

# **Ag Worker Health Access: A Comprehensive Local Solution**



**Ventura County Ag Futures Alliance**

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# Ag Futures Alliance — A Different Approach

(Source: AFA Formation Final Report, February 2001)

Growers and others concerned about agriculture's survival formed a coalition named the Ag Futures Alliance (AFA) in late 1999 to address some of the more critical challenges facing farming in Ventura County. The initial purpose of AFA was to create a framework for actions to ensure that agriculture would remain a vibrant and vital element of the Ventura County landscape, culture and economy in perpetuity.

Recognizing a need for broad-based public commitment and participation, members of AFA agreed that Ventura County agriculture must make the environmental and health concerns of non-farming residents a top priority. The alliance invited representatives from a variety of social and environmental concerns to participate, and with few exceptions the offer was accepted.

It became clear to AFA participants that the first step must be to create meaningful two-way communication. The second step would be to build trust, and the third step would be to discover win-win solutions based on mutual respect and appreciation. This present report on improving health access for farm workers is the latest in the continuing AFA efforts to initiate win-win solutions. Earlier win-win efforts, some of which are on-going, include farming near schools, farm worker housing, stewardship and the development of Ag relevant land use principles. For more information on the Ventura County Ag Futures Alliance visit our website: [www.agfuturesalliance.net/ventura](http://www.agfuturesalliance.net/ventura).

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## **Ag Worker Health Access: A Comprehensive Local Solution Executive Summary**

After three years of unraveling and discussing many complicated and multi-dimensional issues in health care, the Ventura County Ag Futures Alliance (AFA) Health Care Committee has formulated a comprehensive plan to improve farm worker health and facilitate farm worker access to health insurance at a local level. This report shares the AFA Health Care Committee's vision for a farm worker health care system, discusses the challenges of farm worker health insurance and obstacles to health care access, and suggests strategies by which the entire community can work together to improve the health of farm workers through the formation of a **Ventura County Ag Health Collaborative**.

Access to health care is a societal problem, and over six million Californians lack health insurance. But farm workers are an especially vulnerable population. AFA recognizes that farm worker access to health care is critical to the viability of agriculture in Ventura County as well as to the workers themselves, their families, and their employers. Although the state is aggressively pushing forward new health care policy, the AFA Health Care Committee has elected to pursue a proactive, local approach to facilitate access to care and health insurance rather than waiting for enactment and enforcement of new state requirements.

The AFA Health Care Committee envisions “**a system that ensures a healthy workforce in which all farm workers and their families have access to affordable health care services that include prevention, treatment and education.**” This vision and the key assumptions and principles outlined in the first section of this report were the foundation of the committee's consensus process and made it possible for the group to begin and continue the daunting work of addressing health care.

Farm workers face multiple barriers to accessing health care, and employers face many dilemmas in approaching worker health care. The challenges span a broad spectrum from historical to recent and from global to local. Both “macro” and “local” level challenges are discussed in the second section of this report to provide context to the Health Care Committee's recommendations, though many of these challenges extend far beyond AFA's sphere of influence.

The committee sought to respect and acknowledge the macro level issues affecting farm worker health, but not to become paralyzed by these challenges. Instead, the group explored existing and potential new opportunities to improve the health of farm workers at the local level. Relative to other regions with large farm worker populations, Ventura County is ahead of the curve. Our region has a strong healthcare safety net, with three major community clinic systems, and health education and outreach infrastructure. Moreover, a low-cost and stable health insurance plan is already available, and can potentially be expanded. Recommendations for building on existing resources and programs in the county, particularly in the areas of health education, direct services, and health insurance affordability, are discussed in the third section of

this report, while the fourth section shares case studies of local agricultural employers who are realizing these opportunities and investing in a healthy workforce.

The AFA Health Care Committee proposes the formation of an Ag Health Collaborative through which stakeholders can work cooperatively to set goals and implement strategies around **four critical components of a comprehensive farm worker health system: ensuring a safe and healthy workplace, health education at the job site, health insurance, and direct access to preventative health screenings and health services.** To achieve these critical elements, agricultural employers need collaboration, support and investment from key stakeholders including health providers and insurers, workers compensation companies, community partners and philanthropic foundations. The last two sections of the report describe the key components and stakeholders of the proposed Ag Health Collaborative and the next steps to make it a reality.

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As of this writing, the Governor of California is struggling to enact his “sweeping” health care reform plan that would require every individual to have insurance. With these reforms, employers that do not provide health benefits to their workers would pay a fee into a state purchasing pool that would subsidize insurance for low-income persons.<sup>i</sup> Democrats oppose a key component of the governor’s plan – requiring that individuals not covered by their employers, or eligible for existing public health insurance programs, purchase their own insurance – due to concerns about affordability for low income and middle class employees. Instead, the Democratic leadership wants businesses to pay for more of the cost of expanding coverage to the uninsured.

These statewide health reform efforts would no doubt impact farm workers and employers. Growers could be heavily impacted by a requirement that employers with ten or more employees either provide insurance to their workers or pay a 4-7.5% payroll tax. A proposed state requirement that uninsured individuals purchase their own insurance could impose a serious cost burden on individual workers. Farm workers would likely qualify for subsidized insurance based on their income, but the final cost to low-wage workers is still unknown. With average earnings of less than \$25,000 a year, farm worker families have little financial room for an additional monthly payment, even for health insurance.

The California Ag Worker Health and Housing Commission recently requested information on AFA’s Ag Health Collaborative proposal as a potential model for statewide application. The Ventura County AFA has been successful in spurring the development of farm worker housing, developing innovative policies on pesticides near schools, and envisioning a thriving agricultural future; now California is looking for solutions to farm worker health care access, and the Ventura County AFA is poised to showcase another win-win model.

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<sup>i</sup> Kurtzman, Laura. Veto threat on health care reform: Governor rejects Democrats’ push to bill only businesses. San Jose Mercury News, AP. August 23, 2007 [http://www.mercurynews.com/lifestyle/ci\\_6695937](http://www.mercurynews.com/lifestyle/ci_6695937)

True to the spirit of AFA, this report and its recommendations affirm that the viability of agriculture in Ventura County – requiring the healthy lives of farm workers – is in all of our hands.

## **I. Vision, Key Assumptions, Purpose and Principles**

The findings and recommendations of this paper were guided by the common vision, assumptions, purpose and principles of the Ag Futures Alliance (AFA) Health Care Committee. These were developed over a period of several months by the members of the committee, including about two dozen AFA members, agricultural leaders, health insurers, major health providers, community organizations, and others with links to farm worker families. A wide spectrum of organizations had a voice in this conversation, ranging from the Ventura County Agricultural Association and Farm Bureau to the Ventura County Health Care Agency and the Director of Migrant Education in the office of the Ventura County Superintendent of Schools. AFA founding member and University of California Cooperative Extension director Larry Yee facilitated the consensus-based process by which these guiding concepts were developed.

