

**Final Report:**  
**Migrant Farm Worker Health Needs Assessment**  
Central and Northeast Vermont



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## Abstract

In the summer of 2010, the Bi-State Primary Care Association funded an assessment of migrant worker health conducted by researchers from the University of Vermont's Community Development and Applied Economics Department. Seventy mixed-method interviews were conducted with migrant workers on 26 dairy farms in central and northeastern Vermont. The primary objectives of this research were to: (a) assess the current levels of knowledge about health care resources in the region, (b) identify existing the barriers to care, (c) learn about the experiences and opinions of workers trying to access health care services in Vermont and (d) to collect information about specific ailments or illnesses workers have presently or have had in the past.

It was determined that migrant workers in Vermont are not knowledgeable about what health care services are available in their regions. A number of significant barriers, such as fear of encountering immigration officials, lack of health insurance, high cost of care, lack of translation services, work schedule conflicts and lack of transportation, made it difficult for respondents to access health care. Most workers (94%) indicated that they would visit a doctor more often if barriers to care did not exist. The most common reasons for wanting to visit a doctor should barriers not exist were: a regular check-up (81%), dental care (51%), vaccinations (36%) and treatment of specific ailments (31%). Relatively few workers (37%) had visited a doctor in the United States. Most of those who had visited a doctor (88%) were either satisfied or very satisfied with the health services they had received. The most common means of arriving at the clinic was via their employer and the travel time was under 30 minutes for 53% of respondents. Workers considered themselves to be healthy overall – 84% indicated they considered their current health status to be good, very good or excellent. The most ailments for migrant workers were neck or back pain (14%), dental problems (13%) and allergies (11%). Workers reported missing very few days due to health problems.

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**Contents**

Abstract ..... 1

Acknowledgements..... 2

Citation Information ..... 3

Contact Information..... 3

Contents ..... 4

Introduction ..... 6

Project Background and Review of Literature ..... 6

    Migrant Farm Workers in Vermont ..... 6

        Statewide Demographics ..... 7

        Previous Migrant Worker Health Needs Assessments ..... 8

Study Design and Methodology..... 9

Summary of Survey Results ..... 10

    Demographics ..... 10

    Employment Characteristics ..... 12

    Health Status and Quality of Life ..... 14

    Access to Health Care ..... 19

    Barriers to Care ..... 23

    Qualitative Results ..... 26

Recommendations ..... 29

References ..... 31

Appendices..... 32

    Appendix A: Tabulated Results ..... 32

    Appendix B: Survey Instrument ..... 52

    Appendix C: Informed Consent Documents..... 66

Appendix D: Bi-State PCA – Service Area Map..... 71

## **Introduction**

This report includes the results of a field survey in northeastern Vermont of 70 Hispanic dairy workers conducted for the Bi-State Primary Care Association between April and August, 2010. The goal of this report is to provide health care providers with a better understanding of the key issues and challenges facing the migrant worker population in Vermont.

The primary objectives of this research were to: (a) assess the current levels of knowledge about health care resources in the region, (b) identify existing the barriers to care, (c) learn about the experiences and opinions of workers trying to access health care services in Vermont and (d) to collect information about specific ailments or illnesses workers have presently or have had in the past.

## **Project Background and Review of Literature**

### **Migrant Farm Workers in Vermont**

Migrant farm workers in Vermont are in a uniquely precarious position. In the past ten years, the Vermont dairy industry has become increasingly dependent on migrant workers, mostly from southern Mexico, to meet their manual labor needs. Migrant workers, the majority of whom lack the appropriate documents to legally work in the United States, fill jobs on Vermont farms that domestic workers find unattractive due to long hours, physically demanding work and near minimum wage pay (Kessel and Bolduc 2008). At the same time, Vermont has been identified by the Mexican consulate in Boston to be the state with the harshest enforcement of immigration law in the northeastern United States (Flowers 2007). As a result, most migrant farm workers live in a “climate of fear,” afraid to venture beyond the confines of the farms where they work and reside.

The Vermont dairy industry is the single largest component in the state’s agricultural economy. In 2007, dairy sales contributed nearly \$500 million dollars to the state economy and accounted for just less than three quarters of total agricultural sales (USDA 2010). However, the Vermont dairy industry is currently in crisis. Milk prices are at historical lows and many Vermont farms are on the brink of failure. The trend in Vermont is a reduction in the total number of dairy farms while the average milk production per farm increases (Jeffords, 2010). This trend is important when considering the role of migrant workers because large farms in Vermont are more likely to employ migrant workers than smaller farms (Stack 2006).

Migrant workers have been employed on dairy farms in Vermont for decades, however, the total number of workers was relatively small and it wasn’t until approximately ten years ago that the population began to increase significantly (Baker and Chappelle 2010). In 2005, the Vermont Farm Bureau conducted a survey of 239 dairy farms and found that 30% of all full time employees were Mexican nationals (Buskey 2005). The VT Agency of Agriculture estimates that migrant workers are involved in at least 50% of the total milk produced in VT (Waterman 2010). Since that time, interest in migrant health issues has increased significantly.

## Statewide Demographics

Migrant workers have served the state of Vermont for many years, primarily through annual immigration of temporary workers during apple harvest. Among these workers, most foreign workers have been from Jamaica. In the past 10 years or so the state's migrant immigrant population has changed significantly with a dramatic increase in Hispanic workers, primarily from Mexico, arriving to work on Vermont's dairy farms. In recent years, a small but increasing amount of research has been conducted on the migrant worker population in Vermont. This research has been limited in its scope and results are often difficult or impossible to generalize across the statewide migrant population. Common difficulties when researching migrants are: obtaining access to a vulnerable target population; locating migrants who purposefully avoid detection; gathering longitudinal data on a group that is inherently mobile and in a state of constant flux; and gaining access to and trust of farm operations that have been unwillingly pushed into the limelight. Therefore, data on Vermont's migrant workers comes from a number of sources and should be examined with a critical eye.

While the focus in recent years has been the substantial increase in Hispanic dairy workers in Vermont, many of whom are believed to be undocumented, a portion of the foreign agricultural workforce in Vermont are legally authorized to work through the H-2A visa program. H-2A is a federal agricultural work visa that allows foreign laborers to legally work in employment that is performed "at certain seasons of the year, usually in relation to the production and/or harvesting of a crop, or for a limited time period of less than one year when an employer can show that the need for the foreign workers(s) is truly temporary." (Dept. of Labor 2010) Approximately 95,000 visas were awarded in 2009 nationally and more than half of all visa recipients were from Mexico. In Vermont, only about 400 H-2A visa workers are employed annually and unlike most other states, nearly all workers are Jamaican nationals (Court 2010). Vermont H-2A workers are older than the undocumented worker population and many have long histories of working with the same employers. About half of the H-2A workers in Vermont follow traditional migrant worker streams; moving up the east coast with seasonal harvests and have relatively short term employment in Vermont, usually picking apples. The other half work for longer periods of time, sometimes up to nearly one year, on vegetable farms and meat processing facilities (Court, 2010).

H-2A workers are provided several protections and services as part of their work visa agreements. Unlike undocumented workers, H-2A workers are free to travel to and from their home countries legally, have access to free legal services, can access workers compensation and have access to health insurance. Health insurance is not provided by their employers, instead it is provided through the foreign consulate and has a relatively high deductible (Court 2010).

Perhaps the most sought-after statistic in the migrant worker discussion in Vermont is the total migrant population. For the reasons described above, a total population estimate is difficult to determine. However, several organizations have attempted to estimate the migrant population using a variety of methods. The population estimates range from 1500 to 3000 for all of Vermont. The sources and methods used to develop these estimates are discussed below. In addition, it is important to note that fluctuations in the migrant population due to both policy and economic issues contribute to changes in

the number of workers in recent years. Therefore the dates the estimates were produced, as well as the method and source of data are important criteria to consider.

The Vermont Agency of Agriculture commonly describes the state's migrant population as between 2000 and 3000 persons. The methodology for this estimate is based on working backwards from the total number of cows milked (137,000 in Spring 2010, NASS 2010) in Vermont. The Agency then calculated the total number of employees that would be needed to milk that number of cows. They then used the Vermont Farm Bureau's finding that 30% of full time employees were Mexican nationals to calculate the total number of migrant workers employed in dairy. Most news media uses 2500 or 3000 as an approximate figure for migrants in Vermont. Often the source of the estimate is not identified, but given that their numbers match those of the State, it is likely that they are using the Agency of Agriculture's numbers.

The Vermont Migrant Education Program, a federally funded program that serves migrant workers and migrant families statewide, estimates a total population of about 1500 migrant workers in Vermont during 2009 (Shea 2009). This estimate is based on an extrapolation of the total state population of migrant workers from a subset of the population that is served by the program. The calculation takes into account a number of factors including the surplus of workers in Vermont (i.e. those migrants living in Vermont who are seeking farm work but are not actually employed), family members living with workers and an approximation of those workers who do not receive services from their program. This estimate is low in comparison to most other sources and may be due to differences in methodology and data availability. The Migrant Education Program used non-public data (all individuals' information is protected by federal law) for their estimate.

Several other reports have determined estimates for specific regions within Vermont. For example, the Vermont Department of Health conducted a health needs assessment for migrant farm workers in the three counties that have the highest concentration of migrant workers (Ona, 2007). They state an estimated total population of 2500 workers, 1200 of whom are located in their geographical study area (Addison, Franklin and Grand Isle counties). The source of their population data is not cited in their report.

### **Previous Migrant Worker Health Needs Assessments**

In 2007, the Vermont Department of Health conducted a health needs assessment for migrants working in Addison, Franklin and Grand Isle counties. The focus of the study was to learn about the health status of migrant workers and what were the largest barriers to care. Forty-nine workers were interviewed in three counties using a mixed questionnaire/interview methodology. The health status of the study participants was found to be comparable to that reported in national research on migrant workers. Key findings were lack of knowledge about vaccinations, lack of regular primary care visits, and a number of specific ailments including dental problems, work related injuries, skin ailments and respiratory illness. A number of barriers to care were identified, including fear of leaving the farm, lack of transportation, limited knowledge about available services and the need for translation services (Ona 2007).

Numerous studies on migrant worker health issues have been conducted nationally. Common threads run throughout. The most frequently reported barriers to care include lack of transportation, lack of knowledge about services, high cost of care, lack of health insurance, and fear of deportation and/or discrimination (Health Outreach Partners 2010). Some of the most common health issues among migrant workers are diabetes, dental health, hypertension, as well as a number of occupational health problems such as musculoskeletal injuries and exposure to hazardous materials and machinery (Health Outreach Partners 2010; NCFH 2009).

## **Study Design and Methodology**

This research was focused on migrant farm workers employed on dairy farms in central and northeastern Vermont. The sampling frame was defined by migrant workers employed within a subset of the Bi-State Primary Care Association (PCA) service area. Specifically, service areas surrounding the following communities were included in this study: Randolph, Morrisville, Bradford, Newport, St. Johnsbury, Brighton and Montpelier. A target of 70 surveys was determined to be optimal to provide a cross-section of the migrant working in the region, however the sample size is not a large enough number of surveys to be statistically representative of the population. Non-probability sampling was used to select potential participants using purposive sampling techniques. This technique is appropriate for this study given its purpose to assess migrant workers in a specific region of Vermont, as well as the difficulty and expense of seeking to randomly identify potential participants within a rural area with a dispersed population of workers. The limitations of purposive sampling include biases introduced by those identifying participants and the limitation that results cannot be appropriately projected beyond the sample. These limitations are acceptable given the purposes of the study.

This research methodology was reviewed and approved by the University of Vermont's Institutional Review Board. Due to the vulnerable nature of the target population of this research, the highest standards were put in place to protect confidentiality and ensure the safety of all participants.

Participants in the study had to meet certain criteria in order to be considered for inclusion in the study. The criteria used for screening the participants were: employment on dairy farm, the participant considers him/herself a migrant worker, the participant provides verbal consent to participate in the study, and either English or Spanish was spoken fluently by the participant.

The surveys were conducted on the farm where the participant is employed. Once the research staff introduced themselves, participants were given an overview of the research, its use and the risks associated with participation. Willing participants were then asked to verbally confirm their consent to participate in the research (see Appendix C). The participant would then be taken to a private area to conduct the survey to ensure privacy and confidentiality. The survey was conducted verbally by the researcher in Spanish. The survey normally lasted about 30 minutes and was followed by discussion and qualitative observations when possible. A copy of the survey instrument is included in Appendix B.

