BRIDGES TO HEALTH

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BRIDGES TO HEALTH

Community-based health promotion, access, and care coordination program that addresses individual and systemic barriers to care for im/migrant workers and families that prevent them from reaching their full health and well-being potential.

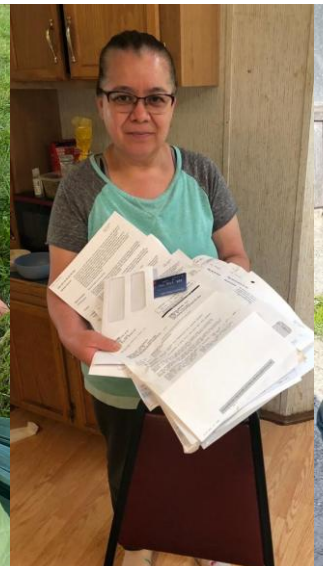
Community Health Workers:

- Provide navigational supports within increasingly complex and complicated health and social systems.
- Serve as liaisons, cultural brokers, health educators, advocates, and interpreters between individuals and community-based organizations.
- Empower clients to make timely health decisions.
- Promote health, reduce disparities, and improve service delivery.
- Improve access to care and quality of life at an individual, family and household level.
- Coordinate outreach efforts in collaboration with local service organizations to assist them in enhancing services and addressing systemic barriers to services

WHO WE SERVE

Im/migrant workers and families currently living in Vermont

- Not otherwise supported by existing funded infrastructure (Refugees, Parolees & Immigrants generally supported by USCRI, ECDC, AALV, GIG, Asylum Seeker Networks)
- Face linguistic and/or cultural barriers to health care on an individual and systems level
- Farm based immunization clinics provide access to vaccines for anyone on the farm




Im/migrant Agricultural Workers in Vermont

Agricultural workers: population estimates	1525
• Year-Round Immigrant Agricultural Workers & Family Members	900
• Seasonal Migrant Agricultural Visa Holders (H2A)	625

Year-round agricultural workers and family members*

Farm types: dairy, slaughter/processing, greenhouses, logging

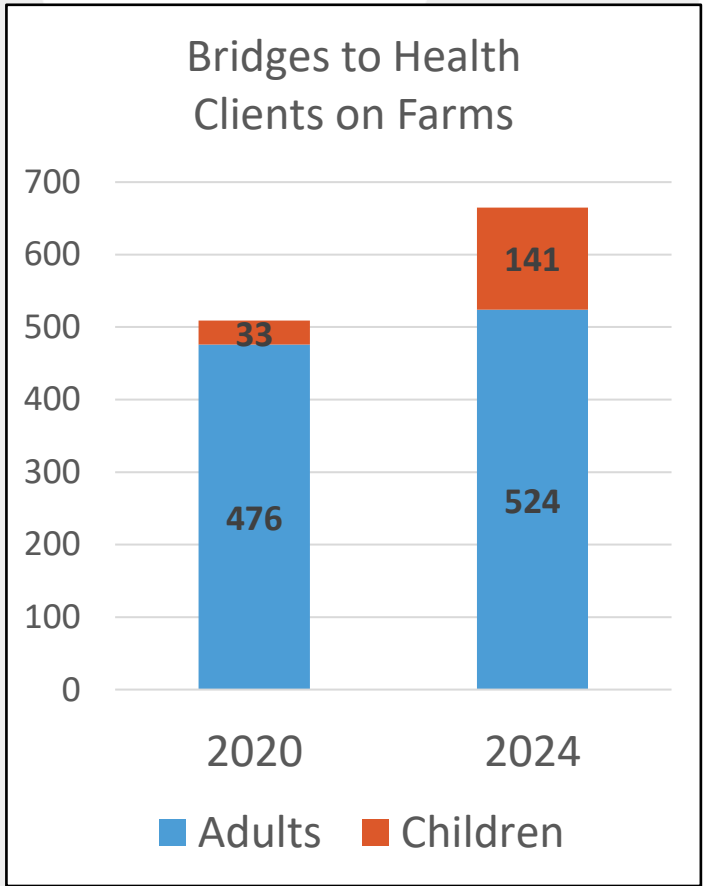
95% from Mexico

5% from Guatemala

Occupy approximately 750 positions on 150 farms

Over 150 accompanying family members (children & spouses)

**additional workers connected to food system and ag work in restaurants, lumber yards, food processing*



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Im/migrant Agricultural Workers in Vermont

664 seasonal agricultural workers positions with H2A – Seasonal agriculture visas

