Access to health care and health insurance in California

Prepared by Thelma Hurd and Nimrat Sandhu

Healthcare utilization is the "quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis"[1]. It can be estimated in a variety of ways some of which include examining the number of primary care provider visits, the number of inpatient admissions, use of emergency or ambulatory care services.

Healthcare utilization rates in the U.S: According to the National Ambulatory Medical Survey 2016, the total number of physician office visits was 883.7 million at the rate of 277.9 visits per 100 persons. Among these visits 54.5 percent were made to primary care provider offices. Among adults aged 18 years and above the overall percent of individuals who had contact with their physician or healthcare provider in the last 6 months was 68.2 percent, it was 61.6 percent for males and 74.7 percent for females. The rates of contact with healthcare professionals were 69.3 percent for Whites, 67 percent for African Americans, 60.4 percent for Asian Americans, 65.3 percent for Native Americans and 61.6 percent for Hispanic individuals. Among individuals with less than a high school education the rate is 60.5 percent, for those with high school education or GED 67.6 percent and among those with college education the figure is 72.6 percent. Among those with family income less than $35,000/ year the rate is 65.7 percent, $35,000 to $100,000/year the rate is 70.1 percent while for those with family income above $100,000 the rate is 71.7 percent[2]. According to the National Adult Health Interview survey 2018, the percent of adults who had contact with a healthcare professional in the past year was 84.3 percent[3].

Healthcare utilization rates among agricultural workers: According to the National Agriculture Workers Survey (NAWS) conducted between 2015 and 2016 only 47 percent of the surveyed agricultural workers reported that they had health insurance coverage, 56 percent said their spouse had health insurance coverage, and 93 percent reported that all or at least some of their children had health insurance coverage. Sixty-three percent of agricultural workers had reported that they had visited a health care provider in the United States sometime in the last two years. As per the survey results 40 percent went to a private medical doctor's office or private clinic, 34 percent said they visited a community health center or migrant health clinic, 12 percent saw a dentist, 11 percent went to a hospital, and 3 percent visited other providers such as a healer, chiropractor, or emergency room. As per the survey findings approximately 34 percent of the surveyed agricultural workers had paid for their last health care visit out of their own pockets, 26 percent were uninsured so they had to pay the whole fee and 8 percent had insurance so their out-of-pocket expense was likely a co-payment[4].

Immigrant workers in agriculture bear a disproportionate burden of poverty and ill health along with significant occupational hazards. They are largely are uninsured, ineligible for benefits, and unable to afford health services. The Affordable Care Act does not benefit such individuals. Community and Migrant Health Centers represent the main avenues of health care access for them. They offer health services at discounted rates and have the necessary resources to meet their special needs. However, these facilities often struggle with a shortage of primary care providers and staff who are prepared to treat work related illness and injury among agricultural workers[5].

Healthcare utilization rates among agricultural workers in California: According to California Agriculture Worker Health Survey (CAWHS) only a very small portion of hired agricultural workers in the state, ranging between 5 percent to 11 percent, have health insurance coverage provided through their employer. Only a few agricultural workers, ranging between 7 percent to 11 percent, were able to obtain Medicaid or other government-provided, needs-based, health insurance coverage, despite their poverty status. A huge barrier to accessing government funded health insurance is the fact that many of them are undocumented immigrants. Most agricultural workers appear to access health care services only when necessary. The survey found that nearly one third or 31 percent of male agricultural workers who were interviewed had never visited a medical clinic or doctor, while only half or 48 percent had visited a medical clinic or doctor within the previous two years. The rates of utilization of dental services and vision care services were much lower. The survey found that half or 50 percent of the male workers and two fifths or 44 percent of the female agricultural workers interviewed had never been to a dentist[6].

The survey also found that more than two thirds of all agricultural workers who were interviewed had reported that they never had an eye care visit in their lives. Many hired agricultural workers only seek care when it is essential, visiting hospital emergency rooms or community clinics. The most common form of payment for health care visits, hired agricultural workers say, is out-of-pocket. The survey found that one fifth or nearly18 percent of those who sought medical care went to Mexico to obtain those services. Both employer and labor unions now provide support for U.S. agricultural workers who choose to utilize the Mexican health care system[7]. The Western Growers Association which is one of the biggest agricultural employer organizations in the country provides health insurance services for agricultural workers. The do not charge copayment if the worker goes to Mexico to obtain healthcare services. The availability of such programs provides an additional financial incentive to seek medical care out of the country[8].

