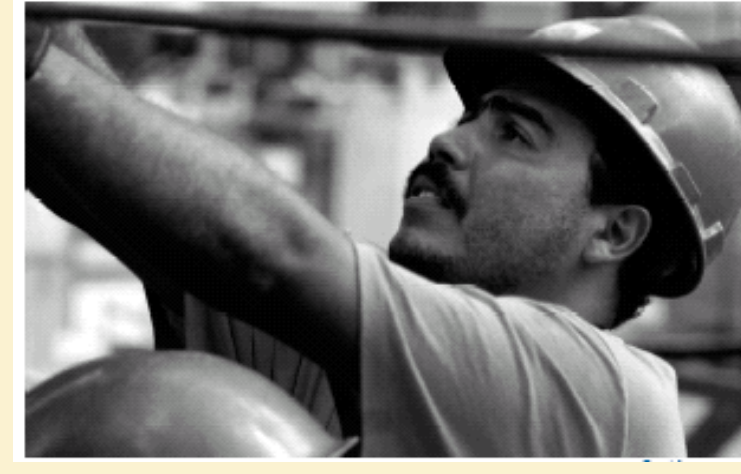
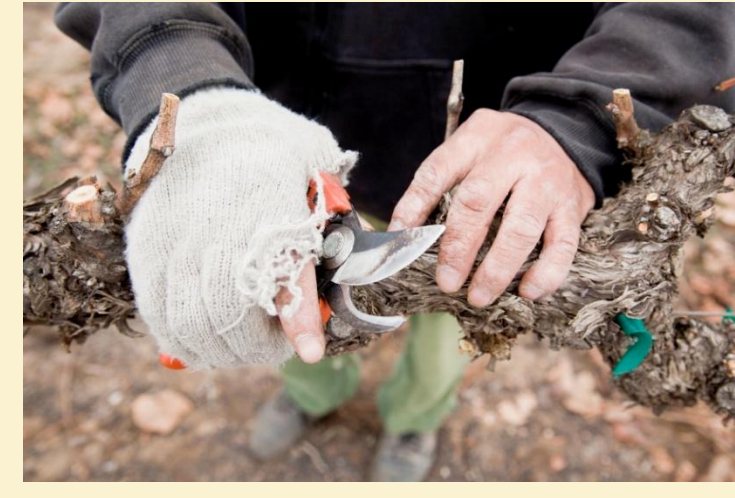


# Integrating occupational health and workers' compensation in the primary care setting for low-wage workers in California.



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### Abstract

**Background and Objectives:** Over 5 million Californians work in low-wage occupations that make up nearly two-thirds of occupational injury and illness reports. When these workers experience a serious injury, less than 10 percent report the injury and request workers' compensation benefits. Of those workers, half of the time the employer is illegally uninsured or refuses to provide workers' compensation medical treatment. Community health centers (CHCs) frequently examine and treat workers with job injuries but are unprepared to deal with workers' compensation. The costs belonging to workers' compensation are shifted to publicly supported healthcare providers. This project's goals are to increase access to medical treatment for injured workers through CHCs, increase employer compliance, and demonstrate the benefit of expanding this model throughout California.

**Methods:** A four-pronged approach provides outreach and education, legal assistance, medical services and increased enforcement. Watsonville Law Center, with Kaiser and UC Berkeley, has worked with Salud Para La Gente (a CHC in rural central California) to provide WC medical treatment. Services include determining whether the patient's condition is work-related, identifying the employer and insurer, providing appropriate medical treatment, proper reporting and obtaining payment. Increased enforcement is accomplished through the Workers' Compensation Enforcement Collaborative (WCEC), a group of government, non-profit and private agencies committed to eliminating barriers faced by low-wage and immigrant workers in the WC system. WCEC joined with the California Division of Workers' Compensation (DWC) to form an initiative designed to expand services so injured workers can identify their employer and secure benefits when their employer is illegally uninsured.

**Results:** This project has resulted in a sustainable model for integrating occupational health in the CHC setting. Collaborative efforts have closed gaps on reporting and enforcement, shifting the cost of care for injured workers back to the businesses responsible. The partnership with DWC has reduced the time it takes for injured workers with illegally uninsured employers to access WC from two years to less than two months.

**Conclusion:** Access to WC is critical to ensure injured workers receive adequate care. Low-income workers are particularly at risk for injury, not receiving adequate medical care and face barriers when accessing WC. CHCs absorb the cost of treating these low-income workers. This project demonstrates that a multi-disciplinary approach is necessary to ensure employers provide WC insurance and that employees have access to it. If replicated throughout the state, this model has the potential to save tax payers \$100,000,000 a year (based on 15% injury rate for 5 million workers and one visit to a CHC).

### The Watsonville Law Center's Mission

The mission of the Watsonville Law Center is to provide low-income individuals equal access to the law by assisting them to understand, exercise and enforce their rights. WLC accomplishes its mission by examining the root causes of the legal problems faced by its clients and uses collaborations and partnerships to create a comprehensive and holistic solution. Throughout our work, we use our experience to inform public policy and create reproducible service models.