- Work contract lasts from 90 days to 10 months
- Some workers transition from one crop to another during calendar year
- Farm types include apple orchards, greenhouses, processing facilities, vegetables and berry farms, maple sugaring, & apiaries
    - 74% increase in the number of farms requesting H2A workers in past decade
- 84% from Jamaica who speak standard English and often Patois
- 12% Spanish speakers from Mexico & Central America
    - Some speak an indigenous language as their first language

Barriers to Health

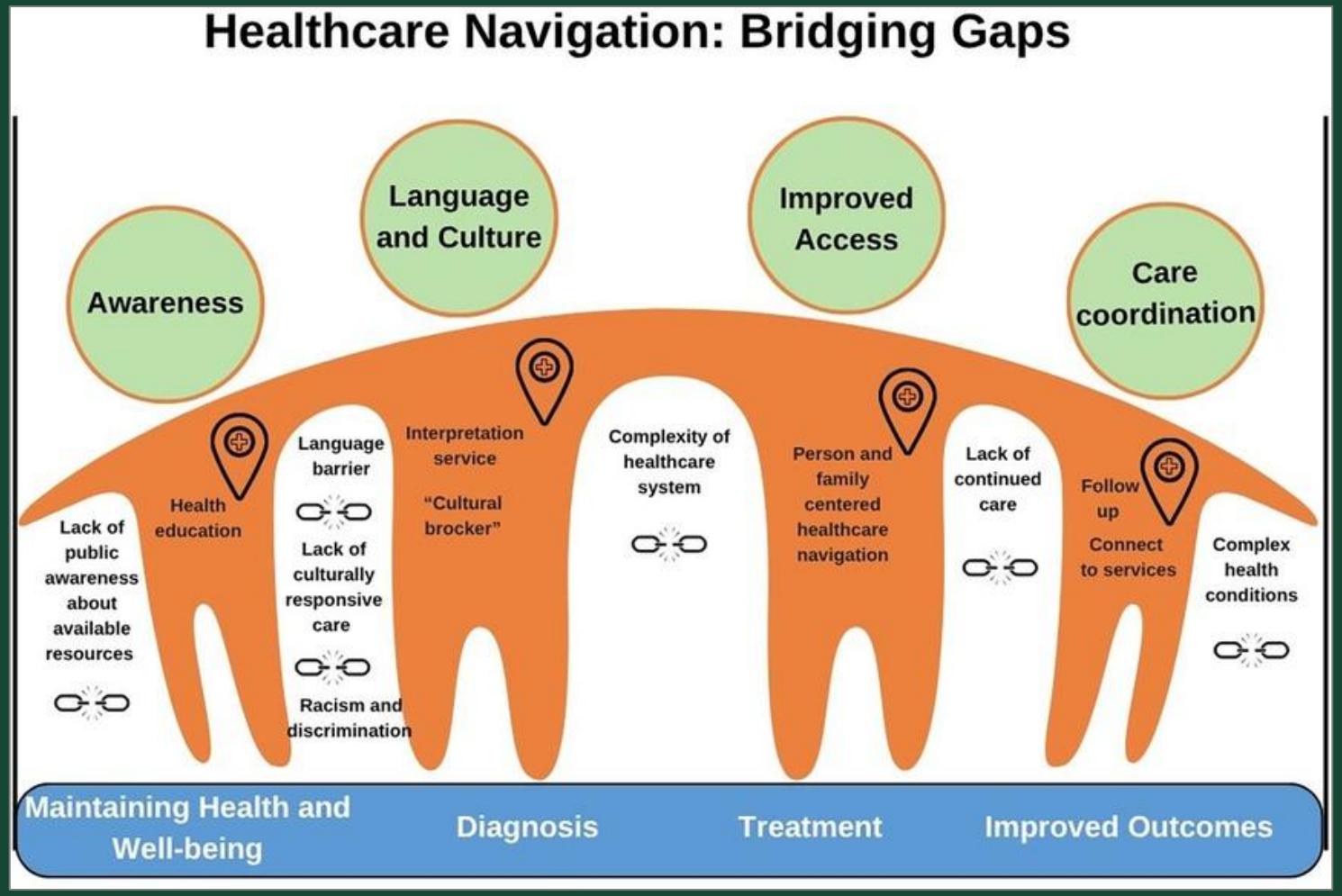
Systemic/Structural

- Language access
- Cultural awareness
- Complex health care system
- Inconsistency in sliding fee/discounted care policies
- Complex paperwork and billing
- Discrimination
- Ineligibility for gov. programs
- Immigration laws

