Creating a Health Research and Policy Agenda For Im/migration Between Mexico and California

The 2007/2008 Forum hosted by
UCSF Global Health Sciences

In collaboration with

UCSF Philip R. Lee Institute for Health Policy Studies,
UC Berkeley Institute of Business and Economic Research,
UC Berkeley Health Initiative of the Americas, and
UC Berkeley California Program on Access to Care

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Table of Contents

I. Executive Summary

Introduction

The 2007/2008 Forum on Im/migration and Health was a year-long initiative to create a health research and policy agenda for im/migration between Mexico and California. It was the first in a series of Forums to be hosted by UCSF's Global Health Sciences, and co-hosted this time by UCSF's Philip R. Lee Institute for Health Policy Studies and UC Berkeley's Institute of Business and Economic Research, the Health Initiative of the Americas, and the California Program on Access to Care. This 2007/2008 Forum was sponsored by The California Endowment and the California HealthCare Foundation, and brought together over 300 representatives from institutions on both sides of the California/Mexico border[1]. Participants detailed a research agenda, challenges, and recommendations to guide academics, policy makers, and donors to improve policies and health practices affecting California's Mexican im/migrant population.

California is home to 39% of all Mexican immigrants in the U.S., half of whom are under 33 years of age. The Latino proportion of California's population is predicted to rise from 30% in 2000 to 43% by 2040. Mexican immigrant men have the highest U.S. labor force participation rate of any immigrant group (94%); over 80% of agricultural workers in California are Mexican immigrant men. Mexican immigrants use fewer preventive, medical, and dental services than U.S.-born Mexican Americans and non-Hispanic whites. About 50% of Mexican immigrants have no regular source of medical care. These facts challenge Mexican and Californian authorities to identify cost effective and targeted strategies to address the health needs of im/migrants.

Through this report and corresponding policy briefs, The Forum on Migration and Health proposes a roadmap to enhance current research and develop a bi-national network of policy makers, donors, and researchers to ensure that research is relevant and findings inform policies and programs over the coming decades to improve the health of im/migrants in California and Mexico.

Research Agenda

The Forum's literature review revealed a vital body of health care research related to immigration and health. Topics investigated by academics on both sides of the border include specific diseases such as cancer or diabetes, health-related factors such as culture, or have a specific geographic focus. However, Forum participants identified significant gaps in information that should be addressed to enhance current research, as well as future health policies and programs.

[1] UC San Francisco, UC Berkeley, UC Davis, UC Los Angeles, California Program on Access to Care, Kaiser Family Foundation, The California Endowment, The California HealthCare Foundation, The California Wellness Foundation, the California Immigrant Policy Center, San Francisco General Hospital, Institute of Business and Economic Research (UCB), Instituto Nacional de Salud Publica, Servicios de Salud del Estado de Zacatecas, University of Zacatecas, University of Michoacán, University of Texas, University of New Mexico, Labor Occupational and Health Program (UCB), Farmacias Remedios, Napa Healthy Communities, the Public Policy Institute of California, Migrant Clinicians Network, Office of Governor Arnold Schwarzenegger, California Department of Public Health, Chief Justice Earl Warren Institute on Race, Ethnicity & Diversity (UCB), Abundantia Consulting, the Appropriations Senate Committee of the California Senate, and the Assembly Committee on Budget of the California State Legislature.

Gaps in research:

- ***Health risks specific to each stage of migration*** including the motivation to migrate; the impact of migration on sending and receiving communities: structural factors impacting the migratory experience; and morbidity and mortality trends associated with migration.

- ***Specific health vulnerabilities of migrant populations*** including determinants of health; macro influences on health; the Latino health paradox; migration and mental health; obesity and other chronic diseases; and occupational health.

- ***Increasing access to care for migrant populations*** including bi-national health insurance coverage and quality of care.

- ***Assessing the impact of policies and practices on migrant health*** including changes in policies and economies, and research to inform policies.

Challenges

One of the greatest challenges to creating a migration and health agenda is making certain the research is relevant to the current and emerging policy and political environment. Furthermore, current research is often not adequately synthesized and made available to those who influence and fund future research, programs, and policy development. Forum participants examined the limitations of current data collection methods, use of data, and the types of research being conducted to adequately inform policy and program development now and in the future. In response, challenges in four topic areas emerged:

- ***Challenges in accessing information*** including the need for a central repository of datasets, research and researcher contact information; and more primary data sources (such as cost of care or cost to deliver care by different providers) to improve analysis and application of findings.

- ***Challenges in developing new approaches to research*** including the need for greater focus on program evaluation; and more community-based participatory research and cross-disciplinary research.

- ***Challenges in funding research on the health of migrants*** including the need for greater visibility of research; greater collaboration between researchers, policy makers and donors; and increased collaboration across borders.

- ***Challenges of translating research into action*** including the need to link researchers, policy makers, and other stakeholders to more effectively inform policies and programs.

Responding to the challenges above will facilitate relevant, applicable research to better inform policies and programs at local, state, regional, and bi-national levels.

Next Steps: A Call to Action

In order to predict and respond to the emerging health needs of Mexican im/migrants in California, the Forum participants recommend a collaborative response on the part of researchers, policy makers and donors on both sides of the U.S.-Mexico border:

Researchers

- *Collaborate* across borders and disciplines.
- *Develop* a bi-national repository of information to easily access existing datasets, research and researcher contact information.
- *Initiate* more community-based participatory and cross-disciplinary research.
- *Focus* on new subgroups of immigrants in the State, including indigenous groups, elderly Latino immigrants, immigrants with diverse income and education levels, and immigrant workers.
- *Disseminate* research findings widely to better inform policies and programs.

