Access to Health Care for Migrant Farmworkers: Needs, Barriers and Remedies

Rachel Gunsalus, Macalester College, MDH
Minnesota Rural Health Conference
June 25th, 2013
The ACA and Immigration

- Politics and policymaking behind the ACA

- Would undocumented immigrants be able to purchase health care coverage?

- Provide insurance to an additional 11% (83% → 94%)
  - One third of those that remain uninsured will be undocumented
  - 48% of migrant farmworkers are undocumented immigrants

(Carrol, Georges, and Saltz 2011; Jacobs and Skocpol 2010)
Rural landscape

U.S. Agricultural industry is dependent on migrant labor

• Estimated 3-5 million migrant workers
  • make up a third of the agricultural industry’s labor force

• Evacuation of the rural farmland
  • due to post-WWI overproduction and decline
  • Dust Bowl of the 30’s

1900: 60% of the U.S. were residing in rural areas
Today: only 18%
Health status of MFWs

Access Defined

The Affordable Care Act & MFWs

Research Design

Findings: Barriers to Care

Findings: MHSI Solutions

Persisting Gaps in Current Health Policy
Health Status of MFW

A **seasonal** laborer that must **travel more than 24 hours** from their permanent residence to their job

20-35,000 farmworkers annually

Occupation causes poor health

- **Pesticides**: rashes, vomiting, headaches, neurological damage, birth defects, cancer
- **Occupational harm**
- **Low wages**:
  - **Low quality housing**: poor temperature control, close living quarters, communicable disease
  - Inability to purchase and prepare **nutritious food**

Widespread lack of health insurance throughout population

(US DOL 2010; Contreras, Duran, and Gilje 2001; Hansen and Donohoe 2003; Rosenbaum and Shin 2005)
Access and the ACA

- Affordable Care Act passed March 28th, 2010
- Goals: to increase the rate of health insurance coverage and promote favorable health outcomes

Population historically barred from health care services, with continuing health disparities
- Transient nature
- Ethnic composition
- Legal status

How will the ACA affect their access to health care?
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Access Defined


“a concept representing the degree of ‘fit’ between the clients and the system”
Access Defined

- **Availability**
  - Volume and type of existing services

- **Accessibility**
  - Location of supply and the location of the client

- **Accommodation**
  - Organization of supply of resources

- **Affordability**
  - Prices of services and providers’ insurance or deposit requirements

- **Acceptability**
  - Clients’ attitudes about personal and practice characteristics of providers, as well as provider attitudes about acceptable personal characteristics of clients

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**Era of national Health Care Reform**

- Affordable Care Act: Signed into law on March 23, 2010

**Provisions that specifically affect MFWs**

- Medicaid Expansion 2014: Optional for States
- Health Insurance Exchanges
- Increased Funding to Community Health Centers: 2011-2015

**Increasing access to health insurance options:**

Medicaid Expansion (2014):

- Nationally qualifies all individuals in households making up to 133% of the FPL
  - 2012: $15,415 for an individual, $30,657 for a family of four
  - NAWS data: $12,500-14,999 per individual, $17,500-19,999

2012 Supreme Court case → Medicaid Expansion now **OPTIONAL** for states

- **Texas**: will not be participating
- **Minnesota**: will, and has already undergone expansion
  - 2011: MA covers childless adults making up to 75% of FPL
The Affordable Care Act and MFWs

Personal Responsibility and Work Opportunity Reconciliation Act of 1996:

Medicaid only covers U.S. citizens or legal residents who have lived in the U.S. **for 5 years or more**

- Texas: As is
- Minnesota: 2009, **Children’s Health Insurance Program Reauthorization Act** allows states to expand Medicaid to cover legally-residing **children** and **pregnant women** that have been in the U.S. for **less than 5 years**

Medicaid eligibility table for migrant farmworkers

<table>
<thead>
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<th>Medicaid Expansion?</th>
<th>U.S. Citizen or legal resident living in the U.S. for 5+ years</th>
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Increasing access to health insurance options:
Health Insurance Exchanges

Citizens and legal residents making between 100-400% FPL eligible for an exchange-created tax credit

Do not discriminate on account of years lived in the U.S.
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Additional funding to Community Health Centers

Est. by the Migrant Health Act, 1966

ACA: $11 billion distributed by HRSA
- Increase health care access to 20 million + especially in rural areas

HRSA granted Migrant Health Service, Inc. with $90,000
The Affordable Care Act and MFWs

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Features of Health Care Reform Provisions

Minnesota: qualifies citizens/legally residing >5 yrs up to 133% of the FPL
Texas: will not participate in Medicaid expansion
Tax credits given to citizens and legal residents between 100-400% FPL
MHSI received two HRSA grants totaling $90,000 in 2011, 2012
Health status of MFWs

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Findings: Barriers to Care

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Persisting Gaps in Current Health Policy
Research Design

Migrant Health Services, Inc.
- Based in Moorhead, MN
- Nine clinics (including two mobile units)
- Primary care services
- Texas Medicaid provider through the Texas Migrant Care Network

Participants: provider staff due to their perspective of health care reform for this population
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Findings: Barriers to Care

Castillo-Morales, Pergament, and Durkin 1995:

13-15 percent obtain consistent health care services

NAWS data 2000:

20 percent sought any sort of health care in the last 2 yrs

HRSA estimates 2011:

Community Health Centers serve about one fourth of the total migrant population living in the U.S.