## Summary of Survey Results

The following section summarizes the results of the survey of Hispanic workers conducted in northeastern Vermont between May 5<sup>th</sup>, 2010 and August 6<sup>th</sup>, 2010. In this survey the results are reported along with some additional commentary and explanation. The order in which the questions are presented is, in some cases, different from the order in which they were asked. Most notable is that the demographics of survey respondents is presented here first, ahead of the majority of questions, while the survey asked these questions at the end. In a few other cases it made more sense to discuss the questions in a slightly different order than they were asked in the survey. To review the results as reported without discussion, Appendix A includes a complete copy of all the questions and tabulated results. A clean copy of the survey instrument as well as the informed consent document is also included in the appendices.

A total of 70 surveys were completed on 26 dairy farms in 7 BSPCA Rational Service Areas, summarized in Table 1. To protect respondents confidentiality the towns in which workers are employed is not reported. The survey took an average of 33 minutes to administer.

Table 1: Surveys completed by BSPCA Rational Service Area:

<b>RSA</b>	<b>Surveys Completed</b>
Newport	21
Bradford	14
Montpelier and Hardwick	10
Stowe and Morristown	8
Randolph	7
Brighton	6
St. Johnsbury	4
<b>Total</b>	<b>70</b>

n=70

## Demographics

Nearly all of the Hispanic workers surveyed were male, representing 91% of respondents, with female workers comprising 9% of workers. The median age of respondents was 28 years old, and the range included a minimum of 18 and a maximum of 60. The survey protocol prevented surveying of youth less than 18 years old.

Ninety-three percent of workers interviewed were from Mexico, with 5 workers (7% of respondents) from Guatemala. Among Mexican workers the greatest percentage were born in Guerrero (26%), followed by Chiapas (23%). Eighty-nine percent speak Spanish as their primary language and 11% said an indigenous language such as Mixteco was their primary language, however all participants spoke Spanish fluently.

The majority of workers are married (57%) but of these only 13% live with their wife here in Vermont. However more than three-quarters (76%) have children. While the median number of children is 2, the number of children ranges from 1 to 9. Only 2 workers interviewed had their children with them. Among the 53 workers who are parents, 96%, are separated from their children while working in Vermont.

**State of birth**

	Frequency	Percent
Guerrero (MX)	18	26%
Chiapas (MX)	16	23%
Vera Cruz (MX)	13	19%
Tabasco (MX)	11	16%
Guatemala	5	7%
Oaxaca (MX)	3	4%
Matamoros (MX)	1	1%
Mexico (MX)	1	1%
San Luis (MX)	1	1%
Veracruz (MX)	1	1%
Total	70	100%

n=70

Among the 70 workers interviewed, 41% earned between \$20,000 and \$24,000 per year while thirteen percent reported incomes greater than \$25,000. More than a quarter (27%) earned between \$15,000 and \$19,999 and 18% earned less than \$15,000. These numbers should be approached with some caveats, as farm workers often receive additional non-cash benefits that vary from farm to farm, including free housing, some utilities and some farm-produced foods including milk and meat. These additional benefits can add substantially to the value of compensation received by farm workers. Most workers found it difficult to estimate their annual income. Reasons for this may include the short-term nature of the work and lack of familiarity with calculating annual income. For example, workers would sometimes report an annual income and subsequently mention their weekly income, which would not agree with the income figure they had previously stated. Also, some workers had changed farms throughout the year and received different pay rates at different farms or had been employed for short periods of time throughout the year making it difficult for them to calculate annual income.

The U.S. Department of Health and Human Services (2010) has determined that a single worker earning less than \$10,830 is living under the poverty line. The poverty guidelines for a family of four is \$22,050. This is important since many economic assistance programs are determined by these

guidelines. Based on the income figures provided by workers in this study, it appears that some migrants may qualify under the federal definition. Single workers with no dependents may not qualify; however, most workers do support multiple dependents in Mexico. In addition, it should be noted that many workers are support extended families with farm earnings, beyond the legal dependents as defined by federal guidelines.

**Annual income**

	Frequency	Percent
Less than \$10,000	1	1%
\$10,000 to \$14,999	12	17%
\$15,000 to \$19,999	19	27%
\$20,000 to \$24,999	29	41%
\$25,000 to \$29,999	6	9%
\$30,000 to \$34,999	2	3%
\$35,000 to \$39,999	1	1%
Total	70	100%

n=70

**Highest level of education achieved?**

	Frequency	Percent
None	1	1.4
K-8	20	28.6
Some high school	21	30.0
Finished high school	25	35.7
Some college	3	4.3
Total	70	100.0

n=70

More than a third of workers had finished high school (36%) and a few had attended some college. More than a quarter had less than a 9<sup>th</sup> grade education, suggesting that health and other literature that seeks to communicate with workers be written not only in Spanish, but also at a level that reflects the relatively basic level of education many workers received.

### ***Employment Characteristics***

The Hispanic labor force surveyed in this study is relatively new to agriculture and may be considered relatively inexperienced. The majority of workers surveyed, 61%, have been employed in agriculture for less than 2 years, with more than 1 in 5 employed for less than one year and only 20% have more than 3 years of experience.

**Length of time employed in agriculture**

	Frequency	Percent
Less than 6 months	5	7%
6 months to 1 year	10	14%
1 year to 2 years	28	40%
2 years to 3 years	13	19%
More than 3 years	14	20%
Total	70	100%

n=70

Given their relatively limited experience in agriculture, many workers have moved between farms. The survey found that 41% had been on the farm on which they were surveyed for less than one year, and only 10% for more than three years. Though the survey did not ask about the location of previous employment, the relatively short tenure of workers on these farms raises questions about their level of local knowledge about health and other services outside of information provided by their employer.

**Length of time on farm where currently employed**

	Frequency	Percent
Less than 6 months	10	14%
6 months to 1 year	19	27%
1 year to 2 years	28	40%
2 years to 3 years	6	9%
More than 3 years	7	10%
Total	70	100%

n=70

Respondents indicated that they would like to remain in their current farms in coming years. Eighty-seven percent plan to remain at their current place of employment for more than 1 year, with 46% reporting that they would like to stay there for three years or more. Due to the mobile nature of the population and the lack of proper paperwork, most migrants qualified their responses with statements such as “if I don’t have problems with *la migra* (immigration enforcement),” “I am not sure, but I would like to stay for blank number of years if I can” or by simply saying “god willing.” Several indicated that job tenure depended on a number of factors out of their control.

Workers were asked to report the jobs they were currently responsible for on the farm. The question allowed more than one response so the frequencies of responses add up to more than the 70 workers interviewed. The vast majority of respondents work at entry level jobs on dairy farms, positions that are often difficult for farmers to fill. Milking was part of the work undertaken by 90% of respondents. In addition to milking, more than three-quarters of workers were also responsible for barn cleaning. After these two jobs there is a significant reduction in the frequency workers reported doing other types

of farm work. For example, after barn cleaning, the next most common job, feeding, was undertaken by less than a quarter of all respondents, with slightly fewer workers caring for young stock. Very few workers (6%) did any mechanized fieldwork and none reported doing manual field work (n=70).

The “typical” worker among respondents works 70 hours per week over the course of 6 days. We use the median to calculate this figure, meaning the middle value of all responses when ordered from lowest to highest, rather than the arithmetic mean to control for skewing from outliers. Among respondents, workers reported working from a minimum of 35 hours to a maximum of 84 hours. This response is consistent with other research done by the authors that found Hispanic workers typically contributed more hours to farm work than their domestic counterparts. Many workers (43%) indicated that they worked 7 days a week with no days off. A few respondents indicated that they had one or two days off per month. Typically, employees work one long shift per day, however, some reported having to work multiple short shifts per day with no extended period of rest – sometimes with only 4 hours of rest at any one time. These numbers can be attributed to the work ethic of migrant workers as well as the demanding schedule on dairy farms. Many farm owners indicated that they had asked their workers to take time off, but workers were unwilling to do so since their goal is to earn as much as possible in short period of time while in the United States.

### ***Health Status and Quality of Life***

When asked how they would characterize good health, nearly a third of workers reported that if they were able to work they were in good health. A slightly smaller percentage, 29%, considered that if they didn’t have a major disease they were healthy. A much smaller number of respondents used the need to take medications as their metric for good health.

**Most important characteristic of good health**

	Frequency	Percent
Being able to work	22	31%
Not having a major disease	20	29%
Not having to take any medications	9	13%
Not having any pain	4	6%
Other	4	6%
Don't know	5	7%
All of the above	6	8%
Total	70	100%

n=70

Overall, the majority of workers, 84%, reported being in good health, with 17% considering themselves in excellent health and an additional 33% reporting very good health. No workers answered that they

were in poor health, although 16% said they were neither good nor bad health.

**How would you describe your health status?**

	Frequency	Percent
Excellent	12	17%
Very Good	23	33%
Good	24	34%
Neither good nor bad	11	16%
Total	70	100%

n=70

Supporting respondents' self-assessment of their physical health, 79% reported that they had not experienced pain or discomfort within the past 30 days, although that still leaves about 1 in 5 workers who felt otherwise. Among the 15 respondents who had pain or discomfort, about a third had back pain, followed by those who had cold or flu. When asked how many days were they in poor health, fewer workers reported a day of illness, with only 11% responding that they had experienced 1 or more days of illness. Among these 8 workers who said they'd been ill for at least one day, all were ill for less than three days except for one worker who said s/he'd been ill for the entire month.

When asked about their mental health, fewer workers reported issues. Sixty-five workers (93%) reported no mental health issues, with the remaining 5 responding that their mental health, which workers were told included stress, depression and emotional problems, had not been good during the past month. The length of mental health issues ranged from between 1 and 4 days among this group.

Mental or physical health issues combined kept only 2 workers from being able to complete their work or other normal obligations during the 30 days prior to being surveyed.

When asked if they get enough rest, the majority, 71%, said they do get enough rest basically every night. Although a much smaller group, the second largest response, by 5 workers (7%) was that they don't get enough rest every night.

**Have you had pain or discomfort in the last 30 days?**

	Frequency	Percent
Yes	15	21%
No	55	79%
Total	70	100%

n=70

**If so, where?**

	Frequency	Valid Percent
Back Pain	6	32%
Flu or Cold	4	21%
Dental	2	11%
Gastrointestinal Issues	2	11%
Legs/Feet	2	11%
Bloody Nose, Painful breathing	1	5%
Headaches	1	5%
Shoulder	1	5%
Total	19	100%

Most workers feel they are healthy, with 87% saying that they felt healthy every day during the past 30 days. Fifty-seven percent said they were about as healthy in the US as they'd been in their home country. Twenty-three percent of workers felt healthier in Vermont than they had at home, and a slightly smaller number, 19%, felt they'd been healthier at home than they were here. Among those who felt healthier in Vermont, most attributed this to a better health care system (40%) or improved economic resources (33%). It appears inconsistent that relatively few workers have accessed health services in Vermont while 40% of all respondents attributed improved health to better health services. One possible explanation for these results is that respondents based their answers on their impression of the health services available whether or not they themselves had received care in Vermont. Respondents may also have considered ease of access to over-the-counter medicines in Vermont. Future research may want to investigate this inconsistency further. Those who felt healthier in their home country attributed that to a variety of reasons, among which only two, being closer to family and feeling less isolated, had more than one response.

**Number of days feeling very healthy in past 30 days**

Number of Days	Frequency	Percent
30 Days	61	87%
29 Days	2	3%
28 Days	2	3%
0 Days	2	3%
2 Days	1	1%
5 Days	1	1%
27 Days	1	1%
Total	70	100%

n=70

**How would you compare your current health status to your health status in your home country?**

	Frequency	Percent
Health status the same in Vermont and home country	40	57%
Healthier in Vermont than home country	16	23%
Healthier in home country than in Vermont	13	19%
Don't Know	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

<b>Reason for Feeling Healthier in USA</b>	<b>Frequency</b>	<b>Percent</b>
Better health care services in USA	6	40%
More economic resources in USA	5	33%
Better environmental conditions in USA	2	13%
Better working conditions in USA	1	7%
No illnesses since arriving in USA	1	7%
<b>Total</b>	<b>15</b>	<b>100%</b>

n=15

<b>Reason for Feeling Healthier in Home Country</b>	<b>Frequency</b>	<b>Percent</b>
Distance from family, home	2	18%
Isolation, lack of social interaction	2	18%
Better food in home country	1	9%
Change from hot to cold climate	1	9%
Easier access to health care in home country	1	9%
Generally feels better in home country	1	9%
Lack of exercise, recreation in USA	1	9%
Lack of freedom	1	9%
Unable to work or be outside in USA	1	9%
<b>Total</b>	<b>11</b>	<b>100%</b>

n=11

The most common health issue workers currently experience is back or neck pain (14%) followed by toothaches (13%) or allergies (11%). Among prior health issues, the flu was reported to have been an issue among 40% of workers, followed by toothaches or dental issues (15%), skin problems or rashes (11%) gastrointestinal issues (10%). The incidence of back or neck issues was only 9% among health issues in the past. Interestingly, the number of respondents who reported having issues with allergies remained the same between current and past health issues.

