

THE BOUNTY OF FOOD: THE POVERTY OF HEALTH

THE CALIFORNIA ENDOWMENT
CEO TASK FORCE ON AGRICULTURAL WORKER HEALTH

2001

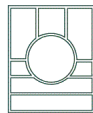


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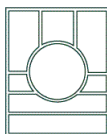


The Tomás Rivera
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THE CALIFORNIA ENDOWMENT

The California Endowment, the state's largest health foundation, was formed in 1996. Its mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.



The Tomás Rivera
POLICY INSTITUTE

Founded in 1985, The Tomás Rivera Policy Institute (TRPI) was established to conduct and disseminate objective, policy-relevant research, and its implications, to decision-makers on key issues affecting Latino communities.

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Dr. Robert K. Ross
President & Chief Executive Officer
The California Endowment

Dear Dr. Ross:

It is with great pleasure that I provide you with the final report and recommendations of The California Endowment's CEO Task Force on Agricultural Worker Health.

Undoubtedly, the deplorable health, working and living conditions of such a vital segment of our population - and state economy - has been ignored for too long a period of time. We have the opportunity to accomplish something that would be truly historic, and we are proud to have made a contribution to your efforts to turn the dark pages of history for the California agricultural worker to new chapters marked by respect and good health for themselves and their families.

It is our firm belief that the public policy and programmatic recommendations presented in this report will provide you with the groundwork needed to develop strategies to make lasting improvements in the lives of these workers. We are hopeful that the diversity of perspectives represented on the Task Force has produced ideas that will yield meaningful and even profound consequences.

In my many years of public service, I have worked with few groups exhibiting the commitment and dedication that members of this Task Force demonstrated. Most remarkable was the fact that 22 people were able to reach consensus on such a wide range of issues in only three months.

On behalf of the Task Force members, I commend you and the members of The California Endowment's Board of Directors for your leadership and commitment in taking on such an enormous and complex challenge.

Thank you for giving all of us the opportunity to play a role in this historic and critical endeavor.

Yours Truly,



Hon. Esteban E. Torres, Chair, The California Endowment CEO Task Force on Agricultural Worker Health
Member of Congress (retired)



CEO TASK FORCE ON AGRICULTURAL WORKER HEALTH

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ACKNOWLEDGEMENTS

The completion of this effort could not have been possible without the valuable contributions of a number of individuals and organizations. First, we would like to thank the Task Force Planning Committee which developed the initial framework, and who managed and guided the process that led to the successful completion of the work of the Task Force on schedule. This group consisted of the Chair, Congressman Esteban E. Torres (ret.); Don Villarejo, Principal Investigator of the "Suffering in Silence" report and a member of the Task Force; Dr. Harry P. Pachon, President of the Tomás Rivera Policy Institute (TRPI); Jose Hermocillo, Sr. Vice President and Co-Managing Director, APCO Worldwide; and Mario Gutierrez, Director of Strategic Programs for The California Endowment. In addition to his participation on the Planning Committee, we would like to thank Jose Hermocillo for his valuable advice, assistance and skillful facilitation that eventually led to the Task Force reaching agreement on the final recommendations found in this report.

Our most grateful appreciation is offered to Dr. Pachon and his staff at the Tomás Rivera Policy Institute, for their tireless support in helping us complete this important task. Special recognition is given to Shauna Clark, Luis Plascencia, Kathryn Azevedo, Andrew Moellmer and Matt Barreto, who provided research and invaluable staff support for our working committees. They had the particularly challenging task of distilling countless hours of discussions and background materials - during and in between Task Force meetings - into useful, working documents that formed the basis of our final recommendations. We would also like to specially thank Leah Leander, TRPI Conference Coordinator, for her skillful and attentive efforts in arranging all of our meeting logistics, travel and communications.

