

Migrant Health Programs Bridges to Health

House Committee on Healthcare
February 13, 2025

Migrant Health Programs

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

UVM Ext began health outreach to Spanish speaking farmworkers in 2010. Responsive to needs identified by communities we serve.

- Raise awareness about im/migrant communities, patterns, and needs
- Provide feedback and capacity building opportunities for health centers
- Address individual and systemic barriers to health and health related services
- Utilize existing systems as well as creating alternatives as needed

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
- Eight regional bilingual English/Spanish CHWs*
- Administrative Support/Volunteer Processor
- 50-60 community volunteers
- 3-6 interns per year

100% Grant Funded

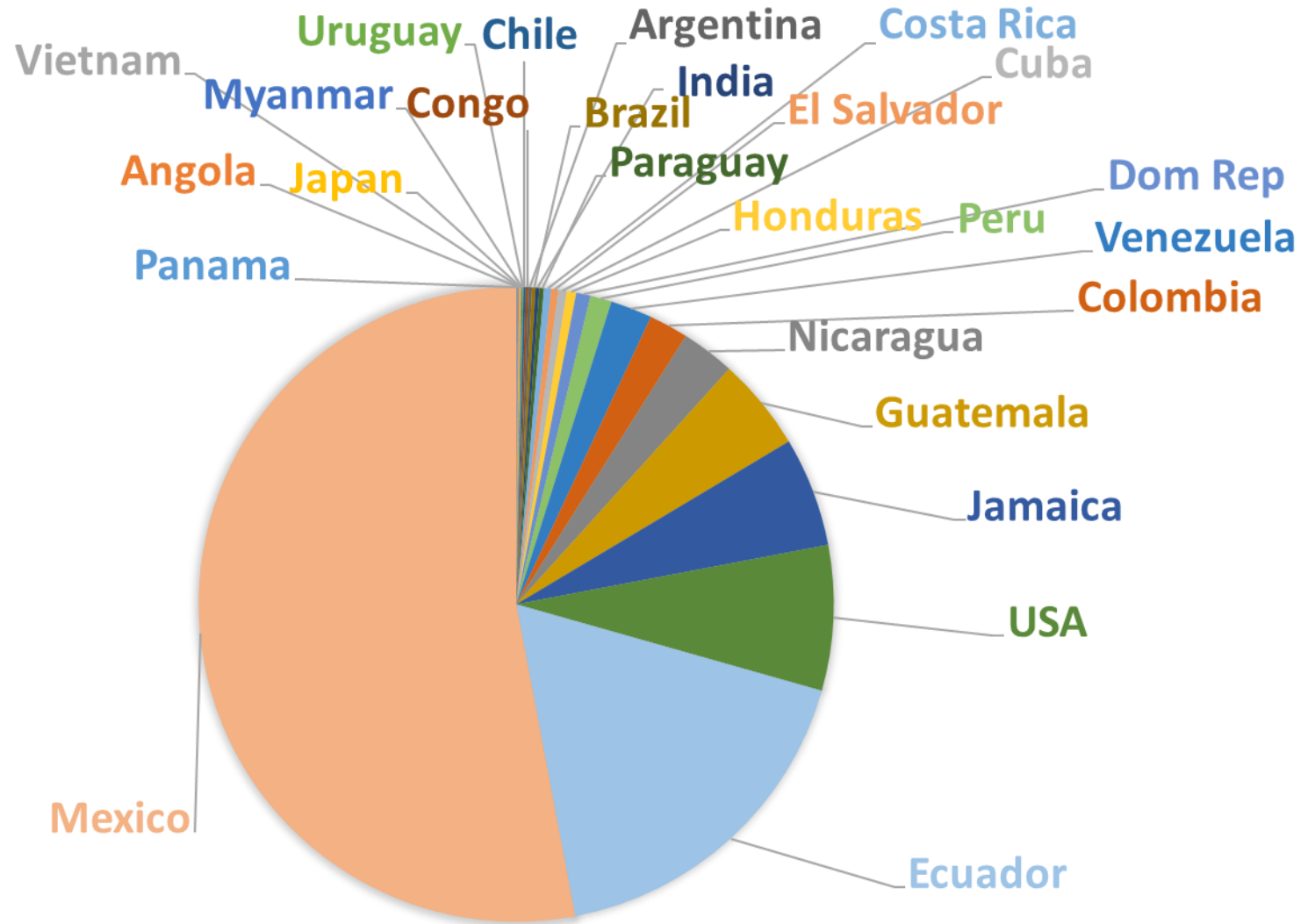
Priority populations

- Migrant and Immigrant Communities across Vermont
 - Not otherwise supported by existing funded infrastructure
 - Seasonal & Year-Round Agricultural Workers, Seasonal and Year-Round Service Industry Workers, Asylum Seekers, TPS, Parolees...
- Face barriers to health care and related services on an individual and/or systems level