Among the 70 workers interviewed, relatively few workers reported smoking tobacco (4%) with a greater number who said they drank alcohol occasionally (16%). Only one person said they wanted help quitting smoking and no one wanted help controlling consumption of alcohol.

Condition/Ailment	Currently Experiencing		Experienced in Past	
	Frequency	Percent	Frequency	Percent
Cancer	0	0	0	0
Arthritis	0	0.0%	0	0.0%
Diabetes	2	2.8%	2	2.8%
High Blood Pressure	2	2.8%	4	5.6%
Heart Disease	1	1.4%	2	2.8%
Asthma	1	1.4%	1	1.4%
Allergies	8	11.4%	8	11.4%
Alcoholism	0	0.0%	4	5.7%
Overweight	1	1.4%	1	1.4%
Depression	6	8.6%	6	8.6%
Anxiety	3	4.3%	0	0.0%
Flu	5	7.1%	28	40%
Rashes or Skin Problems	7	10%	11	15.7%
<i>Cuts or Bruises</i>	2	2.8%	9	12.9%
Broken bones	0	0.0%	2	2.8%
Toothaches or Dental issues	9	12.9%	15	21.4%
Gastrointestinal Problems	4	5.7%	10	14.3%
Back or neck Pains	10	14.3%	9	12.9%
Eye or Vision problems	5	7.1%	1	1.4%
Ear or hearing problems	2	2.8%	1	1.4%

n=70

## ***Access to Health Care***

Nearly no one among the 70 workers reported that either they or a family member had health insurance. Of the two who said they did have health insurance one received Medicaid and the other VHAP. One of these workers had a \$25 co-pay. No workers surveyed had dental insurance. Although the survey did not directly ask about legal status, the two respondents who had access to health care indicated that they were legal residents of the United States. Some employers mentioned unsuccessful attempts at trying to provide health insurance to workers who were not legal residents. Two key issues were noted. First and foremost, insurance companies require a social security number for their beneficiaries – an item that undocumented workers lack. The second barrier mentioned by one farm owner was that his workers preferred to have a larger weekly paycheck rather than receiving health insurance benefits.

The majority of workers, 64%, reported that they had never gone to a doctor in the United States. A little less than a quarter, 24%, went to see a doctor once per year and an additional 12% went 2-3 times per year. Only 9% had a particular doctor or clinic they visited regularly. When asked about the last time they visited a doctor, 63% said they had never been, and 17% reported having seen a doctor within the past two years. One fifth said that it had been more than two years since they had last been seen by a doctor.

When asked where they had last seen a doctor more than three-quarters, 76%, said their last visit had been in their home country of Mexico. An additional 14% had been to a doctor in Vermont, 4% in New Hampshire and 2% in other states. Twenty-six workers answered when asked about their satisfaction with the health care they received, 88% reported that they were satisfied or very satisfied.

When asked how far they were from health care, most workers, 76% didn't know. This reflects the reality that in the current environment most Hispanic workers leave their farms infrequently and have only a vague idea of where they are relative to services. When or if they do go to a doctor, 81% said that their means of transportation would be someone from the farm. This can be used as one clear metric of workers' dependence on their employers for access health care.

Half of the workers interviewed pay for healthcare themselves in cash, 30% have their healthcare paid for by the farmer in cash and 19% didn't know how their healthcare was or would be paid for. Again, most answers to this question were ambiguous since most workers had never been to the doctor. A common response to the question was: "I don't know, but I guess I would just pay cash."

**Average number of doctor visits per year**

	Frequency	Percent
Never	45	64%
1	17	24%
2	6	9%
3	2	3%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

<b>Last visit to Doctor (in the U.S.)</b>	<b>Frequency</b>	<b>Percent</b>
Never	44	63%
Less than 6 months	2	3%
6 months to 11 months	5	7%
1 year to 17 months	3	4%
18 months to 2 years	2	3%
More than 2 years	14	20%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

<b>Location of last visit to healthcare</b>	<b>Frequency</b>	<b>Percent</b>
Mexico	53	76%
Bradford, VT (Little Rivers Health Clinic)	2	3%
Lancaster, NH	2	3%
Island Pond, VT	2	3%
On Farm	1	1%
Burlington, VT	1	1%
Hannover, NH (Dartmouth-Hitchcock)	1	1%
Randolph, VT (Gifford Hospital)	1	1%
Barre, VT	1	1%
Stowe, VT (Stowe Family Practice)	1	1%
St. Johnsbury, VT	1	1%
Kentucky	1	1%
Wells River, VT	1	1%
North Carolina	1	1%
Unknown Hospital, VT	1	1%
<b>Total</b>	<b>70</b>	<b>100%*</b>

n=70 (percentages don't total to 100 due to rounding)

**How satisfied were you with health care provision?**

	Frequency	Percent
Very Satisfied	4	15%
Satisfied	19	73%
Neither Satisfied nor Dissatisfied	1	4%
Don't know	2	8%
Total	26	100%

n=26

There was no clear answer to the question about the best time for workers to go to the doctor, although 66% thought that sometime on a weekday was. The greatest percentage of workers, 32%, thought that weekday afternoons were most convenient, followed by weekday mornings. Nearly one out of 5 thought that anytime would be equally good, indicating that their employers would adapt to their needs if necessary. Weekends were favored by only 15% of workers. Although this question was phrased in the present tense, for those who had never been to the doctor it was posed as hypothetical scenario.

**When would be the best time to visit doctor should you need to go?**

	Frequency	Percent
Weekday Afternoon	22	32%
Weekday Morning	15	22%
Anytime	13	19%
Weekday Evening	8	12%
Saturday	6	9%
Sunday	4	6%
None	1	1%
Total	69	100%

n=69

<b>Length of travel to receive healthcare</b>	<b>Frequency</b>	<b>Percent</b>
Less than 15 minute	5	7%
15 to 29 minutes	4	6%
30 to 44 minutes	3	4%
45 to 59 minutes	2	3%
60 to 90 minutes	1	1%
More than 90 minutes	2	3%
Don't Know	53	76%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

**What type of transportation do you (or would you) use to get to the doctor or clinic?**

	<b>Frequency</b>	<b>Percent</b>
Ask farm owner for ride	57	81%
Pay someone (non-taxi) for a ride	7	10%
Other	4	6%
Drive own car	2	3%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

**How do you pay for healthcare?**

	<b>Frequency</b>	<b>Percent</b>
Cash - paid by worker	35	50%
Cash - paid by owner	21	30%
Don't know	13	19%
Insurance	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

For minor health problems workers were evenly divided between going to a local doctor or self-treatment at 34% opting for each choice. Another 18% didn't know what they would do to treat minor health issues and 13% said they would go to a hospital.

**How would you treat a minor health problem?**

	Frequency	Percent
Local clinic/doctor	24	34%
Self treat/Self medicate	24	34%
Unsure - would ask farm owner	12	17%
Hospital	9	13%
Unsure - Do nothing	1	1%
Total	70	100%

n=70

Responses to the question of how workers would respond to a major health issue was interesting. While the greatest percentage, 36%, would go to a local clinic or doctor, nearly a quarter, 24%, would opt to return to their home country. This could be attributed in part to the wording of the question that explains a major health problem as one that no longer permits normal daily activity, such as work. However, anecdotes from employers added that workers do indeed return to their home country for treatment of medical problems that could be treated in the U.S. Another 23% would seek a hospital and 16% would consult the farm owner. Again, this demonstrates the importance of the employers' role in health care access for migrant workers.

**How would you treat a major health problem?**

	Frequency	Percent
Local clinic/doctor	25	36%
Return to home country	17	24%
Hospital	16	23%
Unsure - would ask farm owner	11	16%
Don't Know	1	1%
Total	70	100%

n=70

***Barriers to Care***

Among the 70 workers interviewed, twelve (17%) had wanted to visit a doctor in Vermont but were not able to go. The reasons given for not being able to go were varied, but most related to conflicts with work. Two workers did not know where to go, two didn't have transportation and inability to communicate prevented one worker from seeing a doctor in Vermont.

**Have you wanted to visit a doctor but could not go?**

	Frequency	Valid Percent
No	57	82.6%
Yes	12	17%
Total	69	100%

n=69

<b>Reason for not being able to go to a doctor</b>	<b>Frequency</b>	<b>Percent</b>
Didn't know where to go	2	17%
Didn't want to bother employer	1	8%
Preferred to keep working	3	25%
Work schedule conflict	3	25%
No transportation	2	17%
Communication barrier	1	8%
<b>Total</b>	<b>12</b>	<b>100%</b>

n=12

When asked to list all the potential barriers to health care, economic barriers such as lack of insurance or the cost of care were cited most frequently. After financial issues, fear of law enforcement was the next greatest barrier, followed by communication and transportation issues. Work related complications were also mentioned but to a lesser extent. When asked to name the single greatest barrier, fear of law enforcement was cited by 59%, followed by language (16%) and lack of transportation (13%). These results suggest that although cost is a significant and particularly common concern, fear of legal repercussions from leaving the farm is the single greatest barrier to receiving health care from the workers perspectives. Nearly all respondents, 94%, said that without these barriers they would visit healthcare providers more often.

When asked what they would like to visit a health clinic for, the most common motivation was a regular check-up (81%), followed by dental care (51%) and then to get vaccinated. All workers said they would be interested in attending a free or reduced-cost health care clinic if one were offered in their region.

<b>Barrier to Receiving Healthcare</b>	<b>Frequency</b>	<b>Percent*</b>
Lack of insurance	56	80%
Cost of care	52	74%
Fear of encountering law enforcement	49	70%
Language barrier	37	53%
Unsure of where to go	29	41%
Lack of Transportation	26	37%
Don't want to bother employer	10	14%
Work schedule conflict	9	13%
Distance to care	8	11%
No child care	0	0%

n=70 \*Multiple responses were allowed

<b>Greatest Barrier to Healthcare</b>	<b>Frequency</b>	<b>Percent</b>
Fear of encountering law enforcement	41	59%
Language barrier	11	16%
Lack of transportation	9	13%
Cost of care	4	6%
Lack of insurance	2	3%
Unsure of where to go	1	1%
Work schedule conflict	1	1%
Don't know	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

**If barriers did not exist, would you like to visit a  
doctor more often?**

	<b>Frequency</b>	<b>Percent</b>
Yes	66	94%
No	3	4%
Don't know	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

Reason for wanting to visit a doctor should barriers not exist	Frequency	Percent*
Regular check-up	57	81%
Dental Care	36	51%
Vaccines	25	36%
Specific Problem/Ailment	22	31%
Chiropractic Care	19	27%
Vision	8	11%
Family Planning	4	6%
Physical Therapy	2	3%
Behavioral Health	3	4%

n=70 \*Multiple responses were allowed

### ***Qualitative Results***

The survey instrument was the primary means of data collection in this research; however, observation and conversations with both employers and employees provided valuable qualitative insight into the challenges facing the migrant population in Vermont. This section shares some key qualitative findings and anecdotes of particular interest.

### **Dependence on Employer**

Migrant workers are heavily dependent on their employers for a wide range of services. Purchasing food and clothing, wiring money to family, transportation, housing and access to health care are among the most common and most important for migrant workers. Since they are so highly dependent on their employer to meet these needs, migrants commonly prioritize which services they ask of their employers. Unfortunately, migrants commonly consider other things such as employment or the capacity to send money to their families abroad more important than their personal health. Most employers prioritize their workers' health, but cannot help them access care if they are not aware of the problems they are experiencing.

### **Language Barrier**

Although the language barrier was cited as one of the top barriers to care for migrant workers, it may still be underestimated. Observation of conversations between employers and employees indicated that communication was limited at best and usually consisted of a mix of English and Spanish words. Workers and employers may both be assuming better communication than is actually occurring (and that was apparent to a bi-lingual observer). Commonly understood vocabulary was usually limited to work related topics and several workers explicitly said that they had difficulty communicating with their employer. Since workers are heavily reliant on their employers for assistance in accessing health care, poor communication can present a more significant barrier than is perceived by employers. In one instance, a farm worker reported to researchers that he had been injured on the job by a cow and wanted to see a doctor. He said he attempted to convey this to his employer, but wasn't able to effectively. The employer did not understand the severity of the injury and failed to assist the worker

access health care services. The worker explained that he believed that the employer's lack of action was a result of the language barrier and not negligence. However, the end result was the same – the worker was not able to visit a doctor when needed.