We would also like to acknowledge the contributions of the Task Force Technical Advisors that provided valuable insight and perspective to our deliberations that helped shape these final recommendations. These were: Xochitl Casteñeda, Project Director, Binational Health Policy Initiative, University of California Office of the President; William French, Executive Director, Rural Community Assistance Corporation; Elia Gallardo, Migrant Health Coordinator, California Primary Care Association; David Lighthall, Executive Director, California Institute for Rural Studies; Gil Ojeda, Program Director, California Program on Access to Care, California Policy Research Center, University of California, Berkeley; and Michael O. Sullivan, CEO, Golden Valley Health Centers.

Finally our sincere appreciation to Dr. Robert K. Ross, President and CEO of The California Endowment, for having the foresight to bring together this group of recognized leaders from a variety of perspectives and interests to seek common ground on some very complicated and deep-seeded issues, and for reaching out to us to help guide The Endowment in developing its funding strategies. We thank The Endowment for its support, leadership and commitment in finding meaningful solutions to preserve the dignity of California's agricultural workers and their families.



CEO TASK FORCE ON AGRICULTURAL WORKER HEALTH

A Report by The Tomás Rivera Policy Institute

PROLOGUE

This report presents the final recommendations of The California Endowment's CEO Task Force on Agricultural Worker Health. This Task Force was created to help advise and guide The Endowment in the development of future grant-making strategies to address the distressing health and living conditions of the state's one million seasonal and migrant agricultural workers and their families.

The findings of a previous landmark study, *Suffering in Silence: A Report on the Health of California's Agricultural Workers*, reveal that the vast majority of these workers are at serious risk for life-threatening chronic diseases caused by inadequate nutrition, and have little or no access to medical or dental care.

This report, which was conducted by the California Institute for Rural Studies (CIRS), provides the most comprehensive health survey of agricultural workers completed to date.

As a result of this sobering data, The Endowment brought together experts in the field of agricultural worker health and convened this Task Force to develop recommendations for improving the health status of this population.

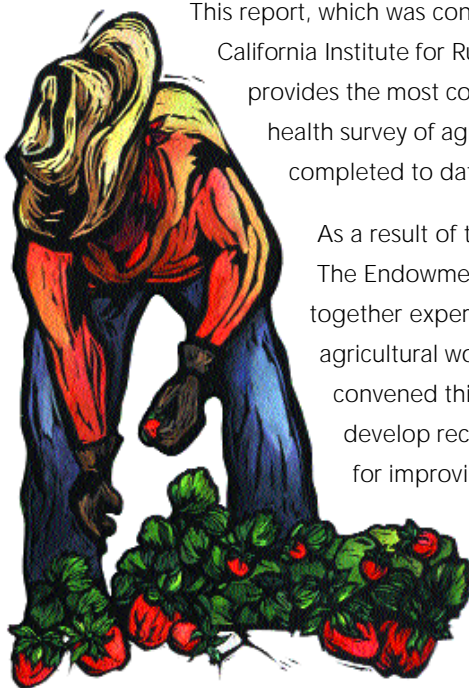
Individuals on the Task Force

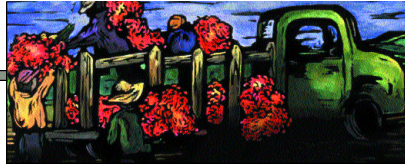
included academics, health center directors, clinic physicians, growers, state elected officials, advocates and health department directors.

Throughout their deliberations, Task Force members unanimously agreed that the lack of access to health care and the health conditions faced by this population were critical and pervasive and could not be permitted to continue. As such, the Task Force firmly believes that achieving lasting solutions will require sustained commitment and dedication of effort by everyone ranging from policy-makers to growers, labor contractors to the agricultural worker families themselves. This report contains specific programmatic and policy-related recommendations for The Endowment and others to consider.

