Data Related to Farmworkers, Immigrants, Uninsurance, ER Use and the Effectiveness of Community Health Workers

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Data on Farmworkers

Foreign-born workers comprise a large share of hired crop labor. Among all crop workers, 78 percent were born outside the United States. *National Agricultural Workers Survey 2005*

Multiple sources show that the average formal education of farmworkers is grade six for men and grade three for women. Low literacy is itself an indicator of poor health; compounded with limited English proficiency, the risk of adverse health outcomes is increased. *Streamline - Migrant Clinicians Network, October 2007*

For the two calendar-year period 2000-2001, 30 percent of all farm workers had total family incomes that were below the poverty guidelines. *National Agricultural Workers Survey*

In 2000, the median income for migrant and seasonal farmworkers was $6,250, compared to $42,000 for U.S. workers overall. *National Agricultural Workers Survey*

Food insecurity is defined as lack of access at all times, due to economic barriers, to enough food for an active and healthy lifestyle. Food insecurity was more than four times as prevalent among farmworker households as among the general U.S. population. (47.1%) were classified as food insecure. Households with children had a significantly higher prevalence of food insecurity than those without children (56.4% vs. 36.2%). *Household Food Security Among Migrant and Seasonal Latino Farmworkers in North Carolina 2004*

90% of farmworkers report that they read and speak little or no English. *National Agricultural Workers Survey*

In 2000, 85% of migrant and seasonal farmworkers were uninsured, compared to 37% of low-income adults nationally. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

Nearly 90% of farmworker children were completely uninsured in 2000, compared to 22% of all low-income children that year. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

By virtue of their extreme poverty, their mobility in search of work, and hazardous living and housing conditions migrant and seasonal farmworkers have an extraordinary need for health care. Farmworkers are at elevated risk for an enormous range of injuries and illnesses. According to a review of data from the Bureau of Labor data, while agriculture-related employment comprised only 2% of overall employment, agricultural and livestock-related production, along with agricultural services, comprised 13% of all occupational deaths over a 1994-1999 time

period. Risks arise as a result of work-related conditions, the use of equipment, and exposure to chemicals, with resulting elevated rates of chronic conditions, musculoskeletal injuries, serious disabilities, and fatalities. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

Health problems among farmworker children are extensive, with studies showing a high incidence of intestinal parasites, severe asthma, chronic diarrhea, Vitamin A deficiency, chemical poisoning, and continuous ear infections. Despite their greater health risks, depressed access to care means that farmworker children are delayed in their immunization schedules. Migrant children also have been found to exhibit "striking" levels of mental illness such as anxiety, depression, and disruptive behaviors. Researchers have attributed these risks to the psychological impact of the extreme poverty, separation, and dislocation experienced by children in farmworker families. Dental problems among migrant and seasonal farmworkers and their families rank among the top five health problems for individuals ages 5 through 29; children of farmworkers experience a rate of decay twice that for children in the general population. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

Only 42% of women in farmworker families reported seeking early prenatal care compared to over three-quarters (76%) nationally. Data from a special CDC data system which measures pregnancy nutrition among the population found diminished weight gain, a nearly one-in-four incidence of undesirable birth outcomes, elevated rates of low birthweights and preterm births among farmworkers. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

Migrant and seasonal farmworkers who are eligible for Medicaid may have difficulty completing the application and enrollment process. Given their limited English skills, it can be very difficult for them to complete long application forms or meet extensive verification requirements, particularly if there is limited availability of language assistance. Inaccessible site locations can also impede enrollment. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

91% of migrant and seasonal farmworkers reported annual income below $15,000 in 2000, while 56% reported earnings lower than $5,000. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005 based on National Agricultural Workers Survey*

In 2000, 85% of migrant and seasonal farmworkers were completely uninsured, compared to 37% of all low-income adults nationally (i.e., adults with family incomes at or below 200% of the federal poverty level). *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005 based on NAWS*

Data on Uninsurance

More than one in six children in Florida is uninsured (18.8 percent of Florida's children). *Left Behind: Florida's Uninsured Children, Families USA 2008*

More than six working-age Floridians die each day due to lack of health insurance *Dying for Coverage, Families USA 2008*

Uninsured Floridians are sicker and die sooner than their insured counterparts. *Dying for Covereage, Families USA 2008*

Uninsured adults are more than 30 percent less likely than insured adults to have had a checkup in the past year and are more likely to be diagnosed with a disease in an advanced stage. *Dying for Coverage, Families USA 2008*

At 31.8%, Hispanics have the highest rate of Uninsurance in Florida *Florida Health Insurance Study, 2005*