Policy makers

- *Advocate* for the health of im/migrants.
- *Communicate* with researchers about current policy debates and needed data.
- *Access* existing data and research to better inform policies and programs.
- *Pilot* implementation of bi-national health insurance.
- *Collaborate* with stakeholders to translate research into action.

Donors

- *Increase* the visibility of im/migrant health research and needed responses.
- *Fund* bi-national research, programs, and networks: a repository of information, greater collaboration across disciplines and borders, dissemination of findings, and innovative research to address emerging health needs among diverse im/migrant populations.
- *Take* risks and be flexible and creative in approaches to funding.
- *Leverage* resources and influence to translate research findings into practice at the policy and programmatic levels.

Conclusion

Im/migration is a global phenomenon that is influenced by economics, politics, environmental changes, and structural forces. Yet regardless of the fluctuations in im/migration, the reality is that Latinos—especially of Mexican origin—comprise a significant and increasing percentage of California's population. In addition to recognizing their economic and cultural contributions in California and Mexico, it is critical that the health and well-being of Mexican im/migrants gains visibility and priority on the part of policy makers, academics, donors, and community organizations on both sides of the border.

The burden of disease, coupled with limited access to health care, confronting these populations not only affects individuals but challenges the communities and governments where they work and live. If we do not respond in a timely manner to these challenges, the costs to California and its neighbor to the South will be much higher in the coming decades. This report and call to action was developed to guide policy makers, academics, and donors to collaboratively and creatively respond to the emerging needs of Mexican im/migrants in California. California has been a leading State and trend-setter in the United States; let the health of im/migrants be no exception in the State's ability to lead comprehensive, cutting edge initiatives to care for this diverse population and cultivate a healthy future for all.

II. Introduction

The 2007/2008 Forum on Migration and Health was a year-long initiative to create a health research and policy agenda for immigration and migration between Mexico and California. It was the first in a series of Forums to be hosted by UCSF's Global Health Sciences, and co-hosted this time by UCSF's Philip R. Lee Institute for Health Policy Studies and UC Berkeley's Institute of Business and Economic Research, Health Initiative of the Americas and the California Program on Access to Care. This 2007/2008 Forum was sponsored by The California Endowment and the California HealthCare Foundation, and brought together over 300 representatives from institutions on both sides of the California/Mexico border[2]. This report and corresponding policy briefs outline challenges and recommendations for academics, policy makers, and donors to enhance the health of individuals that comprise an increasing portion of the population and are significant contributors to the economy in both California and Mexico.

The Forum dialogue explored how extensive research on immigration and health, conducted in both California and Mexico, can be harnessed to provide relevant and timely information to policy makers and health care providers. The Forum also identified existing gaps, as well as emerging research, and policy-relevant areas that bear public investments that would benefit the State of California and its populace.

During a one-year period, The Forum convened various events with leading researchers, policy makers, heath care providers, and community heath advocates addressing the following topics:

I. ***Research agenda:*** What information is needed to ensure that California is prepared to address the health needs of the Mexican im/migrant population over the next twenty years?

II. ***Challenges:*** How do we make sure research information adequately addresses the most urgent im/migrant health care issues, and that research findings are readily available to policy makers?

III. ***Recommendations:*** How can we successfully harness research results to influence and improve policies and health practices affecting California's Mexican im/migrant population?

[2] UC San Francisco, UC Berkeley, UC Davis, UC Los Angeles, California Program on Access to Care, Kaiser Family Foundation, The California Endowment, The California HealthCare Foundation, The California Wellness Foundation, the California Immigrant Policy Center, San Francisco General Hospital, Institute of Business and Economic Research (UCB), Instituto Nacional de Salud Publica, Servicios de Salud del Estado de Zacatecas, University of Zacatecas, University of Michoacán, University of Texas, University of New Mexico, Labor Occupational and Health Program (UCB), Farmacias Remedios, Napa Healthy Communities, the Public Policy Institute of California, Migrant Clinicians Network, Office of Governor Arnold Schwarzenegger, California Department of Public Health, Chief Justice Earl Warren Institute on Race, Ethnicity & Diversity (UCB), Abundantia Consulting, the Appropriations Senate Committee of the California Senate, and the Assembly Committee on Budget of the California State Legislature.

III. Context

California is the home to 39% of all Mexican immigrants in the U.S., half of whom are under 33 years of age. The Latino proportion of California's population is predicted to rise from 30% in 2000 to 43% by 2040. Mexican immigrant men have the highest U.S. labor force participation rate of any immigrant group (94%); over 80% of agricultural workers in California are Mexican immigrant men.

- Mexican immigrants use fewer preventive, medical, and dental services than U.S.-born Mexican Americans and non-Hispanic whites.
- About 50% of Mexican immigrants have no regular source of medical care.
- Almost half of all Medi-Cal beneficiaries (2.9 million) are Latino.
- Latino women suffer the highest rate of invasive cervical cancer in California.
- The prevalence of diabetes among California Latinos is increasing.
- Of 650,000 children enrolled in Healthy Families, about 60% are Latino.
- About a third of California Latinos rate their overall health status as fair or poor, a proportion higher than other ethnic/racial groups living in this state.

California is facing a severe budget crisis. Healthcare reform is of significant concern and highly debated by legislators, health advocates, and the State's citizens.

These facts challenge Mexican and Californian authorities to identify cost effective and targeted strategies to address the health needs of im/migrants and their families in Mexico.

Economic constraints, environmental climate change, and growing interdependence as a result of globalization present many challenges and exciting opportunities in the coming decades. Bi-national collaboration and innovative strategies must be developed to address the emerging political, economic, social, and health issues of the 21st century.

California and Mexico are rich in research expertise and interest in migrant health. Such expertise can be harnessed by policy makers, advocates, providers, and community organizations to predict and respond to current and emerging health threats, better inform public health strategies, and monitor and evaluate programs and policies.

