Vermont State Health Assessment Community Engagement Data

Immigrants and Refugees

The data in this slide deck is specific to the health needs of **immigrants and refugees** in Vermont.

May 2024

VERMONT
DEPARTMENT OF HEALTH

Where does this data come from?

This data was collected as part of the 2024 Vermont State Health Assessment.

We are grateful to the people of Vermont who participated in focus groups and interviews for the State Health Assessment. The following information comes from individuals who identify as and/or support immigrants and refugees.

The information presented here are the expressed opinions of Vermonters based on their lived and professional experiences. They are not the opinions of the Vermont Department of Health, but rather the people who make up the communities with whom we work.

How can I use this data?

Please use this data freely! We hope that it is useful for our partners in your efforts to improve health and well-being.

You can use this data to:

- Elevate the voices of people with lived experience to provide context to quantitative data.
- Understand the factors that impact health and well-being.
- Identify solutions to address some of the most important health needs facing people in Vermont.
- Inform planning and decision-making for your organization or community.
- Identify opportunities for collaboration with other organizations or sectors.

Visit How Healthy Are We? Data Resources | Vermont Department of Health to access other Health Department data. Access local data, trends over time, visualizations and maps, equity and disparities information, topic-specific data and more.

Who participated in the State Health Assessment?

Geographic representation of focus group participants

County	Focus group involvement	% of State population
Addison	7%	6%
Bennington	**13%**	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	**1%**	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	**4%**	7%
Windsor	**5%**	9%

Community representation of focus group participants

Community	Focus group involvement
Older Vermonters	19%
Vermonters with a disability	19%
LGBTQ+ Vermonters	15%
Vermonters of color	14%
Missing data	11%
Unhoused Vermonters	10%
None of the above	8%
Indigenous Peoples	4%

Community representation of interviewees

Community	Key informants
No specific community	23%
Vermonters of color	18%
Older Vermonters	15%
Vermonters with a disability	14%
Unhoused Vermonters	13%
LGBTQ+ Vermonters	11%
Indigenous Peoples	5%

Immigrants & Refugees: Key Drivers & Health Impacts
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Key drivers are important factors that contribute to a health need.
These were identified by the community.

Key Drivers	Health Impacts
1. Language barriers: Accessing care with little English, some are preliterate or non-literate. Healthcare language is detailed and nuanced. There are many spots in the flow of care where language is crucial. “It takes more work to design a system that can be seamless for someone who is pre-literate, but the system you design that works seamlessly for that person will work for everybody else.“	Confusion around how to take medications, care for a medical condition, enter the building to find the clinic, access care in afterhours, or schedule appointments and procedures. "If you are working with someone who doesn't read and write in English, if you're working with someone who doesn't read and write in any language, how are you providing them with information that they can use to independently take care of themselves after they have an appointment about their specific ongoing medical condition?"
2. Many interpretation limitations: Very few interpretation entities authorized to work in VT. Many who provide interpretation are not reliably using it in all points of contact. Interpretation may be inadequate for certain appointments: mental health, gynecology, allergy.	Not seeking healthcare, leaving a lot unsaid, dangerous if do not understand instructions. Encounters in lab, front desk, billing are all challenges.
3. Uninsured or underinsured: Many do not know anything about the insurance system in the U.S. and VT. They may get an insurance card in the mail and not know what it is or how to use it.	Accessing and understanding benefits, Medicaid, without strong English skills is difficult.
4. Lack of providers: Nearly impossible to find a new primary care doctor. Long waitlists, with some practices not even putting people on waitlists. Hard to get follow up visits. Finding a doctor who can see refugee clients, who have capacity for interpretation is even more challenging.	Pressure on ER. People are not getting timely and quality care. Ending up in the ER for illnesses that could easily be handled by pediatrician or primary care.

Immigrants & Refugees: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
5. High cost of care: A shockingly high cost of care in an emergency. Different systems of determining financial assistance, so people do not know what cost to expect.	Avoiding care. If they go, they are prescribed medicines they cannot afford.
6. Insurance bureaucracy for doctors and clinics: doctors' offices spend countless hours with patients who have lost insurance coverage, or figuring out medication changes that were initiated by insurance companies.	Burnt out healthcare providers. High cost of care for providers and for patients. Inability to continue care that is beneficial. Providers and patients feeling helpless when motive is profit rather than health.
7. Healthcare bureaucracy and quality of care: Many are used to getting efficient and quality healthcare in the country they come from. In VT, patients must insist on getting care, and then given incomplete care if at all. Difficult to navigate even knowing the system and with strong English skills. Gaining awareness of services available is challenging. "…an insurance company saying that this person's hospital stay was not medically necessary. And we work really hard to make sure that people who come…actually have to be there because we don't have places to put people…We're just trying to take care of people and get them home as soon as possible, safely. And the insurance company will call and say, their hospitalization was not medically necessary. They're not going to pay for it."	Very difficult to navigate any medical event – a specific health condition, a crisis, when relying on someone else to interpret or advocate, if there are any. Exponentially harder to get timely and responsive care as someone who doesn't know the healthcare system.
8. Providers not understanding patients' day-to-day constraints.	Missing crucial info to get adequate care.