### Background

#### Broken Laws, Unprotected Workers: Violations of Employment and Labor Laws in America's Cities, 2008

- Only 8% of workers who experienced a serious injury on the job filed a workers' compensation claim
- 50% of workers who told their employer about the injury experienced an illegal employer reaction
- 33% of workers paid for their medical bills out of pocket
- 22% used their health insurance to cover expenses

#### Barriers to Occupational Health Services for Low-Wage Workers in California, 2006

- Over 3.7 million Californians are employed in occupations whose median wage is less than \$10 an hour
- As many as two million more may be employed in an underground economy
- Nearly two-thirds of the 25 occupations reporting non-fatal work-related injuries and illnesses are low-wage occupations
- Latinos reported 36.2% of the cases of serious injury and illness
- A 1995 study of Philadelphia found that about 75% of low-wage workers injured on the job did not receive workers compensation
- The study found that costs that should belong to employers were being shifted to publicly supported health care providers



#### Wage Theft and Workplace Violations in Los Angeles: the Failure of Employment and Labor Law for Low-Wage Workers, 2010

- 51.3% of L.A. respondents who experienced a serious injury at work sought medical attention, but within this group, only 48.6% indicated that their employers paid any part of their medical bills

#### Occupational Health and Community Health Center (CHC) Patients: a Report on a Survey Conducted at Five Massachusetts CHCs, 2007

- 1,428 working patients were surveyed at five CHCs
- 21% of patients reported experiencing a work related injury, illness, or health problem within the last year
- 39% had never heard of workers compensation
- Massachusetts' regulations require reporting of occupational diseases and injuries

### Agricultural Workers' Access to Health Project

#### Farmworkers and other low-wage workers

Watsonville, part of a tri-county area (Monterey, Santa Cruz and San Benito), is home to a large immigrant farmworker community with an average 6th grade education. Fearful of jeopardizing their precarious existence in the U.S., the Spanish-speaking community is hesitant to seek out information and advocacy and is often unaware of their rights. Many refuse to acknowledge work-related injuries or seek treatment. They are often afraid to advocate for themselves or seek assistance to report their work injuries. Therefore provision of accessible medical and legal assistance is crucial to these workers.

The serious problems faced by farmworkers in Watsonville are not unique to Santa Cruz or Monterey Counties and mirror the challenges faced by similar vulnerable workers in other regions in the state. A 2002 report by the California Working Immigrant Safety and Health Coalition showed Latino immigrants made up 17% of California's workforce, equaling over 2 million workers, and 62% of the agricultural worker population, some 250,000 workers. This report also demonstrated that immigrants are overrepresented in dangerous industries and that they generally hold the more hazardous occupations within their industries.

#### PROJECT COMPONENTS

##### Four Pronged Approach

- **Outreach & Education** to the farm working community regarding their rights to medical treatment and other benefits for work-related injury and illness under the workers' compensation system.

- **Legal Assistance** through legal clinics that provide legal advice and assistance so workers can access benefits under the workers' compensation system.

- **Medical Services** to ensure access to treatment for occupational injury and illness for agricultural and other low-wage workers.

- **Increased Enforcement** via a statewide collaborative of government, non-profit and private agencies to address barriers faced by agricultural and other low-wage workers in the workers' compensation system.

#### PROJECT GOALS

After identifying the following issues: lack of worker knowledge, questionable employer practices, lack of accessible medical providers, administrative and systemic barriers for community health centers, and procedural barriers for workers of illegally uninsured or noncompliant employers, AWHP set out to:

- Increase injured workers' access to medical treatment through WC.
- Improve Community Health Centers' capacity to provide occupational health care under WC.
- Increase recovery and return to work for injured low-wage workers by reducing delays in access to treatment.
- Identify and address systemic barriers that face low-wage and immigrant workers in accessing WC.
- Increase enforcement through improved coordination and reporting.

### Workers' Compensation Enforcement Collaborative

*California Rural Legal Assistance  
California Applicants' Attorneys Association  
Department of Insurance- Fraud Division  
Fraud Assessment Commission  
Santa Cruz and Monterey County District Attorney Offices  
Kaiser Permanente  
Safeway  
Commission on Health and Safety and Workers' Compensation  
Worksafe  
Labor Occupational Health Program and Institute for Research on Labor and Employment, UC Berkeley  
Workers' Compensation Injury Rating Bureau  
Uninsured Employers Benefits Trust Fund  
Division of Workers' Compensation Workers' Compensation Appeals Board  
Division of Workers' Compensation, Information and Assistance Unit  
Division of Occupational Safety and Health  
Division of Labor Standards Enforcement*

#### PROJECT RECOGNITIONS

- James Irvine Foundation Leadership Award
- Division of Workers' Compensation Carrie Nevans Community Award
- The American Constitutional Society's David Carliner Public Interest Award
- The Pajaro Valley Health Trust Phil Rather Award

the James Irvine foundation



#### MAJOR ACCOMPLISHMENTS

- **Developed a documented and reproducible model for Community Health Centers to implement sustainable Workers' Compensation services for low-wage workers at Community Health Centers.**

- **In partnership with the California Division of Workers' Compensation, instituted a program that reduces the time it takes injured workers with uninsured employers to access medical treatment from two years to less than two months.**

- **In partnership with the California Department of Insurance, enhanced reporting of noncompliant employers through improved reporting forms and collaboration.**