### **Vision**

The AFA Health Care Committee envisions **a system that ensures a healthy workforce in which all farm workers and their families have access to affordable health care services that include prevention, treatment and education.**

### **Purpose**

The purpose of the AFA Health Care Committee, and of the initiative outlined in this paper, is to design, develop, and sustain a system that empowers farm workers, in partnership with employers and labor advocates, to access affordable health care services that include prevention, treatment and education.

### **Key Assumptions**

The members of the Health Care Committee share a common set of assumptions (listed in no particular order of priority or significance) about the current situation in Ventura County:

- Employers have a vested interest and are an integral partner in farm worker health care.
- A successful health care system requires a dependable source of payment and dependable provision of services.
- A system is comprised of stakeholders acting in concert towards common interest. Stakeholders in the farm worker health care system include:
  - Employers
  - Employees
  - Health care providers
  - Insurers
  - Agricultural groups
  - Consumers
  - Community organizations
  - Schools
- Agriculture is cyclical and needs predictable and stable costs.
- Farm workers want better health access.

- The most impacted farm workers are those that are employed by labor contractors and/or seasonally.
- Farm workers are low paid workers bearing heavy physical demands while also being on the social margins.
- Farm workers go through periods of unemployment.
- A new system of relationships and collaboration is needed to address farm worker health.
- Both employers and workers lack of familiarity and knowledge about the health care process and system.
- Consumers value agriculture products (produce) grown with socially responsible practices, including the protection and promotion of farm worker health.

### **Principles**

The following principles guide the work and relationships of the AFA Health Care Committee:

1. Keep in mind our common purpose and mutual trust as the basis for consensus.
2. Creativity is helpful to achieve the vision and purpose.
3. Practical and simple (uncomplicated) solutions are best.
4. Proactive partnerships are needed to implement solutions.
5. Economic equity is important particularly when considering agricultural workers.
6. Affordability is important to everyone.
7. Sustainability of any solution needs to be taken into account.
8. Solutions need to be accessible.
9. Improved quality of life takes into account a comprehensive continuum of care (prevention and treatment related to medical, dental, vision)
10. Dedicate attention to issues of cultural competency.



## II. The Health Dilemma at a Macro Level

### Barriers to Farm Worker Health

Although farm workers continue to do the life saving work of providing food for everyone's table, they have some of the worst access to medical care and many suffer from chronic health problems. Community, education and health agencies working with the farm worker population consider farm workers to have 1) disproportionately negative health outcomes compared with other employment sectors and 2) less access to health care services and insurance.

Very few health studies have been done on farm workers, but those available reveal that this population faces serious health challenges.<sup>ii</sup> The most far reaching study, "Suffering in Silence," included direct health interviews and physical examinations of farm workers throughout California. The report, commissioned by The California Endowment, found that as many as one of every three farm workers had never received medical care from a doctor or clinic and that as many as one in two had never received dental care.

Most locally, the Institute for Rural Studies conducted an analysis of farm workers and their health resources in the Oxnard and Santa Clarita Valley.<sup>iii</sup> Researchers attempted to define the farm worker community and characterize the obstructions and channels to health access. Through telephone and in-person interviews with farm workers and representatives of community organizations, they found that farm workers face significant barriers—including transportation, lack of childcare, language, cultural, fear of deportation, and cost—to accessing health care.

The stories in the text box, *Voices for Farm Worker Health*, share just a few of the barriers to health that farm workers face. The exact number of farm workers is difficult to verify, but VC Ag Commissioner Earl McPhail estimates that between 17,000 and 24,000 farm workers are employed in the county during peak season. The Migrant Health Program estimates that there are 35,151 farm workers; when their family members are accounted for, there may be as many as 62,605 members of the farm worker community residing in Ventura County for at least part of the year.<sup>iv</sup>

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<sup>ii</sup> Appendix A provides a general overview of the findings from the few studies that have been conducted on farm worker health.

<sup>iii</sup> Institute for Rural Studies (2003). Pathways to Farmworker Health. Case Study No. 3: Oxnard/Santa Clarita Valley. <http://www.cirsinc.rog/reports/Ventura.pdf>

<sup>iv</sup> Workforce Investment Board of Ventura County (2006). The Future of Ventura County Agriculture: Issues and Opportunities for Workers and Growers.

### Voices for Farm Worker Health

Interviews from the Institute for Rural Studies' report reveal the human faces behind general trends in farm worker access to health care. In these personal stories, representatives of community organizations and farm workers themselves reveal the challenges of being uninsured, language and cultural barriers, and the health risks in the field. While many farm workers likely share similar obstacles to health, each has his or her own health care story.

*I knew a man who had a toothache. He didn't have any insurance and couldn't afford a dentist. I found a dentist in Port Hueneme who said he would take a patient and work with patients. He lied. In the end, he wanted a minimum of \$105 up front and denied service to the man with a severe toothache. Clinicas couldn't take him because he needed an appointment in advance. Within one week the infection moved into his eye. His eye bulged out of its socket and, as a result, he was transported by the county to an emergency dentist in Los Angeles as there is no dentist for emergency care in Ventura County. In the end, he lost his eye due to lack of earlier care. After this personal devastation, he left his family of five in the U.S. and returned to Mexico.*

~ Outreach worker from Catholic Charities

*To tell you the truth, I'm scared. Sometimes they'll get you a person and they talk to you but you don't understand them because they don't speak Spanish. I have faith in doctors here but I wish that we could talk, just like we're doing now. When you go to Mexico, you're able to talk to the doctor and have him explain to you what is wrong with you. Here, you'll get translators that you can't understand and you don't feel comfortable asking questions.*

*There are many instances in which the farm workers do not feel respected. Workers may feel that they will be judged when explaining an injury or pain that is not understandable to the doctor. The doctor's response sometimes suggests that the pain is inventing an ailment. I had one woman who complained of sharp pains in her ear followed by loud sounds from her hear. The doctors were telling her it was an ear infection. This woman said no, it is not an ear infection because the inside of my head hurts. She couldn't get anywhere, so she changed doctors. Her pain ended up being linked to migraines.*

~ Representative from the United Farm Workers

*Work is okay for my health, except for my nose allergy. I sneeze about one hundred times a day. I think it's related to the pesticides. It's normal to be tired after working all day. The body wears out from working year after year. After a while, "no vay rendir lo mismo/it won't hold up as well." I used to be able to pick up to ten boxes an hour and now the most I can pick is six or seven. I'm forty seven years old and I plan to work until I can, God willing.*

~ Farm Worker

## **An Overview of Labor Needs in Ventura County Agriculture**

Ventura County agriculture requires farm workers to harvest produce and care for crops throughout almost entire year. Because of its temperate climate, its rich soil and availability of water, Ventura County agriculture produces crops year round,<sup>v</sup> sometimes with two or even three harvests per year on the same acreage. Local agriculture also employs a diversity of agricultural and packinghouse employees who plant, harvest, process and transport crops and value-added products such as pre-packaged salad mix.

