

# BINATIONAL HEALTH WEEK



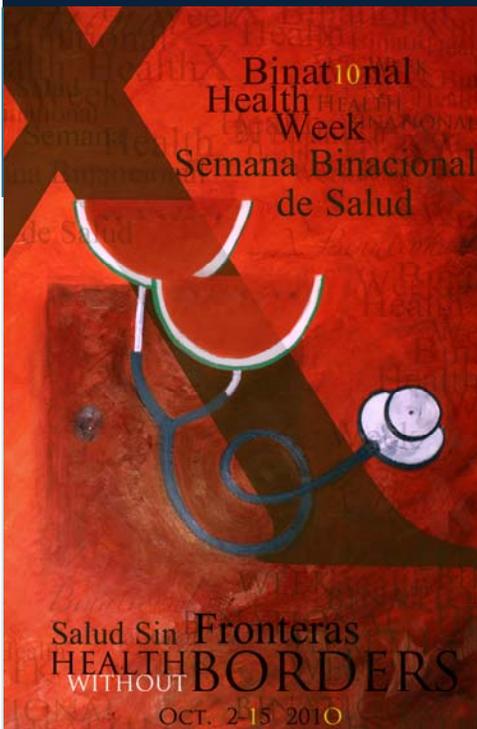
## Ten Years of Improving the Underserved Latino Population's Access to Care

### The Opportunity: Providing Health Access

The Latino population is the largest minority group in the country—comprising 15.7% of the total U.S. population in 2009. Limited access to health care and health insurance remain prominent issues for this population. The uninsured rate among Latinos in 2009 was 31.7%, compared to 10.9% among non-Latino Whites and 19.1% among African Americans. Barriers to health care include but are not limited to lack of information and knowledge about how and where to access health care services, limited culturally and linguistically competent services, barriers to financial resources to pay for medical expenses, reduced opportunities to access employer-provided health insurance, and other socio-economic challenges. Documentation status remains an additional barrier, whereby undocumented immigrants are barred from enrolling in government provided health care such as Medicaid and the Children's Health Insurance Program.

### The Response: Binational Health Week

As a response, alternative social movements like Binational Health Week (BHW) have emerged. First instituted by the Mexican government, today BHW is also followed by the governments of 6 other Latin American countries. With the technical support and leadership of the Health Initiative of the Americas (HIA) at the UC Berkeley School of Public Health, BHW has become one of the largest mobilization efforts of federal and state government agencies, community-based organizations and volunteers in



A report prepared by the Health Initiative of the Americas



*The health of a country is also the health of its migrants.*

the Americas to improve the health and well-being of the underserved Latino population living in the U.S.

BHW mobilizes existing networks for an annual weeklong series of health promotion and health education activities that include workshops, insurance referrals, vaccinations and medical screenings, in the month of October. Also, during BHW innovative strategies are implemented to improve the cultural competency of health care providers, and engage policymakers to reduce health disparities of the Latino immigrant population.

For ten years, from 2001 to 2010, BHW has been a catalyst for sustained collaboration among community and government agencies from the U.S., Mexico, and other Latin American countries. The underlying idea behind this binational approach is that improving Latino health not only benefits the immigrants themselves, but also has larger social and economic implications for both the receiving communities and the countries of origin throughout the Americas.

### A Decade of Binational Health Week

Over the past decade Binational Health Week (BHW) has built a transnational community with shared responsibility for the health of the underserved Latino population living in the U.S. The structure and process of BHW has provided

global leadership while fostering local ownership and capacity, mobilized existing networks, engaged policymakers, and integrated Latino culture and festivities to increase Latinos' access to healthcare. This unique approach incorporates cultural values to promote health in a positive environment that resonates well with the Latino community.

BHW has grown exponentially in terms of its reach and impact. Initially BHW was a collaborative effort between the state of California and Mexico; ten years later this effort has grown to include partnerships between nine countries—U.S., Canada, Mexico, Guatemala, El Salvador, Honduras, Colombia, Ecuador and Peru. Last year alone, 150 participating consulates provided leadership to 178 local task forces throughout the U.S. to make BHW a successful reality.





Even though Latinos are the largest immigrant group in the U.S., they are the least likely to have health insurance.



### Growth of Binational Health Week 2001-2010

Year	Countries	U.S. States/Canada	Activities	People Reached	Agencies	Consulates
2001	2	1	98	18,720	115	4
2006	5	31/3	1,014	300,000	3,000	37
2010	9	40/3	3,973	734,657	10,133	150

### Institutionalizing Multiple Voices from Communities to Consulates

BHW health promotion activities occur with the support of thousands of agencies and individuals. Yet a unique and critical component of BHW is that it keeps communities and agencies engaged and collaborating year-round. Over the past ten years a structure and process has organically evolved to institutionalize multiple voices and collaboration across agencies, from consulates to communities, to advocate for and improve the health of Latino immigrants living in the U.S.