Data on Immigrants and Hispanics

Immigrants account for about a quarter of the uninsured. Immigrants tend to be a greater share of the low-income population and the types of jobs immigrants often have do not offer private health insurance. *Kaiser Commission on Medicaid and the Uninsured 2008*

Largely due to their higher uninsured rate, non-citizens are much less likely than citizens to have a usual source of care, to have had any recent contact with a health professional, or to receive preventive or primary care. *Five Basic Facts on Immigrants and Their Health Care, Kaiser commission on Medicaid and the Uninsured, 2008*

Over half of all immigrant children live in California, Texas, New York, and Florida *Kaiser Family Foundation, 2007*

Among low-income individuals (with incomes below 200 percent of the federal poverty level), between 58 and 65 percent of noncitizens lacked health insurance in 2003 compared to 28 percent of native citizens *Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance KFF 2004*

Most children in low-income immigrant families are U.S. citizens. Citizen children with noncitizen parents have much higher uninsured rates than those in citizen families—26 percent versus 16 percent. *Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance KFF 2004*

Of those immigrants eligible for public assistance, fewer than 20% access assistance programs. *Streamline - Migrant Clinicians Network, October 2007*

The past ten years has seen a significant decline in the numbers of eligible children receiving food stamps and school lunches: many attribute this to the growing fear of immigrant parents in interfacing with government programs. *Streamline - Migrant Clinicians Network, October 2007*

More than 60 percent of the uninsured children in Florida are from families with income levels that would qualify them for Medicaid or Kidcare, the state's children's health insurance program. *Florida's Uninsured Children, Families USA 2008*

Lack of health insurance coverage is a major issue facing immigrant populations. Low-income non-citizens are more than twice as likely to be uninsured as low-income citizens. *Immigrants' health care coverage and access - Kaiser Family Foundation, 2003*

The rate of uninsurance among U.S.born children of immigrant parents is six times that of U.S. born children of U.S. born parents. *Health care for Latino children: Iimpact of child and parental birthplace on insurance status and access to health services American Journal of Public Health, 2001.*

29% of Florida children are from immigrant families *Kids Count 2007*

Over 70 percent of Latino children in non-citizen Spanish-speaking families were uninsured, compared to 26 percent of children in Latino citizen families who speak English *Immigrants' health care coverage and access - Kaiser Family Foundation, 2003*

Latinas have the highest birth and fertility rates in the U.S. Nationally, the number of live births per 1,000 women ages 15-44 years (fertility rate) in 1990 was 107.7 for Latinas compared to 67.1 for non-Latino women, the highest fertility rates being among Mexican women. Ncfh maternal and child health fact sheet

Hispanic women have a higher fertility rate than non-Hispanic women: 84 births per 1,000 compared with 63 births per 1,000 Non-Hispanic women. The rate for immigrant Hispanic women is 96 births per 1,000 women compared with 73 births per 1,000 women for native-born Hispanic women. *Hispanic Women in the United States, Pew Hispanic Center -2007*

36% of Hispanic women have less than a high school education, compared with 10% of non-Hispanic women. 49% of all Hispanic women immigrants have less than a high school education. *Hispanic Women in the United States, Pew Hispanic Center -2007*

Hispanic women who work full time earn less than non-Hispanic women who work full time: a median of $460 per week, compared with $615 per week for non-Hispanic women. Native-born Hispanic women earn a median of $540 per week, while immigrant women earn $400. *Hispanic Women in the United States, Pew Hispanic Center -2007*

Hispanic women are twice as likely as non-Hispanic women to live in poverty; 20% of Hispanic women are poor compared with 11% of non-Hispanic women. *Hispanic Women in the United States, Pew Hispanic Center -2007*

Data on Language Access

47% of individuals with limited English proficiency reported that they do not have a usual source of care *National Healthcare Disparities Report Agency for Healthcare Research and Quality, 2006*

Due to a lack of information in print, radio, and video translated into different languages, many immigrants are unaware of low cost health coverage for which their children might be eligible. *Barriers to health coverage for Hispanic workers: focus group findings, The Commonwealth Fund, 2000.*

Among non-English speakers who said they needed an interpreter during a health care visit, only 48% said they always or usually had one. *Hispanic patients' double burden: lack of health insurance and limited English -Commonwealth Fund, 2003*

Thirty three percent of Hispanics vs. sixteen percent of whites reported either: their doctor did not listen to everything they said, they did not fully understand their doctor, or they had questions but did not ask them. *Quality of health care for Hispanic populations -Commonwealth Fund, 2002*