Race & Ethnicity*

Black/African American/Latino	0.18%
American Indian	0.18%
Southeast Asian	0.24%
Black/African American	5.70%
Latino/Hispanic	93.70%

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



COUNTRIES OF ORIGIN 2022-2024

N 1650

January 2025

Mobile health clinic with Jamaican workers in NEK

- Evening clinic to accommodate work schedules
- Registration & sliding fee paperwork for NCHC
- Coordination of follow up appointments

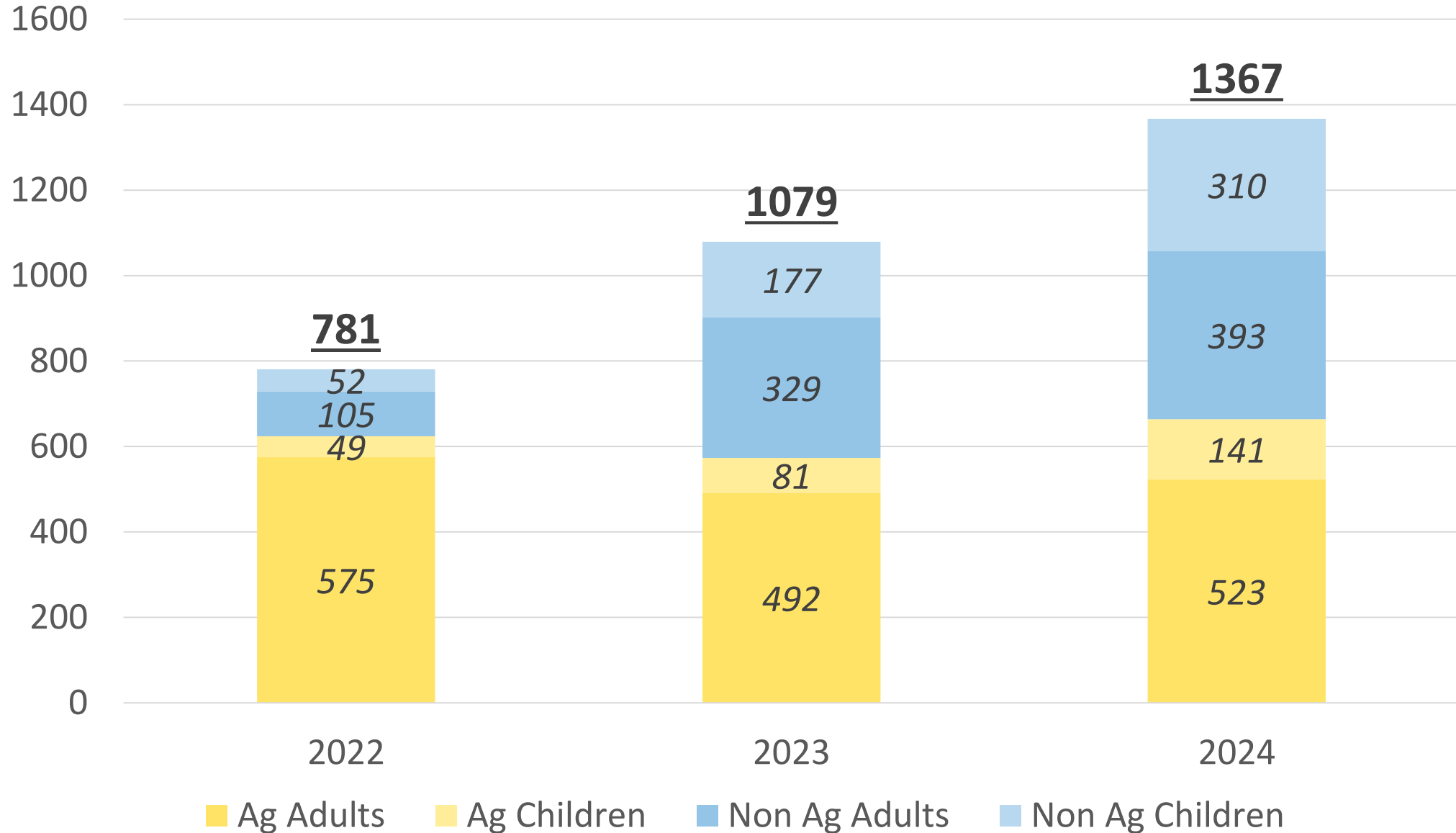
Paperwork night at Family Room in Burlington

