2015 Rural Health Care Services Outreach Grant Program
Assessment Report Executive Summary

The purpose of this assessment is to identify and capture the successes and lessons learned from our 2015-2018 Bridges to Health (Bridges) project. As background, Bridges provided (and still provides) outreach and care coordination services to farmworkers to link them to appropriate health care access points. Outreach, using a community health worker, lay health promoter (“promotora de salud”), or outreach worker, is an evidence-based model proven to reduce barriers to care and improve appropriate use of health services and health status for underserved populations. Bridges utilized a modified community health worker or lay health promoter model to reach Vermont’s migrant farmworker target population.

During the three years of the project, Bridges collected data from a variety of sources, including (1) quarterly reports from UVM and ODC to Bi-State (each report included quantitative data, qualitative progress reporting, and one or more anecdotal stories from the field); (2) tracking of Health Access Guide distribution; (3) health access point accessibility self-assessments; (4) tracking of health access point policy/procedure changes; (5) tracking of farmworker success making and keeping health care appointments, including care coordinator notes of access barriers; (6) surveys of farm owners; and (7) surveys of farmworker confidence accessing services.

Bridges accomplished all project goals, including:
- Bridges staff provided outreach and coordination to 175 farms.
- Bridges 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.
- Health care access points were tested to determine linguistic capabilities.
- Health center facility executives received presentations and follow-up technical assistance to make changes necessary for farmworkers to successfully access care.
- Secondary access points were contacted to determine collaboration opportunities and plans.
- Bridges provided statewide training and technical assistance, providing community health worker training to eight individuals.
- Bridges provided an increase in successful referrals for health care services. For example, in Y2, 92% of farmworkers who expressed interest in accessing health care services were successful in accessing care (480 out of 521).
- Farmers’ and farmworkers’ knowledge of where to go to health care improved, and farmworkers reported an increased comfort accessing health care services.
- Health centers made 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.
- Farmworker encounters increased over the three years of the project by 37%. Bridges provided services to approximately 49% of Vermont’s migrant farmworkers in Y3.
- A multi-level sustainability plan was developed. Bridges to Health’s programming will continue through at least Spring 2021.

We are immensely proud of the results of our project and believe it to be a successful and efficient model for services given our environmental and financial constraints. Bridges is grateful to be able to further expand our model to mental health services with additional ORHP Outreach Services funding.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D04RH28383 and the Rural Health Care Services Outreach Grant Program, in the total three-year amount of $599,997, with 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

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