



1



**Health Care for
California's
Farmworkers**

A Consensus Report of Local
Agriculture and Labor
Representatives



Joel Diringer, JD, MPH


August 20, 2009

2

Acknowledgements

Many thanks to the agricultural industry and worker representatives in Fresno, Salinas and Ventura convened by:

- Norma Forbes, Fresno Healthy Communities Access Partners
- Juan Uranga, Center for Community Advocacy, Salinas
- Maricela Morales, Ag Futures Alliance, Ventura

Funding from: 

3

Purpose and process

- To develop a consensus among local agricultural industry and workforce coalitions on strategies to ensure that farmworkers are healthy and have access to health coverage
- Convened a series of over a dozen meetings in Fresno, Ventura and Salinas with a range of industry and workforce representatives to
 - Identify key principles for evaluating the impact of health reform proposals on California's agricultural workforce
 - Review approaches to health reform
 - Recommend strategies for ensuring a safe and healthy workforce

4

Represented groups

- growers - individuals and associations
- farm labor contractors
- agricultural worker advocates
- migrant farmworker clinics and other providers
- health insurance - public and private
- policy analysts
- county health officials

Why is a healthy agricultural workforce important?

- A vibrant agricultural industry both promotes a healthy economy for rural California and enhances the state's ability to preserve a rural culture and open space in the state's surviving agricultural valleys.
- The United States needs a secure, dependable, healthy and domestic food supply.
- To ensure a healthy and stable workforce for California's \$36 billion agricultural industry.

California's agricultural workforce

- Approximately 650,000 persons -- 36 percent of the nation's farmworkers -- are employed in California
 - Nearly all are foreign born, primarily from Mexico
 - One-third migrate for work around the state and country
 - Nearly two-thirds are married, and one-half have children
 - Most (57+%) do not have work authorization
 - Nearly all are very low-income
 - 57 percent of California farmworkers work fewer than 150 days per year in agriculture
 - An estimated 37 percent of farmworkers are employed by farm labor contractors who contract with growers to provide crews for particular operations, (e.g. pruning, harvesting, weeding, etc.)

Health of the agricultural workforce

- 70% have no health insurance - fewer than 15% have employer supplied coverage
- Half of farmworkers used no health services in the US in the past two years - most (83%) said care was too expensive
- Nearly one in five male farmworkers had at least two of three risk factors for chronic disease: high serum cholesterol, high blood pressure, and obesity
- The hazards of farm work lead to occupational injuries and diseases

The agricultural industry

- Agricultural employers range from large multinational growers to small family farms who sell on the local market. There are many variations in the middle such as large coastal fresh produce growers to smaller family grape and tree fruit farmers in the central San Joaquin Valley
- Non-grower employers include packers, processors and shippers
- While many ag employers provide coverage to full-time workers, far fewer are able to cover seasonal workers
- Agriculture in Fresno, Ventura and Monterey counties was valued at \$5.4 billion in 2007

Principles for making health reform work for agricultural workers

1. Shared responsibility

For health reform to work for the agricultural industry and its workforce, it is necessary for agricultural employers (including farm labor contractors) and employees to share in the cost of making coverage available to all workers. In addition, it is critical that there also be public support to make health coverage available to the low-wage workers in the volatile low-margin agricultural industry.

Principles for making health reform work for agricultural workers

2. Affordable cost

Costs need to be reasonable and affordable for employees and employers and out of pocket costs (e.g. deductibles, co-payments, etc.) should be structured to encourage early, preventive care.

Principles for making health reform work for agricultural workers

3. Comprehensive scope of benefits emphasizing prevention

The benefits need to be as comprehensive as possible to meet as many basic needs of families as feasible, with special attention to preventive and primary care, and prescription drugs.

Principles for making health reform work for agricultural workers

4. Support for "safety net" programs and providers

The safety net of programs and services from which farmworkers and their families currently receive care should be protected, integrated and strengthened. The farmworker clinics which provide cost effective models should be supported and expanded. Public programs should be designed to maximize the matching funds available from the federal government.

Principles for making health reform work for agricultural workers

5. Broad eligibility for all workers and their families

Coverage should extend to all agricultural employees who meet employment related eligibility criteria, regardless of immigration status. The AgJOBS bill and immigration reform are clearly related.