The Forum proposes a roadmap that builds on the current research platform to inform future data collection, and develop and maintain a vibrant bi-national network of policy makers, funders, and researchers in order to ensure that research is relevant and findings are implemented over the coming decades.

IV. Research Agenda: The Health Needs of California's Im/migrants

The 2007/2008 Forum developed its research agenda to answer the following question:

What information is needed to ensure that California is prepared to address the health needs of the Mexican im/migrant population over the next twenty years?

In addition to hosting meetings with researchers, policy makers, health providers, and community health advocates from Mexico and California, The Forum conducted a review of published and unpublished University of California research related to Latino immigrants. The results of this review are captured in Appendix A of this report. Appendix C provides a matrix of key researchers working in this area, both internal and external to the University of California.

The literature review showed that the University of California has conducted significant research on migration and health through research projects developed by Latino-focused centers and other health policy centers. Research organizations outside the U.C. system contributing noteworthy research on this topic include: the Public Policy Institute of California, the California Department of Public Health, California State University, Pan American Health Organization, U.S.-Mexico Border Office, California Institute for Rural Studies, Pew Hispanic Center, RAND, and the Immigration Policy Center. In Mexico, several institutions conduct research on migration, however, only a few institutions conduct research linking migration and health issues: El Colegio de la Frontera Norte, CENSIDA, ECOSUR, National Institute for Public Health (INSP), Instituto Mexicano del Seguro Social (IMSS), Universidad Benemerita de Puebla, and some Mexican State Universities, such as Zacatecas and Michoacán.[3]

Topics investigated by academics on both sides of the border include specific diseases such as cancer and diabetes, health-related factors such as culture, or have a specific geographic focus. However, Forum participants identified significant gaps in information that should be addressed to enhance current research, as well as future health policies and programs. The information gaps are summarized below, and categorized as: health risks specific to each stage of migration; specific health vulnerabilities of migrant populations; increasing access to care for migrant populations; and assessing the impact of policies and practices on migrant health.

A. Gaps in Research to Address Health Risks Specific to Each Stage of Migration

Forum participants felt that insufficient attention was given to the migratory process and how it is likely to change over the coming years. They suggested that the answers to the following questions would help evolve policy on both sides of the border:

[3] The literature review was not exhaustive and while the document references specific research findings and relevant demographic and health statistics, it is not intended to provide a comprehensive synthesis of all existing and relevant information related to Latino immigration and health.

- ***The motivation to migrate:*** *How do the motivations, perceptions, and expectations of Mexico's sending communities influence the decision to migrate, and do these expectations change with time and experience in the U.S.?*

- ***The impact of migration on sending and receiving communities****: How do health and behaviors differ between and impact sending communities and those who reach the U.S.?*

- ***Structural factors impacting the migratory experience:*** *How are structural factors such as gender inequality, violation of human rights, and sexual violence exacerbated by the migration experience?*

- ***Morbidity and mortality trends associated with migration:*** *How can morbidity and mortality be mitigated during transit to the U.S., in light of the challenges associated with different migratory routes and mobile populations?*

B. Gaps in Research to Address Specific Health Vulnerabilities of Migrant Populations

Forum participants called for additional research to identify and better understand the specific health vulnerabilities of migrant populations related to demographic, economic, and societal changes predicted to happen in the coming decades. Participants highlighted the need for answers to these questions:

- ***Determinants of health:*** *What determines the health strengths and vulnerabilities of migrants at individual, community, and systemic levels, and how can policies and practices reduce vulnerabilities and enhance protective factors?*

- ***Macro influences on health:*** *How will global threats, such as the economic recession, climate change, and/or the impending epidemics like Avian flu, impact the health of migrants?*

- ***The Latino health paradox:*** *How do health practices or behaviors differ between recent immigrants and those who have resided in this State for many years, and what factors can explain the differences evidenced between specific populations over time?*

- ***Migration and mental health:*** *What are the short- and long-term mental health consequences of immigration on individuals and family members—including children in both California and Mexico?*

- ***Obesity and other chronic diseases:*** *How can strategies to address chronic diseases, such as obesity, be tailored to meet the needs of specific sub-groups of immigrants in light of pre-disposition and/or migration's impact on health and behavior?*

- ***Occupational health:*** *How does the type and quality of work including risks and benefits for particular jobs influence immigrants' health?*

C. Gaps in Research to Increase Access to Health Care for Migrant Populations

Forum participants agreed that further research is warranted to examine options for improving immigrants' access to quality health care, especially bi-national health insurance coverage. Access to care is a complex issue that transcends the traditional health paradigm, and requires both fiscal and political cost-benefit analyses. For example, how increased access to care—particularly expanded health insurance coverage—will alter demand for existing health or social services is required to better articulate the costs and benefits associated with any policy or program. The cost/benefit analysis of a healthy workforce is also a significant factor when considering im/migrant access to care in California.

- ***Bi-national insurance:*** *What is the demand for bi-national health insurance, and how can obstacles (political, economic, legal, and administrative) be overcome to develop and operate a bi-national insurance plan?*

- ***Quality health care:*** *How well are current public and private programs on both sides of the border serving the immigrant population (with a view to cost, cultural and linguistic appropriateness, patient-provider interactions, etc.) and facilitating increased access to services?*

D. Gaps in Research to Assess the Impact of Policies and Practices on Migrant Health

Forum participants suggested that, in addition to researching strategies by which policies and practices could be better targeted to address specific issues or population needs, researchers should collaborate with policy makers to evaluate the impact of current policies and legislation. Some key research questions in this area follow:

- ***Changes in policies and economies:*** *How do changes in federal and state legislation, and shrinking government resources, influence the health status and quality of care for immigrants, and by extension, the communities in which they live?*

- ***Research to inform policies****: What level of research evidence do policy makers and other stakeholders need in order to make better-informed investments in migrant health care at federal, state, and local levels?*

The gaps in research highlight some of the challenges to improving research, policies, and programs, as well as their interdependent nature and impact on the lived realities of im/migrants crossing the US-Mexico border. Challenges and recommendations follow.

