

**Naomi Wolcott-MacCausland**

**Bridges to Health**

**Testimony on February 10, 2026 to the House Committee on Health Care**

Thank you, Chair Black and all committee members, for allowing us to speak today. My name is Naomi Wolcott-MacCausland. I lead Bridges to Health, a statewide Community Health Worker Program. The program is currently part of UVM Extension but will be transitioning to Vermont's Free and Referral Clinics on July 1<sup>st</sup>.

I want to start by sharing a bit about how the Bridges to Health Community Health Worker Program came to be. In 2010, I was living on my family's small farm in Franklin County milking cows part time because my father was done with the cows and my mother wanted the dairy to continue. I had just transitioned from an outreach position with the Migrant Education Program at UVM Extension into a role coordinating a cross-cultural labor management project with dairy farmers and immigrant workers. For the first year of the project, every time a farm owner or worker reached out, I logged the contact and categorized it by reason for the call. I was astounded to realize that 50% of the contacts were related to health. Farm owners reached out asking about safe places to access medical and dental care. Farmworkers reached out asking for help communicating about work injuries. There were questions about the cost of care, transportation, and paperwork. At the time, I had minimal knowledge about how to access the health care system from the standpoint of an immigrant worker; they were contacting me because I was a known and trusted source of information for both farmers and farmworkers. As I learned how to navigate the local health care system case by case, I also learned about the significant and relentless barriers that existed, and unfortunately continue to exist, for immigrant workers to access needed services. Unintentionally, I became what is now called a Community Health Worker, serving as a trusted guide who understood the farming context, the local culture as well as the culture of the farmworkers and the lived experiences of the farmworker community. Bridges to Health was built from that experience eventually expanding to serve dairy workers across the state, then seasonal migrant workers during COVID, and most recently workers in the service industry and building trades; all groups that are not otherwise supported by other programs in accessing needed health and related services. Sixteen years later, and now more than ever, trust is at the heart of the Bridges to Health Community Health Worker role. Trust is the reason that, just last year, the team was able to support 1,461 immigrant and migrant workers and family members from 25 countries across 122 cities and towns within all 14 counties of Vermont in navigating health care needs, improving health literacy, accessing food, enrolling in health insurance, finding transportation to health appointments and more.

Bridges to Health focuses on community-based health promotion, access to services, and care coordination in a way that addresses individual and systemic barriers to care. Our model uses 8 bilingual regional staff who work on an individual, family and household level to assess health needs, understand the health priorities and address barriers for those we work with. We are a long standing and trusted resource for farmworkers across the state and have quickly become the go to health navigation resource for new arrivals who are filling workforce shortages in construction, roofing, cleaning, and food service jobs. Our steadfast commitment to more equitable access to services for immigrant and migrant workers and families who lack the level of support needed from other individuals or organizations to navigate and obtain services in a timely manner has also earned us the trust of local and statewide service providers.

It is trust, along with a unique understanding of the communities we serve, local access points and the Vermont context that last year allowed us to:

- Support access to over 3000 appointments, of which 59% were for children and pregnant individuals and 19% were for dental needs, primarily acute, among children and adults.
- Coordinate vaccine clinics last fall on 63 farms and at 4 community events across 11 counties with the key support of Department of Health immunization nurses and volunteer health providers offering flu, covid and tetanus vaccines.

- Collaborate with local and regional food access organizations and community volunteers to support the delivery of food boxes to 63 farmworker households in northern Vermont every other week, facilitate access to kitchen gardens for 29 households, and support 168 families to enroll in WIC or other food access programs.
- Successfully enroll in or renew health insurance coverage for 556 children and pregnant women last year while applying for financial assistance for 251 households with uninsured members.