### Regional Task Forces

Regional task forces are comprised of diverse agencies and organizations. They come together throughout the year to plan, prepare, and then deliver health promotion activities during BHW. Task force memberships include consular representatives, community clinics, public health departments, community based organizations, hometown associations, educational institutions, sports groups, foundations, legislators, and local media representatives. Currently there are 178 regional task forces, each directed by a regional coordinator—typically a consular representative. Even though task forces convene around BHW, the network has become so strong that they often collaborate on other related projects and events, sustaining collective action for the improved health of immigrant populations.

## Consulates

Participating Latin American consular networks in BHW play a key role in advocating for their mobile populations in the U.S. by providing resources and mobilizing existing networks to implement BHW activities. Their leadership is evident among regional task forces and the community; their presence at health fairs attracts long lines of people waiting to speak to their consular representatives. The outstanding roles the consulates play during BHW include:

- ✓ Convene periodical meetings with their task forces to plan the calendar of activities;
- ✓ Facilitate the leverage of financial resources. Some of the governments of participating countries provide an economic contribution to their consulates. These resources are locally duplicated with other economic donations, in-kind contributions, and the numerous hours that volunteers dedicate to the planning and implementation of the events;
- ✓ Serve as a liaison with local authorities, the media, educational institutions, and health providers;
- ✓ Input the event's information into the web-based master calendar and conduct evaluation strategies;
- ✓ Create the report of results and acknowledge the work of agencies and volunteers.

## Health Initiative of the Americas (HIA)

By relying on collaboration and partners, HIA serves as the catalyst and agency coordinator of BHW. The Initiative's role includes: to negotiate and coordinate partnerships with all major institutions and agencies; facilitate consensus building from grassroots to policymaker levels; develop technical resources; support local capacity; and empower existing networks to make the BHW mission their own. Due to the growth and commitment of participating governments, today HIA's primary emphasis is to provide the technical assistance needed to ensure the success of this event.

While encouraging local action and ownership, HIA also helps ensure consistent and accurate dissemination of information nationwide. This is achieved through development of key messages, production of health promotion materials, media campaigns and kits, national health campaigns tool kits, and other technical resources that are locally customized to support stakeholders. In addition, HIA coordinates data collection and analysis to ensure accurate evaluation is conducted, enabling organizers to determine impact, areas of improvement, and lessons learned.



**The health of a population is reflected by their access to healthcare.**



## The Planning Process: Working Towards a Common Objective

Planning for October's annual BHW activities usually begins in February, when BHW stakeholders -including federal, state and local agencies enthusiastically gather at the annual planning meeting to develop the greater vision and strategic plan for the upcoming event. The work plan for lead agencies is monitored through monthly conference calls with consular representatives and task force representatives.

### Training and Technical Assistance

Training and technical assistance represent another component of BHW that promotes culturally appropriate and quality healthcare for the underserved Latino population. Capacity building of local health providers, *promotores* (community outreach workers), and community based organizations occurs through trainings, workshops, and various forums that elucidate health and illness from a cultural perspective. Updates on the most salient health issues confronting the underserved Latino population in the U.S. and their countries of origin are complemented with strategies for outreach and health education among Latino populations. HIA provides step-by-step guidance to consulates on the how to form a task force, identify and partner with key agencies, define target populations, and identify available resources. It also maintains a directory of community organizations and clinics and useful outreach strategies for hard-to-reach Latinos. Further guidance is provided on tools and strategies to request funding support, request support from elected officials, develop an effective media campaign, and conduct local evaluations.

### Health Campaigns

During BHW five health campaigns concentrating on current health disparities afflicting the Latino community are designed and implemented at a national level. These campaigns aim to promote and educate the Latino community, health professionals, and other key players. Each year different campaigns are implemented. For instance, in 2010 the campaigns addressed were: obesity and diabetes, gang involvement and drug addiction among youth, HIV/AIDS, autism, access to healthcare,

and oral health. Appropriate educational, training, and guidance materials are produced by HIA using current research and information from trusted resources such as the Center for Disease Control and Prevention of the United States, and the Mexican Ministry of Health. Relevant up-to-date materials ensure the effectiveness of these campaigns in achieving the largest reach and impact. These materials are distributed among coordinators, *promotores*, and key partners that will carry out the community level health promotion activities, ensuring health messages are delivered through various channels in a culturally and linguistically appropriate manner.

### Website

The BHW website ([www.binationalhealthweek.org](http://www.binationalhealthweek.org) or [www.semanabinacionaldesalud.org](http://www.semanabinacionaldesalud.org)) was designed for BHW coordinators to use as a structural tool. It hosts materials for task force coordinators that can easily be accessed and downloaded, including directories of foundations, clinics, community organizations, and hometown organizations from each participating country; strategic planning and fundraising tools; resources for policy advocacy; materials to distribute at events; guidelines for conducting local evaluation and compiling activities reports; and information about all BHW activities and participating agencies. On the main pages, the general public can read about BHW and get details about the activities in their region.

### Policy advocacy

BHW partners engage in policy advocacy to raise awareness about the health challenges afflicting the underserved Latino population. Local policymakers participate in BHW activities, receive information about the main health challenges and opportunities related to underserved populations and interact with the community at BHW events. Grassroots policy advocacy has also been effective as local BHW stakeholders solicit official recognition of BHW through county and city proclamations.

