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Bridges to Health

Testimony on February 10, 2026 to the House Committee on Agriculture, Food Resiliency, and Forestry

Thank you, Chair Durfee 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 1st. I am here today to talk about the work of the program, including its important role in contributing to stability within the agricultural workforce.

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 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 immigrant 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 and it is the reason that, in the past three years more than a thousand farmworkers from 170 farms located across all 14 counties of the state have reached out to us for assistance navigating health care needs, seeking health education, asking for support accessing food, health insurance, transportation 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 farm 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 any of the 1,500 farmworkers and family members who do not have the level of support needed from other individuals or organizations to navigate and obtain services in a timely manner.

It is trust, along with a unique understanding of the farmworker community, local services and the Vermont context that last year allowed us to:

- Support access to over 1000 appointments for farmworkers and their family members.
- Coordinate vaccine clinics last fall on 63 farms across 10 counties with the key support of Department of Health immunization nurses and volunteer health providers offering flu, covid and tetanus vaccines to farmworkers, owners, and family members.

- Successfully enroll in or renew health insurance coverage for 131 children and pregnant women across 66 farms while helping 186 uninsured farmworkers and family members apply for financial assistance.
- Collaborate with local and regional food access organizations and community volunteers to support the delivery of food boxes to 63 farmworker households across 4 counties in northern Vermont every other week, facilitate access to kitchen gardens for 29 households, and support 168 families on farm and off farm, to enroll in WIC or other food access programs.

Our long-standing relationship and proven ability to navigate a confusing and complex health care system with the farming community is why:

- 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 medications. 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.
- Yolanda* a farmworker with a young child called us for assistance when she received a dozen pages in English from Vermont Health Connect that she didn't understand. We helped her fill out the renewal application for health insurance along with a request for retroactive coverage and spoke with the employer to obtain the income verification necessary for the renewal to be processed. When she got another letter stating the insurance would run out if income verification was not submitted, we were able to ask VHC to review the account again as we knew the income documentation was submitted correctly. When she got a bill from the pediatrician, we helped her call to explain that her child had recently been reenrolled and to ask them to run the bill through the insurance again.
- 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 where she got a ride 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 farm owner who recently began hiring migrant workers reached out for guidance when an employee revealed they had been rationing their blood pressure and diabetes medication they had brought from home in an attempt to last the season. We connected with the worker to establish care at a local clinic that was accepting new patients quickly and helped him apply for the sliding fee to reduce the cost.

Small, medium and large organic and conventional dairy operations as well as seasonal farms producing everything from carrots to strawberries to apples and maple syrup increasingly rely on farmworkers from other countries. These farmworkers spend 60-75 hours a week engaged in physically demanding jobs that many in our communities do not want to do. The long work hours doing repetitive tasks as well as exposure to occupational health and safety hazards put them at increased risk of poor health and fatigue. Additionally, some farmworkers have chronic health issues that require regular access to monitoring and medication. Farmworkers, similar to what I've seen among farm owners including my own family members, often delay care until their illness or injury begins to significantly impact their ability to work. A language and cultural barrier, work schedules, knowledge of where to go, lack of transportation, and cost of care are a few of the many barriers that further impact access

to needed services in a timely manner. Delays in receiving health care services either for illnesses or injuries can result in more significant health problems, decreased productivity, and increased absenteeism at work. At the same time, challenges navigating health, social, and education services for family members can lead to a family's decision to move elsewhere. Bridges to Health increases access to health care, food, and other health related services by helping farmworkers and family members in overcoming barriers to such services. Employees who maintain good physical and mental health are more productive workers and a healthy and thus more stable workforce is key to ensuring the economic viability of the agricultural industry.

As a farm owner described The level of outreach, education, understanding, and access [Bridges to Health Community Health Workers] have brought to our farm, to help us and our employees has been integral in being able to operate a fair, healthy, and productive work environment for all. Whether it be intricate navigation of a complex health system for the underserved, helping to organize and communicate care, to hosting on farm vaccine clinics that surely went above and beyond protecting all in Vermont, this group has grown into an essential and trusted resource for our farm, family, and employees.

If Bridges to Health ends due to a lack of funding, workers across many sectors including agriculture 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 they are friendly and navigate 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.