

HEALTH INSURANCE & FARMWORKER ELIGIBILITY



Since 2003, “lack of insurance” and “cost” have consistently been reported as the top barriers to care in Health Outreach Partners’ national needs assessments. Disconcertingly, these barriers deter farmworkers from accessing needed health care services. This fact sheet summarizes key data on farmworker insurance status, factors that contribute to their lack of health insurance, and some potential consequences farmworkers face by not having health insurance.

This fact sheet is a component of HOP’s *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, a more comprehensive and in-depth analysis on the needs of farmworkers and farmworker outreach programs in the U.S. Please visit www.outrreach-partners.org to obtain a PDF copy of the report.

What is the Health Insurance Status of Farmworkers and their Families?

FINDING 1: THE MAJORITY OF FARMWORKERS AND THEIR SPOUSES ARE UNINSURED

- 74% of farmworkers are uninsured, while 67% of farmworker spouses are uninsured (NAWS 2002-07).
- 56% of farmworkers utilizing Migrant and Community Health Centers are uninsured (UDS 2007).

“A very strong need at the health center is medical coverage . . . we are farmworkers; they are taking money from our checks, but we do not have any access to medical coverage...it doesn’t matter if we are Russian or Mexican, we are human beings that deserve to be seen.” – Head Start Parent or Advocate, Focus Group Transcripts

“Only 2% of our migrant and seasonal farmworker patient base has any type of health insurance coverage. Studies by [a local university] say only 6% of migrant and seasonal farmworkers have insurance. Migrant and seasonal farmworkers do not qualify for Medicaid and Food Stamps in [our state]. There is Emergency Medicaid available for pregnant women, but other than that, public assistance is not available.” – Health Center Administrator, Telephone Interview Notes

FINDING 2: FARMWORKER CHILDREN ARE MORE LIKELY TO HAVE INSURANCE THAN THEIR PARENTS

- Farmworker children fare better than their parents with respect to health insurance coverage. This may be because farmworker children who are born in the United States can qualify for Medicaid and other publicly-funded programs.
- 85% of children enrolled in the Migrant and Seasonal Head Start program have insurance (PIR 2007)
- 53% of farmworker children are uninsured. Compared with their parents, there is a 21% difference in insured rates (NAWS 2002-07).

“...the children do have health coverage, and there is a dental program, and they receive check-ups, they have many privileges that we [farmworker parents] do not have.” – Head Start Parent or Advocate, Focus Group Transcripts

Why do Farmworkers Experience Low Levels of Coverage?

FINDING 3: THERE ARE INCONSISTENCIES IN ELIGIBILITY REQUIREMENTS

- Eligibility requirements of public programs vary significantly, often confusing or frustrating farmworkers. For example, Medicaid, SCHIP, and WIC each have unique eligibility requirements, making it difficult to understand the nuances of each program.
- Residence restrictions make it difficult for migrating farmworkers who must reapply for insurance when they move to a new state.

Breaking Down the Barriers: A Deeper Look into...

“I go to Michigan and over there in Michigan there is assistance available for health, they charge you \$25 per treatment. But then in Florida they charge \$100 and up, \$150 or \$160 per treatment. That means that there are some places in which assistance is available for immigrants and some others where it is not.” – Head Start Parent or Advocate, Focus Group Transcripts

“Like the basic plan that my compadre mentioned...it is not effective until after six months, but if you get sick during that time they take care of you, it is more expensive.” – Head Start Parent or Advocate, Focus Group Transcripts

FINDING 4: FARMWORKERS' ABILITY TO PAY FOR HEALTH CARE IS MISREPRESENTED

- The average individual farmworker income ranges from \$10,000 to \$12,499 and the average total family income ranges from \$15,000 to \$17,499. One-third of all farmworkers had total family incomes below the U.S. government poverty guidelines (NAWS 2001-02).
- Oftentimes, farmworkers are required to submit recent pay stubs in order to verify financial status and qualify for health insurance programs. However, many work seasonally, which creates the illusion that they earn a higher salary.

“My wife and I applied [for Medicaid] because she was having problems with her back and required an expensive surgery, but [at the clinic] they told us that we made a lot of money. The reality is that we don't. It seems like [at the clinic, they think that] everyone makes a lot of money, and they do not want to help anyone. This affects you a lot...”

– Head Start Parent or Advocate, Focus Group Transcripts

“There are clinics, so they say, that are for farmworkers. They are supposed to be free and for low-income people. And you go to these clinics...they look at your checks say ‘you earned too much money this week or over the last two weeks. Oh well, you do not qualify.’”

