

FARMWORKER JUSTICE

HEALTH POLICY BULLETIN

Policy in action to help connect farmworkers and their families to the benefits of the Affordable Care Act

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Looking Ahead to 2015

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Since open enrollment first began last fall, millions of individuals gained health insurance through the health insurance marketplaces. Some of our nation's farmworkers were among those newly insured. Thanks to dedicated staff at migrant health centers and farmworker community-based organizations, many farmworkers and their families learned about and enrolled in health insurance for the first time. Despite these successes, there are significant challenges that prevent many farmworkers from enrolling. These challenges include lack of information and misinformation in farmworker communities, a complicated and time-consuming application process, incorrect eligibility determinations for health insurance subsidies, and lack of health insurance portability, to name a few.

Since the beginning of open enrollment 2014, Farmworker Justice (FJ) has been working with health centers, community-based organizations, and legal services providers to inform farmworkers about the Affordable Care Act (ACA) and to help them access health insurance. We developed resources and conducted trainings for community partners and farmworkers. FJ also served as a conduit of information between on the ground organizations and the federal agencies overseeing ACA implementation.

As we enter the next phase of the ACA, new challenges will likely arise with the implementation of requirements for individuals to report insurance coverage on their federal income tax forms and for employers to offer insurance to their employees (the "employer mandate").

FJ hopes that more farmworkers and their families will have the opportunity to enroll in health insurance in 2015. Improvements in the application process and increased knowledge of the law should help facilitate enrollment. But more importantly, the outreach and enrollment staff will play a key role by providing education in a culturally competent manner, offering in-person assistance in remote locations, and facilitating communication with call centers to enroll eligible workers and ensure that farmworkers are not left behind.

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Enrolling H-2A Workers in Health Insurance: Opportunities & Challenges in North Carolina

Allison Lipscomb, MPH, Community Development & Special Populations Coordinator, and Alice Pollard, MSW, MSPH, Outreach & Enrollment Coordinator, North Carolina Community Health Center Association



North Carolina hosts the largest number of farmworkers holding H-2A temporary work visas in the country. Up to 14,500 temporary foreign guest workers entered the U.S. in 2014, most of them from Mexico. H-2A workers spend between three and nine months working in crops ranging from Christmas trees in the northwestern High Country to sweet potatoes, tobacco, melons, and many other food crops in the eastern part of the state. H-2A workers traditionally have had no access to healthcare coverage beyond workers' compensation for work-related injuries and illnesses, and have traditionally sought care through a strong network of community and migrant health centers, as well as outreach programs funded through the North Carolina Farmworker Health Program.

Under the ACA, H-2A workers have access to new health coverage options through the health insurance marketplaces. H-2A workers are considered lawfully present under the ACA and can purchase health insurance through the marketplaces. Many H-2A workers qualify for subsidies to help with the cost of premiums and out of pocket costs. Most H-2A workers are also subject to the individual mandate and may face a tax penalty if they are uninsured during their time in the U.S.

For those of us who have worked many years in farmworker health, the opportunity for this large group of farmworkers to gain health insurance coverage is an exciting opportunity to help close the healthcare gap that so many farmworkers experience. Early in the 2014 outreach season, however, we realized that farmworkers faced a mountain of challenges in getting enrolled, and our clinics, outreach programs, and other partners struggled to assist workers in applying and enrolling in health insurance.

Communication limitations, such as no internet access, limited phone access, and limited access to postal service at their labor camps, impeded initial enrollment but also complicated payment of monthly premiums and communication with insurance companies. Systemic barriers in the federally-facilitated marketplace (healthcare.gov), including an onerous identity verification system to use the online application, misinformation about eligibility among call center employees, and difficulties claiming a Special Enrollment Period, resulted in hours devoted to a single enrollment. In addition, farmworkers were sometimes limited in their ability to meet with in-person assisters during business hours because they could not miss work and had limited access to transportation.