During the course of this study, one researcher had the opportunity to accompany a migrant farm worker to a community clinic. The researcher aided the farm worker in setting up an appointment, completing necessary paperwork and translation during consultation with the doctor. The secretary informed the researcher that the farm worker was welcome to visit the clinic, but translation services were not available. It clearly would have been difficult, if not impossible, for the farm worker to receive quality care without a translator present.

### **Migrant workers lack geographic understanding of Vermont**

Worker responses to survey questions led field researchers to conclude that many workers are geographically disoriented and generally lost in terms of their physical location within the region where they reside, within the state of Vermont and even within the United States. Some workers were unsure of the name of the town where they worked and resided. One worker who lived deep in the Northeast Kingdom thought that Burlington was nearby when it was over an hour and a half away. Another worker who lived in Vermont and received care in New Hampshire was unaware that the two were separate states. This problem presents challenges for workers who are mobile, yet remain within the same region of Vermont. They may remain within the same health care service region, but fail to receive care because they are unsure of where they are in relation to their health care service provider or previous place of employment.

### **Machismo**

Machismo is a prominent component of Latino culture and may play a role in health care access for migrant workers in Vermont. Some men believe that to admit having a health problem or to want to visit a doctor for less than critical health problems is not manly. The result is that some minor health problems go untreated for long periods of time and may lead to more serious problems down the road. Several workers mentioned back problems that had been bothering them off and on for months. Others indicated a handful of current ailments in their survey responses, but showed little interest in receiving treatment because they weren't severe enough to keep them from working. Clearly, this is a cultural issue for the Hispanic employees, but may be compounded by the fact that they are employed on dairy farms where their employers may share similar tendencies.

### **Cold Climate**

Migrant workers who mostly originate from the tropics of southern Mexico often find the cold climate of Vermont unappealing. Some workers even indicated allergies to the cold and other cold related ailments. Employers, however, indicated that unfamiliarity with cold weather may create a health risk for migrant workers on several levels. The workers themselves are often unprepared for the cold – especially those who arrive directly from Mexico to Vermont in the summer months, never having experienced a northern winter. Lack of proper clothing and knowledge of how to dress appropriately

are two common observations made by employers of their migrant help. Similarly, housing in Vermont is very different from the typical housing in Mexico. Workers are unfamiliar with heating systems, the importance of closing windows and doors to conserve heat and the challenges of frozen water pipes. One employer in the Northeast Kingdom told the story of his workers having a problem with their house's heating system in mid-February. Workers "didn't want to bother" the boss, so the problem went unattended for days while the workers suffered and the houses water pipes froze. In this case, it was only an inconvenience for both worker and employer, yet the potential exists for much more significant harm.

### **Potential for serious mental health problems**

In Vermont, fear of deportation and extreme isolation create a recipe for potential mental health problems within the migrant community. Although a relatively small number of workers actually reported symptoms such as depression or anxiety, it is clear that the circumstances under which most migrants live is unhealthy – both mentally and physically. When asked about depression, many respondents said the same thing – “of course you get sad, being far from home” – but did not feel they were depressed. Similarly, nearly all respondents said they were worried about leaving their house or leaving the farm for fear of encountering immigration or law enforcement officials but did not describe these feelings as anxiety. The constant factors could become more serious when combined with external events. One extreme example was told by a farm owner in the Newport service area. One of his employees “got some bad news from home” and started drinking heavily for a period of several days. This behavior was not normal for the employee, who rarely drank. Some of the U.S. workers began to worry about him, especially when they found some jugs of agro-chemicals opened in a back room. They confronted the worker and he admitted to having drunk the chemicals. He was taken to the Newport hospital, treated and returned to work. The owner thought that he was not suicidal, just under the influence of alcohol and looking for another means of intoxication.

### **Rumor and Misinformation**

The migrant community in Vermont is disperse, yet information flows freely through networks of friends and family. Likewise, farmers who employ migrant workers often work together, sharing information and resources when possible. This collective knowledge base about all things migrant, from legal issues regarding hiring migrant workers to safely accessing health care, is useful in many ways. However, rumor, poor advice and misinformation have the potential to work their way into both farm owner and farm worker networks, traveling as quickly as any other knowledge. In several instances, researchers were asked about or told information by farm owners and employees about accessing health services. These include traveling excessively long distances to clinics because owners thought it was less risky for their workers to attend; one worker who thought it was impossible to receive services without insurance; and misinformation about legal documents needing to be presented to receive care.

## Recommendations

The findings from the quantitative survey and qualitative information gathered during the research, point to a number of recommendations. The first is that physical access to health care is a critical need. In addition to the normal challenges of access typical of a rural area, lack of transportation options, unfamiliarity with the region, and significantly, concern about legal repercussions when traveling off the farm present a major barrier to health care. Expansion of mobile health clinics in the service area would be an effective means of addressing these issues. All workers, even the few that were legal U.S. residents who owned their own vehicles and had access to health insurance were interested in mobile clinics. If a sliding scale could be developed that made such services more affordable to lower income workers, it would further increase access. Since many sliding scale fee programs are based on federal poverty guidelines, it is important to stress to workers that they include all possible dependents – including those in Mexico – when completing the required paperwork. Many workers may not qualify for a reduced fee if they simply calculate their annual income for themselves as a single individual living in the United States.

Education and communication are critical components of health care. Results from this study show that most workers are unaware of what services are available in their region and are unsure of how to access them. Employee dependence on their employer plays a key factor in both access and information about health services. Education and outreach efforts should target employers as much, if not more, than employees. This would provide more “bang for the buck” in outreach efforts since the migrant worker population has a very high turnover rate. Employers of migrant workers typically continue to employ them over time and are much more stable than the migrant population themselves. Outreach efforts to employers will have much more significant long term impacts on the migrant community in Vermont and would multiply the effect. One employer who is educated about the health care services in their region will be able to share that information with all workers who are employed on that farm in the future, allowing them to become a better gateway to health services for migrants. This is not a recommendation that information should be limited to employers at the expense of outreach to workers. Continued effort to educate workers is critical. However, in the current state of affairs, employers are the primary portal through which migrant workers access health services.

Among Hispanic migrant workers overcoming the language barrier is essential to the delivery of services. Both quantitative and qualitative results show that the language barrier is significant and needs to be addressed appropriately. Some efforts that have worked in other areas of Vermont are tapping into local volunteers who are willing to provide translation services on-site. Also, when available, telephone based translation in clinics can be effective in meeting emergency translation needs. However, in-person translation is much more effective. The on-farm challenge of the language barrier affects many aspects of the farm business, including employee health and safety. Health care providers may benefit from networking with other agricultural support agencies in working with farmers to improve critical on-farm communications.

In addition to improving healthcare at clinics and doctor’s offices, strategies that helped workers develop better healthcare practices at home would be useful. Back and neck pain is common among

workers, for example. Programs that educated workers on how to prevent and heal from back and neck injuries through home care might be useful in reducing pain. Similarly, good dental hygiene practices could be taught to migrant workers in an effort to prevent emergency dental care problems reported by some workers.

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## Appendices

### ***Appendix A: Tabulated Results***

#### **Migrant Farm Worker Health Needs Assessment – Survey Instrument** **Tabulated Survey Results**

##### **Section I – Survey Data**

**Date:** All surveys were conducted between May 5<sup>th</sup>, 2010 and August 6<sup>th</sup>, 2010

**Survey Length:** Average time to complete survey: 33 minutes

##### **Farm Location**

Surveys completed by BSPCA Rational Service Area:

<b>RSA</b>	<b>Surveys Completed</b>
Newport	21
Bradford	14
Montpelier and Hardwick	10
Stowe and Morristown	8
Randolph	7
Brighton	6
St. Johnsbury	4
<b>Total</b>	<b>70</b>

n=70

##### **Section II – Employment Characteristics**

1. How long have you been employed in agriculture?

###### **Length of time employed in agriculture**

	<b>Frequency</b>	<b>Percent</b>
Less than 6 months	5	7%
6 months to 1 year	10	14%
1 year to 2 years	28	40%
2 years to 3 years	13	19%
More than 3 years	14	20%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

2. How long have you been employed on this farm?

**Length of time on farm where currently employed**

	Frequency	Percent
Less than 6 months	10	14%
6 months to 1 year	19	27%
1 year to 2 years	28	40%
2 years to 3 years	6	9%
More than 3 years	7	10%
Total	70	100%

n=70

3. How long do you plan to stay working at this farm?

**How long do you plan to stay at this farm?**

	Frequency	Percent
More than 5 years	7	10%
3 to 5 years	25	36%
1 to 2 years	29	41%
Less than one year	8	11%
Don't Know	1	1%
Total	70	100%

n=70

4. I will read a list of jobs that are commonly performed on farms. Please indicate which ones you currently do on this farm.

Job	Frequency	Percent*
Milking	63	90%
Barn Cleaning	53	76%
Feeding	17	24%
Care of Young Stock	16	23%
Mechanized Field Work	4	6%
Manual Field Work	0	0%
Other Job	1	1%

n=70 \*Multiple responses were allowed.

5. Are there any other jobs that you do on the farm besides the jobs in the previous list?

No other jobs were reported.

n=70

6. How many hours do you work per week on average?

Average number of hours worked per week: 67

Median: 70

Minimum: 35

Maximum: 84

n=70

7. How many days do you work per week on average?

Average number of days worked per week: 6.4

Median: 6

Minimum: 5.5

Maximum: 7

n=70

### Section III – Health Status and Quality of Life

8. In your opinion what would be the most important characteristic of having "Good Health"?

**Most important characteristic of good health**

	Frequency	Percent
Being able to work	22	31%
Not having a major disease	20	29%
Not having to take any medications	9	13%
Not having any pain	4	6%
Other	4	6%
Don't know	5	7%
All of the above	6	8%
Total	70	100%

n=70

9. In general, would you say your health is...?

**How would you describe your health status?**

	Frequency	Percent
Excellent	12	17%
Very Good	23	33%
Good	24	34%
Neither good nor bad	11	16%
Total	70	100%

n=70

10. During the past 30 days, have you had pain or discomfort in some part of your body?

**Have you had pain or discomfort in the last 30 days?**

	Frequency	Percent
Yes	15	21%
No	55	79%
Total	70	100%

n=70

11. If so, where?

**If so, where?**

	Frequency	Valid Percent
Back Pain	6	32%
Flu or Cold	4	21%
Dental	2	11%
Gastrointestinal Issues	2	11%
Legs/Feet	2	11%
Bloody Nose, Painful breathing	1	5%
Headaches	1	5%
Shoulder	1	5%
Total	19	100%

n=19

12. When thinking about your physical health, which includes both physical injury and illness, for about how many days in the past 30 days was your physical health not good?

**Number of days physical health not good  
in past 30 days**

Number of Days	Frequency	Percent
0 Days	62	89%
2 Days	4	6%
1 Days	2	3%
3 Days	1	1%
30 Days	1	1%
Total	70	100%

n=70

Average number of days: Less than 1

Median: 0

Minimum: 0

Maximum: 30

13. When thinking about your mental health, which includes stress, depression and emotional problems, for how many days in the past 30 days was your mental health not good?

**Number of days mental health not good  
in past 30 days**

Number of Days	Frequency	Percent
0 Days	65	93%
2 Days	2	3%
3 Days	2	3%
4 Days	1	1%
Total	70	100%

n=70

Average number of days: Less than 1

Median: 0

Minimum: 0

Maximum: 4

14. During the past 30 days, how many days did poor physical or mental health prevent you from working or performing normal daily activities?