V. Challenges

One of the greatest challenges to creating a migration and health research agenda is making certain the research is relevant to the current and emerging policy and political environment. Some programs and policies have not sufficiently addressed the most pressing im/migrant health issues, such as the high incidence of obesity, cervical cancer, and occupational and environmental hazards. Furthermore, current research is often not adequately synthesized and made available to those who influence and fund future research, programs, and policy development. The Forum participants examined the limitations of current data collection methods, use of data, and the types of research being conducted in order to determine researchers' ability to adequately inform policy and program development now and in the future.

Forum participants grappled with the question:

"How do we make sure research information adequately addresses the most urgent im/migrant health care issues, and that research findings are readily available to policy makers?"

Four topic areas emerged and were analyzed in detail: challenges in accessing information; challenges in developing new approaches to research; challenges in funding research on the health of migrants; and challenges of translating research into action. Below are highlights of these discussions.

A. Challenges in Accessing Information

Access to information is powerful: It can advance cutting edge research, better inform advocacy efforts and policies, ensure programs are responsive to current and emerging needs, and serve the interests of the common good. However, Forum participants felt that existing data on migration and health was challenging to locate, and limited with regard to primary data for decision-making.

- ***The need for a central repository:*** Forum participants agreed that an easily accessible, searchable, online repository of datasets, published and unpublished research and background material, and background and contact information on researchers would facilitate and inform Latino health and immigration research, policy, and programmatic development.

Policy makers in California often rely on quick data analyses of readily available datasets (e.g., the California Health Interview Survey) to develop their policy arguments and programs. Advocates have expressed the need to further build on this source and develop a centralized information system where they can quickly research what studies have been conducted, as well as information on the researchers leading these efforts. Researchers have also stressed the importance of gaining a better understanding of what their colleagues are doing in the field, and developing research collaborations, both nationally and bi-nationally, as well as sharing relevant research information and findings that can be built upon and help advance a research agenda.

A centralized information system would facilitate better translation of research to policy and programmatic development. A centralized information system would also provide non-academics with valuable information to help dispel myths and gain a solid understanding of the relevant immigration and health related issues. In addition, this system could help stakeholders identify local researchers available to conduct analyses and/or develop rapid response analyses on various topics under review. Stakeholders recognize the magnitude of work and funding that would be needed to develop and maintain such an up-to-date database and query system; however, the need still remains significant.

- ***The need for more representative data sources:*** Participants agreed that there is a serious lack of primary data (e.g., cost for health care, cost to deliver care by different providers) that is essential for developing an informed argument around policy and programmatic changes needed to better address the health of im/migrants.

Researchers currently access and analyze existing secondary data to understand broad Latino health issues. Researchers also engage in small-scale studies targeting specific Latino geographic regions, health topics, and population groups, including recent immigrants, second or third generation immigrants, populations at risk of HIV/AIDS, and specific occupational groups, such as farm workers and day laborers. The Forum participants discussed the need for more representative data by geographic region, and other sub-populations of Latino immigrants living in California, such as indigenous groups, elderly Latino immigrants, immigrants who have a range of income and education levels, and immigrant workers living in both urban and rural communities.

In addition, researchers typically rely heavily on epidemiological and demographic data from large surveys (such as the California Health Interview Survey and the California Agricultural Health Worker Survey) to examine migration, economic, labor, and health trends in the migrant population. While such data collection tools have undeniably improved our knowledge of the health status of Latinos in California, Forum participants suggested that there is a great need for systematic, routine data collection from populations that may not be covered by existing surveys (for example, undocumented immigrants and individuals without telephones). Furthermore, a majority of current research methods tend to focus on the individual as the unit of analysis. Researchers in the field are now suggesting shifting this focus to include the family, the community, neighborhoods, and border networks, all of which can provide significant insight into the context and explain why we are witnessing current trends in health status and outcomes.

Systematic data collection is a highly expensive investment and thus would require extensive expert consultation and planning. Pilot testing of survey instruments in a specific geographic area would also be essential. Stakeholders suggested that there is a strong need to bring together research networks to influence the types of questions asked on current health surveys in order to obtain data necessary to answer key questions about im/migrant health in California.

B. Challenges in Developing New Approaches to Research

To enhance research efforts, participants identified a need for greater focus on program evaluation; community based participatory research; and cross-disciplinary research.

- ***The need for greater focus on program evaluation:*** Forum participants agreed that evaluation of current U.S. and Mexican programs and policies is imperative to adequately address the health concerns of this population. Such evaluations are essential to address many of the gaps identified by The Forum and to demonstrate the successes and failures of programs and policies.

Immigration is a highly contested political debate in our country. It is also a debate that is often fraught with misperceptions or exaggerated information. Therefore, evaluations of activities at all societal levels (government, university, community, etc) can help provide concrete evidence to constructively inform and guide the immigration debate. Participants discussed how researchers must be engaged in leading the evaluations of immigrant programs and policies, while policy makers and funders must ensure that relevant evaluations are written into any new program or research initiative. In addition, evaluations of current programs focusing on access to care should be initiated and funded.

- ***The need for community-based and participatory research:*** Researchers have made considerable strides in developing research from within the communities in which they work; however, more effort is needed to develop participatory approaches to research and to ensure that the research is disseminated and translated into action (both programmatic and political).