- Collaboration with Family Room, WIC, BSD, Hunger Free VT
- Supported ~30 individuals in completing health related paperwork

240 Appointments Coordinated

- Dental (45), Well-child (44), Prenatal (27), WIC (16), Women's health (15), Sick appointment (9), Diagnostics & labs (9), Social service (9), Vaccine (7), Establishing care (7), Orthodontics (6), Eye exam (5), Pediatric dental surgery (4), Pharmacy (4), Other specialist (4), Post partum (3), Mental health (3), ENT (3), Chronic disease management (2), TB treatment (2), Physical (2), Birth (2), Emergency Department (2), Infusion (2), Autism evaluation, Testicular rash, Breast abscess, Gout, HIV management, Wrist surgery, Pediatric heart surgery

Unique Individuals Served Bridges to Health



2024

139 Farms

452 Households

552 New

Food Access

NEK Collaboration – Hardwick Area Food Pantry

- 120 Individuals
- 24 Households
- Community volunteers from HAFP & BTH



NW Collaboration – Feeding Champlain Valley & Healthy Roots

- Community volunteers from BTH and FCV/HR Staff
- 128 Individuals
- 30 households
 - 15 new households interested – testing capacity

84 Food Successful Access Pathways – WIC, Food Shelves, 3SVT

27 Kitchen Gardens



Immunization Outreach

2024 Community Based Collaborations: VDH District Offices, Little Rivers, UVM MC CFM

- 359 individuals
- 611 vaccines: Flu (most popular), Tdap, Covid (least popular)
 - 60 farms
 - 5 non ag businesses
 - 3 community clinics



Community Based Health Consults & Screenings

2024 Community Collaborations

- Little Rivers (FQHC)
- Albert Schweitzer Fellows
- UVM MC Family Medicine Residency Program
- People's Health & Wellness (Free Clinic)
- Volunteer Health Providers

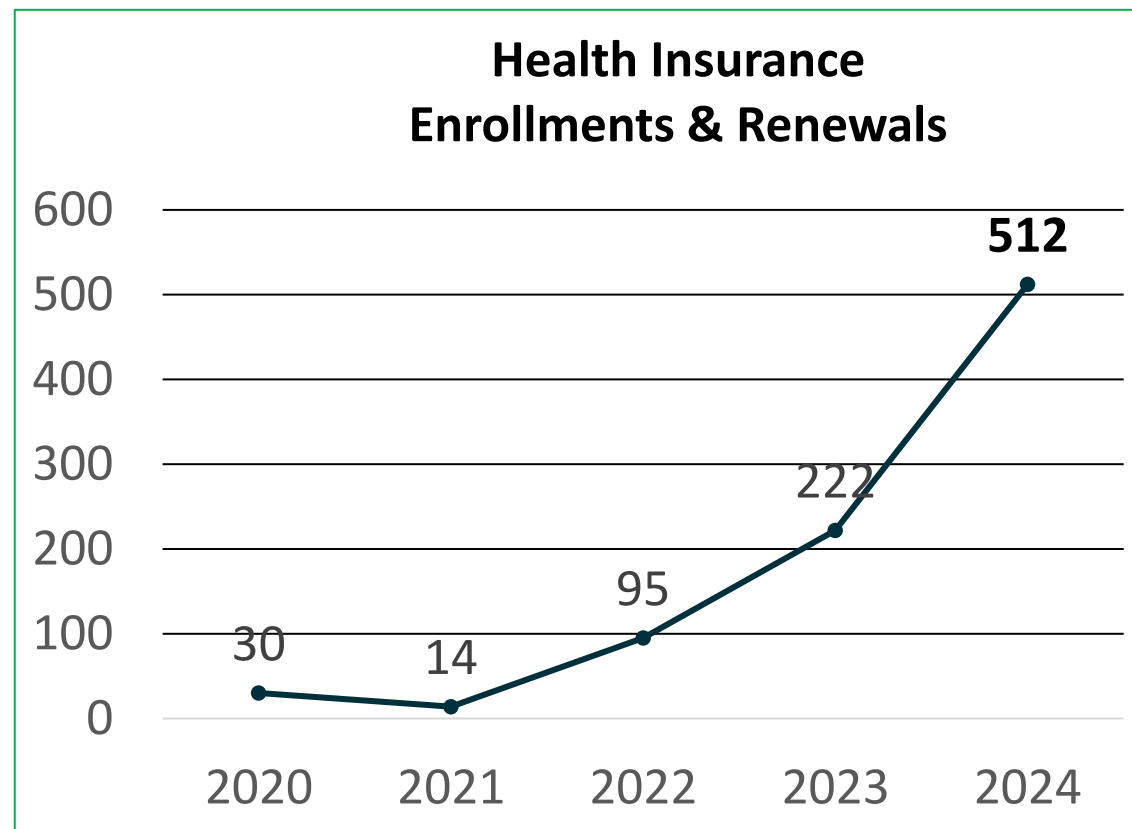
200 farm & community screenings for uninsured adults*