– Head Start Parent or Advocate, Focus Group Transcripts

FINDING 5: MANY FARMWORKERS LACK INFORMATION ON HEALTH INSURANCE PROGRAMS

- Farmworker participants report that they lack easy-to-understand information about how to apply for programs.
- Health centers cited that farmworkers experience significant language issues when learning about and applying for insurance programs.
- Health center participants frequently cited instances when farmworkers have incorrect information regarding health insurance and public benefits, particularly on public charge and eligibility requirements.

“They get 45 days of Medicaid for prenatal care. And in the migrant community, folks mistakenly think if they shift these 45 days of Medicaid to the third trimester it will pay for the delivery, and it won't. They are missing out on all the critical tests in the first trimester. So we work to try to dispel that notion.” – Migrant Health Professional, Community Forum Transcripts

“Many times these people [farmworkers] get embarrassed or feel shy to ask about programs that offer discounts. These programs are so confusing. For example, the [health care] service may cost fifty dollars, but if you pay up front, the health center will only charge you twenty dollars. Another thing is that the information is not available in people's native language. The community doesn't know about these services.” – Migrant Health Professional, Community Forum Transcripts

One participant commented that fear of public charge is a problem among farmworkers. Many in the group agreed.

– Migrant Health Professional, Community Forum Notes

FINDING 6: IMMIGRATION STATUS IMPACTS INSURANCE ELIGIBILITY

- Participants frequently stated that undocumented farmworkers have very limited options for health care coverage.
- One in five (19%) health center respondents reported immigration status to be a top barrier to care for farmworkers (n=100).

“Their challenge is not outreach; they can find the patients and help bring them to the health center. The problem is that the patients are uninsured; they are not legal and not eligible for services covered by Medicaid.” – Health Center Administrator, Telephone Interview Notes

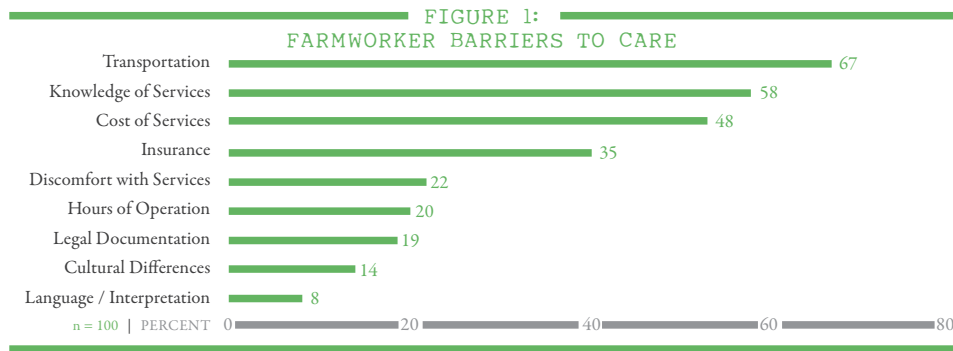
Some farmworkers do not consider applying for benefits because of reasons associated with immigration status, literacy issues, etc.

– Health Center Administrator, Telephone Interview Notes

FINDING 7: HEALTH CARE IS COST PROHIBITIVE FOR FARMWORKERS

- Most farmworkers live below the federal poverty level and cannot afford to pay out-of-pocket medical expenses.
- Nearly half (48%) of health center respondents said that cost was a top barrier to care for farmworkers (n=100) (Figure 1).

Health Insurance & Farmworker Eligibility



“The less you make the less you pay, but you pay anyway. It is merely an assistance and not full coverage. In fact, if they give you 50% off you still pay 50%. If they give you 60% off, you pay 40%. It all depends on how much you make.”

– Head Start Parent or Advocate, Focus Group Transcripts

“Lack of insurance is a huge barrier to care. Sometimes workers do not have the means to pay for the cost of a medical consultation. Even though the health centers offer reduced medical fees for farmworker patients, it is difficult for farmworkers to pay this money up front.”

– Migrant Health Professional, Community Forum Transcripts

“When my child was born, I was anemic, so they ordered some studies and then I got the bill. It was very expensive and they could not help me at the migrant clinic and I had to pay the bill. It was very expensive, for only a blood test and some treatment, nothing else.”

– Head Start Parent or Advocate, Focus Group Transcripts

What are the Consequences of Low Rates of Insurance Coverage?

FINDING 8: FARMWORKERS FOREGO HEALTH SERVICES AND NEGLECT THEIR HEALTH

- Several farmworker participants believe they have little choice but to ignore their health conditions.
- A few participants mentioned that farmworkers will sometimes go without health care in order to pay for other expenses.

“The children have many privileges [health coverage] that we do not have. I have not received these [dental] services in nine years. I do not have the privilege of a dental cleaning.”