Guiding the development of these recommendations were several important themes that emerged from these deliberations:

- The sense of urgency to take immediate action to address the health problems of California's agricultural workers and their families;
- The needs of agricultural workers must be returned and maintained to a prominent place on the public policy agenda;
- The need for more "champions" to provide needed visible and credible leadership to develop responsive solutions; and
- The need to establish a collaborative and binational focus and linkage with the appropriate government agencies and communities in the United States and Mexico to jointly address the health needs of migrant agricultural workers.





SECTION I:

HEALTH CONDITIONS IN THE AGRICULTURAL WORKER COMMUNITY

California's agricultural economy is the wealthiest in the United States. For 50 consecutive years, California has ranked first in food and agricultural production, accounting for over 50 percent of U.S. fruit, nut and vegetable production. Agriculture is responsible for \$100 billion in production and related economic activity in the state, and cash farm receipts for agricultural products total over \$26 billion annually. Six of the seven most agriculturally productive counties in the U.S. are in California. While this bounty contributes to the overall economic well-being of the state and the nation, most of California's 350 crops are labor-intensive by nature and production is heavily dependent on the availability of a seasonal, highly mobile work force, willing to work for low wages in highly demanding conditions. This work force is absolutely essential to the production of the state's high-quality farm goods, which are among the least expensive available to U.S. consumers.

Ironically, many farm workers who are directly responsible for the production of some of the highest quality foods available find themselves suffering from poor nutrition and acute health problems, while often living and working in unsafe and unsanitary conditions. Several statistics illustrate the severity of the problem. Recently, The California Endowment funded a landmark study

titled, *Suffering in Silence: A Report on the Health of California's Agricultural Workers*, that examined health conditions among California's farm workers. This study, which included a comprehensive physical examination for each respondent as well as in-depth questions about health and medical clinic utilization, was conducted by the California Institute for Rural Studies (CIRS).¹

The study found that more than one-fifth of male respondents had at least two of three risk factors for chronic disease. Agricultural workers suffer from higher rates of high serum cholesterol, high blood pressure and obesity than is found in the general population. Many of these workers also suffer from acute dental and vision problems. A large number reported never having visited

“Ironically, many farm workers who are directly responsible for the production of some of the highest quality foods available, find themselves suffering from poor nutrition and acute health problems while often living and working in unsafe and unsanitary conditions.”

¹ The California Institute of Rural Studies, a private nonprofit research organization located in Davis, California, employed more than 100 individuals to conduct the field research for the California Agricultural Worker Health Survey (CAWHS). The institute randomly selected 1,164 interview subjects who were working within six primary agricultural regions of California: Gonzales (central coast), Mecca (the desert), Calistoga (the north coast), Arbuckle (Sacramento Valley), Vista (south coast), and Cutler and Firebaugh (the San Joaquin Valley). Of those, 971 agreed to extensive personal interviews and 652 completed the physical examination portion. The majority of the sample consisted of young, married Mexican men with little formal education and earning very low incomes.

² The executive summary of the CIRS report, which contains statistics and more details about these health problems, can be found in the appendix.



a doctor, dentist or eye care specialist in their lives and most respondents lacked any form of health insurance.²

An unhealthful diet is a likely reason for many of the health problems identified above. An overwhelming number of these workers come from developing nations in Latin America, with 96 percent of respondents in the health survey identifying themselves as of Mexican or other Latin American descent. The remaining 4 percent largely come from Southeast Asia. These workers have come to California seeking jobs to improve their lives and increase the standard of living for their families. It is a paradox that the work force most directly responsible for producing California's farm bounty should suffer from poor nutrition and subsequent negative health conditions.

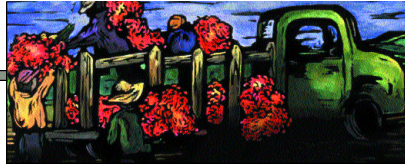
"The Task Force was created to help advise The California Endowment in the development of its future grant-making strategies and to create public policy recommendations to address the distressing health and living conditions of the state's one million seasonal and migrant agricultural workers and their families."