Forum participants, including international stakeholders, community health providers, and health advocates, expressed the overwhelming need for researchers to communicate with community members before, during, and after research is completed. Researchers also need to engage community members in the investigative process to ensure the likelihood of successful research results and improved health outcomes for the community. Community members can share their concerns and thoughts on information gaps to help inform future community-level research. Researchers also expressed the need to conduct research and programmatic work within the community clinic networks of target populations. These health networks can help facilitate the research process and subsequent translation of research into programmatic and policy action at the local, state, and federal level.

- ***The need for cross-disciplinary research:*** Investigators use different approaches to examine im/migration and health, including studying specific diseases, age groups, indigenous populations, the migration process, and sending and receiving regions. Although there have been recent efforts to use cross-disciplinary approaches in research, such efforts need to be expanded because a significant amount of current research is epidemiological, anthropological, or demographic in scope.

These approaches go beyond traditional political, economic, and health theories to include new theories, such as structural violence (violence—visible as injury to body and self-respect—

enacted by social structures, primarily exploitative economic relations); symbolic violence (the naturalization and internalization of social asymmetries); clinical gaze (an active process of understanding the body and illness that incorporates perception and cognition, seeing and knowing, to incorporate behavioral, biological, mental, and social lenses to understand suffering) (Holmes, 2006). Multidisciplinary approaches also enable researchers to examine issues through a variety of lenses, including demographic, linguistic, and generational, to understand the wide range of factors influencing migration and its health implications.

The expansion of multidisciplinary research affects the ways in which data are sampled, collected, and analyzed, and how results are presented and understood. The use of non-traditional approaches and/or theories poses the challenge of communicating the new theories and research findings to unfamiliar stakeholders to ensure positive political and programmatic impact. Cross-disciplinary collaboration will greatly assist in understanding future immigrant health needs, and will improve data collection and dissemination practices. Furthermore, a new generation of researchers, ideally representing the trans-national community, is also needed to assure that cultural-specificity and contextual understanding can be incorporated into the conceptualization, design, and implementation of the research process.

C. Challenges in Funding Research on the Health of Migrants

The opportunities for funding and sustaining continuing research in these areas are limited, but, at the same time, potential new resources are at our doorstep. Still, there needs to be entities, such The Forum, to enhance and support the very important research questions which emerge through a collaborative environment between researchers and policy stakeholders, and between the U.S., specific states, and the Mexican Government.

- ***The need for greater visibility of research:*** Public sources, private foundations, and corporate-related sources are interested in policy implications for the overall wellness of the im/migrant communities. By expanding the visibility of research in this area, funding sources at the national [4] and state level, as well as in regional foundations, offer greater opportunities for financial support. In addition, with the election of President Barack Obama, there is interest in meeting the concerns of Latino voters, including efforts to expand and support new initiatives to improve and address issues related to migration and health.

The need for greater collaboration: In order to support these efforts, the research community must collaborate with policy advocates and donors to campaign for funding and embrace research designs with verifiable data and recommendations to improve the wellness of vulnerable populations on both sides of the border. In addition, collaboration among donors in both the U.S. and Mexico to collectively support cutting edge research, promising practices, and

[4] At the national level, such Foundations as the Robert Wood Johnson Foundation, the Rockefeller Foundation, the Soros Foundation, the Atlantic Philanthropies, and the Gordon and Betty Moore Foundation; at the state level, The California Endowment, the California Health Care Foundation, and The California Wellness Foundation. Other sources include the Mexican and the U.S. Government, as well as collaborative funding efforts, such as through the UC MEXUS Program.

ensure im/migrant health needs are investigated and responded to at programmatic and policy levels could increase impact significantly. In turn, researchers can work with policy makers to conduct studies of laws and policies to ascertain their effectiveness. In an iterative manner, this data becomes a resource for further programmatic and policy development.

D. Challenges in Translating Research into Action

Communication between policy makers and researchers is critical to ensuring that research findings are incorporated into health policy or political action.

- ***The need for linking researchers, policy makers and other stakeholders:*** Forum participants still feel there is a major disconnect between researchers, policy makers, and other stakeholders working to improve im/migrant health. Health advocates at the State level want to review how researchers and advocates share information, and perhaps design training opportunities for both researchers and policy makers on translating and communicating research into policy. Community health providers and community members also want researchers to improve their efforts to share the information resulting from community-level research. Researchers want to maintain regular communication with immigration and health stakeholders, and want to identify policy makers' information needs and increase their ability to respond to those needs.

An open partnership or network between researchers and key stakeholders will undoubtedly improve understanding of the health needs of the im/migrant population, as well as maximize the use of available and future research findings to respond to the emerging health needs confronting this population and the communities where they reside.

VI. Recommendations

The wealth of Californian and Mexican research expertise and interests in migrant health is incomparable. The combined research outputs of academic institutions on both sides of the border has resulted in a significant body of knowledge about patterns of disease, health seeking behaviors, access to health care, and health outcomes of Mexican migrants living in California. With a changing landscape, including financial restrictions, priorities being placed on health care reform at the federal and state levels, as well as an increasing awareness of the impact of environmental factors and social determinants impinging upon the health and well-being of immigrants and subsequent Latino/a generations, the need for building upon existing efforts is imperative.

In order to efficiently harness existing expertise to meet the demographic, political, and economic influences predicted for the coming decades, Forum participants called on each other as follows:

- ***Policy makers*** called for researchers to promptly answer specific questions to inform their ongoing decision making. They would also like to know who to call on for commissioned evaluations of policy implementation.

- ***Advocates and lawyers*** called for easy access to synthesized and u p-to-date research findings and to be able to access individual researchers for more in-depth explanations and further synthesis.

- ***Community organizations*** called for a greater voice in both developing the research questions, determining how the research is conducted, and how results are disseminated to diverse audiences, including themselves, other researchers, policy makers, and other stakeholders.

- ***Health care providers*** have a wealth of information with which to engage researchers and called for researchers to engage in answering specific programmatic questions of interest to them.

