%
- American Indian 0.28%
- Black/African American & Latino 0.28%
- Black/African American 5.75%
- Latino/Hispanic 93.51%

\*Strong preference to self-identify as being from Country of Origin vs a particular race and/or ethnicity



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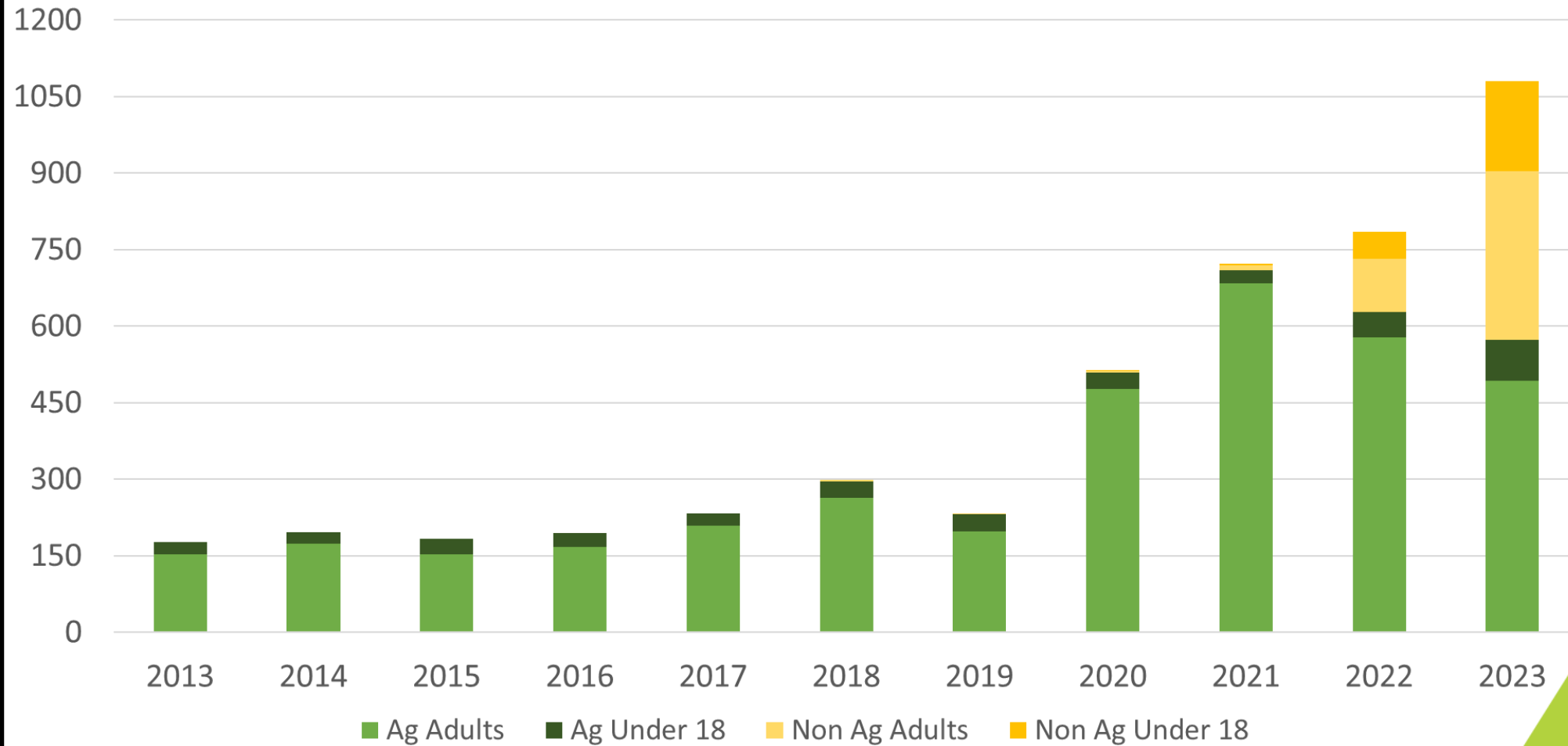
# Migrant Health Programs Team

Migrant Health Programs which includes Bridges to Health's Community Health Worker team is comprised of:

- Bilingual Program Lead
- **Bilingual Community Health Worker Program Coordinator**
- **Seven bilingual English/Spanish CHWs**
- Administrative Support
- 40-60 community based volunteers
- 3-4 interns per year