Individual

- Cost (91% of adults uninsured)
- Transportation (80% lack personal transportation)
- Language ability
- Fear
- Unfamiliarity with health systems
- Geographic isolation
- Shame/stigma (esp mental health)
- Different cultural health beliefs
- Work conflicts
- Power dynamic with employer
- Unstable employment/housing

8 Regional Community Health Workers



Ensuring Access to Care

Examples from the past month:

- ✓ Jamaican farmworker with no personal transportation who works all daylight hours needed monthly medication refill. Lowest cost at a pharmacy that closes at 5pm. No weekends. CHW worked with BTH volunteer to get delivered to his home.
- ✓ Spanish speaking pregnant partner of farmworker with health complications. Submitted health insurance but while in process no access to Medicaid transport. Specialty clinic 1+ hour away. CHW scheduled 3 BTH volunteers for upcoming appointments. Supported family to connect with neurologist to create a seizure action plan for the school on behalf of their young child.
- ✓ On farm vaccine clinics tend to uncover unresolved health issues. CHWs bring OTC creams and medications just in case. A worker disclosed a skin rash. RN suggested a cream CHW had on hand.
- ✓ A Spanish speaking farmworker family with a child with complex needs moved from Chittenden County where she had a PCP and specialist to a rural town with limited local services. Meds ran out before a new PCP could be established and health was declining. CHW connected with previous PCP for a short term prescription, got medical records transferred, filled out 10 pages of paperwork to establish care at a new clinic and made an establishing care appointment.
- ✓ Two adult farmworkers each with a chronic health issues moved to a remote community with two kids. Meds had run out and no refills. CHW signed kids up for health insurance, requested refills from previous PCP, established all 4 at local FQHC (lots of paperwork), helped adults apply for financial assistance for a related ED visit, and coordinated transport to the appointments. She also provided diabetes management education and guidance around requesting refills in a timely manner.

Agricultural Outreach & Services 3-Year Retrospective

- 1128 farmworkers served
  - 167 farms across 14 counties
- 2990 appointments coordinated
  - 1050 rides to appointments coordinated or provided by staff, program volunteers
  - 248 medical appointments interpreted
- 222 farm and community-based health screenings and consults (with health care collaborators)
- 16 fall vaccine outreach days per year
  - Ongoing collab with VDH
  - 50+ farms
  - 450-500 vaccines each year
- 278 beneficiaries of CSAs and/or food box delivery programs in collaboration with community partners
- 239 individuals supported in enrolling in then renewing insurance each year
- 396 successful financial assistance applications

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Impacts of Federal Changes

Individuals

- Health insurance changes
  - Limits eligibility for coverage & cost prohibitive for eligible farmworkers
  - Shortened enrollment period disproportionally impacts individuals who have complex income & immigration scenarios
  - Administrative burden – eligibility proof every 6 months
  - Likelihood of larger gaps in coverage due to retro coverage limits
- Reluctance to apply for eligible programs
  - Concern about data sharing and interactions with federal programs
  - Concern about use of health care services/program impact on immigration applications
  - SNAP (3SVT) letters include language that has worried some applicants
- Fear of accessing services
  - Delaying or forgoing care
  - Sending others to the store on their behalf

Impacts of Federal Changes

Individuals

- Some workers deciding to return home due to uncertain/stressful environment
- Limiting time outside in visible spaces
- Fear of family separations
    - Parents concerned about being detained without their children or being separated if detained
    - Only one parent in public space at a time
    - Economic impact when a parent is detained or deported
- Seasonal ag visa holders
    - Concern about not being able to return (support family) due to potential changes in program
    - Concern about availability of health care services while here

Impacts of Federal Changes

Health Access Programming

- Less options for workers to get to health care services
  - Community member volunteers & farm owners concerned about driving workers to appointments
  - Workers with licenses less likely to transport co-worker
- Health and social service system getting more confusing and uncertain; time burden of navigating changes with clients
- Challenging funding outlook.
  - No current federal funding opportunities for health equity work (misalignment with current federal priorities)
  - Increased pressure on nongovernment funds including philanthropy (greater competition for limited funds)

Access to Care Challenges Impact Employers & Health Care System

- Employees who maintain good physical, mental, and emotional health are more productive workers
- Absenteeism and turnover (health and otherwise) = loss of productivity & expertise + increased management time to hire and train a replacement
- Delays accessing care due to fear, lack of transportation, cost concerns etc = increased emergency department visits
- Lack of (or gaps in) insurance decreases preventative care and increases likelihood of emergency room visits

Thank you!

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