**Number of days poor health has  
prevented work or normal activity in past**

**30 days**

	Frequency	Percent
0	68	98%
1	1	1%
2	1	1%
Total	70	100%

n=70

Average number of days: Less than 1

Median: 0

Minimum: 0

Maximum: 2

15. In the past 30 days, for about how many days have you felt that you did not get enough rest?

**Number of days without sufficient rest in  
past 30 days**

Number of Days	Frequency	Percent
0 Days	50	71%
30 Days	5	7%
1 Days	4	6%
3 Days	3	4%
5 Days	3	4%
4 Days	2	3%
15 Days	2	3%
2 Days	1	1%
Total	70	100%

n=70

Average number of days: 3

Median: 0

Minimum: 0

Maximum: 30

16. In the past 30 days, for about how many days have you felt very healthy?

**Number of days feeling very health in past 30**

**days**

Number of Days	Frequency	Percent
30 Days	61	87%
29 Days	2	3%
28 Days	2	3%
0 Days	2	3%
2 Days	1	1%
5 Days	1	1%
27 Days	1	1%
Total	70	100%

n=70

Average number of days: 28

Median: 30

Minimum: 0

Maximum: 30

17. How would you compare your current health status to your health status when you were in your home country?

**How would you compare your current health status to your**

**health status in your home country**

	Frequency	Percent
Health status the same in Vermont and home country	40	57%
Healthier in Vermont than home country	16	23%
Healthier in home country than in Vermont	13	19%
Don't Know	1	1%
Total	70	100%

n=70

18. Why?

<b>Reason for Feeling Healthier in USA</b>	<b>Frequency</b>	<b>Percent</b>
Better health care services in USA	6	40%
More economic resources in USA	5	33%
Better environmental conditions in USA	2	13%
Better Working Conditions in USA	1	7%
No illnesses since arriving in USA	1	7%
<b>Total</b>	<b>15</b>	<b>100%</b>

n=70

<b>Reason for Feeling Healthier in Home Country</b>	<b>Frequency</b>	<b>Percent</b>
Distance from family, home	2	18%
Isolation, lack of social interaction	2	18%
Better food in home country	1	9%
Change from hot to cold climate	1	9%
Easier access to health care in home country	1	9%
Generally feels better in home country	1	9%
Lack of exercise, recreation in USA	1	9%
Lack of freedom	1	9%
Unable to work or be outside in USA	1	9%
<b>Total</b>	<b>11</b>	<b>100%</b>

n=70

19. I will read a list of potential health conditions, illnesses and ailments. Please indicate whether you currently are experiencing any of them or if you have experienced them in the past.

*Voy a leer una lista de condiciones y enfermedades potenciales. Favor indique cuales ha tenido en el pasado o que tiene ahora.*

Condition/Ailment	Currently Experiencing		Experienced in Past	
	Frequency	Percent	Frequency	Percent
Cancer/ <i>Cancer</i>	0	0	0	0
Arthritis/ <i>Artritis</i>	0	0	0	0
Diabetes/ <i>Diabetes</i>	2	2.8%	2	2.8%
High Blood Pressure/ <i>Alta presion</i>	2	2.8%	4	5.6%
Heart Disease/ <i>Enfermedad del Corazon</i>	1	1.4%	2	2.8%
Asthma/ <i>Asma</i>	1	1.4%	1	1.4%
Allergies/ <i>Alergias</i>	8	11.4%	8	11.4%
Alcoholism/ <i>Alcoholismo</i>	0		4	5.7%
Overweight/ <i>Sobre Peso</i>	1	1.4%	1	1.4%
Depression/ <i>Depresion</i>	6	8.6%	6	8.6%
Anxiety/ <i>Anxiedad</i>	3	4.3%	0	
Flu/ <i>Gripe</i>	5	7.1%	28	40%
Rashes or Skin Problems/ <i>Enfermedad del piel o picason</i>	7	10%	11	15.7%
Cuts or Bruises/ <i>Cortadas o contusiones</i>	2	2.8%	9	12.9%
Broken bones/ <i>Huesos Quebrados</i>	0		2	2.8%
Toothaches or Dental issues/ <i>Dolor de diente o problemas dentales</i>	9	12.9%	15	21.4%
Gastrointestinal Problems/ <i>Problemas estomacales</i>	4	5.7%	10	14.3%
Back or neck Pains/ <i>Dolor de espalda o cuello</i>	10	14.3%	9	12.9%
Eye or Vision problems/ <i>Problemas con los ojos o vision</i>	5	7.1%	1	1.4%
Ear or hearing problems/ <i>Problemas con los oídos</i>	2	2.8%	1	1.4%
<i>Otro:</i>				

n=70

20. Do you use tobacco?

<b>Do you use tobacco?</b>		
	Frequency	Percent
No	65	93%
Yes - occasionally	3	4%
Yes - Every Day	2	3%
Total	70	100%

n=70

21. Do you use alcohol?

<b>Do you use alcohol?</b>		
	Frequency	Percent
No	59	84%
Yes - occasionally	11	16%
Total	70	100%

n=70

22. Do you want or have you ever wanted help to stop smoking or drinking alcohol?

<b>Do you want to quit smoking or drinking alcohol</b>		
	Frequency	Percent
No	69	98.6
Yes – I want help quitting smoking	1	1.4
Total	70	100.0

n=70

**Section IV – Health Care Access**

23. Do you or anyone in your family have health insurance?

**Do you or family member have health insurance?**

	Frequency	Percent
No	66	94%
Yes	2	3%
Don't Know	2	3%
Total	70	100%

n=70

24. What kind of insurance do you have?

**Type of insurance**

	Frequency	Percent
None	68	97%
Medicaid	1	1%
VHAP	1	1%
Total	70	100%

n=70

25. Do you or anyone in your family have dental insurance?

No respondents indicated they had dental insurance (n=70).

26. Who is your dental insurance provider?

No respondents indicated they had dental insurance (n=70).

27. Do you have a deductible or co-pay for your health or dental insurance?

One respondent indicated a \$25 annual deductible for health insurance.  
The same respondent indicated a \$0 co-pay for health insurance.

n=70

28. On average, how many visits do you make to doctor annually?

**Average number of doctor visits per year**

	Frequency	Percent
Never	45	64%
1	17	24%
2	6	9%
3	2	3%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

29. Do you have a doctor or clinic that you visit regularly?

**Do you have a regular doctor or clinic?**

	Frequency	Percent
No	62	89%
Yes	6	9%
<b>Total</b>	<b>68</b>	<b>97%</b>

n=68

30. When was the last time you visited a doctor?

<b>Last visit to Doctor</b>	<b>Frequency</b>	<b>Percent</b>
Never	44	63%
Less than 6 months	2	3%
6 months to 11 months	5	7%
1 year to 17 months	3	4%
18 months to 2 years	2	3%
More than 2 years	14	20%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

31. Where did you go to receive care?

Location of last visit	Frequency	Percent
Mexico	53	76%
Bradford, VT (Little Rivers Health Clinic)	2	3%
Lancaster, NH	2	3%
Island Pond, VT	2	3%
On Farm	1	1%
Burlington, VT	1	1%
Hannover, NH (Dartmouth-Hitchcock)	1	1%
Randolf, VT (Gifford Hospital)	1	1%
Barre,VT	1	1%
Stowe, VT (Stowe Family Practice)	1	1%
St. Johnsbury, VT	1	1%
Kentucky	1	1%
Wells River, VT	1	1%
North Carolina	1	1%
Unknown Hospital, VT	1	1%
<b>Total</b>	<b>70</b>	<b>100% *</b>

n=70 \* (percentages don't total to 100 due to rounding)

32. How satisfied were you with your health care provider?

How satisfied where you with health care provision?		
	Frequency	Percent
Very Satisfied	4	6%
Satisfied	19	27%
Neither Satisfied nor Dissatisfied	1	1%
Don't know	2	3%
<b>Total</b>	<b>26</b>	<b>100%</b>

n=26

33. When is the best time of day for you to visit the doctor?

**When is best time to visit doctor**

	Frequency	Percent
Weekday Afternoon	22	32%
Weekday Morning	15	22%
Anytime	13	19%
Weekday Evening	8	12%
Saturday	6	9%
Sunday	4	6%
None	1	1%
<b>Total</b>	<b>69</b>	<b>100%</b>

n=69

34. How long do you have to travel to receive health care?

<b>Length of travel to doctor</b>	<b>Frequency</b>	<b>Percent</b>
Less than 15 minute	5	7%
15 to 29 minutes	4	6%
30 to 44 minutes	3	4%
45 to 59 minutes	2	3%
60 to 90 minutes	1	1%
More than 90 minutes	2	3%
Don't Know	53	76%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

35. What type of transportation do you use to get your doctor's office or clinic?

**What type of transportation do you use to get to the doctor?**

	Frequency	Percent
Ask farm owner for ride	57	81%
Pay someone (non-taxi) for a ride	7	10%
Other	4	6%
Drive own car	2	3%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

36. How do you pay for health care?

**How do you pay for healthcare**

	Frequency	Percent
Cash - paid by worker	35	50%
Cash - paid by owner	21	30%
Don't know	13	19%
Insurance	1	1%
Total	70	100%

n=70

37. If you have minor health problem which allows you continue your normal daily activities with some pain or discomfort, where would you go to receive care?

**How would you treat a minor health problem?**

	Frequency	Percent
Local clinic/doctor	24	34%
Self treat/Self medicate	24	34%
Unsure - would ask farm owner	12	17%
Hospital	9	13%
Unsure - Do nothing	1	1%
Total	70	100%

n=70

38. If you have major health problem which does not allow you to continue your normal daily activities, where would you go to receive care?

**How would you treat a major health problem?**

	Frequency	Percent
Local clinic/doctor	25	36%
Return to home country	17	24%
Hospital	16	23%
Unsure - would ask farm owner	11	16%
Don't Know	1	1%
Total	70	100%

n=70

39. Have you ever wanted to visit a doctor in Vermont but could not go?

**Have you wanted to visit a doctor but could not go?**

	Frequency	Valid Percent
No	57	82.6%
Yes	12	17%
Total	69	100%

n=69

40. In that instance, what was the reason you were not able to go?

Reason for not being able to go	Frequency	Percent
Didn't know where to go	2	17%
Didn't want to bother employer	1	8%
Preferred to keep working	3	25%
Work schedule conflict	3	25%
No transportation	2	17%
Communication barrier	1	8%
<b>Total</b>	12	100%

n=12

41. I will read a list of potential barriers to health care. Please indicate any that apply to you:

Barrier to Care	Frequency	Percent*
Lack of insurance	56	80%
Cost of care	52	74%
Fear of encountering law enforcement	49	70%
Language barrier	37	53%
Unsure of where to go	29	41%
Lack of Transportation	26	37%
Don't want to bother employer	10	14%
Work schedule conflict	9	13%
Distance to care	8	11%
No child care	0	0%

n=70 \* Multiple responses were allowed.

42. Of the barriers you just indicated, which do consider the greatest barrier to health care?

<b>Greatest Barrier to Care</b>	<b>Frequency</b>	<b>Percent</b>
Fear of encountering law enforcement	41	59%
Language barrier	11	16%
Lack of transportation	9	13%
Cost of care	4	6%
Lack of insurance	2	3%
Unsure of where to go	1	1%
Work schedule conflict	1	1%
Don't know	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

43. If these barriers did not exist, would you visit a doctor or health clinic more frequently?

**If barriers did not exist, would you like to visit  
a doctor more often?**

	<b>Frequency</b>	<b>Percent</b>
Yes	66	94%
No	3	4%
Don't know	1	1%
<b>Total</b>	<b>70</b>	<b>100%</b>

n=70

44. Would you like to visit a doctor for one of the following?

<b>Reason for visit</b>	<b>Frequency</b>	<b>Percent</b>
Regular check-up	57	81%
Dental Care	36	51%
Vaccines	25	36%
Specific Problem/Ailment	22	31%
Chiropractic Care	19	27%
Vision	8	11%
Family Planning	4	6%
Physical Therapy	2	3%
Behavioral Health	3	4%

n=70 \*Multiple responses were allowed.

45. If a free or reduced cost clinic were available for migrant farm workers in your region, would you attend such a clinic if you needed health care?

100% of respondents (n=70) were interested in attending such a clinic.