What factors are preventing the majority of this population from accessing health care?
Findings: Barriers to Care

Barrier to Care

Language barrier

Explanation

MFW population is largely Spanish speaking

“They can’t explain what they need and they don’t get it, or they just don’t go” – Theresa, Site B

Mirrors NAWS data 2007-2009:

- Can’t speak English “at all”: 35%
- Can speak English “a little”: 27%
- Can speak English “somewhat”: 8%
- Can speak English “well”: 30%
Findings: Barriers to Care

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Immigration Status

Barrier to Care

Explanation

Misconception that immigration officials coordinate with health centers

Migrant farmworkers with citizenship status seek medical attention at higher rates than undocumented migrant workers – Monica, Site A

Insurance: undocumented or legally residing for less than 5 years are ineligible for state-based insurance
### Findings: Barriers to Care

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**Widespread lack of health insurance:**

87% of MHSI patients were uninsured in 2011

**No employer-based insurance due to temporary employment**

“No one in the agricultural industry provides health care insurance at all, and never have they.” —Jeanette, Site A

“They can’t afford care. They don’t have jobs that can help them.” —Theresa, Site B

(From HRSA 2012b)
Findings: Barriers to Care

Barrier to Care | Explanation
--- | ---
Affordability | MFW lack state-based and employer-based health insurance

*Widespread lack of health insurance:*

**87% of MHSI patients were uninsured in 2011**

No state-based insurance due to immigration status

*Financially,* all patients would qualify for MN Medical Assistance, but immigration status keeps many ineligible, including:

- undocumented immigrants, newly immigrated men and non-pregnant women
## Findings: Barriers to Care

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**Widespread lack of health insurance:**

87% of MHSI patients were uninsured in 2011

**No state-based insurance due to transient nature**

- **MN Medical Assistance** only functions within state borders.
- **Texas Medicaid** only functions within MHSI.
- **Complexity of the application process** deters enrollment.
Findings: Barriers to Care

Barrier to Care | Explanation
--- | ---
Affordability | MFW lack state-based and employer-based health insurance

Additionally, lack of personal or public transportation
Findings: Barriers to Care

1. Language barrier
   - MFW population is largely Spanish speaking

2. Immigration status
   - Misconception that immigration officials coordinate with health centers

3. Affordability
   - MFWs lack state-based and employer-based health insurance
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Findings: Barriers to Care

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Persisting Gaps in Current Health Policy
Findings: MHSI Solutions

1. **Barrier to Care**: Language barrier

   **Explanation**: MFW population is largely Spanish speaking

   **MHSI Solution**: MHSI employs bilingual staff and interpretation workers year-round

   2011 HRSA UDS Report: more than 90% of MHSI patients were of Hispanic or Latino identity

   Communicating in preferred language by hiring bilingual staff

   Providing Bilingual Health Operators to interpret at outside specialty clinics

   **MHSI increases available providers**
Findings: MHSI Solutions

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Nondisclosure of immigration status

Mandated by Title VI as a federally-funded organization

Supply medical attention to patients regardless of immigration status

*MHSI is an acceptable provider*
Findings: MHSI Solutions

Barrier to Care: Affordability
MFWs lack state-based and employer-based health insurance

Explanation: Sliding scale payment system for clinic and outside specialty services

MHSI Solution: Sliding scale payment system & voucher program
• Up to 200% FPL, only pay a $10 copay within and outside of clinic

With ACA funding \(\rightarrow\) purchased new mobile units

\textit{MHSI increases accessibility}

Assists with MA applications

\textit{MHSI increases affordability}

Sliding-scale payment system & voucher program

\textit{MHSI increases affordability}
# Findings: MHSI Solutions

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MHSI and Access

• **Availability**
  - Providing bilingual staff

• **Accessibility**
  - New mobile units, and mobile dentistry operation

• **Accommodation**
  - Hiring additional staff to decrease time until next available appointment, and lengthen hours of operation

• **Affordability**
  - Sliding-scale payment system & voucher program

• **Acceptability**
  - Immigration status does not influence eligibility for care

A high degree of “fit” between the client population and provider
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Persisting Gaps in Current Health Policy

Optional Medicaid Expansion

Minnesota Medical Assistance
- Expansive eligibility
- Smaller geographic range

Texas Medicaid
- Limited eligibility
- Larger geographic range
Persisting Gaps in Current Health Policy

Health Insurance Exchanges and a low-income population

No tax credit subsidies for those making less than 100% FPL

91% of MHSI patients in 2011 were within this financial category.

Will insurance be affordable?
Persisting Gaps in Current Health Policy

No employer-based insurance requirement

The ACA does not require employers to provide insurance to “seasonal employees,” i.e. employees that work less than 120 days in a year

The ACA: fails to provide employer-based, state-based, or private health insurance to MFWs

Limited to Migrant Health Centers for care
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Effect on MFWs in Minnesota

Does not cover MFW population outside of MN
No additional MFW eligible for Medicaid
Undocumented are excluded; MFW making less than 100% of FPL will not be able to afford insurance
Increases to capacity and capital; Hiring more nurse practitioners and purchasing two new mobile units
References


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http://digitalcommons.macalester.edu/soci_honors/42/