SECTION II:

MISSION AND PROCESS

In January 2001, The Endowment convened a task force composed of experts in the field of agricultural worker health. The CEO Task Force on Agricultural Worker Health, chaired by Congressman Esteban Torres (retired), was formed in response to the CIRS findings. The Task Force was charged with the responsibility of making informed program and policy recommendations to assist The Endowment in developing its grant-making program. The Endowment sought the services of the Tomás Rivera Policy Institute (TRPI) and the consulting services of Jose Hermocillo, Sr. Vice President and Co-Managing Director of the California offices of APCO Worldwide, to assist the Task Force in its overall mission and process. TRPI facilitated the Task Force meetings and subcommittee deliberations, reviewed previous work in the field as needed, and provided administrative support. Mr. Hermocillo was responsible for providing strategic communications and public affairs services.

The Task Force agreed to meet over a period of three months to assess and prioritize the issues, and to develop a consensus on recommendations for The Endowment. Through the leadership of Congressman Torres, Task Force members moved quickly to establish a process and timetable to meet their charge. Task Force deliberations were organized into five working groups: access to health care; occupational safety and health; insurance and coverage; housing and living conditions; and health education and prevention. Over the course of the next 60 days, members engaged in serious and thoughtful deliberations as they struggled through these difficult and complicated issues. In between meetings, Task Force members communicated with their respective committee members by way of conference calls and e-mail. The recommendations of the subgroups were presented to the Task Force as a whole at its final meeting, held on March 9, 2001, in Sacramento, California. After much discussion and debate, the Task Force reached consensus on the specific recommendations included in this report.



Obstacles and Barriers to Health: A Survey of Task Force Members' Opinions

As part of the deliberations process and to assist the Task Force in building a consensus, Task Force members were surveyed by TRPI to solicit their opinions of the most significant obstacles and barriers to health care facing farm workers, and to form the outcome-based goals that should guide the Task Force's deliberative process at the final meeting. There was overwhelming consensus around two key issues: the general lack of culturally competent health professionals in rural underserved areas; and the general weakness of rural health infrastructure, particularly the lack of comprehensive medical facilities.

Another interesting finding is that there were differences in opinions among Task Force members according to their area of expertise. Task Force members were divided into three groups based on their occupation or role: growers and health care providers, elected and appointed public officials, and academics and community advocates. The survey found that each group differed in its perception of the most important obstacles and barriers limiting farm worker access to health care services.

Growers and health care providers identified the key obstacle as being federal and state statutes that make it difficult to add new insurance providers to the market.³ Public officials agreed that the main barrier is the lack of knowledge about available public health and private insurance coverage options among migrant farm workers. Academics and advocates pointed to the low priority that is given to enforcement of federal, state and local worker protection laws regulating agricultural worker safety.

Challenges and Obstacles Facing the Task Force

The Task Force faced a number of challenges in arriving at their recommendations. Most important, the members agreed that it was extremely difficult to achieve consensus around a single set of issue priorities. Many of the Task Force members indicated that all of the issues and recommendations raised were vital and that they should all be given equal weight in grant-making and policy-making processes. An additional challenge concerned the logistics involved in organizing and convening a Task Force of this magnitude and diversity in a relatively short time frame. Task Force members represented a variety of backgrounds in the private and public sector including public officials, executive directors of advocacy organizations, medical practitioners, agribusiness officials and other high-level experts. Despite busy schedules and complicated daily agendas, all Task Force members committed to regular participation in all deliberations.

“ There was overwhelming consensus around two key issues: the general lack of culturally competent health professionals in rural underserved areas; and the general weakness of rural health infrastructure, particularly the lack of comprehensive medical facilities.”