**Section V – Demographics**

46. Sex:

**Sex**

	Frequency	Percent
Male	64	91%
Female	6	9%
Total	70	100%

n=70

47. How old are you?

Average age: 30 years old

Median: 28

Minimum: 18 years old

Maximum: 60 years old

n=70

48. Where were you born?

**Country of birth**

	Frequency	Percent
Mexico	65	93%
Guatemala	5	7%
Total	70	100%

n=70

**State of birth**

	Frequency	Percent
Guerrero (MX)	18	26%
Chiapas (MX)	16	23%
Vera Cruz (MX)	13	19%
Tabasco (MX)	11	16%
Guatemala	5	7%
Oaxaca (MX)	3	4%
Matamoros (MX)	1	1%
Mexico (MX)	1	1%
San Luis (MX)	1	1%
Veracruz (MX)	1	1%
Total	70	100%

n=70

49. What is your primary language?

Primary Language		
	Frequency	Percent
Spanish	62	89%
Indegenous Language	8	11%
Total	70	100%

n=70

50. What is your marital status?

Marital Status		
	Frequency	Percent
Married	40	57%
Single	23	33%
Member of unmarried couple	5	7%
Divorced	2	3%
Total	70	100%

n=70

51. If married, does your spouse live with you?

Does your spouse live with you?		
	Frequency	Percent
Yes	6	13%
No	39	83%

n=45

52. Do you have any children?

Do you have any children?		
	Frequency	Percent
Yes	53	76%
No	17	14%
Total	70	100%

n=70

Average number of children: 2.25

Median: 2

Minimum: 1

Maximum: 9

53. Do these children live with you?

<b>Do these children live with you?</b>		
	<b>Frequency</b>	<b>Percent</b>
Yes	2	4%
No	51	96%
Total	53	100%

n=53

54. Is your annual income:

<b>Annual income</b>		
	<b>Frequency</b>	<b>Percent</b>
Less than \$10,000	1	1%
\$10,000 to \$14,999	12	17%
\$15,000 to \$19,999	19	27%
\$20,000 to \$24,999	29	41%
\$25,000 to \$29,999	6	9%
\$30,000 to \$34,999	2	3%
\$35,000 to \$39,999	1	1%
Total	70	100%

n=70

55. What is the highest level of schooling you have achieved?

<b>Highest level of education achieved?</b>		
	<b>Frequency</b>	<b>Percent</b>
None	1	1.4
K-8	20	28.6
Some high school	21	30.0
Finished high school	25	35.7
Some college	3	4.3
Total	70	100.0

n=70

## **Appendix B: Survey Instrument**

### **Migrant Farm Worker Health Needs Assessment – Survey Instrument** **Estudio de Necesidades de Servicios Médicos – Entrevista**

**Note to interviewer: YOU MUST READ AND COMPLETE THE ATTACHED INFORMED CONSENT STATEMENT PRIOR TO BEGINNING THE SURVEY.**

Survey ID number \_\_\_\_\_

Do you understand the statement I have just read you?     \_\_\_ Yes \_\_\_ No

*¿Usted entiende la información que le acabo de leer?*     \_\_\_ Si \_\_\_ No

Are you willing to be participate in this research?     \_\_\_ Yes \_\_\_ No

*¿Está dispuesto participar en la encuesta?*     \_\_\_ Si \_\_\_ No

#### **Qualifying Criteria**

**Note: The respondent must answer yes to all of the following questions in order to participate.**

Are you employed on a dairy farm? \_\_\_ Yes \_\_\_ No

*¿Usted está empleado en un rancho?* \_\_\_ Si \_\_\_ No

Are you over 18 years old? \_\_\_ Yes \_\_\_ No

*¿Usted es mayor que 18 años?* \_\_\_ Si \_\_\_ No

A migrant agricultural worker is generally defined as a person who moves regularly in order to seek employment. Do you consider yourself a migrant agricultural worker?

*Se describe un trabajador migrante agrícola como una persona que se muda frecuentemente para buscar empleo en la agricultura. ¿Considera usted que es un trabajador migrante?*

\_\_\_ Yes \_\_\_ No             \_\_\_ Si \_\_\_ No

Do you speak either Spanish or English as a primary language? \_\_\_ Yes \_\_\_ No

*¿Habla español o inglés como un idioma primario?* \_\_\_ Si \_\_\_ No

## Section I – Survey Data

**Note to interviewer: Do not read this section.**

Date \_\_\_\_\_

Time Start \_\_\_\_\_

Farm Location (Town) \_\_\_\_\_

Farm Name \_\_\_\_\_

## Section II – Employment Characteristics

Thank you for agreeing to participate in the study. First I am going to ask you a few questions about your current employment.

**Note to interviewer: START QUESTIONS HERE**

1. What is your first name? \_\_\_\_\_

Cual es su primer nombre? \_\_\_\_\_

*Gracias por participar en el estudio. Primero, le voy a preguntar sobre su trabajo actual.*

2. How long have you been employed in agriculture?

*Por cuanto tiempo ha estado trabajando en la agricultura?*

- a. Less than 6 months / *Menos que 6 meses*\_\_
- b. Between 6 months and 1 year / *6 meses a 1 año*\_\_
- c. Between 1 and 2 years / *1 año a 2 años*\_\_
- d. Between 2 and 3 years / *2 años a 3 años* \_\_
- e. More than 3 years / *Más que 3 años*\_\_

3. How long have you been employed on this farm?

*Por cuanto tiempo ha estado trabajando en este rancho?*

- a. Less than 6 months / *Menos que 6 meses*\_\_
- b. Between 6 months and 1 year / *6 meses a 1 año*\_\_
- c. Between 1 and 2 years / *1 año a 2 años*\_\_
- d. Between 2 and 3 years / *2 años a 3 años* \_\_
- e. More than 3 years / *Más que 3 años*\_\_

4. Which of these statements most closely matches your opinion?

*Cuál de estas declaraciones representa mejor lo que cree usted?*

- a. I will stay at my job for more than 5 years \_\_\_  
*Me voy a quedar en este trabajo más que 5 años \_\_*
- b. I will stay at my job for 3-5 years \_\_\_  
*Me voy a quedar en este trabajo 3 á 5 años \_\_*
- c. I will stay at my job for 1-2 years \_\_\_  
*Me voy a quedar en este trabajo 1 á 2 años \_\_*
- d. I will stay at my job for less than 1 year \_\_\_  
*Me voy a quedar en este trabajo menos que 1 año \_\_*
- e. Don't know / *No se* \_\_\_

Additional Comments:

5. I will read a list of jobs that are commonly performed on farms. Please indicate which ones you currently do on this farm.

*Voy a leer una lista de trabajos que podría hacer en un rancho. Favor dígame cuales hace usted en este rancho.*

- a. Milking / *Ordeñar* \_\_\_
- b. Barn Cleaning / *Limpieza del granero* \_\_\_
- c. Feeding / *Alimentacion de vacas* \_\_\_
- d. Young stock and Heifer care / *Cuidando becerras y vaquillas* \_\_\_
- e. Field work (tractor) / *Trabajando con maquinaria en el campo* \_\_\_
- f. Seasonal crop work / *Trabajos temporales en el campo* \_\_\_
- g. Other / *Otro*: \_\_\_\_\_
- h. Other / *Otro*: \_\_\_\_\_

6. Are there any other jobs that you do on the farm besides the jobs in the previous list?

*Hay otros trabajos que usted hace en el rancho aparte de lo que acabo de decir?*

7. How many hours do you work per week on average?

*Cuantas horas trabaja en una semana promedio?*

Number of hours per week/ *Horas por semana*: \_\_\_\_\_

8. How many days do you work per week on average?

*Cuantos días trabaja en una semana promedio?*

Number of days per week/ *Numero de dias*: \_\_\_\_\_

### **Section III – Health Status and Quality of Life**

The next section is about your current health status and any previous health conditions you may have had while working on a Vermont Farm.

*La próxima parte de la entrevista es sobre su salud actualmente y cualquier otro problema médico que haya tenido durante su tiempo trabajando en un rancho en Vermont.*

9. In your opinion what would be the most important characteristic of having "Good Health"?  
*En su opinión, cual es la característica más importante de tener buena salud?*

- a. Not having any pain/ *No tener dolor* \_\_\_
- b. Being able to work / *Poder trabajar* \_\_\_
- c. Not having a major disease/ *No tener una enfermedad grave* \_\_\_
- d. Not having to take any medications/ *No necesitar tomar medicamentos* \_\_\_
- e. Other/*Otro*: \_\_\_\_\_
- f. Don't know/*No se* \_\_\_

10. In general, would you say your health is...?

*En general, dijera que su salud es...?*

- a. Excellent / *Excelente* \_\_\_
- b. Very Good / *Muy bien* \_\_\_
- c. Good / *Bien* \_\_\_
- d. Fair / *Ni bien ni mal* \_\_\_
- e. Poor / *Mal* \_\_\_
- f. Very Poor / *Muy mal* \_\_\_
- g. Don't know / *No se* \_\_\_

11. During the past 30 days, have you had pain or discomfort in some part of your body?

*En los últimos 30 días, ha tenido dolor o malestar en algún parte de su cuerpo?*

- a. Yes/ *Si* \_\_\_ **Note: Go to Q.12**
- b. No \_\_\_ **Note: Go to Q.13**
- c. Don't Know/*No se* \_\_\_

12. If so, where?

*En cual parte?*

13. When thinking about your physical health, which includes both physical injury and illness, for about how many days in the past 30 days was your physical health not good?

*Considerando su salud física, que incluye heridas y enfermedades, por cuantos días en el último mes no era buena su salud física?*

- a. Number of days / *Numero de dias* \_\_\_
- b. Don't Know \_\_\_

14. When thinking about your mental health, which includes stress, depression and emotional problems, for how many days in the past 30 days was your mental health not good?

*Considerando su salud mental, que incluye el estrés, depresión y problemas emocionales, por cuantos días en el último mes no era buena su salud mental?*

- a. Number of days / *Numero de dias* \_\_\_\_
- b. Don't Know \_\_\_\_

15. During the past 30 days, how many days did poor physical or mental health prevent you from working or performing normal daily activities?

*En el último mes, por cuantos días su mala salud física o mental prohibió que usted trabaja o funciona normalmente en su actividades diarias?*

- a. Number of days / *Numero de dias* \_\_\_\_
- b. Don't Know \_\_\_\_

16. In the past 30 days, for about how many days have you felt that you did not get enough rest?

*En el último mes, por cuantos días cree usted que no ha descansado lo suficiente?*

- # Days/ # *Dias* \_\_\_\_
- Don't know/ *No se* \_\_\_\_

17. In the past 30 days, for about how many days have you felt very healthy?

*En el último mes, por cuantos días ha sentido muy saludable?*

- # Days/ # *Dias* \_\_\_\_
- Don't know/ *No se* \_\_\_\_

18. How would you compare your current health status to your health status when you were in your home country?

*Como compararia su estado de salud actual á su estado de salud en su pais de origen?*

- a. I am healthier in Vermont than I was in my home country \_\_\_\_  
*Estoy más saludable en Vermont que estaba en mi país* \_\_\_\_
- b. I was healthier in my home country than I am in Vermont \_\_\_\_  
*Estaba más saludable en mi país que estoy en Vermont* \_\_\_\_
- c. I feel as healthy in Vermont as I did in my home country \_\_\_\_  
*Estoy igual de saludable aquí que estaba en mi país* \_\_\_\_
- d. Don't know / *No se* \_\_\_\_

19. Why? *Porque cree eso?* (open ended)

20. I will read a list of potential health conditions, illnesses and ailments. Please indicate whether you currently are experiencing any of them or if you have experienced them in the past.

*Voy a leer una lista de condiciones y enfermedades potenciales. Favor indique cuales ha tenido en el pasado o que tiene ahora.*

<b>Condition/Ailment Condicion/Enfermedad</b>	<b>Currently Experiencing Tiene actualmente</b>	<b>Experienced in Past Ha tenido anteriormente</b>
Cancer/ <i>Cancer</i>		
Arthritis/ <i>Artritis</i>		
Diabetes/ <i>Diabetes</i>		
High Blood Pressure/ <i>Alta presion</i>		
Heart Disease/ <i>Enfermedad del Corazon</i>		
Asthma/ <i>Asma</i>		
Allergies/ <i>Alergias</i>		
Alcoholism/ <i>Alcoholismo</i>		
Overweight/ <i>Sobre Peso</i>		
Depression/ <i>Depresion</i>		
Anxiety/ <i>Anxiedad</i>		
Flu/ <i>Gripe</i>		
Rashes or Skin Problems/ <i>Enfermedad del piel o picason</i>		
Cuts or Bruises/ <i>Cortadas o contusiones</i>		
Broken bones/ <i>Huesos Quebrados</i>		
Toothaches or Dental issues/ <i>Dolor de diente o problemas dentales</i>		
Gastrointestinal Problems/ <i>Problemas estomacales</i>		
Back or neck Pains/ <i>Dolor de espalda o cuello</i>		
Eye or Vision problems/ <i>Problemas con los ojos o vision</i>		
Ear or hearing problems/ <i>Problemas con los oídos</i>		
<i>Otro:</i>		
<i>Otro:</i>		

Additional Comments regarding health conditions:

21. Do you use tobacco?

*Usa tabaco?*

- a. Yes, every day / *Si, todo los dias* \_\_\_
- b. Yes, some days/ *Si, algunos dias* \_\_\_
- c. No \_\_\_

22. Do you use alcohol?

*Usa alcohol?*

- a. Yes, every day / *Si, todo los dias* \_\_\_
- b. Yes, some days/ *Si, algunos dias* \_\_\_
- c. No \_\_\_

**Note: If answer to Q.20 and Q.21 are both no, skip to Q24.**

23. Do you want or have you ever wanted help to stop smoking or drinking alcohol?

*Quiere o ha querido alguna vez ayuda para parar de fumar o beber alcohol?*

- a. Yes, I want/wanted help to stop smoking / *Si - FUMAR* \_\_\_
- b. Yes, I want/wanted help to stop drinking / *Si - BEBER alcohol* \_\_\_
- c. Yes, I want/wanted help to stop smoking and drinking / *Si - AMBOS* \_\_\_
- d. No \_\_\_
- e. Don't know / *No se* \_\_\_

#### **Section IV – Health Care Access**

Now I will ask you some questions about access to health care.