- ***Researchers*** called for better avenues of communication with all stakeholders and with other researchers in California and Mexico, and for increased access to more representative data, as well as financial resources to conduct their research.

In order to fulfill these expectations and to be prepared to predict and respond to emerging health needs, Forum participants proposed that:

- UC and INSP create a centralized, easily accessible repository of data sets, research projects, and researchers committed to conducting research in this wide array of topics. Centralization and readily accessible data, for example, could insure that the next group of researchers could build upon and enhance past research efforts in a timely manner.

- Forum participants maintain a communication network between all stakeholders that enables the research community to be responsive to changing and new emerging needs.

- The Forum brings together experts to develop strategies to improve the systematic collection of routine representative surveys to reach populations that are not yet covered by existing surveys, and that funders invest in such longitudinal data collection.

- Researchers at UC and in Mexico engage in a broader range of approaches to research, particularly evaluation and operations research, community-led and participatory research, and that they involve a wider range of disciplines in the research that is conducted. Meta-analyses are also important where studies have conflicting findings, to better understand potential biases and discrepancies, and to inform future research.

- Researchers at UC and other California-based universities and Mexican-based university-based researchers improve strategies for synthesizing and translating current and future research into action. Academic institutions can provide training for researchers and other stakeholders to ensure research results are relevant and are translated into policy.

In order to broaden the research agenda to meet the specific and changing health needs of migrants, participants called for:

- A dialogue with research funders to assess whether their current portfolios reflect the priorities, gaps, and future research needed to address emerging concerns related to migrant health. They also raised the possibility that these funders invest in additional routine data collection to better understand and monitor the health needs of migrants. Furthermore, funders need to introduce more funding opportunities for collaborative research between California and Mexico.

- Research that focuses on new subgroups of immigrants in the State, including indigenous groups, elderly Latino immigrants, immigrants with diverse income and education levels, and immigrant workers.

- Urgent development by researchers of methodologies to examine the mental and physical health consequences of immigration and recent anti-immigration policies, as well as the social determinants of health.

- Pilot implementation of bi-national projects to test cost, feasibility, benefits, and impact of bi-national insurance.

- Development of new training programs to prepare trans-disciplinary researchers to gain skills in conducting transnational research, or at least, in collaborating across borders. Ideally, a new wave of researchers should represent the trans-national community.

The Forum demonstrates the importance of greater communication and collaboration between researchers, policy makers, advocates, health care providers, donors and community organizations. The fruitful dialogue among stakeholders, as outlined in this report, serves as a catalyst for greater attention to the unique and emerging research needs of im/migrant populations, and the translation of this research into responsive programs and policies to ensure the health of individuals, communities, and economies on both sides of the U.S.-Mexico border.

VII. Next Steps: A Call to Action

In order to predict and respond to the emerging health needs of Mexican im/migrants in California, the 2007/2008 Forum participants recommend a collaborative response on the part of researchers, policy makers, and donors on both sides of the U.S.-Mexico border:

Researchers

- *Collaborate* across borders and disciplines.
- *Develop* a bi-national repository of information to easily access existing datasets, research, and researcher contact information.
- *Initiate* more community-based participatory and cross-disciplinary research.
- *Focus* on new subgroups of immigrants in the State, including indigenous groups, elderly Latino immigrants, immigrants with diverse income and education levels, and immigrant workers.
- *Disseminate* research findings widely to better inform policies and programs.

Policy makers

- *Advocate* for the health of im/migrants.
- *Communicate* with researchers about current policy debates and needed data.
- *Access* existing data and research to better inform policies and programs.
- *Pilot* implementation of bi-national health insurance.
- *Collaborate* with stakeholders to translate research into action.

Donors

- *Increase* the visibility of im/migrant health research and needed responses.
- *Fund* bi-national research, programs, and networks: a repository of information, greater collaboration across disciplines and borders, dissemination of findings, and innovative research to address emerging health needs among diverse im/migrant populations.
- *Take* risks and be flexible and creative in approaches to funding.
- *Leverage* resources and influence to translate research findings into practice at the policy and programmatic levels.

VIII. Conclusion

Immigration and migration is a global phenomenon that is influenced by economics, politics, environmental changes, and structural forces. Regardless of the fluctuations in im/migration, the reality is that Latinos—especially of Mexican origin—comprise a significant and increasing percentage of California's population. In addition to recognizing their economic and cultural contributions in California and Mexico, it is critical that the health and well-being of Mexican im/migrants gains visibility and priority on the part of policy makers, academics, donors, and community organizations on both sides of the border.

The burden of disease, coupled with the limited access to health care confronting these populations, not only affects individuals, but challenges the communities and governments where they work and live. If we do not respond in a timely manner to these challenges, the costs to California and its neighbor to the South will be much higher in the coming decades. This report and detailed call to action has been developed to guide policy makers, academics, and donors to collaboratively and creatively respond to the emerging needs of Mexican im/migrants in California. California has been a leading State and trend-setter in the United States; let the health of im/migrants be no exception in the State's ability to lead comprehensive, cutting edge initiatives to care for this diverse population and cultivate a healthy future for all.

IX. Appendix

A[5]. Research priorities for the current and future health needs of U.S. Mexican migrants

B. The Forum Events

C. Matrix of key research institutions in California

[5] The document references specific research findings and relevant demographic and health statistics, but is not intended to provide a comprehensive synthesis of all existing and relevant information related to Latino immigration and health.

- **APPENDIX A**[6]

Research priorities for the current and future health needs of U.S. Mexican migrants

Overview

Approximately 20 million people of Mexican origin are directly associated with migration on both sides of the border. This number includes almost 12 million migrants living in the U.S., 4 million U.S. born children of migrants, and roughly 6 million migrant family members who reside in Mexico (Gonzalez-Block *et al.,* 2008).