## Agricultural vs Non Agricultural Clients Bridges to Health



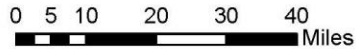
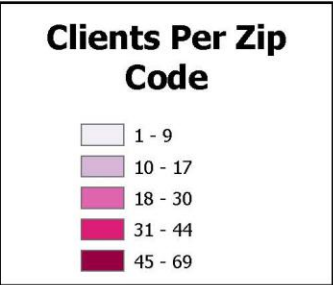
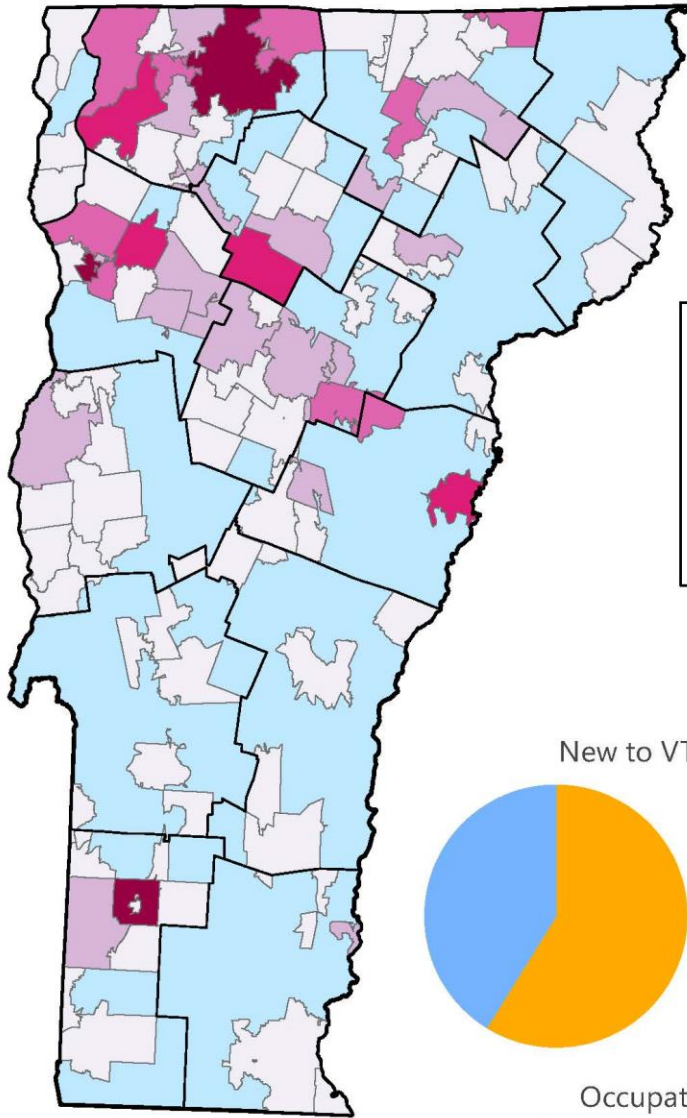
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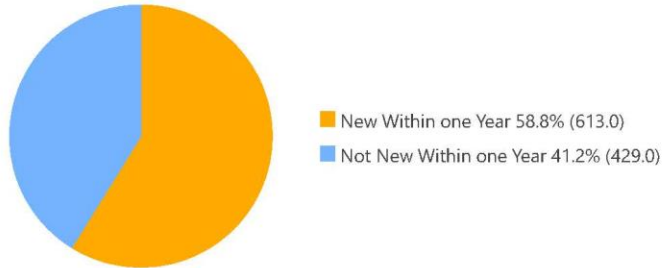
# Community Health Worker - A Few Hours of Time

- ✓ Antonio – Has epilepsy. Running out of meds from another state. No PCP. No insurance. Fearful of health care costs. No cell service. Spanish speaker. Only available to talk on 30 minute lunch break. Meds prescribed by volunteer MD. Financial assistance application for hospital. 3 way call on personal & work phone to make PCP appointment. Sent walking directions to appointment next week.
- ✓ Patricio – 3 months old. Plagiocephaly. Referral to specialist from pediatrician mid January but mom hasn't been contacted. Increasingly stressed. Called pediatrician together. Given number to specialist. Referral specialist was waiting on insurance information which would dictate which services were available. Provided insurance info. Waiting on appt. Retroactive Medicaid follow up with VHC. Was approved from birth. Let hospital know to bill.
- ✓ Daria – Missed WIC appt for 10 month old. Needs to reschedule to reinstate benefits. 3 way call requesting appt.
- ✓ Mariana – received 12 pages in English about health insurance for 3 kids. Reviewed with her. Complicated case with 1 kid approved, 1 pending and 1 denied. Mom signed 205 assist so we can follow up.
- ✓ Leydi – applied & was approved financial assistance before PCP appts but ongoing omissions at clinic resulted in outstanding bills of \$700. 3 way call for 3<sup>rd</sup> time to resolve. Emailed volunteer interpreters for vision exam at Walmart.
- ✓ Marcos – 10 y.o. has pain when eating. Mom says decay is visible. Registration forms submitted in the fall with request for appts but mom never got call to schedule appointment. Scheduled acute appt for next week and cleaning/full exam for June. Emailed volunteers for assistance with transportation.