*Ahora voy a preguntar como obtiene servicios médicos.*

24. Do you or anyone in your family have health insurance?

*Usted o alguien más de su familia tiene seguro medico?*

- a. Yes / *Si* \_\_\_
- b. No \_\_\_ **Note: Go to Q.26**
- c. Don't know / *No se* \_\_\_

25. What kind of insurance do you have?

*Qué clase de seguro medico tiene?*

- a. Medicaid \_\_\_
- b. Dr. Dynasaur \_\_\_
- c. Medicare \_\_\_
- d. Workers Compensation \_\_\_
- e. VHAP \_\_\_
- f. BC-BS \_\_\_
- g. Cigna \_\_\_
- h. MVP \_\_\_
- i. Other: \_\_\_\_\_
- j. Don't Know \_\_\_

26. Do you or anyone in your family have dental insurance?

*Usted o alguien más de su familia tiene seguro dental?*

- a. Yes / *Si* \_\_\_
- b. No \_\_\_ **Note: Go to Q.29**
- c. Don't know / *No se* \_\_\_

27. Who is your dental insurance provider?

*Quien es su proveedor de seguro dental?*

28. Do you have a deductible or co-pay for your health or dental insurance?

*Tiene un deductible o una contraparte que tiene que pagar para su seguro de salud o dental?*

**(Note to interviewer: Enter dollar value. If none, write "none". Be sure to enter annual deductible for family if applicable and co-pay required per visit.)**

<b>Insurance Type</b>	<b>Annual deductible</b>	<b>Co-pay Amount</b>
<b>Health</b>		
<b>Dental</b>		

29. On average, how many visits do you make to doctor annually?

*Cuantas veces visita al doctor en promedio anualmente?*

- a. Never / *Nunca* \_\_\_
- b. Number of times per year / *Numero de visitas por año*: \_\_\_\_\_
- c. Don't know / *No se* \_\_\_

30. Do you have a doctor or clinic that you visit regularly?

*Usted tiene algún doctor o clínica que visita regularmente?*

- a. Yes \_\_\_
- b. No \_\_\_
- c. Don't know \_\_\_

31. When was the last time you visited a doctor?

*Cuando fue su última visita al doctor?*

- a. Approx. date / *Fecha aproximada* \_\_\_\_\_
- b. Never / *Nunca* \_\_\_
- c. Don' Know \_\_\_

32. Where did you go to receive care?

*A donde fue para recibir cuidado médico?*

- a. Location/*Lugar*: \_\_\_\_\_
- b. Don't know/*No se* \_\_\_

33. How satisfied were you with your health care provider?

*Que tan satisfecho estaba con su proveedor de servicios medicos?*

- a. Very Satisfied / *Muy satisfecho* \_\_\_
- b. Satisfied / *Satisfecho* \_\_\_
- c. Neither Satisfied nor Dissatisfied / *Ni satisfecho ni desatisfecho* \_\_\_
- d. Dissatisfied / *Desatisfecho* \_\_\_
- e. Very dissatisfied / *Muy desatisfecho* \_\_\_
- f. Don't Know / *No se* \_\_\_
- g. Not Applicable / *No applicable* \_\_\_

Comments:

34. When is the best time of day for you to visit the doctor?

*Cuál es la mejor hora para visitar al doctor?*

- a. Weekday morning/ *Dia de semana en la mañana* \_\_\_
- b. Weekday afternoon/ *Dia de semana en la tarde* \_\_\_
- c. Weekday evening/ *Dia de semana en la noche* \_\_\_
- d. Saturday / *Sabado* \_\_\_
- e. Sunday / *Domingo* \_\_\_
- f. *Otro*: \_\_\_\_\_

35. How long do you have to travel to receive health care?

*Cuanto tiempo tiene que viajar para recibir servicios médicos?*

# of minutes / # de minutos: \_\_\_\_\_

36. What type of transportation do you use to get your doctor's office or clinic?

*Como llega a la oficina del doctor o la clínica?*

- a. Drive own car / *Maneja su propio carro* \_\_\_
- b. Ask farm owner for ride / *Pide transporte al patron* \_\_\_
- c. Pay someone for ride / *Paga a alguien* \_\_\_
- d. Call a taxi / *Paga a un taxi* \_\_\_
- e. Other: \_\_\_\_\_

37. How do you pay for health care?

*Cuando visita al doctor, como paga usted?*

- a. Insurance / *Seguro medico* \_\_\_
- b. Cash – paid by employee / *Efectivo pagado por empleado* \_\_\_
- c. Cash – paid by employer / *Efectivo pagado por patron* \_\_\_
- d. Don't know / *No se* \_\_\_

38. If you have minor health problem which allows you continue your normal daily activities with some pain or discomfort, where would you go to receive care?

*Si usted tiene un problema médico menor que le permite hacer sus actividades normales aunque sea con dolor o molestia, a donde iría para conseguir cuidado?*

- a. Local Health Doctor/Clinic / *Clinica o doctor local* \_\_\_
- b. Free clinic/ *Clinica gratis* \_\_\_
- c. Hospital / *Hospital* \_\_\_
- d. Emergency Room / *Sala de emergencia* \_\_\_
- e. Return to home country for care / *Regresa a su pais* \_\_\_
- f. Self treat/self medicate / *Intenta de tratarlo solo o con medicina en casa* \_\_\_
- g. Unsure – would ask boss / *No está seguro, preguntaria al patron* \_\_\_
- h. Unsure – would take no action / *No está seguro, no haría nada* \_\_\_
- i. Don't know / *No se* \_\_\_

39. If you have major health problem which does not allow you to continue your normal daily activities, where would you go to receive care?

*Si usted tiene un problema médico grave que no le permite hacer sus actividades normales, a donde iría para conseguir cuidado?*

- a. Local Health Doctor/Clinic / *Clinica o doctor local* \_\_\_
- b. Free clinic/ *Clinica gratis* \_\_\_
- c. Hospital / *Hospital* \_\_\_
- d. Emergency Room / *Sala de emergencia* \_\_\_
- e. Return to home country for care / *Regresa a su pais* \_\_\_
- f. Self treat/self medicate / *Intenta de tartarlo solo o con medicina en casa* \_\_\_
- g. Unsure – would ask boss / *No está seguro, preguntaria al patron* \_\_\_
- h. Unsure – would take no action / *No está seguro, no haria nada* \_\_\_
- i. Don't know / *No se* \_\_\_

40. Have you ever wanted to visit a doctor in Vermont but could not go?

*Ha querido visitar a un doctor alguna vez pero no pudo?*

Yes / *Si* \_\_\_

No \_\_\_ **Note: Go to Q.42.**

41. In that instance, what was the reason you were not able to go?  
*En este caso, porque no pudo ir al doctor?*
42. I will read a list of potential barriers to health care. Please indicate any that apply to you:  
*Voy a leer una lista de razones que podrían hacerlo difícil visitar al doctor. Favor dígame cuales aplican a usted.*
- a. Cost of care / *El costo es muy alto* \_\_\_
  - b. Lack of insurance / *Falta de seguro medico* \_\_\_
  - c. Don't know where to go to seek care / *No sabe donde ir para recibir ayuda* \_\_\_
  - d. Transportation to receive care / *No puede conseguir transporte* \_\_\_
  - e. Getting time off from work / *No puede pedir un día libre del trabajo* \_\_\_
  - f. Language/Communication / *Problemas de comunicación* \_\_\_
  - g. Don't want to bother employer / *No quiere molestar al patron* \_\_\_
  - h. Fear of encountering law enforcement/*Tiene miedo de encontrar á la migra* \_\_\_
  - i. Lack of childcare / *No tiene alguien para cuidar á sus hijos* \_\_\_
  - j. Distance to care / *La clínica está muy lejos de donde vive* \_\_\_
  - k. Schedule conflicts (clinic not open during worker's off hours)/ *La clinica no está abierta cuando tiene tiempo libre* \_\_\_
  - l. Other/ *Otro:* \_\_\_\_\_
  - m. Other/ *Otro:* \_\_\_\_\_
43. Of the barriers you just indicated, which do consider the greatest barrier to health care?  
*De los factores que usted acaba de identificar, cual es lo más grande?*
44. If these barriers did not exist, would you visit a doctor or health clinic more frequently?  
*Si no existieron las barreras para recibir ayuda, le gustaría visitar al doctor o a una clínica más frecuentemente?*
- a. Yes \_\_\_
  - b. No \_\_\_
  - c. Don't Know \_\_\_
45. Would you like to visit a doctor for one of the following?  
*Le gustaría visitar al doctor para algún de estas razones?*

**Note to interviewer: Read list and check all that apply.**

- a. Regular checkup or physical / *Un chequeo regular*\_\_\_
- b. Specific Ailment/ *Algun problema especifico:* \_\_\_\_\_
- c. Dental care/ *Cuidado Dental*\_\_\_
- d. Chiropractic care / *Cuidado quiropractica* \_\_\_

- e. Family Planning / *Planificación familiar* \_\_\_
- f. Vaccines and Immunizations / *Vacunas y inmunizaciones* \_\_\_
- g. Physical therapy/ *Terapia física* \_\_\_
- h. Behavioral health / *Salud mental* \_\_\_
- i. Vision care / *Cuidado vision* \_\_\_
- j. Other/ *Otro*: \_\_\_\_\_
- k. Other/ *Otro*: \_\_\_\_\_

46. If a free or reduced cost clinic were available for migrant farm workers in your region, would you attend such a clinic if you needed health care?

*Si una clínica gratis o de bajo costo era disponible para trabajadores migrantes en este zona, usted tendría interés en asistirle?*

- a. Yes / *Si* \_\_\_
- b. No \_\_\_
- c. Don't Know \_\_\_

**Section V – Demographics**

Now I have a few final demographic questions before we finish.

*Ahora tengo algunas preguntas demográficas antes que terminar.*

47. Sex: **Note to interviewer: Do not ask, simply fill in response**

Male / *Masculino* \_\_\_  
 Female / *Feminino* \_\_\_

48. How old are you?  
*¿Cuántos años tiene usted?*

Age: \_\_\_

49. Where were you born?  
*¿Donde nació?*

United States / *EUA* \_\_\_ State/*Estado*: \_\_\_\_\_

Mexico \_\_\_ State/*Estado*: \_\_\_\_\_

Other / *Otro*: \_\_\_\_\_

50. What is your primary language?  
*¿Cuál es su primer idioma?*

- a. English / *Inglés* \_\_\_
- b. Spanish / *Español* \_\_\_
- c. Other / *Otro* \_\_\_\_\_

51. What is your marital status?

*¿Qué es su estado civil?*

- a. Single / *Soltero* \_\_\_\_
- b. Married / *Casado* \_\_\_\_
- c. Member of unmarried couple / *Pareja no casada* \_\_\_\_
- d. Divorced / *Divorciado* \_\_\_\_
- e. Other / *Otro* \_\_\_\_\_

52. If married, does your spouse live with you?

*¿Su esposo vive con usted?*

Yes \_\_\_\_

No \_\_\_\_

53. Do you have any children?

*¿Tiene hijos?*

- a. Yes / *Si* : \_\_\_\_ children/hijos
- b. No \_\_\_\_

54. Do these children live with you?

*¿Viven con usted?*

Yes / \_\_\_\_

No \_\_\_\_

55. Is your annual income: / *Su ingreso anual es:*

- a. Less than \$10,000 / *Menos que \$10,000* \_\_\_\_
- b. \$10,000 - \$14,999 \_\_\_\_
- c. \$15,000 - \$19,999 \_\_\_\_
- d. \$20,000 - \$24,999 \_\_\_\_
- e. \$25,000 - \$29,999 \_\_\_\_
- f. \$30,000 - \$34,999 \_\_\_\_
- g. \$35,000 - \$39,999 \_\_\_\_
- h. \$40,000 - \$44,999 \_\_\_\_
- i. \$45,000 - \$49,999 \_\_\_\_
- j. \$50,000 or higher / *\$50,000 o mas* \_\_\_\_

56. What is the highest level of schooling you have achieved?

*¿Hasta qué nivel de escuela ha cumplido?*

- a. None / *Nada* \_\_\_\_
- b. K-8/ *Escuela Primaria* \_\_\_\_
- c. Some High School / *Parte de escuela secundaria* \_\_\_\_
- d. Finished High School / *Terminó escuela secundaria* \_\_\_\_
- e. Some college / *Parte de la Universidad* \_\_\_\_
- f. Bachelor's degree / *Universidad* \_\_\_\_
- g. Advanced degree / *Maestría o Doctorado* \_\_\_\_

That was the last question. Thank you very much for participating in the survey. Do you have any final comments or questions?