The North Carolina Community Health Center Association provides technical assistance to community health centers in meeting the health needs of their communities. We have a Community Development & Special Populations Coordinator as well as two Outreach & Enrollment (O&E) Coordinators on staff. These staff quickly came together early in the spring of 2014 to discuss the challenges we were hearing from front-line workers. With the assistance of Farmworker Justice (FJ), we convened a statewide working group in the summer that also included farmworker legal services organizations, the North Carolina Farmworker Health Program, and a state navigator organization. A worker union representing H-2A workers also provided input and guidance. The group meets on a regular basis to discuss challenges, brainstorm solutions, and coordinate resources and efforts.

As a result of working together we have so far: linked farmworker health outreach workers and Certified Application Counselors (CACs) or navigators in individual communities; created a heat map of the number of H-2A workers by county; provided input to FJ in the development of an educational flyer for H-2A workers on health insurance coverage under the ACA; and provided feedback to FJ on recommendations to federal agencies to improve enrollment of H-2A workers. Other projects in development include a best practices guide for health insurance outreach and enrollment staff on helping H-2A workers navigate the application process and a bilingual application assister contact list. We have also facilitated the exchange of solutions between individual outreach workers, including through our work groups and at the East Coast Migrant Stream Forum.

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Within health centers and farmworker outreach programs, relationships between farmworker outreach workers and navigators (individuals trained to help individuals enroll in health insurance) were crucial. Farmworker outreach workers could introduce farmworkers to the general concept of insurance availability and to navigator staff that could help them complete the application process. In some clinics, navigators traveled to farmworker labor camps to help workers enroll on-site. One clinic got buy-in from growers to give workers time off to travel to the clinic to complete enrollment. Farmworker outreach workers helped navigators create relationships with farmworkers and become a trusted source of information.

What we have seen from this statewide workgroup and from front-line workers is that collaboration is key. Several North Carolina health centers have found success in helping workers enroll and utilize coverage through a close collaboration between the traditional farmworker outreach programs and the health insurance outreach and enrollment programs.

Thank you to our partners and health centers in North Carolina for working together to make sure H-2A workers can access the health insurance now available to them!

Making the Affordable Care Act Accessible for Farmworker Patients – Secrets to Success

Frederick Aguilera, Lead Certified Enrollment Counselor, Community Health Centers of the Central Coast, Santa Maria, CA

From humble beginnings, Community Health Centers of the Central Coast (CHC) was established in 1978 as a farmworker clinic (Nipomo Health Clinic) in a 4-room bungalow in the middle of an agricultural field by Ronald Castle, who, after 36 years, is still the CEO. CHC began providing medical care for underserved migrant farmworkers and their families with 7 employees and one part-time medical provider. Growing alongside the fields, and



with the workers and families in the area, CHC has developed strong ties to its farmworker patients and their families. CHC now serves the community at-large, while still remembering their roots by providing culturally and linguistically competent care to diverse patients, including farmworkers and their families, homeless families, public housing residents, in rural communities, at low-income elementary, middle and high schools and multiple other community-friendly locations. In 2013, CHC saw 85,134 patients in 26 clinic locations that span over 110 miles.

Though working for quite some time on changes in care delivery and health records behind the scenes, CHC found itself on the front lines of health reform after receiving a navigator grant. CHC formed a Navigation Center and learned valuable lessons by trial and error. “We worked under the framework of two very simple principles. First of all, if something isn’t working, we will try something else. Secondly, we will not turn away one single patient or community member if they need assistance. The rest was just learning as we went,” states Craig Wood, Director of Special Populations.

CHC has hired and trained 6 Certified Enrollment Counselors (CECs) to assist in enrollment into MediCal (California’s Medicaid program) and Covered California (California’s health insurance marketplace). CECs are able to see provider schedules and meet with patients who are uninsured but likely eligible for coverage. CECs are also encouraged to make appointments for patients with our primary care providers.

Navigation agents that specialize in MediCal and Covered California eligibility are available to answer any enrollment questions patients may have. CHC’s Navigation Center attempts to contact each patient to schedule preventive services that are due. CHC staff encourages everyone at outreach events (average one per week) to call to schedule appointments and provide information about essential health benefits.