Immigrants & Refugees: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
9. Institutionalized bureaucratic and financial barriers: The American refugee experience upon arrival is described as American poverty 101: interact with a lot of state services, encounter a lot of paperwork and processes that discourage people from seeking what help is out there. Each agency has its own paperwork and bureaucracy.	Fundamental basic needs of housing, food, and healthcare are not being met. Cost of food, heating in winter, high taxes, childcare, and cost of transportation are challenges. Spoke of inability to pay for burying bodies.
10. Securing a livable wage: Upon arrival need to pay rent without having a job yet, and no high paying jobs. Many end up working multiple minimum wage jobs. Work long hour.	"A weight over many of their heads." Little rest, a high level of anxiety around income. Frustration from being set up to fail.
11. Many single income families in the immigrant refugee communities, who have fewer financial options.	One person household, especially headed by a mother, have higher chances of poverty.
12. Unsafe and temporary housing: Finding safe, stable, and affordable housing upon arriving in the US is challenging. Housing provided is for 3 months to a year, and then nowhere to go.	Constant worry about housing increases depression and anxiety. Impossible to stabilize health outcomes without housing.

Immigrants & Refugees: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
13. Overcrowded and very low-quality housing.	Impacts hygiene, ability to rest and recover, around a lot of transmittable illnesses.
14. Housing discrimination: Landlords raising rent, not liking multiple families living in the same space or large families, and may push families out, saying the refugees brought the bedbugs and roaches with them from where they came. Families feel they are treated differently for being immigrants.	Helpless about circumstances. Enormous pressures around housing and survival. “It's hard for kids to study, concentrate on school, focus on their lives ahead when they're focused on are we going to be in this same home next month? Am I getting everything I need to eat?
15. Discrimination based on language, race, literacy, and socioeconomic status. Subtle statements like "I guess we got to get the translator out" indicating they are an extra burden. Being spoken down to, not being taken seriously, and health providers making assumptions about them.	Mistrust. New trauma. Inability to access healthcare without someone else navigating the system for them. Overuse of emergency department.
16. Experience of trauma: Violence to themselves and their communities, persecution, war, living in refugee camps, long journeys and traumatic border crossings. Many are grieving. Some families are fragmented. Uncertainty about their situation here: live in poverty, cold VT winters, new language, culture and expectations. May fear immigration offices.	Feel unsafe. Live with fear, depression, and untreated PTSD. Stress related issues like acid reflux and high blood pressure. Drink alcohol and abuse drugs to deal with stress and mental health challenges.

Immigrants & Refugees: Key Drivers & Health Impacts
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Key Drivers	Health Impacts
17. Acute crisis for youth: School system is unprepared to handle so many kids with trauma and teach them a new language. Safety nets for kids are fragmented with parents working multiple jobs and community support fragmented. Drugs and alcohol are readily accessible.	Desperately wanting to fit in. Extreme challenges from kids giving up. Substance use and violence. Parents feel unsafe for themselves and their families. Gun access a concern.
18. Isolation: especially mentioned for older people and for women, of whom many live in men-controlled households.	Lack of relationship with medical provider means this will not be shared.
19. Substance use is an immense problem: binge drinking for older men, youth abusing drugs. Parents feel further helplessness not knowing how to help kids or prevent substance use. "I have seen people smoking…just because mentally they cannot keep up with work. They're not able to take a week or two weeks off and say, I need my time. I'm not feeling well, because your job won't accept that, or they won't pay you if you don't go to work."	"I called the police on them more than 20 times, asking them to help me or discipline them. The law enforcement officers tell me you can't do anything about it." For some youth this results in committing crimes.
20. Poorer health in the U.S: Access to nutritious and varied food, inactivity, living away from sunshine, for-profit health system are all new to this population.	"The longer our patients stay in the US, the sicker they get."
21. Diabetes, hypertension, developmental delays, respiratory issues for migrant workers, dental concerns, and living with trauma.	Spiraling levels of illness with inaccessible health care.

Immigrants & Refugees: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Language barriers with providers.
2	Many interpretation limitations.
3	Uninsured or underinsured.
4	Lack of providers overall.
5	High cost of care.
6	Insurance bureaucracy for doctors and clinics.
7	Healthcare bureaucracy and quality of care.
8	Providers not understanding patients' day-to-day constraints.
9	Institutionalized bureaucratic and financial barriers.
10	Securing a livable wage.
11	Single income families have fewer financial options.

#	Key drivers (not in order of importance)
12	Unsafe and temporary housing.
13	Overcrowded, very low-quality housing.
14	Housing discrimination.
15	Discrimination based on language, race, literacy, and socioeconomic status.
16	Experiences of trauma past and present.
17	Acute crisis for youth.
18	Social and cultural isolation.
19	Substance use is an immense problem.
20	Poorer health in the U.S.
21	Diabetes, hypertension, PTSD, developmental delays, respiratory issues.

Immigrants & Refugees: Possible Solutions

These solutions were identified by participants of the focus groups and interviews.

Possible solutions
Intentionally collaborate with refugees and immigrants to help design the system of care and its processes.
Hire multilingual people at health facilities.
Support healthcare providers, especially smaller providers, as they develop new language flows and systems.
Simplify intake documentation and de-medicalize language.
Provide trauma-informed and culturally appropriate care.
Provide healthcare services in community or school settings.
Provide predictable and sustainable funding to programs that connect people to resources and facilitate equitable health access.
Provide orientation to available resources for people coming from other countries, speaking a different language.
Encourage peer to peer support structures.
Offer community programs and activities that focus on prevention and well-being.
Host ongoing community-level conversations about health and well-being.
Streamline or centralize application processes for public benefits. Decrease administrative hurdles.
Encourage and support creation and maintenance of small businesses by immigrant communities.
Provide support in finding safe and affordable housing.