Barriers to Healthcare utilization among Agricultural workers: Several barriers have been identified which make it difficult for Agricultural workers to utilize healthcare services. They include low income, low educational attainment and poor health insurance coverage. According to the NAWS survey in 2015-2016, average educational attainment among agricultural workers was eighth grade, four percent reported that they had no formal schooling while only ten percent stated that they had completed some education beyond high school. The mean and median personal incomes in the previous year among the surveyed agricultural workers were in the range of $17,500 to $19,999. The survey results showed that nearly 14 percent of workers earned less than $10,000 while only14 percent earned $30,000 or more. Nearly one-third of agricultural workers had family incomes below poverty. Nearly 23 percent of all agricultural workers stated that health care visits were too expensive, and they had no insurance to cover the costs. Other barriers include language incompatibility between agricultural workers and health care providers and distance from providers or transportation difficulties[9].

Potential Solutions: The agricultural worker community in the U.S. works in stressful conditions with high rates of occupational injuries and illnesses such as heat related illnesses, pesticide poisoning, food insecurity and lack of access to healthcare services. Many of them are undocumented, have limited income and limited English-speaking ability. All these factors create

hurdles in utilization of healthcare services. A potential solution is to increase health related awareness among this community through the use of Promotores who are men and women within the Migrant Seasonal Agricultural worker community who network through their references and social circles to recruit participants to attend health care clinics and alternative sources of care within their community. They are bilingual and bicultural workers who serve to bridge the gap that exists between health care workers and the community[10]. Another potential solution is to provide healthcare services to all individuals regardless of immigration status. This policy can prove highly beneficial to the agricultural worker community as ultimately it is through improved access to healthcare services that we can improve the rates of utilization of healthcare services[11].

References

1) Carrasquillo O. Health Care Utilization. SpringerLink. https://link.springer.com/referenceworkentry/10.1007/978-1-4419-1005-9_885. Published January 1, 1970. Accessed January 16, 2020.

2) FastStats - Physician office visits. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/physician-visits.htm. Published January 19, 2017. Accessed January 16, 2020.

3) NHIS - 2018 Data Release. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/nhis/nhis_2018_data_release.htm. Published August 22, 2019. Accessed January 16, 2020.

4) Findings from the National Agricultural Workers Survey ... https://www.doleta.gov/naws/research/docs/NAWS_Research_Report_13.pdf. Accessed January 29, 2020.

5) Frank AL, Liebman AK, Ryder B, Weir M, Arcury TA. Health care access and health care workforce for immigrant workers in the agriculture, forestry, and fisheries sector in the southeastern US. American Journal of Industrial Medicine. 2013;56(8):960-974. doi:10.1002/ajim.22183.

6) NIOSHTIC-2 Publications Search - 20033438 - Suffering in silence: a report on the health of California's agricultural workers. Centers for Disease Control and Prevention. https://www.cdc.gov/niosh/nioshtic-2/20033438.html. Published April 12, 2019. Accessed January 16, 2020.

7) Villarejo D. The Health of U.S. Hired Farm Workers. Annual Review of Public Health. 2003;24(1):175-193. doi:10.1146/annurev.publhealth.24.100901.140901.

8) Insurance. Western Growers. https://www.wga.com/insurance. Accessed January 16, 2020.

9) NAWS. NAWS | Farmworker Justice. https://www.farmworkerjustice.org/resources/tag/naws. Accessed January 29, 2020.

10) Bauer S, Kantayya VS. Improving Access to Primary Care and Health Outcomes in Migrant Farm Worker Populations: Challenges and Opportunities. Disease-a-Month. 2010;56(12):706-718. doi:10.1016/j.disamonth.2010.10.004.

11) National Immigration Policy and Access to Healthcare. https://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf Accessed January 16, 2020.