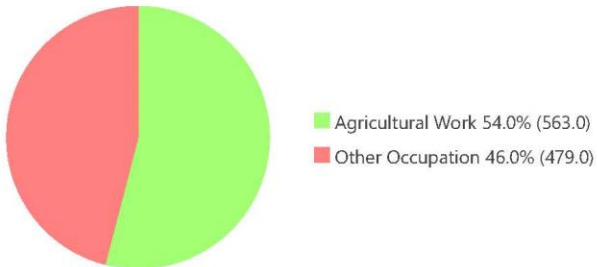




New to VT Within the Year



Occupation Status



1079 individuals served in 2023

54% agricultural workers

- 86% dairy workers
- 8% Jamaican H2A workers

59% new to VT in 2023



# Navigating Health & Social Service Systems

- 83% of clients do not have their own transportation
  - 653 rides provided/coordinated in 2023
- Majority of adults, some youth and all new arrivals do not have a PCP or Dental Home
  - 634 clients new to VT in 2023
- Many private practices do not have interpreter services
  - 266 appointments interpreted in 2023

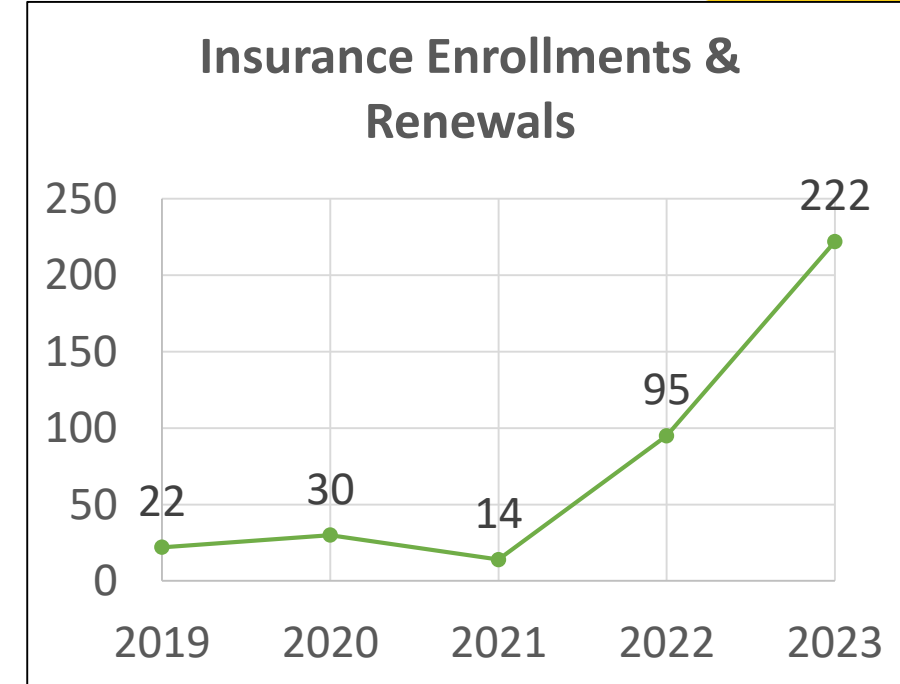


*“It has been so helpful to have Bridges to Health. We arrive without knowing how to find or navigate health care services. I suffer from high blood pressure and do not have health insurance. Upon arriving here, I needed a doctor to check my blood pressure and prescribe my medications. Bridges to Health helped me find a low cost clinic and they helped me get to my appointments. Now my blood pressure is under control.”* Hospitality Worker - Rutland County

# Health Insurance & Financial Assistance

- 91% of adults and 6% of minors do not have health insurance
- BTH enrolled or renewed health insurance for **222 clients** in 2023
  - 142 pregnant women & children enrolled in IHIP in 2023\*
  - 3-5 hours per paper application
- 53 children & pregnant women enrolled in Medicaid
- 275 successful financial assistance applications

\*Applications on behalf of 237 individuals since IHIP inception (83% of state total)



*“I had a tooth that would hurt when I ate and the cold weather caused pain too. I am grateful to Bridges to Health for helping me with a dental appointment. First, for helping me apply for financial assistance and then providing transportation to the appointment. I do not have a car so would have had no other way to get to the clinic. Thanks to them, I was able to make an appointment and take care of my tooth that was really bothering me.” Farmworker - Franklin County*