Though Ventura County is home to many farm workers who work here year round, the farm worker population also includes migrant and seasonal workers. A “migrant agricultural worker” is defined legally as “an individual who is employed in agricultural employment of a seasonal or other temporary nature, and who is required to be absent overnight from his permanent place of residence.” A “seasonal agricultural worker” may not be employed year round but resides in the same area where he or she works.

Migrant workers come during the summer months to harvest peppers, onions, lettuce and other minor crops. The strawberry industry also depends on migrant workers, in addition to year round workers. Many migrant workers who start harvesting fresh strawberries at the beginning of the season in Ventura leave at the beginning of the processing season and follow the fresh strawberry harvest to Santa Maria, Watsonville, or out of state. Farm labor contractors also employ migratory workers to harvest citrus. Nevertheless, because of the stability of agricultural production throughout the year in Ventura County, approximately two thirds of Ventura County farm workers are seasonal or year-round (full-time) workers, as opposed to migrant workers.

Both seasonal, migrant, year-round workers and family members need health education, direct services and affordable treatment. A wide range of health insurance plans, direct services, and health education efforts is necessary to provide multiple points of access to care.

### **Challenges to Agricultural Employers**

Any threat to the viability of local agriculture limits the growers’ resources to address farm worker health. The AFA Health Care Committee identified three broad issues that constrain grower attention to farm worker health: 1) international competition; 2) national immigration policy; and 3) non-local corporate farming.

First, **international competition and monopolized market price setting** can literally dictate the price that local farmers will receive for produce, irrespective of production costs.

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<sup>v</sup> The citrus industry harvests from December through October. Row crops such as celery harvest from early November through mid-July. Strawberries are harvested almost year-round. During the summer months many growers plant minor crop varieties such as peppers, onions, tomatoes, pumpkins, corn and lettuce, which are ready for harvest in late summer and fall.

Since agriculture is a small margin profit industry, minimizing costs is foremost on growers' minds. While production costs (fuel, water, regulatory requirements etc.) continue to increase, the ever growing global market keeps fruit and vegetable prices low. To remain competitive and make a profit employers must continually reduce costs, and how much they pay workers is one variable they have some control over. Further, U.S. agricultural must compete with other countries that have even lower standards for labor. In addition, unpredictable and uncontrollable factors, like the weather, create a climate of risk in which losses are always anticipated. While these issues are not directly related to health care, they make agricultural employers wary to increase the cost of doing business by providing health benefits to their employees.

At a federal level, **immigration policy** directly impacts the availability of labor. The recent 2006 Workforce Investment Board report on the future of agriculture in Ventura County identified immigration policy as the single most important variable at this time for sustaining agriculture. Agriculture as an industry is largely dependent on undocumented, immigrant workers, who will perform arduous work for low wages. Tight border control and deportation of undocumented immigrants may make it impossible for employers to maintain a stable workforce. Further, the Bush administration has recently announced a crackdown on illegal immigration, and is threatening to enforce severe employer sanctions. If growers do not verify the legal status of their employees, they may be fined \$10,000 per worker. The Workforce Investment Board report suggests that if border policy were to eliminate undocumented workers, wages would rise to the point where agriculture would no longer be viable in Ventura County. Already, these enforcement threats and labor shortages make agriculture less productive and increase costs for the grower.

On the other hand, the urgency of immigration policy affirms that farm workers are critical to agriculture. Michael Dimock, the former AFA facilitator, found that farm worker issues were easier to address than he'd expected, in part because of the current context in which farmers recognize the importance of workers:

So those issues have made farmers value labor now, that they are, I believe, more flexible and more willing to do stuff than they've ever done before, to make sure that farm workers are well-treated and well paid. Well paid is a relative term, but paid enough so that they can live a meaningful life in the context of the agricultural communities where they exist. So I think that the larger contextual problem of not enough farm labor has made farmers really reasonable, and willing to work and bend and actually invest money and time to make sure farm worker housing's built, or a solution to get farm worker health care, or a health insurance in place...they're making progress, because they need the farm workers. So the interdependence which is talked about in the Constitution of the AFA, the interdependence is really clear in farm labor, or social equity issues around farm workers.<sup>vi</sup>

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<sup>vi</sup> Interview with Michael Dimock, November 11, 2006.

Lastly, **non-local corporate farming** employers<sup>vii</sup> are replacing some of the local small and mid-size growers. This makes achieving farm worker health access a challenge because: 1) it is more difficult to engage non-local growers in local solutions that benefit the local workers and community, 2) it is more difficult to hold larger and non-local employers accountable and 3) there is the potential for creating pseudo-share cropping situations that make farm worker health protection and benefits much more difficult. Nonetheless, there is at least one significant example of a non-local “corporate” farmer – Driscoll - that has invested and collaborated through their foundation in local collaborative efforts that address farm worker needs.

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<sup>vii</sup> Some local examples include Coastal Berry, Dole, Driscoll, Sunrise and Wellpict. Sunrise, for instance, is an Irvine based company that currently owns 200 acres in Ventura County but may soon own as many as 1000 acres. Sunrise leases or rents small lots (5 acres) to former foreman’s and charges fees for marketing, cooling and palleting the harvested produce.

### III. Building on Existing Ag Worker Health Care Opportunities

#### Opportunities for Local Action

The significance of the broader national and global issues surrounding farm worker health care access cannot be underestimated. Yet local communities are capable of finding creative solutions to problems that extend far beyond themselves. For example, in 2001 Santa Clara County became the first county to create a new system for children's universal health insurance. Today, five years later, 18 counties throughout California have enrolled 83,000 children who would otherwise not have qualified for health insurance.

Similarly, Ventura County can create and seize opportunities to improve farm worker health care now, rather than waiting for state or federal policies to catch up to us. Such action can immediately and effectively address three critical issues: 1) grower education; 2) simplification of health insurance plan administration; and 3) insurance utilization.