*Esa fue la última pregunta. Muchas gracias por participar en el estudio. Tiene otros comentarios o preguntas?*

Time Finished: \_\_\_\_\_

## ***Appendix C: Informed Consent Documents***

### **Consent/Information Sheet Oja de Consentimiento/Informacion**

**Title of Research Project:** Migrant Worker Health Needs Assessment

**Titulo del proyecto:** Estudio de necesidades de servicios médicos par trabajadores migrantes

**Principal Investigator:** Dr. Daniel Baker

**Director del Estudio:** Dr. Daniel Baker

**Sponsor:** Bi-State Primary Care Association (PCA)

**Patrocinador del estudio:** Bi-State Primary Care Association (PCA)

**You are being invited to take part in this research study because** *you are a migrant worker employed on a dairy farm within central and northeastern Vermont. This study is being conducted by the University of Vermont* and is being paid for by Bi-State Primary Care Association (PCA), a non-profit organization that provides and supports community health care services in this area.

*Usted está invitado participar en este estudio porque usted es un(a) trabajador(a) migrante empleado en un rancho lechero en la región central y noreste del Vermont. Una organización sin fines lucre que provee y apoya a servicios médicos comunitarios, Bi-State Primary Care Association (PCA) financió para el estudio y la Universidad de Vermont está realizando el estudio.*

We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

*Esperamos que usted hace preguntas y que toma la oportunidad para hablar sobre el estudio con cualquier persona que podría ayudarle en tomar una decisión.*

#### Why is This Research Study Being Conducted?

##### ¿Porque se realiza este estudio?

This research is being conducted with the ultimate goal of providing better health care services to migrant workers in Vermont. The specific objectives of this study are to (a) assess the current levels of knowledge about health care resources in the region, (b) identify existing the barriers to care, (c) learn about the experiences and opinions of workers trying to access health care services in Vermont and (d) to collect information about specific ailments or illnesses workers have presently or have had in the past.

*Estamos realizando este estudio con el propósito ultimo de proveer mejor servicio médico á los trabajadores migrantes en Vermont. Los objetivos específicos son: (a) evaluar el nivel de conocimiento actual de los servicios médicos en esta región, (b) identificar las barreras que existen para recibir cuidado médico, (c) aprender sobre las experiencias y opiniones de los trabajadores intentando de conseguir cuidado médico en Vermont, y (d) recoger información sobre las heridas y enfermedades que trabajadores tienen ahora o han tenido anteriormente.*

### How Many People Will Take Part In The Study?

#### ¿Cuántas personas van a participar en el estudio?

Approximately 70 people will complete this survey. All participants will be from central and northeastern Vermont.

*Aproximadamente 70 personas van a participar en el estudio. Todos los participantes son de la región central y noreste de Vermont.*

### What Is Involved In The Study?

#### ¿De que trata este estudio?

This research consists of a short survey that should take about 30 minutes and asks about your experiences accessing health care, any specific health care needs you may have or have had, and your current knowledge of what health care services may be available to you.

*El estudio consiste de una encuesta corta que dura aproximadamente 30 minutos y pregunta sobre su experiencia obtener cuidado médico, cualquier necesidad específica que necesita o ha necesitado, y su conocimiento sobre cuales servicios posiblemente están disponibles para ustedes*

### What Are The Risks and Discomforts Of The Study?

#### ¿Cuáles son los riesgos y incomodidades que puede cuásar este estudio?

The risks associated with being in the study are minimal. The survey does ask questions about your health and health care. However, you do not have to answer any questions that make you feel uncomfortable. The information you provide will be kept confidential and not shared with non-research staff. No identifiable information about you will ever be published or shared without your consent. If during the survey you feel that you need health care assistance we will provide information to you about local providers in the community with expertise in the treatment of such problems. These referral sources include mental health and physical health services provided in the region.

*Los riesgos asociados con el estudio son mínimos. La encuesta pregunta sobre su salud y su cuidado médico pero usted no necesita contestar cualquier pregunta que le hace sentir incomodo. La información que usted nos da será confidencial y no será compartida con nadie fuera del equipo del estudio. Ninguna información privada será publicada o compartida sin su permiso. Si usted se siente que necesita algún cuidado médico, le podemos compartir información sobre proveedores de servicios que tienen experiencia tratando problemas así. Podemos sugerir servicios para salud física y salud mental en esta región.*

To protect your identity and ensure confidentiality, the only personally identifiable information we collect from you is your first name and place of employment to avoid duplicate surveying. This information will be destroyed after we complete the research. This survey follows strict measures to protect confidentiality that have been formally reviewed and approved. However, there is always a very small risk that confidential

information might accidentally be disclosed. Professional standards for protecting confidential information will be used to minimize this risk.

*Para proteger su identidad y asegurar confidencialidad, la única información que vamos a apuntar es su primer nombre y la comunidad donde trabaja con el propósito de no hacer la encuesta dos veces con la misma persona. Toda la información personal será destruida cuando termina el estudio. Aunque el estudio contiene medidas muy estrictas para proteger confidencialidad que han sido revisadas y aprobadas, existe un riesgo muy pequeño que su información podría ser compartida por accidente. Estándares profesionales para proteger su información están implementados para minimizar este riesgo.*

#### What Are The Benefits of Participating In The Study?

##### ¿Cuales son los beneficios de participar en el estudio?

It is our hope that this research will result in better health care services for the thousands of migrants living and working in Vermont. We cannot say whether or not you will personally benefit from these improvements.

*Esperamos que los resultados que da este estudio vayan a resultar en mejor servicios médicos para los miles de los trabajadores migrantes que viven y trabajan en Vermont. No podemos decir si usted va a beneficiar personalmente de esos mejoramientos.*

#### Are There Any Costs?

##### ¿Hay costos?

There is no cost associated with your participation in this research.

*No hay costo para participar en el estudio.*

#### What Is the Compensation?

##### ¿Hay compensación?

You will not receive payment for participation in this study.

*Usted no va a recibir pago para participar en el estudio.*

#### Can You Withdraw From This Study?

##### ¿Puedes retirarse del estudio?

You may discontinue your participation in this study at any time. You just need to tell us you wish to stop your participation. Any previously collected information will be destroyed.

*Usted puede retirarse del estudio en cualquier momento. Solo necesita decirme que quiere para. Su información recogida anteriormente será destruida.*

#### What About Confidentiality?

##### ¿Hay confidencialidad?

Any information that is obtained in connection with this research study and can be linked to you will remain confidential and will be disclosed only with your permission or as required by law. When you enroll in the study you will be assigned a personal code number. This personal code number will be kept separate from all identifying information; the only master lists of personal codes are kept in a locked office by the Principal Investigator at the University of Vermont.

*Toda la información obtenida en este estudio que puede ser relacionado a usted será confidencial y no será compartido con nadie sin su permiso. Vamos a usar un sistema*

*de códigos para proteger su información personal y los códigos serán guardados seguramente en la oficina del director del estudio a la Universidad de Vermont.*

All data associate with your participation in this study kept in a confidential form at the University of Vermont. The security of your record will be maintained by Dr. Daniel Baker. The results of this study may eventually be published and information may be exchanged between researchers, but no personal information will be published and your confidentiality will be maintained. The sponsor, Bi-State PCA, or their appointed designees as well as the Institutional Review Board at the University of Vermont and regulatory authorities will be granted direct access to the survey data for verification of research procedures and/or data. The information collected from this research will be analyzed and presented to Bi-State PCA. This data will be coded and identifiers will be removed.

*Todo los datos asociados con su participación en el estudio serán guardados confidencialmente en la Universidad de Vermont. La seguridad de los datos será mantenida por Dr. Daniel Baker, el director del estudio. Los resultados del estudio podrían ser publicados y la información puede ser compartida adentro del equipo*

### **Contact Information**

You may contact Dr. Daniel Baker, the Investigator in charge of this study, at 802-656-0040 for more information about this study. If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact Nancy Stalnaker, the Director of the Research Protections Office at the University of Vermont at 802-656-5040.

### **Statement of Consent**

You have been read a summary of the purposes and use of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given on the attached business card. Your participation is voluntary, and you may refuse to participate or withdraw at any time without penalty or prejudice. You also have the choice to skip any question and not answer by stating "skip" or "next."

Do you have any questions about the information I have just presented you?

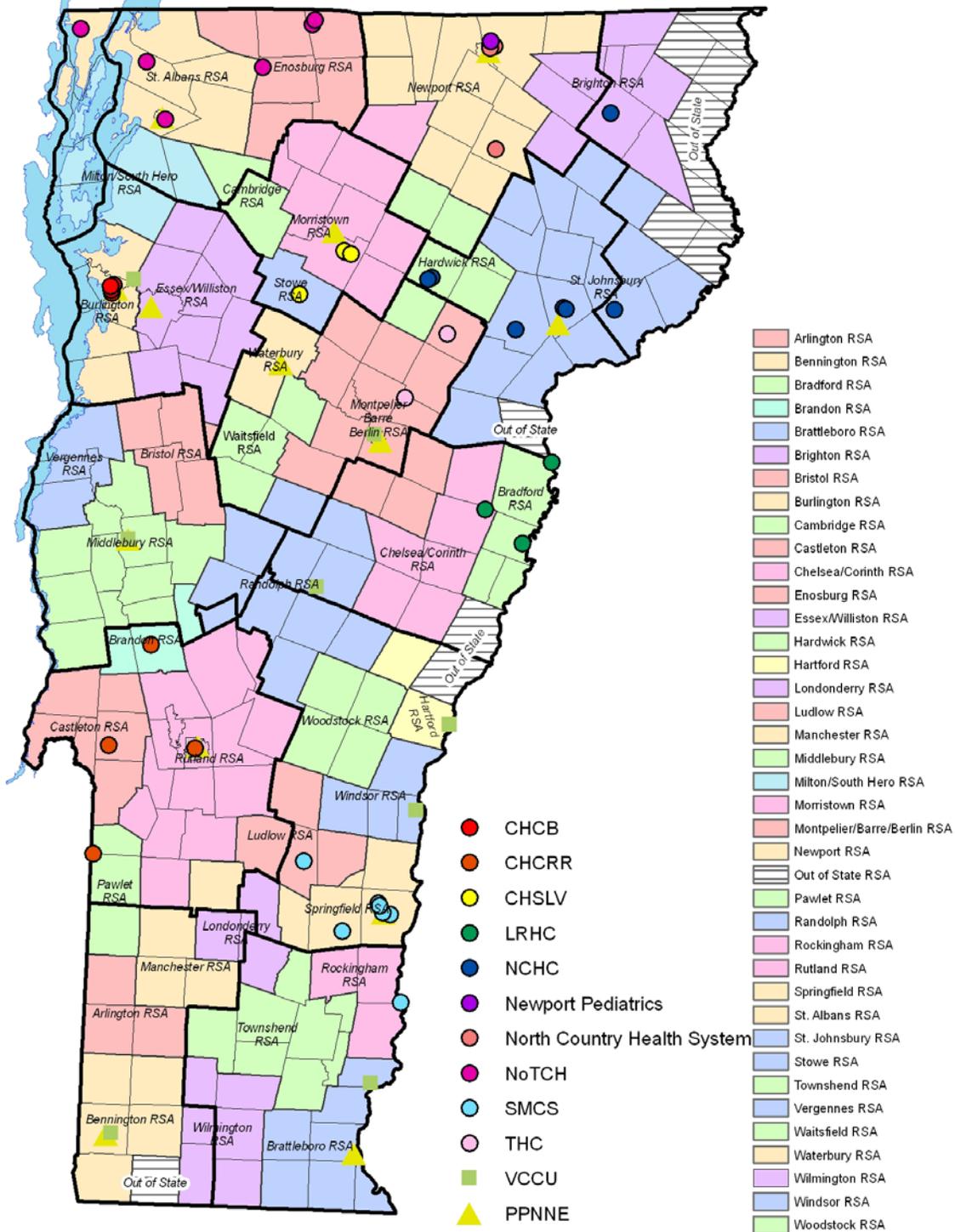
All survey questions will be asked in-person. Please let us know if you do not understand any survey questions.

Are you willing to participate in this survey?



Appendix D: Bi-State PCA – Service Area Map

Vermont Rational Service Area Map



Source: Health Resource Allocation Plan 8-05

7-09