# Health Outreach – Community Collaborations

- 287 Community Based Health Consults & Screenings
  - Volunteer Providers
  - Free Clinics & FQHCs
  - UVM MC Medical Residents
- 689 Vaccines
  - Flu, Covid, Tdap & more
  - 50 farm/business based clinics
  - Department of Health District Offices, UVM MC, FQHCs



*“The level of outreach, education, understanding, and access [Bridges to Health has] brought to our farm, to help us and our employees has been integral in being able to operate a fair, healthy, and productive work environment for all. Whether it be intricate navigation of a complex health system for the underserved, helping to organize and communicate care, to hosting on farm vaccine clinics that surely went above and beyond protecting all in Vermont, this group has grown into an essential, trusted resource for our farm, family, and employees.” Dairy Farmer – Chittenden County*

# Food Security

- 190 farmworker beneficiaries of CSA and/or food delivery programs
- 98 pregnant women & children enrolled in WIC
- 75 adults & 19 children supported through Huertas – the kitchen garden project

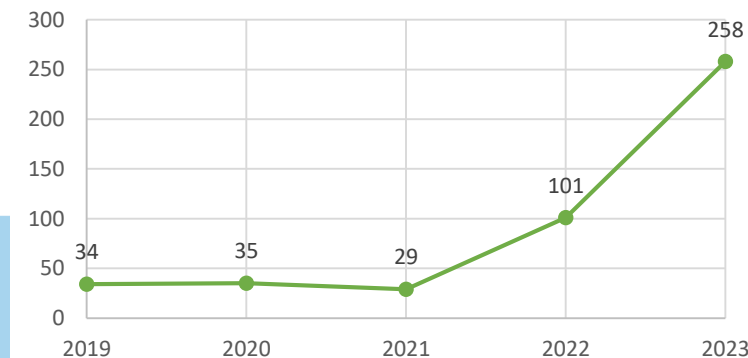


*“The Hardwick Area Food Pantry's partnership with UVM Extension and the Vermont Foodbank has been essential to expanding and improving our services to our migrant farmworker neighbors. The assistance we received from [the Community Health Worker] was critical in allowing us to overcome language barriers, cultural differences, and clearly understand the food needs and desires of this subset of our community. Additionally, being a small organization facing more and more demand generally, the assistance that we receive for coordinating volunteers who deliver food to these households has been an enormous help in reaching these vulnerable and remote households. It is partnerships like these that strengthen the fabric of our community and improve and enrich all of our lives.”* Director ~ Hardwick Area Food Pantry

# Bridges to Health CHW Program Funding

- Sustained through competitive federal grants & some philanthropy since initial outreach project in 2010 (20+ grants)
- Increased recognition for community based health equity programming and need for statewide programming during COVID resulted in increase in funding and first time funding from the Vermont Department of Health (funds originating from Federal Government)
- Increase in funding corresponded with **unanticipated and significant increase** in im/migrant agricultural family members and most significantly non-agricultural workers and families
- Funding through June 30<sup>th</sup>, 2024 due to legislative appropriation plus \$45,000 Health Equity Grant

Bridges to Health  
Children Served



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# Bridges to Health CHW Program Funding

**Sustaining Bridges to Health with current staffing for FY 25\***

**\$835,000 – Total Program Cost**

7 bilingual Spanish/English Regional Community Health Workers

1 bilingual Spanish/English CHW Program Coordinator

**\$38,000** secured to cover partial FTEs in Lamoille, Windsor, & Windham through December 2024

**\$797,000 unfunded**

**Pending notification** - \$200,000 proposal for focus on newly arrived non agricultural workforce through February 2025

- Actively seeking out grants – limited by grantor desire for new or expanded work

*\*Does not include CHW to lead outreach to Jamaican migrant workers*



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# Bridges to Health CHW Program Funding

No additional funding = 6 positions end in July, 2 in September. Work limited to Lamoille, Windsor & Windham Counties

Successful \$200,000 grant = 5 positions end in July, 3 in February. Work limited to non agricultural workforce in rural VT (Central/South)

*“Families are able to speak Spanish with [the Community Health Worker] and build trust...This allows families to feel safe seeking medical care with providers, like us, whom they recommend. The staff...address barriers to healthcare and critical social drivers of health. The time commitment for this work is high. Just registering for health insurance can take hours. With global conflicts and climate change, record numbers of people are migrating. I foresee that the workload for [Bridges to Health] will continue to increase in coming years. Funding the excellent services of the program is essential.”* Andrea E. Green, MDCM, FAAP, Director Pediatric Global Health, LCOM, Director Pediatric New American Program, Pediatric Primary Care, University of Vermont Children’s Hospital



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## Contact Information

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