



What's At Stake?

Access to physical and mental health care is directly connected to farm viability and quality of life. Health care costs and the cost of living have far outpaced gains in farm-based income (and other forms of income) in Vermont. This affects farmers, farmworkers, and consumers, with ramifications from food access to farm operations. Farm families and farmworkers have difficulties accessing health insurance and health care due to the high cost of insurance (including deductibles, copays, and policy costs), lack of (or inadequate) insurance coverage, and limited access to rural providers.¹ Lack of access to affordable health care can impact farm productivity, hiring of farmworkers, farm risk-management strategies, farm transition, land access, and the need for off-farm income.² In a national study, a majority of farmers reported that they couldn't withstand a major health crisis without going into debt or selling off their farm assets.³

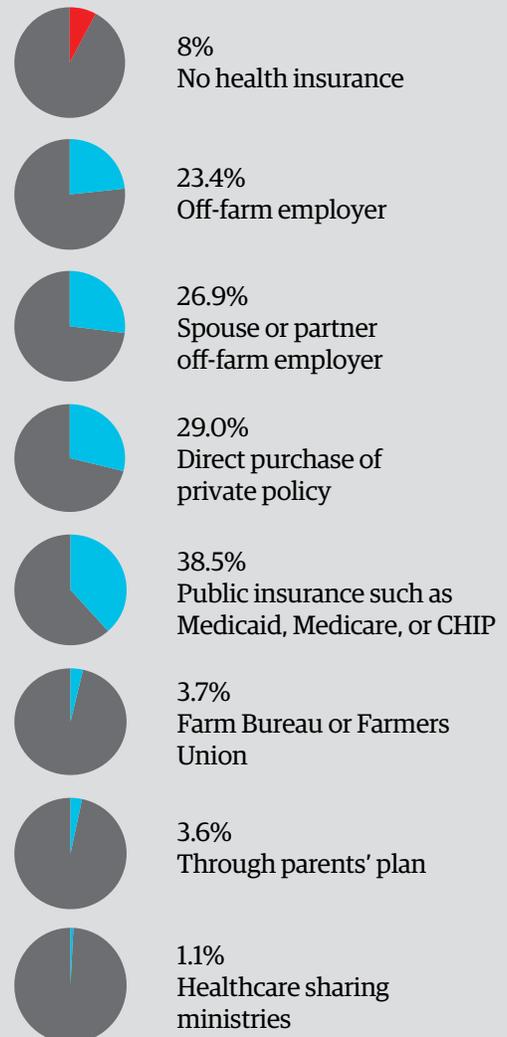
Current Conditions

Vermont farmers report the cost of health insurance as a major barrier to farming full-time, farming long-term, or hiring non-family employees.^{4,5} Long, laborious work hours can put farmers and farmworkers at increased risk of poor health, fatigue, and injury.⁶ Nationally, almost 60% of farm households include an individual with a pre-existing health condition, and one third report at least one family member with health issues that make farming difficult. Vermont farmers, whose average age is 57.3, will need more health and elder care as they age, and Medicare and limited retirement savings may not provide sufficient coverage.^{7,8}

Nationally, 41% of farmers access health insurance through off-farm work, and half of these cite insurance as the main reason for off-farm employment.⁹ Off-farm employment decreases the time and energy available for farming, and isn't an option for full-time farmworkers. Farmers and farmworkers relying on Medicaid must ensure their income remains low enough to continue to qualify for benefits. Underinsurance is an issue among farm families, as is medical debt: 20% of farmers nationally are reported to have outstanding debt from medical bills.¹⁰ Premiums for farmers tend to be higher than for the general population due to the risks of agricultural work, an older population, and fewer rural health insurers.¹¹

Of the approximately 1,500 Latinx employees on Vermont farms, 99% are ineligible for health insurance. The 450-500 farmworkers in Vermont on H-2A visas are not eligible for Medicaid and face numerous barriers applying for subsidized insurance on Vermont Health Connect (VHC).¹² High turnover in VHC employees and inconsistent training has led to confusion and lack of trust on the part of individuals seeking health insurance and health care support.¹³