Since many farmworkers are seasonal and work for multiple employers during a season, criteria need to be developed to determine eligibility (e.g. number of hours/days worked in agriculture or amount of income from agriculture in past 12 months.) The more than one-third of farmworkers who are employed by farm labor contractors must also be covered in a plan.

Principles for making health reform work for agricultural workers

6. Provision for portability and bi-national coverage

Coverage should be geographically portable for those farmworkers who migrate for work and spend time out of the state and country. Locally based plans need to provide for out of area benefits. Also, any plan should consider coverage for workers while they are in Mexico.

Principles for making health reform work for agricultural workers

7. Prevention education and beneficiary assistance

To ensure appropriate utilization of coverage and preventive services, farmworkers should be provided assistance in accessing services. With the high rates of preventable chronic conditions, the reticence to access care, and the unfamiliarity with health coverage, a comprehensive beneficiary assistance should be made available. Prevention education and early use of health care will not only improve health but manage costs.

Principles for making health reform work for agricultural workers

8. Allow for integration with workers' compensation

To the extent possible and beneficial, health coverage might be integrated with workers' compensation coverage to provide employees with "24/7" coverage, and employers with a single, and more affordable, plan to administer.

Alternative models for care and coverage

- Care through established provider networks
 - Healthy San Francisco
 - Western Growers Clinicas Plan
- Employer supplied care and coverage
 - Reiter Affiliated Companies has established a chain of employee clinics with additional coverage available
 - Tanimura and Antle provides full insurance for year-round workers and is self-insured for seasonal workers, including a Mexican panel

Alternative models for care and coverage

- Multiple employer welfare arrangements (MEWA)
 - The two largest MEWAs in California are agricultural industry trusts - Western Growers and United Ag
 - Nonprofit membership organizations licensed by state Department of Insurance
 - Gaining recognition as a model on national level for health reform
- California's migrant health centers
 - 79 federally funded clinics in California
 - State funding that provided for 235,000 visits was eliminated this year

Opportunities for expanding coverage -- Innovation

Pilot projects in several California agricultural regions to integrate the funding streams currently providing for farmworker care, (e.g. employer coverage, emergency and full-scope Medi-Cal, employee payments, workers' compensation, local medically indigent funding and federal community clinic grants) to demonstrate how basic coverage of essential primary and preventive services can be provided to farmworkers.

These pilot programs could be incorporated as part of the State's request for a Section 1115 Medicaid waiver from the federal government. Since the federal government funds emergency Medicaid services for all eligible persons, including the undocumented, these funds might be used for preventive services if the approach is shown to be cost-neutral.

Opportunities for expanding coverage -- Flexibility

Should health reform at the state or federal level become enacted with an employer "pay or play" mandate, provisions should be added to **allow agriculture to design a plan that meets the needs of agricultural industry**. This plan should

- pool of employer, employee and public subsidy funds to develop a coverage system that covers all agricultural workers
- include all agricultural employers including farm labor contractors;
- provide coverage for seasonal workers and those who work for multiple employers
- promote prevention and primary care through community- and workplace-based outreach and education, and very low co-payments to encourage early use of care
- build on, support and expand the current network of farmworker clinics and provides incentives for expanded services delivery through expanded hours, mobile clinics, workplace based clinics, etc.

Opportunities for expanding coverage - Prevention

While longer term solutions are being developed, programs that provide prevention education and services should be increased.

- Programs such as community and workplace outreach, health screenings and referrals (similar to the Child Health and Disability Prevention program), and assistance through community based health promoters would ensure a healthy workforce.
- The current employer training sessions on injury prevention could be expanded to health promotion.
- Funding for migrant health centers needs to be restored and enhanced.

Conclusion

- For agriculture to survive in California, a stable and healthy workforce is crucial.
- This means that health care for farmworkers must be available, affordable and appropriate.
- Health reform has the potential to benefit the agricultural workforce but it must be structured to meet the needs of predominantly immigrant, low-income farmworkers and the economically fragile industry in which they work.
- By emphasizing preventive and primary care delivered in culturally appropriate, community based settings, health reform can benefit the agricultural workforce and ensure a safe and healthy domestic food supply.

For more information

- Joel Diringer (805-544-7722)
joel@diringerassociates.com
- Juan Uranga (831- 753-2324, ex11)
juranga@cca-viva.org
- Maricela Morales (805-658-0810 x203)
mmorales@coastalalliance.com
- Norma Forbes (559-320-0242)
nforbes.hcap@phfe.org