Forty three percent (43%) of survey respondents reported their usual source of language interpretation as a friend or family member. Fifty three percent (53%) reported staff a person. Only one percent (1%) reported having a trained medical interpreter. *Healthcare quality survey - Commonwealth fund, 2001*

Data on Barriers to Medicaid and SCHIP

The number of children enrolled in Medicaid in Florida declined 5% in the first six months after the 2006 Deficit Reduction Act was enacted and which including a provision that all applicants to Medicaid (including current recipients at the
time of re-determination of eligibility) must prove citizenship. *Left Behind: Florida's Uninsured Children, Families USA 2008*

Florida has a Section 1115 Medicaid waiver which provides Medicaid coverage to pregnant women at or below 185 percent of the poverty line (whereas, in all other cases, Medicaid applies only to adults earning up to 100% of the Federal Poverty Level). Many women who normally wouldn't qualify for Medicaid coverage can enroll in Medicaid while pregnant, allowing them to access needed prenatal care, thereby increasing healthy birth rates and decreasing the emergency Medicaid costs to hospitals. This program remains underpromoted, and often health care workers are unaware of all of the eligibility requirements and procedures, as well as which clinics are able to apply for and accept the waiver. *Getting and keeping coverage: states' experience with citizenship documentation rules* - *Commonwealth fund, January 2009*

In Florida, Medicaid eligibility is determined by the Department of Children and Families (DCF), but there are three other agencies (including one private company) that are responsible for administering KidCare: the Agency for Health Care Administration (AHCA) runs the

MediKids program for children ages 1-4, and Medicaid for children up to age 18 with family incomes at or below the poverty level; the Department of Health (DOH) handles special needs cases through its Children's Medical Services network; finally, the Florida Healthy Kids Corporation administers the Florida Healthy Kids program for children ages 5-18 between 101% and 200% of the Federal Poverty Level. The high number of participating agencies increases the opportunity for paperwork to get dropped on its way between agencies and adds to confusion for parents who believe they are applying to one KidCare program that will cover their child or children until adulthood. And because changes in age, family income or family size can shift a child's eligibility from one program to another, it can be difficult for parents to keep up with which program their child qualifies for and how long the coverage will last. The entanglements of bureaucracy have created a need for outreach and case management to help clients navigate the system and make sure they stay on top of their children's files as they wend their way through the system. *Canaries in the coal mine: Healthcare Access Barriers Faced by Immigrants in Miami-Dade County, Human services coalition of dade county 2007*

The complicated bureaucracy of KidCare is frustrating enough for English-speaking citizens who are able to navigate the online application process. Add language barriers, fear of deportation, and computer illiteracy to the mix and lack of information means the difference between access to preventive care for children who are U.S. citizens or visiting the emergency room when health problems become unmanageable. *Canaries in the coal mine: Healthcare Access Barriers Faced by Immigrants in Miami-Dade County, Human services coalition of dade county 2007*

Delayed applications, interrupted enrollment and disruptions in care have resulted from the new citizenship documentation requirements included in the Deficit Reduction Act of 2006. These appear to have particularly affected several specific patient categories, including pregnant women, children and newborns. *Assessing the Effects of Medicaid Documentation Requirements on Health Centers and Their Patients: Results of a "Second Wave" Survey - George Washington University study, 2008*

Barriers to Medicaid include inaccessible site locations, long application forms, extensive verification requirements, and limited to no language assistance. *Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care, Kaiser Family Foundation, 2005*

Medicaid coverage has been declining for non-citizens --- in 1995, 19 percent of low-income non-citizens received Medicaid compared to 13 percent in 2001. Over the same time, uninsured rates for low-income non-citizens have increased from 54 to 60 percent. *Immigrants' health care coverage and access - Kaiser Family Foundation, 2003*

Even for immigrants who remain eligible for Medicaid benefits, fear and confusion create barriers to enrollment and concern about becoming a public charge and thus ineligible for citizenship. These fears remain despite Department of Justice clarifications that have reiterated that Medicaid and SCHIP coverage are not to be used in public charge determinations. *Immigrants' health care coverage and access - Kaiser Family Foundation, 2003*

Data on Emergency Department Use

Children make up 27 percent of all emergency department visits, yet only 6 percent of emergency departments in the U.S. have all of the necessary supplies for pediatric emergencies. *The Future of Emergency Care: Key Findings and Recommendations Institute of Medicine - 2006*

Florida ranked 50th and received a grade of "F ' for access to emergency room care. *The National Report Card on the State of Emergency Medicine - American college of emergency physicians, 2008*