- Blood sugar and blood pressure screenings
- Chronic disease management
- Consults for acute health issues

**currently considering ways to increase health care outreach in Northern VT*

Health Insurance

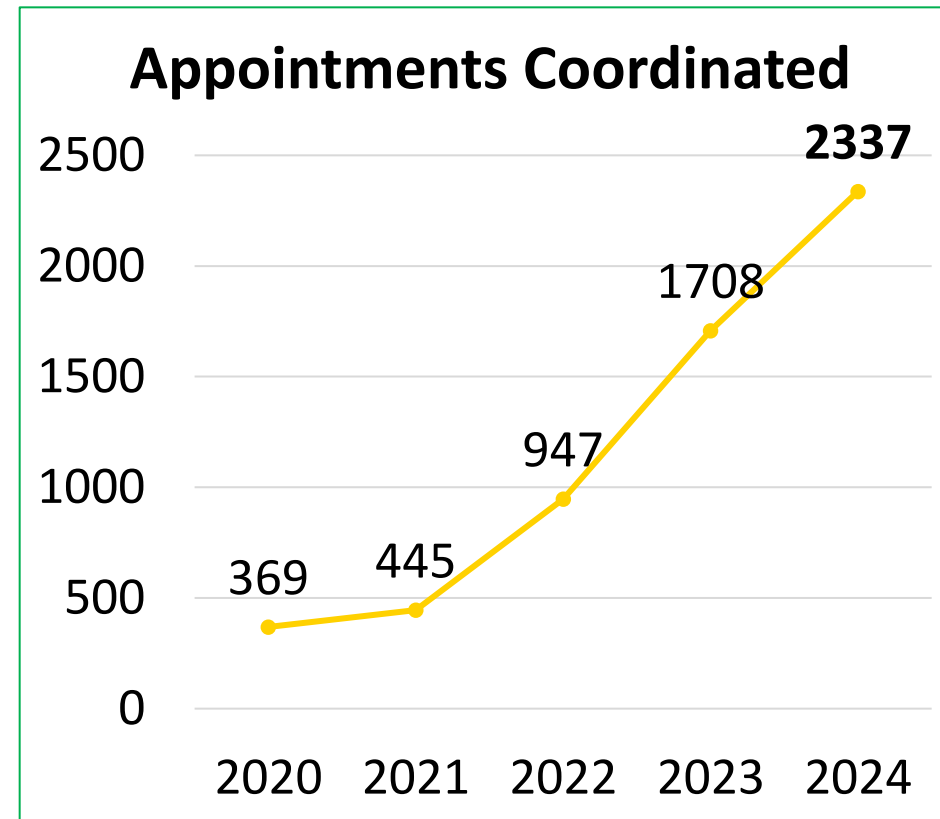
- **131% increase** in enrollments & renewals
- High administrative burden for IHIP enrollment & renewals
- Increase in complexity of cases and health insurance options
- Ongoing enrollment challenges (HCA role critical)