³ Examples include the Sunset Clause, Employment and Retirement Income Security Act (ERISA) and the Multiple Employer Welfare Arrangement (MEWA). These measures place restrictions on the ability of new insurance providers to enter the marketplace. In particular, these measures make it difficult for multiple employers to offer a joint insurance program and require that only 20 percent of insurance plan participants can be non collective bargaining workers. However, most agricultural workers are not collective bargaining workers, which excludes them from many insurance programs.



SECTION III:

FINDINGS AND RECOMMENDATIONS

Overarching Themes and Goals

The foregoing suggests that there are several fundamental themes and goals that should underscore any effort to improve the health care conditions of California's farm worker community. During the final plenary session on March 9, 2001, Task Force members discussed a number of themes. The following ideas emerged as particularly relevant to effectively address the health care needs of farm workers:

- While long-term, comprehensive strategies are developed, there is an urgent need for immediate, short-term efforts to address the health status of farm workers in California. The poor health, housing and working conditions of farm workers have gone unresolved

“ There are many diverse interests, such as the U.S. and Mexican governments, agricultural business, health providers, and advocates, that must be brought together through independent and credible leadership to achieve sustainable and effective solutions.”

for the past 50 years, and it is critical that concrete and tangible efforts surface from the three months of meetings of the Task Force. Because these issues are deeply rooted, the Task Force concluded that any significant improvement in the health and living conditions of agricultural workers requires a long-range, comprehensive and sustained approach. Meanwhile, it is vital that immediate action be taken to address the most pressing health problems.

- **The health issues affecting farm workers and their families must become a permanent part of the public policy efforts in California.** It is important to create a central focus for issues on farm worker health. Interest and attention to the conditions of agricultural workers has not received sustained, visible commitment from the public. Presently, these conditions go unnoticed by the general public and thus do not receive public policy attention.
- **The need for one or more “champions” to provide needed visible and credible leadership to develop responsive solutions.** There are many diverse interests, such as the U.S. and Mexican governments, agricultural business, health providers and advocates that must be brought together through independent and credible leadership to achieve sustainable and effective solutions.
- **It is important to establish a collaborative and binational approach involving California and Mexican government agencies to address the health issues facing migrant farm workers.** Specifically, in terms of health insurance coverage and health education and prevention, a binational focus will allow farm workers greater access to comprehensive medical care on both sides of the border. Appropriate Mexican agencies include, but are not limited to the Ministry of Health, Ministry of Foreign Affairs and Office of Migrant Affairs.



Program Recommendations

Despite the difficulty Task Force members faced in selecting a single set of recommendations, at the end of their deliberations a consensus emerged around five crucial areas. The following recommendations were finalized and presented to The Endowment for its consideration:

- Given the critical importance of access to high quality health care, the Task Force urges The Endowment to support the creation of pipeline programs to increase the quantity and capacity of farm worker-oriented, culturally competent health care professionals. Specific actions include: short-and long-term strategies targeting recruitment, preparation and retention of domestic and international medical providers; creating a program that reimburses loans for graduates who practice in agricultural communities; fellowship programs; comprehensive care and ongoing support for committed health care providers; partnering with academe; and promotion of primary care.
- Fund efforts to increase points of access to comprehensive health, dental and mental care where farm workers and their families live and work. The Task Force recommends that in addition to traditional models of health care such as clinics and hospitals, The Endowment consider alternative models and methods such as mobile *promotores de salud* that bring health care directly to farm workers in their communities.
- Fund health education and prevention (HEP) programs to elevate their visibility and awareness among agricultural workers. As a primary means to better health, The Endowment should: a) earmark a specific, significant percentage of grant dollars to HEP, and b) add an evaluation component to track the success of HEP outcomes. In this effort, The Endowment should adopt a multidisciplinary approach. Additionally, the full range of health issues known to

face farm workers should be addressed in any HEP programs that The Endowment will support, including: dental care, mental health, obesity, nutrition, diabetes, AIDS/HIV, substance abuse, pesticides, prenatal care and immunizations.