A significant amount of **education for growers** is necessary to heighten awareness about the benefits of investing in efforts to improve farm worker health. Often employers' fear of incurring additional costs prevents them from seeing the positive outcomes of providing health benefits. For one, as immigration policy makes labor increasingly difficult to find, growers that facilitate access to health services and provide health insurance may be able to attract and retain more experienced workers. Further, if growers are proactive about addressing farm worker health, they will achieve higher ethical standards in Ventura County for an industry known to employ a desperate and vulnerable population. Finally, there may be some creative ways to reduce these costs.

Simplifying **health insurance plan administration** is critical to both growers and farm workers. Western Growers, for instance, has a "flat rate" monthly premium per worker irrespective of changes in number of dependents. This helps to facilitate family coverage and to simplify enrollment process for employers. Growers might also pool administrative costs, and one agricultural organization (e.g., the Farm Bureau) might assist employers in signing workers up for the health insurance plan.

Finally, growers, farm workers, and relevant community groups must collaborate to overcome the challenges to **insurance utilization**. As discussed previously, barriers to health go beyond cost, and include language, limited formal education, documentation status, and transportation. Clearly, there is a need for consistent outreach to farm workers on how to use their health insurance. Employers are discouraged from investing in the additional cost of health insurance when they believe that those workers who already are insured are not utilizing the product. No one wants to pay for a benefit that will not be used. This is a legitimate concern, but it creates opportunities for direct service providers to collaborate with health insurers to encourage workers to use the insurance.

The AFA Health Care Committee identified immediate opportunities for action to address these needs in Ventura County, as discussed below, through expansion of health education and direct services and increasing the affordability of health insurance for both workers and employers.

### **Expanding Health Education and Direct Services**

Significant opportunities exist in Ventura County to strengthen farm worker access to direct services and health and safety education. Compared to other counties with large farm worker populations, Ventura County has available a rich source of health service providers. Several organizations<sup>viii</sup> have an established history of providing community based health and safety education to farm worker families. Each of these organizations satisfies a particular niche. For instance, several Promotoras models train members of the farm worker community to be effective peer health educators and liaisons between the farm worker population and health providers. The Mixteco Indigena Community Organizing Project (MICOP) works directly with immigrants from Southern Mexico, many of whom speak Mixteco, and not Spanish, and have unique cultural health needs.

Also in place is an extensive direct health service network of three major health provider systems: Clinicas del Camino Real, Community Memorial Hospital and Ventura County Health Care Agency. Clinicas del Camino Real has the mobile clinics to provide medical services and VC Public Health also is able to provide chronic disease prevention screenings at the job site. Through collaborations with each other and employers, these health providers can coordinate improved services to farm workers.

Given these existing resources, **expanding health education and direct service is the most easily accessible path to improving farm worker health.** Expanding health insurance is much more difficult to achieve, because it requires employers to be proactive and cover some of the costs of farm worker health.

### **Health Insurance: A Crucial Route To Health**

According to the 2001 *Binational Farmworker Health Survey: An In-depth Study of Agricultural Worker Health in Mexico and the United States*,<sup>2</sup> farm workers “receive treatment intermittently and in an uncoordinated fashion from a wide variety of service providers.” Though health education and available services may lay a foundation for a comprehensive health care system, in and of themselves, they do not address farm workers’ need for a medical home. Once screened, farm workers still need general preventative examinations and ongoing treatment of chronic conditions. In addition, with at least one out of every four farm workers paying

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<sup>viii</sup> California Rural Legal Assistance, Clinicas del Camino Real, Mixteco Indigena Community Organizing Project, Promotoras y Promotores Fndn., St. John’s Regional Medical Center and Ventura County Health Care Agency.

exclusively in cash for health services, low wage farm workers carry an inequitable financial burden. Health insurance is necessary to provide farm workers with dependable health and financial protection. For employers to offer insurance the insurance product must be stable, affordable and require minimal administration.

In search of a way to minimize the cost of health insurance, the AFA Health Care Committee investigated whether employers might receive **reduced workers compensation rates** if they provided health insurance, which could make it more affordable. Workers compensation used to include a noticeable rate reduction tied to a credit given if an employer provided health insurance. The savings via the rate reduction was enough to cover the cost of health insurance. The changes in workers compensation through the 2004-05 reforms resulted in decreases in workers compensation premiums but effectively eliminated the incentive for employers to provide health insurance. Essentially, all employers benefited from double-digit percentage reductions in workers compensation costs across the board, irrespective of whether they provided health insurance (or any other health protection feature) to their workers. The AFA Health Care Committee has developed a relationship with Zenith, a workers compensation insurer that is willing to provide a rate credit reduction on workers compensation insurance if employers will provide their workers with health insurance

Further, Western Growers already offers a **low cost health insurance** product which may be more affordable on a larger scale. The "Clinicas Plan" was first developed in 1994 and currently includes approximately 2000 farm workers and their dependents. The monthly premium of \$44 per farm worker provides access to prescription drugs and primary care-- including medical, chiropractic, dental and vision. The plan does not cover major medical care. Workers can also use the insurance for health services in Mexico. This plan is already inexpensive for the employer. Moreover, if the pool of insured workers doubles to 4,000, the monthly premium cost would drop as low as \$20 per worker and \$30 per family.

More recently, in 2007, the AFA Health Care Committee learned that there were statewide funds available through the California Department of Health Services to extend health coverage to uninsured adults. The AFA Health Care Committee then proactively approached the Ventura County Health Care Agency to increase the potential for Ventura County to be selected in the competitive proposal process and to include a farm worker specific component to their funding proposal. The collaboration proved successful as Ventura County was one of only ten counties in California to be selected to receive three-year Health Care Coverage Initiative (HCCI) funding to provide health coverage to 12,500 uninsured adults. Ventura County was the only county to target farm workers.



#### **IV. Living Examples of Ventura County Farm Worker Health Access**

Already, some employers are doing their part to increase farm workers' access to health care. Growers have taken the initiative to insure their workers using partial self-insurance, traditional premium plans, and paying their farm labor contractors to offer health insurance. In addition, some have partnered with the Ventura County Public Health Department to provide preventative health screenings at the job site. As demonstrated by the examples below, there are multiple paths to farm worker health care access.

##### *Brokaw Nursery: Partially Self-Insured*

Brokaw Nursery has been providing nursery trees to citrus and avocado growers for 50 years. A combination of hot house and field operations enables it to provide year round work—and health benefits—to 55 permanent employees.

Currently, Brokaw Nursery provides all of its workers and their families with comprehensive health insurance using a partially self-insured plan. The employees' insurance plan covers medical care, mental health and wellness, prescription drugs, and dental care. Self-insurance allows the employer to customize the benefits included to meet the specific needs of its workforce. It can also save the employers money, because they do not pay a monthly premium.