Under 19 - 93% insured
Adults – 9% insured

Coordinating Access to Care

- 2337 Appointments coordinated
- 200+ Financial assistance and sliding fee applications for individuals and families
- 350+ medical and dental homes establish
- 772 transports provided or coordinated
- 296 appointments interpreted



Chilling Effect: Health & Food Access

- Cancellations & postponing access to health services
 - More severe in border communities
 - Families with children most impacted
 - Client in cancer remission, acute dental, pediatric, post-partum...
- Reluctance applying for and requests to cancel health insurance
- Requests for assistance accessing food
 - Fee for service
 - Employer
 - Participation in food delivery programs

"The boss is going to help us, so we do not have to leave the farm. If we really need food, we'll go to the store that is 45 minutes south instead of the one near our house." Franklin Co

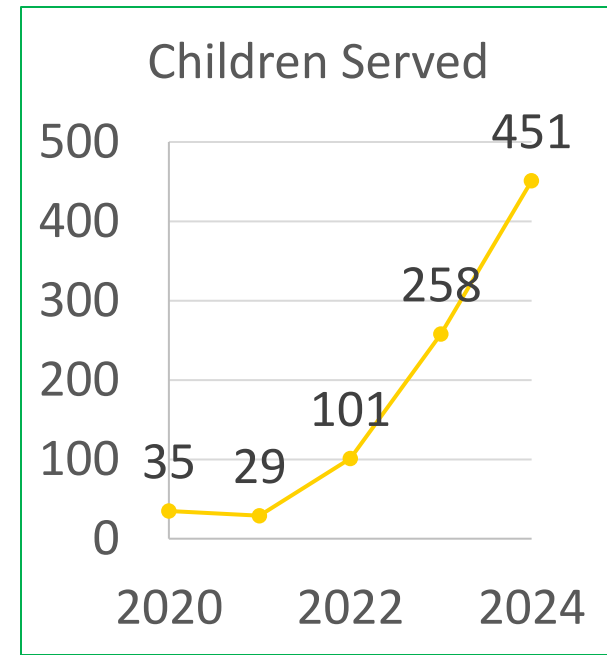
"I am not going to lie, I need to buy clothes for my baby because she is growing fast but, with all the news reports about detentions at stores, I get increasingly scared." Chittenden Co

Ongoing & Growing Need for CHW Program

- Unfamiliar, complex and confusing health and social services systems with lots of paperwork
- PCMH model is inconsistent with population needs (uninsured adults with job insecurity & no paid sick leave)
- Provider shortages at safety net clinics
- Unreliable access to timely transportation
- Language access across all points of contact is rare (outreach, reception, paperwork, billing, prescriptions)
- Staff within many health and social orgs lack knowledge of intersection of immigration status and eligibility for health and social programs

Ongoing & Growing Need for CHW Program

- Healthy Workers = Healthy Economy
- Increasing numbers of im/migrant are filling labor shortages in VT
 - Sugaring, lumber, restaurants, hotels, construction
- Increasing number of children accompanying workers
- Increasing number of im/migrants eligible for health insurance but unable to navigate independently
 - Health insurance is only helpful if you can access care that is needed
- Trust & relationship building crucial to engagement



Bridges to Health Funding

100% Grant Funded - Sustained through competitive grants & some philanthropy since initial outreach project in 2010 (22+ grants)

No ongoing funding source - limited by grantor desires for new or expanded work

Current funding sources

- | | |
|--|-----------------------------|
| • VDH – Legislative Allocation | 57.76% runs out Sept 2025 |
| • Leahy Institute for Rural Partnerships | 19% ends June 2025 |
| • VECF | 10% ends June 2025 |
| • Katz-Amsterdam Foundation | 7% runs out Sept 2025 |
| • Smith Lever (Extension Base) | 6% unclear beyond June 2025 |

Submitted applications (federal grants = uncertainty)

- Congressionally Directed Funding Request
- HRSA ORHP Outreach Grant
- Maternal Health Innovations Grant (subaward via VDH)



Thank you!

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