

04/26/2023

Hello,

This document is part of my community health project that I worked on throughout my family medicine clerkship.

I was inspired to do this project because of some work I had done with Dr. Khadanga and the folks over at UVMCC cardiac rehabilitation. We were looking at the features of patients entering phase 2 cardiac rehab. We separated patients into groups based on socioeconomic status and sex. When looking at the low SES group, we found that the low SES women had worse cardiorespiratory fitness, worse perceived cardiovascular fitness, higher BMI, and were more likely to screen positive for depression when compared to low SES men.

Based on these results, I wanted to do a project that focused on family medicine level interventions that could help improve cardiovascular health among low SES women. In my research, I came across the You First program which is part of the Vermont Department of Health. This program focuses on helping low SES women with screening for breast cancer, cervical cancer, and heart disease. They also offer lifestyle perks to help prevent cardiovascular disease. In the following pages you will find more information about this program. My hope is that you will see the value in this program and make some of your low SES female patients aware of it.

I have created a dot phrase that can be used in patient instructions (.YOUFIRST). It will contain basic information about the program and where patients can find more information. I will also be putting some information sheets in the waiting area.

Thank you for letting me learn at your practice for the last month. I have really enjoyed my time here.

A handwritten signature in black ink, appearing to read 'Bradley Anair', written in a cursive style.

Bradley Anair MS-III

Larner College of Medicine Class of 2025

You First is a one of a kind, free program. You First helps Vermont women and anyone with breasts or a cervix in three ways:

1. Covers the cost of breast and cervical cancer screenings and diagnostic follow-up.
2. Connects you with a You First team member to help you navigate the health care system—from answering questions, to sending reminders, to scheduling appointments, to arranging transportation, to interpreting results.
3. Covers healthy lifestyle perks for members 30-64. Members can get heart health screenings and receive benefits like one-on-one health coaching, fitness memberships, nutrition and weight-loss programs, passes to Vermont's state parks, coupons for local farmers markets—and much more.

Can I join the You First program?

You can become a You First Member if all of these apply:



You live in Vermont.



You're at least 21 years old.



You have (or have had) breasts or a cervix, or need preventative breast or cervical cancer screenings.



You meet our income guidelines. For example, you are eligible with an income of up to \$36,450 as an individual and \$62,150 as a household of three.

How can You First help me?

Eligible Vermonters get these free or low-cost health services:

- Breast and cervical cancer screenings, with one-on-one support throughout the process.
- Heart health screenings for problems like high blood pressure and cholesterol.*
- Help understanding screening needs, results and next steps, and how to use You First benefits.
- Support from a local health coach via email or phone.*
- Memberships to weight-loss and fitness programs like WW (formerly Weight Watchers) and local gyms.*
- And much more!

**These services are available to members aged 30-64.*

YOU FIRST

Formerly Ladies First

More details on the specific income guidelines can be found on the You First website (<https://www.healthvermont.gov/wellness/you-first/you-first-eligibility>)

There are several barriers people face to achieving optimal cardiovascular health. The financial barrier is particularly significant in the low SES groups. This program helps to eliminate that obstacle for patients. This program will not remove all barriers for patients, but should increase access to healthy lifestyles and ensure finances do not prevent someone from achieving better cardiovascular health.

The dot phrase is .YOUFIRST

Below is what you will see when you use this:

You First is a program through the Vermont Department of Health that you may qualify for. This program helps women with the cost of screening for breast cancer, cervical cancer, and heart disease. In addition, some members will qualify for lifestyle perks such as fitness club memberships, weight loss programs, and access to health coaches, among others.

Please consider visiting their website at <https://www.healthvermont.gov/wellness/you-first>

The website contains more information about eligibility requirements and what the program has to offer.

You will need to fill out an application to become a member of the Vermont You First program. This application can be found at the You First website. If you need help filling out some of the application, please bring it with you to your next visit.

I will make sure that a few of the providers at your practice are able to edit the dot phrase in case you would like to make any changes.

More information about the program can be found at <https://www.healthvermont.gov/wellness/you-first>

Information specific to providers can be found at <https://www.healthvermont.gov/wellness/you-first-providers>

On the following pages, you will find a copy of the You First application. It is likely that patients will need your help filling out part of this.