Many CHC patients had many questions and incorrect information about the ACA, and outreach and education came with many challenges.

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One challenge was leveraging available resources and tools to proactively reach as many people as possible. Initially, navigators were assigned to the clinics with the highest concentration of uninsured patients. This wasn't sufficient, and it soon became evident that each CHC staff member and provider would have to be engaged and on board. They were each tasked with making sure uninsured patients knew they may be eligible, and providing a direct way to access a CHC navigator. Much time and effort went into training the staff and providers. Once staff and providers knew why the patients needed this information, they were happy to help. Without them, CHC's enrollment assistance efforts would have floundered.

CHC providers and staff were identifying many uninsured patients, but those without recent appointments were not being reached. The newly-formed Navigation Center volunteered to identify uninsured patients using information in electronic health records and contact these patients and schedule enrollment assistance. Appointments for assistance exploded and never let up from that point until the end of the first open enrollment period. The patients and community members who sought the help of CHC's navigators usually left an appointment more confident than when they arrived, if only for the fact that they had received definitive answers from a trained, knowledgeable, unbiased and familiar source.

Although the Affordable Care Act will provide health insurance for many people who do not currently have coverage, there will still be many people without insurance because they do not qualify for the program due to their immigration status. CHC will continue to serve patients regardless of their insurance status.

Just as CHC continues to expand hours to provide more access to care, it also expands enrollment assistance hours to include evenings and weekends. Many farmworkers and their families, as people community-wide, work long hours and may not have the ability to leave work to get health insurance for themselves or their families.

Consistently developing relationships with other community organizations is also very valuable. For example, CHC recently partnered with Centro Binacional Para El Desarrollo Indígena Oaxaqueño (CBDIO) to provide education and assistance to their clients. CBDIO serves indigenous families in very close knit communities, and their volunteers and staff come from the very communities they serve and are aware of the unique cultural nuances that impact decision making. CHC provides enrollment assistance, but CBDIO and other community partners do the necessary work of creating a bridge to services.

The clinics are still used for enrollment assistance appointments, but a revival of outreach has been brewing at CHC for the past few months leading up to the open enrollment period. Other organizations are thrilled when CHC's navigators hold an event at their location, and it is a benefit for CHC as well. The patient can enroll in health insurance, sometimes for the first time, and CHC has a referral for services from an organization the patient trusts.

In the state of California, resources and assistance for Spanish speaking community members need to be increased for the second Covered California open enrollment period. When CHC's navigators first began, they focused exclusively on enrollment assistance. Now they make appearances on Spanish radio and television to discuss eligibility requirements, immigration status requirements, and important dates and deadlines for enrollment. CHC looks forward to collaborating with many more community organizations to promote a shared goal to improve health for the various groups represented in our community.

Challenges will arise and changes will occur. This has been the rule instead of the exception since the invention of modern medicine and CHC is ready for the challenge. Being able to provide people with the tools of empowerment to take control of their health is worthwhile. It certainly takes a community-wide collaboration, but when the end result is the health of a family member, the hard work is worth it. When a patient cries from joy because they no longer have to choose between potential emergency room visits and a medical home, the effort is worth it.

ACA implementation did not come with a navigation system. While there may be many detours along the way, with the help of community health centers, healthcare advocates, and certified enrollment counselors we all can be guided toward our destination for healthcare coverage.

Conexiones: Connecting Rural Latino Families with Medicaid and the Children's Health Insurance Program

Caitlin Ruppel, Project Coordinator, Farmworker Justice



Authorized in 1965 and 1997 respectively, Medicaid and the Children's Health Insurance Program (CHIP) have significantly improved the health of families across the United States by providing coverage for uninsured low-income children and nonelderly adults. As a result of these two programs, the national rate of uninsured has decreased to less than 20 percent^[1] for nonelderly adults and 7 percent^[2] for children. In spite of the success of these complementary programs, there remains a great need for targeted outreach to communities with high rates of eligible yet unenrolled individuals.