– Head Start Parent or Advocate, Focus Group Transcripts

“Do you know what happens when there is no medical support? You resort to brutality. A while ago I had a problem with a nail and I ended up removing it myself. A vacuum cleaner fell on me. My nail turned black and I said, ‘What am I going to do?’ There is a little infection there. Ok, I have to remove my nail. I have to take it out. You turn into an animal, sadly. Even if you are a person there comes a time when you say, ‘Ok, I will tolerate my pain and deal with the problem because this will turn into a severe problem.’”

– Head Start Parent or Advocate, Focus Group Transcripts

“So all of the money we make is gone paying [the bills], and if we have to take the children to the doctor, and we do not have Medicaid, we have to pay.”

– Head Start Parent or Advocate, Focus Group Transcripts

FINDING 9: FARMWORKERS SEEK ALTERNATIVE CARE OPTIONS

- Many migrant health professionals report that farmworkers use herbal medicine and traditional healers. Some suggest that farmworkers seek this type of care because they lack insurance coverage.
- *Compadrismo* plays an important role in farmworkers’ health care. *Compadrismo* is a practice where strong bonds are formed between neighbors, friends, and family, creating a support system for home remedy advice.
- Some farmworker participants resorted to self-treatment.
- Farmworker participants remarked that it is commonplace to obtain medicines from Mexico since prescriptions are not required and are much less expensive.

“We had to bring Sufatiasol because somebody injured his foot. My compadre told me ‘Can you go to Tijuana?’ And I tell him ‘Yes.’ He tells me, ‘Listen, why don’t you bring me all of these [medications]?’ ...It was pitiful to see the condition of his foot. And he continued to go to work with an injured foot.”

– Head Start Parent or Advocate, Focus Group Transcripts

“[We go] with a compadre that knows...or with the comadrona. The Latinos can regularly go 10, 11 years without visiting the doctor because they use home remedies that people tell them to use. They take any herb that the comadre tells them to use.”

– Head Start Parent or Advocate, Focus Group Transcripts

Discussion

According to the Bureau of Labor and Statistics, our country's agricultural, forestry, and fishing industries produce some of the highest incidences of injury and illness (U.S. Dept. of Labor 2008-09). Yet, farmworkers lack the proper coverage to seek primary and preventative medical care services to achieve health and wellbeing.

About 16% of the total U.S. population is uninsured, substantially less than the average farmworker (74%) (U.S. Census 2008). With a much smaller number of uninsured farmworkers accessing health centers (44 %) (NAWS 2001-02), it is clear that health insurance strongly impacts access to care.

Fifty-three percent of farmworker children are uninsured overall. However, only 15% of children utilizing Migrant and Seasonal Head Start agencies are uninsured. This number is likely lower because Head Start agencies typically perform a great deal of eligibility and application assistance. With such a great disparity, these data suggest that a much greater number of farmworker children are eligible for insurance and that eligibility assistance efforts are working. Battling the complexities of the U.S. health care system and insurance requirements, farmworkers have certainly expressed a desire for more information on public benefits.

"It's through outreach that we're able to enroll people in Medicaid and other state insurance programs. It's just something we have to make work."

- Health Center Administrator, Telephone Interview Notes



Photo courtesy of Bluegrass Farmworker Health Center

Since about half (44%) of farmworkers and their family members accessing Migrant and Community Health Centers are uninsured, a sliding fee scale is used for these primary care visits. These schedules vary significantly and usually reflect the health care market within the local community. Farmworkers can expect to pay an average range of five dollars to 45 dollars per visit. For many farmworkers, the higher fees are too large of a financial burden.

Undocumented farmworkers are huge contributors to the agricultural industry. However, undocumented farmworkers are still barred from health insurance programs that they would be entitled to if they were legal U.S. residents. If a farmworker does not have insurance coverage, then their only options are to either assume the cost of care themselves or simply forego care altogether. The latter is often the case, frequently resorting to self treatment, medications on the black market, or waiting until they are forced to use the emergency room. All of these can have detrimental affects on public safety, health care budgets, and most importantly, farmworker wellbeing.

How Can You Help Increase Health Insurance Coverage?

The following are actions that your outreach program can take to help improve health insurance coverage among farmworkers. For additional assistance with implementing these strategies, please contact HOP at www.outreach-partners.org.

- Enhance your organization's capacity to provide insurance enrollment and case management services.
- Build collaborative relationships with Medicaid eligibility workers.
- Use popular education strategies to relay critical information on insurance options and application procedures.
- Take the time to learn the beliefs of farmworkers in your area and dispel any misconceptions.
- Participate in state and national advocacy efforts to minimize paperwork and promote Medicaid portability.