Farmers' Sources of Health Insurance (Nationwide, 2016)



Bottlenecks & Gaps

- Health insurance is expensive and the system is hard to navigate, particularly for the self-employed, who may have multiple copays, deductibles, and provider networks within one farm family.¹⁴ Farm and health care service providers lack farm-specific health care literacy.¹⁵
- Barriers preventing a Vermont farmworker's access to health care may include lack of visa or citizenship, language, transportation, complexity, cost, and fear. Lack of insurance makes it difficult to farm long-term and contributes to labor shortages. Workers on H-2A visas often struggle to provide income calculations or proof of legal status, and application processes take too long relative to their visa period.
- Rising costs of health care and insurance are exacerbated in rural communities, with fewer VHC plans and many providers struggling financially.¹⁶

Opportunities

- Agricultural service providers could be trained to provide support around farm-specific health care, bridging the gap between farmers and insurance providers, VHC, and the Office of the Health Care Advocate.¹⁷
- Increasing affordable health care options through VHC and/or Medicaid would decrease the need for off-farm work, allowing farmers to invest more in their operations, and allowing more farmworkers to access health care, leading to lower turnover and more skilled labor.^{18,19,20,21}
- Affordable and accessible health care could incentivize farmers to move to Vermont, strengthening the state's food sovereignty and security.²²
- The Farm Bill could potentially integrate health, access to health care, health-care costs, and health insurance into the Risk Management Agency and Rural Development initiatives that promote farm vibrancy and resilience.²³
- Universal health care systems are more affordable, cover more people, and have better outcomes than the current system in the U.S.²⁴

Recommendations

- The Governor and the Vermont Legislature should prioritize a publicly financed, universal health care system for all Vermont residents. The Vermont Agency of Agriculture, Food and Markets (VAAFAM) should engage with the Legislature and agricultural stakeholders on this issue. Building cross-sector and regional coalitions is imperative in this effort.
- Increase farmer health care literacy by providing resources. Offer agricultural, public health, and health care service providers opportunities for professional development in agricultural health care literacy.²⁵ Consider creating and training a branch of Vermont Health Connect (VHC) employees to work directly with farmers.
- Devote resources to working with migrant and immigrant farmworkers, and their advocates, to address individual and structural challenges, barriers, and disparities in access to health care, and improve effectiveness, safety, and efficiency of health care services for these farmworkers.
- Agricultural groups including VAAFAM, farmers, and farmworkers should work to influence the Green Mountain Care Board in deliberations concerning health insurance rate hikes and hospital budgets by submitting comments and testifying at hearings.
- The Department of Financial Regulation should create stronger network adequacy requirements and enforce these requirements. VHC should provide additional and more consistent training to VHC employees and Maximus (the VHC customer service contractor), to improve accuracy in assessment of claims and relationships with health care recipients.
- Work with Vermont's federal delegation to provide stronger regulations on the cost of drugs and urge national health care reform and transparency. Advocate for USDA to represent farmers in national health insurance policy discussions.

Farm to Plate is Vermont's food system plan being implemented statewide to increase economic development and jobs in the farm and food sector and improve access to healthy local food for all Vermonters.

The Vermont Agency of Agriculture, Food & Markets (VAAFAM) facilitates, supports, and encourages the growth and viability of agriculture in Vermont while protecting the working landscape, human health, animal health, plant health, consumers, and the environment.

This brief was prepared by:

Lead Authors: Mollie Wills and Graham Unangst-Rufenacht, *Rural Vermont*

Contributing Authors: Naomi Wolcott-MacCausland, *Bridges to Health* | Mike Fisher, Amelia Schlossberg, and Eric Schultheis, *Office of the Health Care Advocate*.

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