Latinos are disproportionately represented among the uninsured in the United States. One in four eligible yet uninsured nonelderly adults in the U.S. are Latino (10.2 million). Among this group 41 percent (4.2 million) may qualify for CHIP and/or Medicaid.^[3] In 2012, Latino children accounted for 23.8 percent of children in the United States yet represented 40.2 percent of all uninsured children.^[4] Almost one-fifth of eligible and uninsured Latinos reside in rural areas.^[5] The need for educational health outreach within rural Latino communities, specifically for migrant and seasonal farmworkers and their families is imperative.

Farmworker Justice is working with community-based organizations in Arizona, California and Florida to implement a two year program called *Conexiones: Connecting Rural Latino Families to Medicaid and CHIP*. Our partners include: Campesinos Sin Fronteras (Arizona), Centro Binacional para el Desarrollo Indígena Oaxaqueño and Líderes Campesinas (California), and Alianza de Mujeres Activas (Florida).

The goal of *Conexiones* is to empower rural Latino communities to better access available healthcare services by promoting enrollment in health insurance offered through the marketplaces, Medicaid, and CHIP. Farmworker Justice worked together with staff from each community-based partner organization and local health clinics with navigators to train 12 *promotores de salud* (community health workers) in each community. In turn, the *promotores* deliver culturally and linguistically appropriate health outreach education within their respective communities.

Farmworker Justice developed an activity-based training tool for the *promotores* to utilize as a guide while conducting their outreach encounters. The tool is based upon five essential questions:

- **Why** is health insurance important?
- **What** health insurance options are available?
- **Who** is eligible for health insurance?
- **How** can someone enroll and access local health services?
- **Where** can community members obtain more information?

For each question, Farmworker Justice designed an activity the *promotores* could use to help convey the appropriate information reflective of their respective state policies. In addition, the *promotores* personalized gloves that they could use to remember the five key discussion points: *Por qué* (Why), *Qué* (What), *Quién* (Who), *Cómo* (How), and *Dónde* (Where). The training tool also includes a notebook with suggested discussion questions for each key point, informational flashcards, and a review activity.

The *promotores* participating in *Conexiones* are currently engaged in eight months of outreach. Each *promotor* reaches out to 30 individuals or 15 families per month. The *promotores* reported that community members are often initially hesitant to speak with them about health insurance. This is often attributed to a misunderstanding of health insurance and how it works, frustration with the U.S. healthcare system based on previous experiences, concern regarding cost, and fear related to immigration status. While the *promotores*

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¹ "Key Facts about the Uninsured Population," The Henry J. Kaiser Family Foundation, published October 19, 2014. <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

² Robin Rudowitz, Samantha Artiga, and Rachel Arguella, "Children's Health Coverage: Medicaid, CHIP, and the ACA," The Henry J. Kaiser Family Foundation, published March 26, 2014. <http://kff.org/health-reform/issue-brief/childrens-health-coverage-medicare-chip-and-the-aca/>.

³ Emily R. Gee, "Eligible Uninsured Latinos: 8 in 10 could receive health insurance marketplace tax credits, Medicaid, or CHIP," Department of Health and Human Services, published February 11, 2014. http://aspe.hhs.gov/health/reports/2013/UninsuredLatinos/8_in_10_uninsuredLatinos.pdf

⁴ Tara Mancini and Joan Alker, "Children's Health Coverage on the Eve of the Affordable Care Act," Georgetown University Health Policy Institute Center for Children and Families, published November 2013. <http://kjjz.org/sites/default/files/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

⁵ Gee, "Eligible Uninsured Latinos: 8 in 10 could receive health insurance marketplace tax credits, Medicaid, or CHIP."

have different means of addressing this barrier in their outreach, many have found that explaining their role as a *promotor* and sharing personal stories helps to establish a level of trust with community members that makes them more likely to engage in conversation.