## Tenth Annual Binational Health Week

The Tenth Annual Binational Health Week took place from October 4- 15, 2010 in the United States and Canada. According to information from the coordinators of the local planning committees, an estimated 734,657 people benefited through the 3,973 activities performed by 10,133 agencies and 15,877 volunteers, under the direction of 150 consulates working in coordination with 178 planning committees. In addition, there were 510 media reviews written on the event, meaning millions more received the health education messages. Five awareness campaigns were created for the Latino community on the following topics: gang prevention, obesity and diabetes awareness, oral and dental health, autism and disability awareness, and access to health services. The inaugural event and the Binational Policy Forum on Migration and Health were held on October 4-5, 2010 in Guanajuato, Mexico. The closing event was held October 14, 2010 in Sacramento, California.

The relationship with elected officials through BHW has also empowered community members to be more active in civic engagement. BHW plays a pivotal role in policy advocacy with the distribution of a publication on current health disparities among the Latino population.

### The Binational Policy Forum on Migration and Health

This policy forum is a prominent platform to translate research into public action. This annual event, which kicks off BHW, examines and promotes immigrant health issues as a policy priority. The forum presents the opportunity for policymakers, researchers, students, community members, and public health workers to share recent research findings, propose policy recommendations, and develop international working strategies.

Thematic work session topics include issues around:

- Healthcare systems, including health reform in the U.S. and binational health insurance.
- Health problems affecting migrants, including degenerative chronic diseases (nutrition, obesity, diabetes, hypertension), infectious diseases (TB, HIV, Influenza), mental health, occupational health, and oral health.
- Health and human rights, including human rights of migrants and vulnerable groups, and human rights on the northern and southern borders of Mexico, including the transit of Mexicans and Central and South Americans.
- Alliances and health programs for migrant populations, strategies for comprehensive healthcare for migrants, formation of strategic alliances between nations and private and public organizations to promote the health of migrants.
- Participation of civil society organizations, sources of funding, the role of foundations, and the response of community organizations to the health needs of migrants.

Each work session topic is centered around the discussion of two or more topics utilizing three intersecting points of discussion: (1) access and utilization of healthcare services; (2) human resource training and research; (3) and impact on public policy.





### Media campaign

With the ability to reach millions through television and radio, media is used as a communication tool for health promotion to increase awareness among the hard-to-reach Latino population. Media campaigns are therefore one of the major components for BHW. Goals of the BHW media campaign include publicity of events, promotion of healthy behaviors, marketing of health services available for vulnerable populations, and influencing public policies. Press conferences occur at the beginning and end of each region's BHW events. During the week, radio and television programs and spots on various health issues are aired. HIA facilitates the development of health educational messages through pre-recorded public service announcements that deliver linguistically and culturally appropriate health information to millions of people during BHW. The creative development of the campaign is based on the following criteria:

- Culturally relevant elements that resonate emotionally
- Easy to understand regardless of educational level
- Strong call to action
- Address factual information

### Impact of Binational Health Week Activities, 2010

For the purpose of this report, we are presenting the information gathered from 860 participant surveys in 16 states. The results are as follows:

- Over 35% of respondents stated that this was their first time ever seeing a professional health provider, and 36% reported this being the first time they've received health services of any kind in the U.S.
- 71% of respondents report having no health insurance, and 38% of those who are insured are paying for it out-of-pocket.
- When seeking health services, 49% go to community clinics, 25% see a private doctor, 14% responded "no place", and 8% go to the emergency room.
- The majority of respondents have not finished high school. 57% have a middle school education or lower, 21% have finished high school, and 20% have a college degree or higher.
- 41% of participants are male, 59% are female, and their average age is 39.
- The majority of respondents listed their country of birth as Mexico, with 57% representation. The next highest are El Salvador, Honduras, and Guatemala, followed by Colombia, Ecuador, and Peru.

## Conclusion

The health of a population is very much reflected by their access to healthcare services. Glaring health disparities and challenges accessing health services among Latinos in the United States are magnified by broader socio-economic inequities based on race/ethnicity, citizenship status, and employment opportunities, among other factors. For the past decade federal and state government agencies, community-based organizations, and volunteers have worked diligently and passionately to reduce health disparities and improve access to health services among this community. As a result, BHW has become the largest mobilization effort in the Americas addressing the health-care needs of this population. BHW has the ability to mobilize thousands of diverse government and community agencies and volunteers to raise awareness about Latino immigrant health and respond to it in a well-focused manner. It has enabled hundreds of thousands of individuals and their families to learn more about their health, receive health services, and identify how and where to get medical attention where they live. The week of events is a catalyst for continued collaboration and actions, from grassroots to policymaking levels; to increase health education, access to quality care, and to provide health services to a large population disenfranchised from the existing health system. The impact of BHW lasts beyond the official week of events, and ensures that this hard-working population can lead healthy lives, regardless of borders. In conclusion, BHW is a successful and replicable model of social mobilization to increase healthcare education and access for the underserved Latino population and other underserved communities worldwide.

## BHW 2010 Major National Partners