Our proven ability to help migrant and immigrant workers and their families navigate a confusing and complex health care system is the reason that

- Terrance\*, a long-time seasonal worker from Jamaica, recommended that a first-time worker reach out to us when his blood pressure medicine ran out. The soonest a primary care physician at the local community health center could see him was going to be in four months' time. We reached out to one of our volunteer medical providers who was able to prescribe him medication. We helped the worker reduce the cost by using GoodRX. We also set him up with a home blood pressure monitor and tracking sheet that we taught him to use to ensure his blood pressure was under control for the duration of the growing season.
- Maria\*, a dairy worker from a rural community in Mexico, who we had helped navigate a work injury last year, told us she thought she was pregnant and asked what to do. We helped her identify a pregnancy test option at the grocery store that she went to every two weeks and when she confirmed the pregnancy, we explained the various resources and services available to her that could help ensure a healthy start for her baby. We set her up with a prenatal visit that worked around her milking schedule, connected to volunteers to help with transportation, provided prenatal vitamin recommendations, helped her apply for health insurance, and got her enrolled in WIC – the food access program for pregnant women and children.
- A number of years ago, Mario\*, a construction worker, was referred to us by a free clinic where he had received care. When he first reached out, he wanted help applying for health insurance for his four-year-old daughter. We helped them complete an IHIP application and gather the required supporting documents of income, identity, and residency. When, two years later, they became eligible for a different health insurance due to an immigration status change, we assisted them in switching to Dr Dynasour. When their immigration status changed yet again and they tried to switch back to IHIP, they received a lot of confusing paperwork in English from Vermont Health Connect. We worked successfully with the family and the Office of the Health Care Advocate to ensure the child was on the appropriate health insurance with no gap in coverage.
- Belen\*, whose husband works in the service industry, successfully got treated for a dental abscess in a timely manner despite multiple communication issues with the clinic. She reached out describing excruciating pain, so we prioritized helping her fill out new patient paperwork and the sliding fee at the local community health center. On the day of the appointment, she called us to say they were telling her that her appointment was at another location. When we called the dental clinic, they informed us that the dentist's schedule had changed so the appointment had been switched to one of their other locations, but they had not been successful in connecting with Belen before the appointment. We were able to quickly get her to the right location and then brought her to the pharmacy for antibiotics. The pharmacy informed Belen, through us, that they did not have a prescription on file for her. Upon calling the clinic, they confirmed that they had sent the prescription to the wrong pharmacy. We got the prescription transferred to the correct pharmacy and after a long wait, Belen was able to get her prescription. We helped her understand the instructions and underscored the importance of finishing the medication even if the pain had resolved. She was then able to get the tooth extracted.

Year round and seasonal migrant farmworkers have long sustained fruit, vegetable, and dairy farms across Vermont. Workforce shortages within the service industry and building trades have resulted in a shift in migration patterns into the state in the past few years; immigrant workers are residing across most counties of the state filling jobs in construction, food service and processing, landscaping, and hospitality. Many workers are coming with their young families in hopes of staying in Vermont. At a time with high food prices and housing shortages, a healthy and more stable workforce is key to ensuring the economic vitality of agricultural, service and building trades sectors. Employees who maintain physical and mental health are more productive workers. Healthy workers and their family members mean cost savings for employers who would otherwise have to address health related absenteeism and turnover. Yet health care and social service systems in Vermont are increasingly complex, confusing and expensive, especially with ever-changing eligibility criteria. Immigrant workers and their families face significant barriers to needed services including knowledge of the Vermont health care system, long work hours, fear of lost wages for missed work, language differences, lack of transportation, and fear of health care costs. Bridges to Health's eight regional community health workers serve as liaisons, interpreters, cultural brokers, care coordinators, and patient navigators between individuals and community-based organizations to help ensure access to services in a timely manner at the appropriate level of care.

If Bridges to Health ends due to a lack of funding, workers across many sectors would have a much more difficult time navigating health care and related services for themselves and their children, which will have costs not just for employers but also for the health care system. The hundreds of workers, pregnant women, and children we work with would not have the support needed to maintain insurance or sliding fee coverage at Community Health Centers nor coordinate appointments or secure transportation; all of which would ultimately reduce relationships with primary care providers and obstetricians meaning less preventative care visits and increased emergency department visits. When workers unfamiliar with the health care system get sick or injured, they would not have the support of Community Health Workers to guide them in understanding how to access appropriate levels of care in a timely manner so they would also be more likely to go to the emergency department.

I'll leave you with a note we received on an anonymous client feedback survey last year. The client wrote: *for me, the most important things about the Community Health Worker are that she is friendly and navigates my needs with a lot of discretion. She listens and helps me with information about all different aspects of health. She provides these services with patience, comprehension, empathy and, above all, humane treatment.*

Thank you for your time and for your consideration of support for Bridges to Health.