United Agricultural Benefit Trust administers Brokaw Nursery's plan and utilizes an extensive list of contracted service providers. In addition to an administrative fee (not a monthly premium), Brokaw Nursery deposits \$5,000 in an account from which United Ag withdraws to pay the medical claims. Brokaw Nursery must replenish this account regularly.

Workers and their families can use the insurance to visit a doctor, with a \$25 co-pay, or go to the dentist with an annual \$100 deductible. Hospitalization requires payment of a \$100 deductible plus 20% of the balance. Brokaw Nursery pays the rest. However, if any one person incurs more than \$25,000 in annual health costs, "stop-loss" insurance kicks in, and United Ag covers the expense. This protects the employer from exponential health costs. Further, with authorization from her employees, owner Ellen Brokaw works with doctors to make sure that neither the worker nor Brokaw Nursery is overcharged for medical care. Brokaw also takes time to help her workers understand how to use the health plan.

Aside from the health insurance, all workers benefit from a "Good Health Bonus," program. Through this program, Brokaw Nursery sets aside \$300 per year for every family with children, \$200 for every couple, and \$100 for every single worker. Workers can use this money pre-tax to cover any health costs that the insurance does not cover. If they don't use it for health costs, they receive this money as a bonus (after tax) at the end of the year.

Such benefits empower the farm workers and their families to take care of themselves and seek medical care. Manuel<sup>ix</sup>, who has been working at Brokaw Nursery for 22 years, sees a doctor about once a year for a general exam. The health insurance has enabled him and his five children visit the doctor regularly and stay healthy. Though Manuel has been relatively healthy, he was hospitalized when he had an ulcer and needed an operation. His health insurance saved him thousands of dollars in medical charges.

Brokaw Nursery's generous benefits make workers feel respected and valued, creating a sense of mutuality and pride in the business. Manuel smiled when speaking about his boss, Brokaw, and said "She's an incredible person. She works hard to get us this good health insurance. I'm very happy. That's why I'm still working here." Brokaw Nursery's experience demonstrates that investing in health insurance can help employers retain their workers over a long term and develop a skilled workforce.

### *Avoiding the Hidden Killers: Preventative Health at the Worksite*

The Ventura County Public Health Department offers preventative health screenings, education and promotion services to many low-income communities, including farm workers. The department's Chronic Disease Prevention Program has collaborated with employers and Barkley Insurance to screen farm workers for high blood pressure, blood sugar levels and body mass index. The Public Health Department's bilingual, bicultural medical staff perform the screenings. They also refer the workers to county operated clinics, where they can use their Western Growers Insurance or pay a sliding scale fee.

On-site screenings introduce workers to a health provider and educate them on how to use the insurance. A health insurance product may seem an abstract contract to immigrant workers who are unfamiliar with America's health care system. The health screenings and referrals in the field can concretely link the work-based insurance to personal health care and encourage the workers to choose a medical home for themselves and their families. These onsite services also remove some of the language, transportation and cost barriers to accessing health care.

According to Rigoberto Vargas, the county program director, when his staff first arrives to do the screenings, the workers are sometimes hesitant. Once a few brave workers are screened, the others feel more comfortable as they realize that the medical staff are friendly and speak Spanish, and service is free and only takes a few minutes. "It's really a trust factor," says Vargas. "We help build the trust to utilize the plan and get into our system of care."<sup>x</sup>

Such preventative screenings can save lives. High blood pressure and sugar levels are precursors to diabetes and cardiovascular disease. Vargas recalled one incident when a woman

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<sup>ix</sup> Name has been changed to protect individual's identity. Interview with Manuel, August 21, 2007.

<sup>x</sup> Interview with Rigoberto Vargas, August 23, 2007.

was found to have such high blood sugar levels that she was in danger of going into a coma. The grower ended up personally driving that woman to a clinic, where she received care.

With interested growers, the Public Health Department has engaged in more comprehensive education and outreach programs. They began a successful partnership with Valley Crest Tree Company and Valley Crest Maintenance Company, each of which employs over 100 workers, approximately half of whom are uninsured and most of whom are low-income.

In addition to the basic health screenings and referrals, the Chronic Disease Prevention Program offered Valley Crest employees ongoing health promotion. Programs included: access to information on preventative measures, in Spanish and English; access to community healthy eating classes, walking and aerobic clubs; a mini health fair for 120 workers featuring health service programs, educational tools, and a prize wheel; and a one-hour, six-month class series. Valley Crest supported these preventative health activities by giving workers extra time during their lunch breaks to participate.

With new collaborations, workplace health services can be expanded to reach a greater number of Ventura County farm workers. Other health providers, such as Clinicas, also offer on-site screenings. Agencies and community organizations need to coordinate their services, share best practices and track the number of farm workers who receive health education and screenings.

Additionally, the agricultural community needs to seek new financial resources to pay for additional health services. Thanks to the financial support of The California Endowment and the Tobacco Settlement, the Public Health Department provides its screenings at no cost to the employers. To increase resources for onsite health services, growers could contribute toward some of the costs, or the screenings might be included as part of the health insurance product. Recently, the Public Health Department submitted a proposal to Western Growers requesting \$60,000 to expand the screening outreach and serve 2,500 farm workers and their families.

#### *Deardorff Family Farms: On a Journey to Sustainability*

With 1,500 acres to grow vine-ripe tomatoes, lettuce, celery and mixed vegetables, Deardorff Family Farms employs between 60-80 year round workers and over 300 additional workers during peak season. Deardorff has always provided its year round workers with health insurance, but recently began to insure all of their seasonal workers as well. According to Scott Deardorff, the business decided to expand health insurance as part of their journey toward sustainability: "It's another benefit we can pass on to our employees. We feel like it helps build a productive workforce, and we think it's the right thing to do."

Deardorff's workers are insured by the Western Growers plan, mentioned previously, and premiums cost just \$44 a month. This insurance allows the workers to access care from selected

medical providers, including the Ventura County Health Department's ambulatory clinics. However, Deardorff does not pay for insurance for the farm workers' families, which would cost \$99 a month. Workers can pay this additional fee to cover their families, but none choose to do so, finding the premiums cost prohibitive.

Deardorff uses Mikes Labor, a farm labor contracting (FLC) company, to harvest lettuce in the winter. As part of the FLC's contract with the grower, Mikes Labor provide health insurance for all of their workers, and Deardorff Family Farms pays the cost of the premiums.