- Perform a system analysis of new and existing federal and state health programs, insurance coverage and delivery systems with the end goal of maximizing participation by farm workers and their families. Throughout, The Endowment should consider the promise of binational solutions to improving health conditions in the farm worker community.
- Provide a permanent funding source to eliminate barriers to, and increase supply of, affordable housing and improve existing housing conditions. The Endowment should fund programs to strengthen existing health and safety standards and their enforcement for farm worker housing; to provide outreach and education to agricultural workers on housing and fair housing rights; and to assess, evaluate and remove the adverse impact on farm workers of the practical and policy barriers to decent affordable housing.

“While long-term, comprehensive strategies are developed, there is an urgent need for immediate, short-term efforts to address the health status of farm workers in California.”



Public Policy Recommendations

In addition to being charged with the primary responsibility of making concrete grant-making recommendations to The Endowment, Task Force members were also asked to develop specific and targeted public policy recommendations that, if implemented, could have a positive impact on the state of agricultural farm worker health. The Task Force suggested two sets of policy recommendations – those affecting farm workers and their dependents specifically, and others that target the underserved population in California generally.

Farm Worker-Specific Policy Recommendations:

- Seek and identify federal, state and county funding to increase farm worker points of access to public programs.



- Create a mechanism to reserve some of the tax/social security contributions of farm workers for a health insurance program.
- Institute a binational collaborative effort with appropriate Mexican organizations and officials to address the health education issues. Specifically target three of the sending communities in Mexico: Zacatecas, Jalisco and Michoacan. Promote HEP outreach in a national and binational manner that also promotes increasing coverage and making it portable. Because of the importance of the home community, HEP outreach should begin in Mexico in consultation with the Ministry of Foreign Affairs, Ministry of Health and the Office of Migrant Affairs.
- Establish state mandated Farm Worker Health Commissions within each county of need. The commission would be the local county clearinghouse for all agricultural worker funding and programs. A possibility would be to expand California's AB 2306.⁴
- Increase and ensure long-term funding commitments (federal, state and county) to the farm worker housing endowment covering the development of new housing and improvement of existing housing and living conditions.
- Eliminate barriers to improving farm worker housing and living conditions through changes to code enforcement law, planning and zoning laws, fair housing and anti-NIMBY laws. Also, eliminate the inconsistencies between smart growth and environmental policies and through improvements to existing farm worker housing programs.

⁴ AB 2306. Assemblymember Dean Florez, February 24, 2000. Under existing law, the California Rural Health Policy Council in the California Health and Human Services Agency is established to improve access to, and the quality of, health care in rural areas. This bill would require the State Department of Health Services to review and survey the extent to which agricultural workers and their families utilize those public health programs for which they are eligible, in order to provide improved delivery of services to the families of agricultural workers. The bill would specify the components of the survey, require the department in conducting the survey, to ensure the full participation of entities that provide services to agricultural workers, and require the department to report the survey results to the Legislature on or before March 1, 2001, and to submit an implementation plan based on those results to the Legislature on or before December 31, 2001.



- Formulate policies and programs designed to provide immediate relief and improvements in current enforcement of occupational health and safety laws in agriculture.
- Develop a statewide policy that targets agricultural employers who have a pattern and practice of violating occupational health and safety laws. This would include/require improvements in record keeping, regulations of farm labor contractors and employers, and civil/criminal penalties.
- Incorporate a comprehensive program for providing, evaluating and monitoring policies regarding occupational safety and health services. Ensure that the information provided by federal, state and local publicly funded entities is culturally and linguistically appropriate and understandable by the intended recipients of such services and materials.

- Simplify applications for Healthy Families and Medi-Cal by reducing their length to one page.
- Eliminate or reduce the three-month waiting period for Healthy Families coverage.
- Maintain a central registry of insurance information accessible to all insurance providers (private, public and nonprofit).
- Promote cooperation with the California Department of Education to standardize nutritional programs for school children and encourage healthy snacks offered at schools. Work to end the "marketing of disease."
- Work with television and radio networks to begin a series of public service announcements aimed at promoting health education and prevention programs among agricultural workers.