California is a primary receiving state for migrants from Mexico and is the home to 39% of all Mexican immigrants in the U.S, half of whom are under 33 years of age (U.S. Census Bureau, 2004). The Latino proportion of California's population is predicted to rise from 30% in 2000 to 43% by 2040. The majority of new Latino immigrants will originate from Mexico. This dramatic demographic transition presents challenges to Mexican and Californian authorities that must provide for the health needs of migrants, as well as for their families in Mexico.

Mexican immigrant men have the highest U.S. labor force participation rate of any immigrant group (94%) (U.S. Census Bureau, 2006). Over 80% of agricultural workers in California are Mexican immigrant men (U.S. Department of Labor, 2000). Mexican immigrant women have much lower median weekly earnings than U.S.-born Latinas, and they are represented to a much larger extent in agricultural, manufacturing, and service-oriented industries than U.S.-born Latinas. Overall, immigrant Latina women are less likely to be employed and more likely to live in poverty than U.S.-born Latinas.

Because employment-based health insurance is uncommon for the type of low paying, part-time and seasonal work immigrants typically perform, 56% of Mexican immigrants have no heath coverage in the U.S. (CONAPO, CPS 2007). As of 2006, over 47% of all Mexican immigrants in the U.S. did not have a regular source of medical care, contrasted with 16% of immigrants from other regions of the world, and 11% of the white U.S.-born population (CONAPO, NHIS 2006). Children of migrant parents who lack health insurance suffer health disparities, and frequently do not receive care through programs for which they are eligible. Although two-thirds of California's U.S.-born children of undocumented parents are eligible for Medi-Cal, and over 25% are eligible for Healthy Families, the children are often not enrolled in the programs (Pourat, *et al.,* 2003). However, of the 650,000 children enrolled in Healthy Families, 57.8% are Latino (both documented and undocumented). Additionally, 47% of 2.9 million of all Medi-Cal beneficiaries are Latino (both documented and undocumented) (Latino Coalition for a Healthy California, 2005).

[6] The document references specific research findings and relevant demographic and health statistics, but is not intended to provide a comprehensive synthesis of all existing and relevant information related to Latino immigration and health.

As a result of limited access to regular health care, Mexican immigrants use fewer preventive medical and dental services than U.S.-born Mexican Americans and non-Hispanic whites. In 2000, Mexican immigrant women age 40 and over were the least likely population group to have a mammogram in the past two years. Only 49% of Mexican immigrants received this recommended standard for mammography screening, compared to 66% of U.S.-born Mexican Americans and 72% of U.S.-born non-Hispanic whites. In 2000, Mexican immigrant women ages 18-64 were half as likely as U.S.-born non-Hispanic whites to have a pap smear to screen for cervical cancer and sexually transmitted infections (U.S. National Cancer Institute, 2002).

In a 2001 study of California agricultural workers, 18% of male subjects had at least two of three risk factors for chronic disease: high serum cholesterol, high blood pressure, and/or obesity. However, the study found that 32% of men had never been to a doctor or clinic in the United States or Mexico (The California Endowment, 2001). Another study conducted in 2000 revealed that 29% of pregnant migrant farm workers in California did not seek prenatal care until their second trimester, while 14% waited until their final trimester (National Center for Farmworker Health, Inc. 2000). Additional health concerns among this population include: musculoskeletal problems, elevated risk of leukemia, stomach, cervical and uterine cancers, injury, diabetes, and tuberculosis.

With aging populations on both sides of the border, chronic health conditions have surpassed acute diseases to become the major cause of disability. Use of medical services and treatment for such diseases accounts for 75% of the United States' spending on direct medical costs (Center for Disease Control, 2008). Substantial numbers of immigrants suffer from chronic diseases, although the State's existing system of care was not designed to deal with these types of ailments, not only for Mexican immigrants, but for the overall population. This substantial shift from acute to chronic diseases will require new approaches in the delivery of care.

Both the US and Mexico are now considering the health needs of migrants within their health systems. The Federally Qualified Community Health Centers (FQHCs), funded by the U.S. government, are the main providers for immigrant care in the U.S. There are currently 1,200 private, non-government organizations providing care to over 17 million people, mainly the underserved and uninsured populations in the U.S. Mexican migrants account for a large part of these organizations' clients, in both urban and rural areas. Health centers provide services to migrants regardless of legal status and many centers have developed outreach efforts to secure access to health care for the most marginalized and vulnerable mobile groups. Another financial source of support for undocumented migrant families with U.S. born children is the Aid to Families with Dependent Children (AFDC).

However, studies have systematically shown that Mexican migrants perceive multiple barriers to accessing U.S. health care. Barriers include language and cultural differences, lack of money and time, lack of accessibility of services, and fear of deportation. Many of the health and other social needs of migrants are thus provided through family and social networks in the U.S., such as the 'Home Towns Associations' (immigrants' organizations) which offer social, recreational, informational, health promotion, and health education services. These organizations are comprised or administered by migrants and receive support from Mexico's local (state) and

national governments. Some of the associations are from the states of Michoacán, Zacatecas, Puebla, and Guanajuato.

The Mexican government's response to the challenges of migration is still evolving. The government is in the process of developing the *Vete Sano Regresa Sano* (Go Healthy Return Healthy) program. This program focuses on health promotion and medical check-ups in migrant sending communities. However, *Vete Sano Regresa Sano* focuses primarily on health care providers by raising their awareness regarding the health risks of migration; the program pays limited attention to migrants themselves. The impact of this program on migrant health has yet to be measured. The Mexican government is also making efforts to strengthen medical services at border crossings and migratory routes, particularly to address HIV prevention and care. The HIV prevalence is increasing along the US-Mexico border, and in 2004, Latinos represented 39% of new AIDS cases in California, an increase from 12% in 1981 (California Department of Health Services, 2005). A recent initiative under development at the Mexican-Guatemalan border aims to provide comprehensive care and preventive HIV strategies for Central American migrants entering Mexico but traveling to the U.S. This initiative is currently being evaluated and will soon be replicated at the Mexican-U.S. border city of Nuevo Laredo, Tamaulipas (Leyva R and Quintino F., 2007).