Additionally, every two weeks health care professionals come to the fields to provide screenings to any interested worker. When they first began to offer this service, workers waited in line to be screened. Since they are paid at a piece rate, the fact that these workers were willing to take time out from harvesting demonstrated to Deardorff how much they valued the free service.

### *Farm Labor Contractors*

**Farm labor contractors (FLCs) pose a difficult challenge to increasing farm worker access to health insurance.** FLCs are now the most common employer for the vast majority of farm workers. FLCs compete fiercely amongst each other to provide the cheapest labor service to growers. Irresponsible FLCs pay workers less—sometimes violating labor laws—so that they can make a profit. Facing this dirty competition and struggling to stay in business, those FLCs who do follow the rules have little motivation to incur additional costs by offering health insurance to their workers.

Nevertheless, some FLCs have voluntarily offered health insurance to their workers. HV Harvesting decided to offer its seasonal and year-round workers the Western Growers health insurance. Unfortunately, HV Harvesting recently went out of business. Servicios Agrícolas Mexicanos, Inc. (SAMCO) provided health insurance to their workers in the past, but no longer does so. Growers can make a proactive effort to contract with FLCs that provide health insurance, or insist that the FLCs they already do contract with change their benefits to include health.

The AFA Health Care Committee consensus is that the grower can ultimately determine whether FLCs provide health insurance for their employees. The growers must be willing to compensate the FLC not only for the workers' daily wages but for the health insurance product as well. As mentioned in the above case study, Deardorff Family Farms was able to require that their FLC, Mikes Labor, provide health insurance. However, with 1,500 acres, Deardorff may be better positioned to influence the FLC's work practice, as their needs for labor likely make up a sizable amount of the FLC's business. Smaller businesses may be less able to exert influence on an FLC, and must organize cooperatively among themselves to share the services of a FLC who will offer health insurance.

## **V. A Comprehensive Local Solution: The Ag Health Collaborative**

The AFA Health Care Committee's findings clearly underscore the reality that no one stakeholder can effectively address all of the barriers to improving farm worker health, although as the previous two sections suggest, many opportunities exist for local action to achieve real and immediate gains. The committee's discussions also reaffirm that a broad range of stakeholders – employers, labor advocates, health providers, workers compensation insurers, and those who enjoy fresh produce – want to see Ventura County maintain a viable food system with a healthy workforce.

By collaborating, growers, community groups, and government agencies can leverage their resources and increase health opportunities for farm workers. To this end, the committee proposes the formation of a multi-stakeholder Ag Health Collaborative to ensure that the agricultural workplace is as safe and healthy as possible, that farm workers and their families receive education and direct health services, and that health insurance enables farm workers to choose a medical home and have more financial security.

A comprehensive farm worker health system must address four critical aspects of health care: 1) workplace wellness; 2) health insurance; 3) health education; and 4) health services access. The Collaborative's proposed approach to each of these components is described below, followed by a discussion of the key stakeholder groups and their suggested roles in the Collaborative.

### **Components of a Farm Worker Health Care System**

#### *1. Farm Worker Workplace Wellness Policies and Procedures*

Farm work is arduous labor and presents many health and safety risks, and farm workers frequently suffer from back injuries and pesticide exposure. The Ag Health Collaborative should help to institutionalize healthy work conditions by working with agricultural employers develop and adopt farm worker workplace wellness policies and procedures.

The Collaborative will convene public health consultants, agricultural employers and industry leaders to create a model Farm Worker Workplace Wellness Policies and Procedures Manual. While many employers already have their own safety policies and procedures, the manual will serve to highlight and disseminate best practices. The Ag Health Collaborative will distribute the manual to targeted employers and work one-on-one with them to tailor the policies and procedures to the employer's specific needs without losing the model policies' intent and effectiveness.

#### *2. Farm Worker Health Coverage for Health and Financial Security*

Health insurance gives farm workers and their families financial and health security. Insured workers are protected from major medical expenses. Basic health insurance makes it more affordable to visit a doctor and seek preventative care before a condition becomes urgent.

The Ag Health Collaborative will bring together workers comp representatives, health insurers and health service providers to explore affordable health insurance options and increase the number of insured workers. A low-cost product already exists through Western Growers, and it may be possible to reduce the cost of this product. Once a critical mass of workers is signed up for the plan, administrative costs per insured worker will decrease and the product itself will be more affordable. If the plan can be expanded from 2,000 to 4,000 workers, the insurance plan might cost as little as \$20 per worker, or \$30 per family. Additionally, workers compensation companies may be willing to offer a rate reduction to employers who offer health insurance.

The Collaborative will also coordinate education to growers on the benefits of providing health insurance to workers, and assist employers in choosing the insurance plans that work best for them.

### *3. Health Education for Long Term Disease and Disability Prevention*

Farm workers need consistent and repeated access to information on a wide range of personal and occupational health and safety issues – such as utilizing health insurance, chronic disease prevention, nutrition, and pesticide protection – in order to prevent health related problems that reduce productivity and increase health and safety risks.

The Ag Health Collaborative will link employers with health educators, as well as with health and workers compensation insurance representatives, to provide scheduled and consistent insurance, health and safety education for farm workers.

### *4. Immediate Direct Services Access*

Most farm workers do not have a medical home. Providing job-based access to mobile clinics and health screening programs eliminates many existing barriers such as fear, time limitations, transportation, and childcare that prevent farm workers from seeking and receiving care at clinic and urgent care sites. Taking medical services directly to workers at work is the most effective way to introduce farm workers to their medical home.

The Ag Health Collaborative will link employers with health service providers to facilitate job-based access to direct services and establish a medical home.

**Ag Health Collaborative Stakeholders**

A broad-based group of stakeholders is necessary to achieve systemic change. Each stakeholder has a role in the development, implementation and sustainability of the Ag Health Collaborative. Stakeholders and their potential roles may include the following:

**Ventura County Ag Health Collaborative Stakeholders**

<b>Stakeholders</b>	<b>Roles</b>
Employers (Growers, Labor Contractors, Ag Employer Associations)	<ul style="list-style-type: none"> <li>• Develop and implement workplace wellness policies</li> <li>• Financial investment to provide health benefits</li> </ul>
Health Insurers	<ul style="list-style-type: none"> <li>• Design and monitor utilization of health benefits</li> <li>• Intensive education to insured members about benefits and prevention oriented utilization</li> </ul>
Workers Compensation Insurers	<ul style="list-style-type: none"> <li>• Provide credit to participating employers that provide health insurance</li> </ul>
Health Service Providers	<ul style="list-style-type: none"> <li>• Participate as provider on insurance plan</li> <li>• Provide job based services</li> <li>• Leverage grant funding to support and enhance services</li> </ul>
Farm Workers	<ul style="list-style-type: none"> <li>• Affordable share of cost co-pay and/or premium for dependent coverage</li> <li>• Utilize health care services in the most health appropriate and cost effective manner.</li> </ul>
Community Partners (Community and Faith-based Organizations, Civic Groups, Schools)	<ul style="list-style-type: none"> <li>• Ag employer participation</li> <li>• Farm worker health education and advocacy</li> <li>• Public awareness</li> <li>• Staff, technical and/or financial support</li> </ul>
Funders	<ul style="list-style-type: none"> <li>• Technical and financial support</li> </ul>

The incentives for employer participation in the Collaborative include 1) revenue neutral or cost savings via workers comp credit and rate reduction due to improved experience modification, 2) increased productivity due to healthier workforce, 3) increased employee loyalty

4) enhanced public and labor relations and 5) the potential for “value-added” label as a “socially responsible” producer.