In several communities, the *promotores* are the primary group conducting health outreach with farmworkers and their families. It is especially important in these instances for the *promotores* to be aware of local navigators to whom they may refer community members. Farmworker Justice has worked with their community-based partner organizations and a National Peer Advisory Council (NPAC) to identify and collaborate with certified navigators at local clinics and health centers.

We estimate that the *promotores* will provide outreach and education on the health insurance marketplaces, Medicaid, and CHIP to at least 14,400 individuals over the course of the project. Farmworker Justice provides capacity building and technical assistance for each partner organization as needed.

For more information about *Conexiones: Connecting Rural Latino Families to Medicaid and CHIP* please contact the Project Director, Rebecca Young, at ryoung@farmworkerjustice.org.



La Ley de Cuidado de Salud y Usted
Una guía sobre el seguro médico obligatorio

A partir del 2014, es posible que usted y algunos miembros de su familia estarán obligados a obtener un seguro médico o deberán pagar una multa. Este requisito es conocido como "el mandato individual". Este guía le da información importante acerca de lo que la ley exige para usted y su familia.

¿Qué exige la ley sobre un seguro médico?

Cualquier persona que está "presente legalmente" en los Estados Unidos está obligada a tener un seguro médico. A partir del 2014, aquellas personas que no tienen seguro médico deberán pagar una multa de \$95 por persona (\$178 por niño) y el 1% de su ingreso familiar (el monto que sea más alto).

¿Quién está presente legalmente según la ley?

Usted está presente legalmente según la ley si es:

- Un ciudadano estadounidense
- Un residente permanente de los EE.UU.
- Un refugiado o asilado
- Un sobreviviente del tráfico en personas (con una visa T)
- Un sobreviviente de violencia doméstica (con una visa U)
- Un trabajador contratado no-inmigrante (con una visa H-2A o H-2B)
- Tiene Estatuto de Protección Temporal (TPS)

Cuando rellene el formulario de impuestos federales en el año 2015, tendrá que proporcionar prueba de seguro médico o evidencia que usted califica para una excepción a la multa.

¿Hay excepciones a la multa?

Si no tiene seguro médico en el año 2014, no tendrá que pagar una multa si:

- ☐ No tiene que pagar impuestos porque no gana lo suficiente
- ☐ No se encuentra legalmente en los Estados Unidos
- ☐ El costo de obtener un seguro médico es más del 8% de su ingreso familiar
- ☐ Dure dificultades económicas que le impiden obtener un seguro médico (como por ejemplo un desastre natural)
- ☐ Usted está sin seguro médico por menos de 3 meses consecutivos
- ☐ Está encorsetado

Farmworker Justice's ACA Resources for Farmworkers and Service Providers

In response to the need for farmworker targeted resources, FJ developed the following materials to ensure that farmworkers, their families, and service providers have accurate information about the ACA.

[ACA Guides for Farmworkers and their Families in Spanish and English](#) – Guide for H-2A Workers, Guide for Lawfully Present Farmworkers and their Families, Guide for U.S. Citizen and Qualified Immigrant Farmworkers and their Families, and a Guide to the Health Insurance Requirement.

[H-2A Workers and the Affordable Care Act: Frequently Asked Questions](#)

[ACA Curriculum for Outreach Workers and Promotores de Salud](#) – A training curriculum for outreach workers that provides basic information about the ACA and farmworkers. After the training, outreach workers will be able to answer basic questions about the ACA and direct workers to navigators and other resources in their communities.

FJ will continue to develop resources. FJ also provides trainings in the form of webinars and presentations. For more information or if you have ideas about resources or other technical assistance that would be helpful for your work, please contact Alexis Guild at aguild@farmworkerjustice.org.

How You Can Help

Farmworker Justice relies on the support of people like you. Now more than ever, we can help farmworkers create better lives for themselves and their families. There are a variety of ways you can get involved:

Make a donation at www.farmworkerjustice.org

Support the Shelley Davis Memorial Fund

Contribute through the Combined Federal Campaign. Farmworker Justice's registered number is #10778.

Please visit our website for more ways to get involved.

Thank you for your support!