General Policy Recommendations:

- Increase the number of California rural medical personnel by allowing international medical graduates to practice in the United States. Resolve the international medical graduate (IMG) issue through federal legislation.
- Encourage state policy-makers to: (a) fund and develop policies that will increase outreach and access to health care by those who are eligible for public programs; and (b) develop a health care solution for those who are not eligible for public health care services.
- Increase state and federal funding for the rural community health infrastructure.
- Increase state and federal funding for prenatal care programs.





CONCLUSION

California's agricultural worker population numbers more than one million and accounts for nearly \$30 billion of California's economy. Despite such contributions, 70 percent of these workers lack any form of health insurance and government-funded insurance programs, such as Healthy Families; Medi-Cal covers only 7 percent of these workers. What began with César Chavez, Dolores Huerta and the farm worker movement over 30 years ago needs to be put back on the state agenda. Through its 22-member Task Force, The California Endowment has a unique opportunity to provide programmatic leadership to begin addressing this issue. The recommendations offered by the Task Force and captured in this report carry a weight of urgency and seriousness that all members of the Task Force

emphasized. By dealing with issues such as shortages in culturally competent medical providers and facilities, as well as affordable, adequate housing, the Task Force's recommendations lay a new foundation to once and for all improve the health and living conditions of this important and valuable sector of California.





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APPENDIX

THE CALIFORNIA ENDOWMENT

Executive Summary

This report summarizes the initial findings of a large-scale, statewide, population-based survey of the health status of California's agricultural workers carried out in 1999. The survey was conducted by the California Institute for Rural Studies (CIRS), a private, non-profit research organization based in Davis, Calif. The California Agricultural Worker Health Survey (CAWHS) is the first statewide health survey among agricultural workers that has included a comprehensive physical examination, and provides the first-ever baseline health status data for this labor force. The survey was funded by a major grant from The California Endowment.

The CAWHS is constructed from a rigorously objective random sample of subjects. Participants were randomly selected from a comprehensive, door-to-door household survey conducted in seven communities. Five communities were randomly selected to represent each of five of the state's six agricultural regions: Arbutle (Sacramento Valley), Calistoga (North Coast), Cutler (San Joaquin Valley), Gonzales (Central Coast) and Vista (South Coast). The community of Mecca represents the sixth region (Desert). Firebaugh was added to represent the west side of the San Joaquin Valley. Half of the state's agriculture workers are employed in the San Joaquin Valley.

Survey interviewers went to both residences within the towns, as well as thoroughly searched labor camps and informal dwellings found in the agricultural fields surrounding these communities. Some 1,174 randomly selected agricultural workers were asked to participate. Of these, 971 agreed, for a response rate of 83%.

Each subject agreed to a one-and-one-half-hour interview at their residence, a comprehensive physical examination at a nearby medical facility, including a full blood chemistry analysis performed by an independent medical laboratory, and a private interview at the clinic that inquired about risk behaviors. Two-thirds of the randomly selected subjects (652) completed all three components of the CAWHS for an overall participation rate of 56%.

The main feature of the CAWHS sample (971 persons) is that it is mostly comprised of young, married, Mexican men who have little formal education and who earn very low annual incomes. Overall, the sample median age is 34, about 92% are foreign-born, 59% are married, 63% have attained six or fewer years of formal education, only half say they can read Spanish well, and the median reported total annual earnings from all sources is between \$7,500 and \$9,999. About 96% say they are Mexican, Hispanic or Latino, and 8% overall are of indigenous origin.