Membership Application

You First (formerly Ladies First) can pay for breast and cervical cancer screenings as well as heart health screenings. Applicants must meet guidelines to qualify. Applicants who have Medicare Part B are not eligible for You First.

Please complete and return this application:

Mail: Vermont Department of Health, PO Box 70 Drawer 38 (YF), Burlington, VT 05402-0070 Fax: 802-657-4208

For deaf and hard of hearing individuals, please use Vermont Relay Service 711 and give our number: 1-800-508-2222.

If you have questions or need interpretation services, call 1-800-508-2222.

Si vous avez des questions ou besoin de services d'interprétation, composez le 1-800-508-2222.

Ukoliko imate dodatnih pitanja ili Vam je potreban prevodilac, javite se na 1-800-508-2222.

Si usted tiene preguntas o necesita servicios de interpretación, llame al 1-800-508-2222.

Haddii aad su'aalo qabto ama aad u baahan tahay adeeg tarjumaan, wac lambarka hoos ku qoran 1-800-508-2222.

Kama una maswali au unahitaji huduma za tafsiri, piga 1-800-508-2222. pum;jyef Oefaqmifr_vkyfief;udktvdk±Sdygu 1-800-508-2222 odkzkef;qufac:yg?

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Section 1: About You

Are you already a member of You First?

Yes

No

Name (legal name or as it appears on Social Security card):

Date of birth (mm/dd/yyyy):

Social Security number (XXX-XX-XXXX):

Street address (required):

Mailing address (if different than above):

City

State

Zip Code

What race or races do you identify with?

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander

- American Indian or Alaska native
- Don't know/Not sure
- Don't want to answer

How do you prefer to be contacted?

- Phone Email Mail

Do you live in Vermont?

- Yes No

Are you a U.S. Citizen, U.S. National, or qualified immigration status?

- Yes No

Are you of Latino or Hispanic origin?

- Yes No

E-mail address:

Primary phone number:

(____) _____ - _____

- Home Work Cell

Is it ok to leave a message? Yes No

Alternate phone number:

(____) _____ - _____

- Home Work Cell

Is it ok to leave a message? Yes No

What is the best time to reach you?

What is the highest grade you have completed?

- Less than 9th grade
- Some high school
- High school graduate
- Some college or higher
- Don't know/Not sure equivalent
- Don't want to answer

What is the primary language spoken in your home?

- English French

- Spanish
 - Vietnamese
 - Arabic
 - Other (please specify):
 - Chinese
 - Don't want to answer
-

Section 2: Income

Please fill this out even if you have given us this information in the past. This must be filled out in order for you to receive services. If you have questions about how to answer, please call 1-800-508-2222.

Total household income before taxes: \$ _____ per year / per month / per week (circle one)

Total number of people who live on this income:

(Include yourself, spouse/partner, and children who are claimed on tax return.)

Section 3: Health Insurance

Do you have health insurance?

- Yes, I have health insurance but NOT Medicare Part B.
 - Yes, I have health insurance with Medicare Part B. → **You are not eligible for You First**
 - No, I do NOT have health insurance at this time.
-

If yes (NOT including Medicare Part B), please fill out below:

Name of insurance company:	Coverage start/end date (required): _____ until _____ (leave blank if no end date)
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Policy holder's name:	Policy or ID number:	
Group or account number:	How much is your deductible? \$	What is your co-pay? \$

Section 4: Health History

Do you have a doctor, physician assistant, or nurse practitioner? Yes No

If yes:	Practice name:
	Phone number:
	Name of Doctor:

If no, do you need help finding a doctor? Yes No

When were your last two Pap tests? Never had a Pap test

Date (mm/dd/yyyy):	Date (mm/dd/yyyy):
Location:	Location:
Provider Name:	Provider Name:

Have you had an abnormal Pap test in the last two years? Yes No

When were your last two mammograms? Never had a mammogram

Date (mm/dd/yyyy):	Date (mm/dd/yyyy):
Location:	Location:
Provider Name:	Provider Name:

Do you have any breast changes or concerns? Yes No

Have you been told that you need treatment for breast or cervical cancer or precancerous condition?

