



Testimony on Access to Health Care Services for Farm Workers during COVID-19

Bi-State Primary Care Association, 4/22/2020

Overview on Bridges to Health

Since 2009, Bi-State has led efforts on a federal grant¹ that funds the Bridges to Health program at UVM Extension and the Open Door Clinic to improve immigrant farmworkers' access to health care. These workers face a range of barriers, including language, transportation, and cultural barriers. Bridges to Health provides outreach and care coordination to both immigrant farmworkers and health care providers to help workers receive timely medical care. Bridges to Health regional care coordinators work with FQHCs, free clinics, Planned Parenthood clinics, and hospitals across Vermont. In the past three years, Bridges to Health staff:

- Developed and distributed a total of 1,500 Health Access Guides to farm owners, managers, and an estimated 1,000 farmworkers, reaching an estimated 99% of farms employing immigrant farmworkers.
- Provided an increase in successful referrals for health care services. Over the course of a project year, 92% of farmworkers who expressed interest in accessing health care services were successful in accessing care.
- Helped health centers make a measurable change in their culturally competent services. Twelve health care and other access point organizations made 25+ policy and/or procedural changes to reduce barriers to care.
- Increased farmworker encounters by 37%. Bridges now provides services to approximately 49% of Vermont's migrant farmworkers each year.

Bridges to Health & COVID-19

- ***Farmworkers are still receiving services and information.***
 - In-person farm-visits by Bridges to Health staff have been temporarily suspended, but staff are performing "drop-offs" of supplies to meet health/education needs.
 - Bridges to Health staff are sharing COVID-19 information from the VT Department of Health, and CDC, and other credible sources.
 - UVM Extension's Bridges to Health program recently transitioned its structure to have a centralized care coordinator accessible by telephone. ***Telephonic care coordination services are continuing.***

¹ This funding has come from a series of three-year US Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) Rural Health Care Services Outreach Grant Program.

- Transportation services for farmworkers are more challenging due to COVID-19; however most non-essential appointments have been cancelled.
- **Bridges to Health staff are additionally providing selfcare resources, for example sharing strategies and techniques for combatting stress and anxiety.** Unrelated to COVID-19, mental wellness in the face of stress and anxiety has been a focus of the most recent Bridges to Health project.
- **FQHCs, free clinics, hospitals are still providing triage and telemedicine services and stand ready to accept new patients.**
 - While temporarily canceling/not scheduling any in-person visits that would be considered non-essential (dental cleanings and most preventative care), FQHCs, free clinics, and hospitals are offering phone triage and telemedicine visits and are accepting new patients.
 - Bridges to Health staff have been assisting with in-person visit cancellations, etc.
- UVM Extension sent out a letter to all farm owners known to hire Spanish-speaking workers letting them know how the Bridges to Health program is supporting workers during this time and sharing English and Spanish resources on COVID-19.
- Bridges to Health staff note that based on the current CDC information, **most immigrant farmworkers and their family members are not considered high risk for COVID-19 complications.** At the same time, if one member of the household contracts the virus, housemates face an increased risk due to their close living quarters. Farm owners are unlikely to have any additional livable spaces if someone needed to quarantine, and the lack of testing makes it difficult for a worker to decide to self-quarantine especially since their family is dependent on their income and they do not have paid sick leave. Bridges to Health supports the work of the Agency of Agriculture in encouraging farm owners to have a plan for educating employees, asking new workers key questions about exposure/health, and planning in case they have a symptomatic and/or positive employee.
- Farmworkers living within 25 miles or so of the border are historically less likely to seek out care due to detention concerns. Immigration and Customs Enforcement (ICE) has announced that they are limiting enforcement operations during this time *“During the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors’ offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement.”*

After COVID-19

- The transition to virtual visits may have long-term positive effects for the farmworker population. Virtual visits have the potential to ease both language and transportation barriers for accessing care.
- The federal funding for the Bridges to Health program is scheduled to end April 30, 2021. Staff are looking at various options to sustain elements of the programming, but unless there is another large grant or funding from a new source, the program will change.