Physical examination and blood chemistry data have been reviewed and analyzed for the 652 persons who completed all components of the survey, the "PE sample." The main findings are:

- ▶ Nearly one in five male subjects (18%) had at least two of three risk factors for chronic disease: high serum cholesterol, high blood pressure or obesity.
- ▶ For all three age cohorts (20-34, 35-44, 45-54), a significantly larger fraction of male subjects had high serum cholesterol as compared with the U.S. adult population.
- ▶ Both male and female subjects in the CAWHS sample show substantially greater incidence of high blood pressure as compared with the incidence of hypertension among all U.S. adults.
- ▶ 81% of male subjects and 76% of female subjects had unhealthful weight, as measured by the Body Mass Index (BMI). Overall, 28% of men and 37% of women were obese. In both aspects, the PE sample compares unfavorably with all U.S. adults and with findings from the Hispanic Health and Nutrition Examination Survey.
- ▶ For both male and female subjects, a significantly greater fraction of persons in the PE sample, show evidence that they are likely to suffer from iron deficiency anemia than is the case for U.S. adults. For males, in both age cohorts, it is about four times greater in the PE sample than among comparable groups of U.S. men.
- ▶ Clinically determined dental outcomes were startling. More than one-third of male subjects had at least one decayed tooth. And nearly four out of ten of female subjects had at least one broken or missing tooth.



Subjects in the CAWHS sample (971 subjects) were asked to report on utilization of and access to health care services. The findings contrast sharply with comparable data for U.S. adults:

- ▶ Nearly 70% of all persons in the sample lacked any form of health insurance, and only 7% were covered by any of the various government-funded programs intended to serve low-income persons.
- ▶ Just 16.5% said their employer offered health insurance, but nearly one-third of these same workers did not participate in the insurance plan that was offered, most often because they said they could not afford either the cost of premiums or because they could not afford the co-payments for treatment.
- ▶ When asked to describe their most recent visit to a doctor or clinic, a plurality of male subjects (32%) said they had never been to a doctor or clinic in their lives. But a plurality of women had a medical visit within the previous five months.
- ▶ Half of all male subjects and two-fifths of female subjects said they had never been to a dentist. The extremely low access to dental health services is reflected in the high proportion of adverse dental health outcomes found in the PE sample.
- ▶ More than two-thirds of subjects reported never having had an eye-care visit.

▶ Some 18.5% of CAWHS subjects reported having a workplace injury at some point in their farm work career that was compensated by a payment to them under the California Workers Compensation Insurance System. But just one-third of all CAWHS subjects thought that their employer had such coverage, despite the fact that California law required such coverage.

▶ Only 57% said they had received pesticide safety training, but more than 82% reported that their employer provided toilets, wash water and clean drinking water.

The report concludes that the risks for chronic disease, such as heart disease, stroke, asthma and diabetes, are startlingly high for a group that is mostly comprised of young men who would normally be in the peak of physical condition. Hired farm work is often very strenuous and surely qualifies as regular exercise.

Unhealthful diet is likely to be a major contributor to the conditions noted above. It is a tragedy and more than a little ironic that the labor force that is responsible for producing such a great abundance of healthy food in California should themselves be suffering from the effects of poor nutrition.

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ABOUT THE ARTIST

The Tomás Rivera Policy Institute would like to thank Elsie Dye Sims
for the use of her artwork in this report.

(on cover)

"Migrant Harvest: Strawberries"
Hand Colored Woodcut 2000
25" x 35"

"Migrant Harvest: Ranunculus"
Hand Colored Woodcut 2000
31" x 31"

Artist Elsie Dye Sims moved to Los Angeles from Seattle only a year ago, but has already made her mark on the Southern California art scene. Her most recent body of work, "Migrant Harvest," is a study of migrant field laborers. As a frequent traveler of the I-5 freeway connecting Los Angeles and San Diego, she was struck with the conflicting attitudes towards migrant workers. The images of roadside stands with affordable produce contrast with the image of immigration checkpoints. Through her "Migrant Harvest" series, Elsie Dye Sims presents colorful, agricultural landscapes as well as a reminder of the role of the migrant worker.