Yes No

How often do you use any type of tobacco products, including cigarettes, cigars, smokeless tobacco or e-cigarettes?

Every day Some days
 Not at all Decline to answer

If every day or some days, could we make a referral to 802Quits for you?

Yes No

If yes, can 802Quits leave a detailed message on your answering machine, voice mail or with the person who answers the phone?

Yes No

Do you need help with: Transportation Language/interpreter Other:

Are you limited in any way because of physical, mental or emotional problems? Yes No

Do you need to use special equipment such as a cane, a wheelchair, a special bed, or a special telephone?

Yes No

How did you find out about You First?

- Doctor, nurse, clinic Facebook
 Friend or relative Website
 Outreach worker (specify): Other (specify):

Section 5: Member Consent — Rights and Responsibilities

Please read this page before signing on next page.

- I understand that by completing this consent form, I am enrolling in the You First Program, a program of the Vermont Department of Health. I understand that You First is a program supported by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the WISEWOMAN Program (Well Integrated Screening and Evaluation of Women across the Nation), programs of the Centers for Disease Control and Prevention (CDC). The NBCCEDP exists to provide uninsured and underserved women access to timely breast and cervical cancer screening and diagnostic services. WISEWOMAN exists to provide uninsured and underserved women with chronic disease risk factor screening, lifestyle programs, and referral services to prevent cardiovascular disease.

- I acknowledge that You First is a breast, cervical and heart health screening program and that the program **does NOT cover the costs of care that are not associated with these screening services.**
- I acknowledge that the You First program provides program members with access to preventive services, including screenings for cardiovascular disease risk factors (assessment of body mass index, blood pressure, cholesterol and blood sugar/glucose), risk reduction counseling, medical follow up (if required) and healthy behavior support options in an effort to prevent cardiovascular disease.
- I understand that You First only pays for certain tests. You First **does not pay for ANY cancer treatment.** I have talked to someone from the You First program or the health clinic about what choices I have and understand that I may have to pay for some tests and treatment that You First does not cover.
- I understand that You First has rules about who may enroll in the program. You First members can have private insurance. If I have private insurance, my insurer will be billed first. You First is unable to enroll women who have Medicare Part B. All of the information I have given is true as far as I know.
- I understand that when I enroll in You First I am giving permission for the program to share information about my eligibility with other Agency of Human Services programs in order to coordinate services.
- I understand that when I enroll for You First I am giving permission for the program to share personal health information related to breast and cervical cancer screenings, heart disease risk factor screening, and diagnosis and treatment care to be shared with my doctor, nurse, hospital, clinics, health care providers involved in my tests and treatment. My information is also shared with the Centers for Disease Control and Prevention (the National Breast and Cervical Cancer Early Detection Program and the WISEWOMAN Program). You First is very careful to keep my information private.
- I understand that You First looks at the health and demographic information of women enrolled in the program to help improve the health of all women.
- I authorize my doctor, clinic, hospital, the laboratory, and lifestyle programs to share my information with the You First Program so that they can make sure I receive the highest quality care. The information is also needed in order for You First to pay my medical bills.
- I understand that I have the right to withdraw from the You First program. If I no longer want to be enrolled in the program, I will inform You First so that I can be withdrawn. Please send a letter to:
Vermont Department of Health, P.O. Box 70, Drawer 38, Burlington, VT 05402-0070 or call our Member Services Coordinator at 800-508-2222.

Acknowledgement & Signature — Please Read Carefully

To apply for You First, you must sign below. Unsigned applications will not be processed and will be returned for signature. By signing below:

- I hereby acknowledge that I have completed the application and have read and understand the member consent.
- I also acknowledge that I received a copy of the Notice of Privacy Practices.

YOU FIRST

Formerly Ladies First

- I authorize You First to access and share my health information for the above purposes for as long as I am part of this program.
- I understand that my membership in You First may start up to three months before the date signed below, allowing You First to pay eligible claims during that period.

Signature: _____ Date: _____