Anticipated community partners (several of whom have already been involved in the AFA Health Care Committee) include: Ag Futures Alliance, Cabrillo Economic Development Corporation, CAUSE, El Concilio del Condado de Ventura, Fillmore Family Resource Center, Mixteco Indigena Community Organizing Project, Promotoras y Promotores Foundation, United Way of Ventura County, Ventura County Agricultural Association; Ventura County Clergy & Laity United for Economic Justice; Ventura County Farm Bureau; and the Ventura County Superintendent of Schools Migrant Education Office.

Potential funders of the Collaborative include: Blue Shield Foundation, California Healthcare Foundation; Catholic Healthcare West, Driscoll Strawberry Assoc., Kaiser Permanente; The California Endowment; and The David and Lucile Packard Foundation.



**VI.**

**Current Efforts and Next Steps**

The AFA Ag Health Care Committee is preparing to launch the Ventura County Ag Health Collaborative and challenges the broad-based agricultural community to join them in working to maximize the quantity and effectiveness of the resources available to improve the health of those who bring food to our tables.

To kick-off this collaborative, we ask all stakeholders – employers, health services providers, government agencies, and more – to sign on in support of our vision: a system that ensures a healthy workforce in which all farm workers and their families have access to affordable health care services that include, prevention, treatment and education.

Stakeholders who already facilitate farm worker access to at least one of the four components of a comprehensive health program – workplace wellness, health insurance, health education, or direct services – are invited to become official and publicly recognized members of the Collaborative, and to work with the Collaborative to set its initial goals

Time and again, AFA has proven that dialogue and shared values can bring diverse stakeholders to work together towards mutually beneficial solutions. AFA looks forward to applying this proven approach to the implementation of new strategies for improving farm worker health.

## **Appendix A: Ventura County Ag Futures Alliance Farm Worker Health Care Committee Process**

The mission of the Ag Futures Alliance (AFA) is to support and enhance an interdependent and viable agriculture in Ventura County in perpetuity through an alliance that values dialogue and cooperation and where a diversity of affected views and interests are represented. The twenty member AFA community group includes members that serve three year terms and represent one of four broad based sectors including agriculture (growers, farm bureau etc.), civic, environment and labor. AFA has studied and addressed issues including pesticide impact to schools and neighborhoods, land use, farm worker housing and the concept of stewardship from the perspective of consumers, policy makers and farmers.

Every year AFA considers potential new issues to address. In 2004, eight potential issues were considered ranging from a county proposed open space district, immigration, community ag related education and health coverage for farm workers. As a member of AFA, CAUSE proposed addressing farm worker health coverage. CAUSE at the time was commencing its work on the issue and preferred to carry out its efforts through AFA. In September 2004 the AFA selected health coverage for farm workers as the new issue to tackle. The first meeting of the AFA Health Care Committee took place in November of 2004 involving growers, labor and community based advocates, health agency representatives and insurance brokers.

Utilizing the AFA model, the AFA Health Care Committee articulated a collective vision and purpose that took into account key assumptions and also established a collaborative foundation based on guiding principles for group work.

Over the course of the next six meetings in 2005 the AFA HCC reviewed data on the health status of farm workers, and heard from local public health and health service providers about available programs and services.

The discussion repeatedly returned to the challenge of engaging ag employers. The concept of an employer health survey and focus groups was seriously considered based on the positive and useful outcome of a prior AFA survey on the issue of farm worker housing. That survey had the effect of drawing out or identifying interested and supportive growers. The idea was that by inviting input from growers at the outset the chances of future buy-in would increase. An outline for both the process and content of a survey and focus groups was created. This was shared with the general AFA working group and discussed. Additional discussion was had by the AFA HCC. Ultimately, the decision was not to conduct a survey or focus groups, but to instead, given the industry knowledge of the group members to develop an attractive product and market it to employers.

In 2006, after further interviews, exploration of options and discussion related to existing and potential resources, barriers, unmet needs and funding opportunities, the AFA HCC identified the development of an Ag Health Collaborative as a potential viable solution involving

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a collaborative of key stakeholders including employers, farm workers, health service providers, insurers, community partners and private foundations.

**Appendix B: Broad Overview of Farm Worker Health Statistics**

- ❖ 70% of farm worker population does not have health insurance.<sup>xi</sup>
- ❖ 16.5% of CA farm workers report their employer offers insurance, but about one-third did not participate, citing the cost of premiums or co-pays as a barrier.<sup>xii</sup>
- ❖ CA mortality rate of farm workers is three times that of other industries, with the exception of construction workers.<sup>xiii</sup>
- ❖ Life expectancy of migrant farm workers is 49 vs. the national average of 73<sup>xiv</sup>

A 1991 report *A Study of Women Agricultural Workers Ventura County, California* prepared for the Job Training Policy Council documented the following self-reported health conditions:

Work-Related Health Problems	
Respiratory	22.7%
Joints	13.6%
Skin Problems	13.6%
Shoulder, Neck	9.1%
Arms	9.1%
Kidneys, Heart	9.1%
Lost Productivity due to personal illness	
Missed more than 15 workdays	40%
Permanent Disability	4%

<sup>xi</sup> National Center for Farmworker Health 1999 ([www.ncfh.org](http://www.ncfh.org))

<sup>xii</sup> CA Institute for Rural Studies, *A Report on the Health of California’s Agricultural Workers*, 2000.

<sup>xiii</sup> CA Policy Research Center, *A Policy Brief with recommendations to improve access to health care for California’s farm workers*, 2000.

<sup>xiv</sup> US Center for Disease Control, 1998.