Emergency department visits in the U.S. grew by 26 percent between 1993 and 2003. Over the same period, the number of emergency departments declined by 425, and the number of hospital beds declined by 198,000. *Future of Emergency Care in the U.S., Institute of Medicine, 2006*

There were 110.2 million visits to hospital emergency departments in 2004 – an increase of 18% over the previous 10 years. This rise in ED visits occurred despite the fact that the number of hospital emergency departments in the US dropped by 12.4% over the same time. *The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use* **-** *NACHC and Association for Community Affiliated Plans, 2007*

At least one-third of all ED visits are "avoidable" in that they were non-urgent or ambulatory care sensitive (ACS) and therefore treatable in primary care settings. *The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use* **-** *NACHC and Association for Community Affiliated Plans, 2007*

Emergency department charges for minor, non-urgent problems may be two to five times higher than charges for a typical private physician office visit. *The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use* **-** *NACHC and Association for Community Affiliated Plans, 2007*

Over $18 billion dollars are wasted annually for Emergency department visits that are non-urgent or primary care treatable and could have been treated in a health center. This figure takes into account the total number of ED visits by state and assumes that 35% of all ED visits are avoidable – a conservative estimate. It also considers average expenditure for an emergency room visit by region and average cost health center medical visit. *The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use* **-** *NACHC and Association for Community Affiliated Plans, 2007*

It is estimated that the annual wasted expenditures on avoidable emergency department visits in Florida in 2006 was $ 1,061,420,739. *The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use* **-** *NACHC and Association for Community Affiliated Plans, 2007*

Data on Patient Navigator or Community Health Worker Programs

A Patient Navigator program was authorized with strong bipartisan support in Congress, and signed into law by president bush in 2005, though it was never funded. The bill was endorsed by a broad coalition of health care advocacy groups, including the American Cancer Society, the National Association of Community Health Centers, the American Diabetes Association, the National Patient Advocate Foundation, the National Health Council, and the American Medical Association. A patient navigator is a person with direct knowledge of the local community who functions as a "guide" and offers assistance to community members in "navigating" the health care system and accessing related social and financial services. Patient navigators identify resources related to health insurance, financial assistance, medication, home care and transportation; coordinate screenings and medical referrals; provide education for patients on the prevention and management of chronic diseases; offer emotional support, and make referrals to support groups and classes; help clients overcome language and cultural barriers. Health navigators play a critical role in establishing and helping maintain communication between patients, their families, physicians, and the health care system thereby improving health outcomes and reducing health disparities. *FACHC 2009*

An emerging body of literature appears to support the unique role of these community workers and advocates in strengthening existing community networks for care, providing community members with social support, education, and facilitating access to care and communities with a stimulus for action. CDC's Division of Diabetes Translation (DDT) has reflected on expanding experience in projects now using the talents of community health workers and the history of this interest, beginning in 1995, with recommendations of the National Hispanic/Latino Diabetes Initiative for Action Report (1997). *Community Health Workers/Promotores de Salud: Critical Connections in Communities, CDC 2002*

The use of community health workers in health intervention programs has been associated with improved health care access, prenatal care, pregnancy and birth outcomes, client health status, health- and screening-related behaviors, as well as reduced health care costs. A growing body of evidence documents the effectiveness of CHWs in diabetes care and education efforts. *Community Health Workers/Promotores de Salud: Critical Connections in Communities, CDC 2002*

The Institute of Medicine recommends that healthcare systems support the use of community health workers to address racial and ethnic disparities in healthcare stating that "Community health workers offer promise as a community based resource to increase racial and ethnic minorities access to healthcare and to serve as a liaison between healthcare providers and the communities they serve." *Unequal treatment: Confronting racial and ethnic disparities in healthcare – Institute of Medicine, 2002*

Community Health Advisors fill an important access gap in the delivery system by demystifying system barriers and by providing motivation. CHAs decrease the cost of care through their work in prevention and promotion by increasing child immunization rates, decreasing incidence of hypertension, smoking cessation and decreased infant mortality and low birth weight. As extensions of primary care teams they can prevent unnecessary reliance on costly emergency

department and specialty services. Their effectiveness in improving health care access and quality thereby improves overall community health status, which contributes to community empowerment and growth *Pew Health Professions Commission, 1994*

In 2000 the National Rural Health Association recommended formally recognizing and promoting community health advisory programs as one means of improving access to health and social services for hard-to-reach rural populations. They favor support for funding CHA programs through public funding sources including Medicaid and Medicare managed care organizations. *Community Health Advisor Programs: An Issue Paper Prepared by the National Rural Health Association-November 2000*