The California Institute Rural Studies 2000 report, *Suffering in Silence: A Report on the Health of California's Agricultural Workers*, is based on the results of the first ever farm worker health study involving comprehensive physical examinations and health surveys.<sup>xv</sup> The following table is a general overview of the farm worker's health conditions and access to health care:

	Male	Female
Anemia Rate (vs. comparable U.S. group)	400% greater rate	25-66% greater rate
Body Mass Index (obesity)	28% vs. 20%	37% vs. 25%
Dental: At least 1 untreated decayed tooth	36%	29%
- gingivitis		
- impacted wisdom teeth		
- poorly fitting dentures		
High Cholesterol	Above average	Below average
Doctor/clinic visit		
- Never	32%	12%
- Prior 2 years	48%	74%
- Mexico (18%)		
Dental visit	50%	44%
- Never		
Vision visit	70%	70%
- Never		

Self-reported health condition

- Back pain 23%
- Itchy/irritated eyes 22%
- Knee pain 15%
- Feet pain 15%
- Hand pain 14%

Self-reported ethnospecific mental health

- Nervios (agitation, irritability) 16%
- Corajes (frustration, anger) 13%
- Depression 9%

Self-reported workplace safety and Health

- Injured within last 12 mths: 4.6%
- Compensated workplace injury: 18.5%

Has a doctor ever told you that you have?

- Allergies (13%)
- Hypertension (6%)
- Arthritis/rheumatism (6%)
- Dermatitis (3.5%)
- TB (2.5%)
- Diabetes (2.3%)

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<sup>xv</sup> *Suffering in Silence*. CA Institute for Rural Studies, A Report on the Health of California's Agricultural Workers, 2000.

## **Appendix C: Employer Based Insurance Options**

Research studies consistently identify health insurance as a critical key to access health care services. Health insurance is the difference between paying over \$100 out of pocket for a doctor's visit vs. paying a \$10 or \$20 co-pay. Having health insurance prior to the development of a chronic or major medical condition can also mean the difference between keeping health insurance vs. ever getting health insurance. Insurance plans may not guarantee coverage to workers with pre-existing medical conditions. Throughout California, the majority of farm workers, at least 70%, are estimated to be uninsured. In Ventura County, some Ag employers provide health insurance to their employees and sometimes their dependents through either traditional premium paid plans or employer partially self-insured plans. The lower cost plans are typically with non-profit carriers. These plans are usually available only to permanent employees and do not cover seasonal or migratory workers. Employers are also likely to include supervisor or foreman level workers while excluding the more numerous direct line workers.

### Traditional Monthly Premium Health Plans (fully insured)

Ventura County is home to a unique low cost insurance plan not available in all of California. Beginning in 1994, the "strawberry plan" was created to provide basic health insurance to the lowest paid farm workers. Today Western Growers administers this insurance plan known as the "Clinicas Plan." The plan currently includes approximately 2000 farm workers in Ventura County.

### Partially Self-Insured

Partially self insured plans may be an underutilized means for employers to provide health insurance to their workers at a lower cost. In such a plan the employer pays for medical claims as they are incurred instead of paying a fixed monthly premium to an insurance carrier. Stop-loss insurance protects the employer from paying large claims. Employers can pay claims themselves or subcontract this service to a third party administrator that will, for a monthly fee, pay claims, coordinate stop-loss coverage, and provide discounts for medical services and utilization review.

Some employers opt for partially self-insured plans to reduce costs, improve cash flow, and to be able to custom design the benefits provided. Self insurance is usually adopted by very large employers but can be utilized by financially sound companies with as few as 25 employees.



[www.aginnovations.net](http://www.aginnovations.net)

The Ventura County Ag Futures Alliance partners with Ag Innovations Network in the organization and facilitation of its efforts. Ag Innovations Network is a 501(c)(3) not-for-profit California corporation founded in 2000 to support the emergence of a sustainable food system.

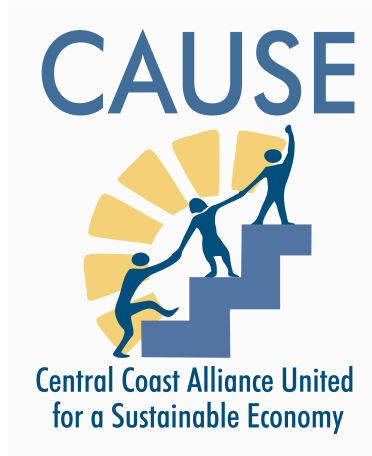
### ***Ag Innovations Mission***

The mission of Ag Innovations Network is to facilitate communities and organizations in working to create economically viable, environmentally sound and socially equitable food systems.

### ***Ag Innovations Work***

Over the past eight years Ag Innovations Network facilitators have worked across California to bring together unusual partners to support change in the food system. Ag Innovations facilitators are focused on facilitating transformative dialogues about food, farming and the future.

Ag Innovations Network sponsors the Ag Futures Alliance (AFA) and Food System Alliance (FSA) project. AFAs and FSAs are currently operating in six California Counties: Yolo, Tehachapi area of Kern County, Santa Barbara, San Benito, San Mateo, and Ventura. A state-wide counterpart to the AFA, the California Roundtable on Agriculture and the Environment is also ongoing. To learn more about the Ag Futures and Food System Alliances project please visit [www.agfuturesalliance.net](http://www.agfuturesalliance.net)



[www.coastalalliance.com](http://www.coastalalliance.com)

The Central Coast Alliance United for A Sustainable Economy (CAUSE) is a non-profit community planning and policy research center serving the central coast region of Ventura and Santa Barbara Counties.

### ***CAUSE Mission***

Our mission is to improve the standard of living and quality of life of low and moderate income working people in the central coast region through the promotion of economic, social and environmental justice, utilizing such strategies as policy advocacy, research, organizing, leadership development and community building.

### ***CAUSE Vision***

CAUSE's Vision is that the people of the Central Coast region together can create a community where we all contribute to, and benefit from, a sustainable economy that is just, prosperous and environmentally healthy.

We ground this vision in a common set of values that include: Economic and Social Justice, Human Dignity, Equity, Environmental Sustainability, Participatory Democracy, Critical Thinking, Collaboration, Enlightened Self-Interest and Moral Integrity.

### ***CAUSE Work***

Established in 2001, CAUSE has brought about improved wages and/or health benefits for over 5,000 working families, engaged over 260 community, labor, faith, academic, public and private organizations, and engaged over 13,000 individuals in local, regional, state and national efforts towards policy reform and meaningful social change.

CAUSE's program areas include Living Wage and Sustainable Development; Health Access and Equity; Women's Social, Economic and Environmental (SEE) Justice; and Grassroots Organizing.