The Mexican government has also implemented the *Ventanillas de Salud* program, which is a health promotion and information program delivered at Mexican consulates in the U.S. Professional educators refer migrants to local, low-cost health providers, while migrants wait for passports and other consular documentation. In addition, the annual *Semanas de la Salud* (Health Weeks) are organized jointly by consulates and community agencies with the support from the Mexican government and local non-governmental organizations to raise awareness regarding local health resources and the importance of preventive and other types of health care. In conjunction with the *Semanas de la Salud*, the Bi-national Health Policy Forum brings together health providers, policy makers, and community leaders from both sides of the border and from Central American to discuss emerging health and policy issues related to migrant health.

Research priorities

Understanding the process and impact of migration: Much of the research conducted on migration and health in Mexico has focused on the sexual behavior of male migrants, truck drivers, female migrant sex workers, use of drugs and alcohol among both male and female migrants, and mental health problems among migrant women (Bronfman y Minello, 1999; Martínez-Donate *et al.*, 2005). Recently, research on migration and health has started shifting as researchers are recognizing the vulnerability of mobile groups (Bronfman *et al.*, 2002; Castillo, 2004) and are now investigating the different stages of the migration process: from the community of origin, the transit, at the destination country, and the return to the country of origin.

Population mobility, especially undocumented immigration, has been closely related to the HIV/AIDS epidemic. HIV infection in this context is closely linked to institutional factors, vulnerability, gender inequality, violation of human rights, and sexual violence. Researches such

as Caballero *et al.* (2002; 2008) have worked extensively on issues of gender inequality, both with female migrants and migrants' female partners. The research work suggests that migrant women are more vulnerable when compared with men since they are perceived to be willing and available to engage in undesired and frequently unprotected sex. Migrant men may use their female companions as an 'exchange coin' in order to secure food and transportation to cross the border.

It is important to recognize that the analysis of migrants' living conditions in the U.S. cannot be completely understood if research on migration and health does not take into account the migrants' communities of origin and the impact that migration has on both these communities and the migrant families who remain behind. With changes in the ease of travel between Mexico and the U.S., semi-annual or annual trips where families were reunited have become far less frequent. The health of the communities of origin is affected by different elements in the migration process: remittances (9% of remittances are used for health expenditures), changes in the structure of the family, changes in traditional roles, interpersonal relationships, social and cultural changes (learned behaviors, practices and attitudes learned by the migrant while being away), and access to information and technology. Studies in Mexico have shown that there are changes in the organization of the family structure and the role of the women who are left behind in the community of origin, which creates a risk of family disintegration. The children suffer from the absence of the father, and the use of drugs and alcohol increases within families where the father is absent.

Findings from research on immigration and health undertaken by the National Institute for Public Health in La Mixteca (Oaxaca, Guerrero and Puebla), Chetumal, and Tapachula have shown that the social and family roles within migrant communities are constantly being modified, not only because of the absence of the father, but also when migrants have the opportunity to return to their community of origin. Subsequently, migrants become part of two different communities: the community of origin and the country of destination.

Immigration is not a unique and transitory event anymore, but rather a continuous process with implications for the entire family and community social organization (Bronfman *et al.*, 2003; Caballero *et al.*, 2008). Other studies (Salgado *et al.*, 2000, and Salgado and Diaz-Guerrero, 2002) also suggest that the women who stay in their country of origin suffer from stress, fear, and anguish of being abandoned by their migrant partners. Caballero *et al.* (2008) points out that these women perceive themselves at risk of STD or HIV infections by their migrant partners. These women also face sexual and reproductive health issues and some of these women are forced into pregnancy before their partners leave for the U.S. Other women are prohibited by their partner's family members from going to health centers for issues related to family planning or sexual and reproductive health.

The appearance of new and more dangerous migratory routes generates important challenges to the political and health systems in the U.S. and Mexico. Both male and female migrants face great health risks during their transit to the U.S., since the majority of these migrants travel without documents and traverse dangerous areas to avoid restrictive and persecutory immigration policies in the U.S. The diversity of migratory routes and risks makes it difficult to define and implement permanent and long lasting health interventions. The health risks faced by

undocumented migrants during transit include dehydration, drowning, snake and other animal and insect bites, physical and psychological violence, abuse and extortion from *polleros* and other groups (military, police, immigration offices, gangs), trafficking of men and women, and traffic accidents.

One of the least explored elements of the migration process pertains to the perceptions associated with the migration process. A recent study (Leyva *et al.,* 2007) showed that local residents in Chetumal changed their opinion of the 'American dream.' The Chetumal locals recognize that migrants in the U.S. live in poor and marginalized areas, and have limited access to health care. Nevertheless, the Chetumal locals still believe it is better to migrate to the U.S. than to stay in Mexico where jobs and opportunities are severely limited.

Understanding the Latino health paradox: Research has revealed that immigrants become less healthy over time the longer they reside in the U.S. For example, infants of Mexico-born women have more favorable birth outcomes (including fewer low-birth weight babies, preterm births, and less neonatal and post-neonatal mortality) than U.S.-born mothers of Mexican origin. Similar findings have been corroborated in California (Guendelman *et al.,* 1990). A study found fewer obstetric complications during labor and delivery for Mexico-born women than for U.S.-born mothers of Mexican origin in California (Guendelman *et al.,* 2006). Some of these trends persist despite the likelihood that income, educational levels, and access to health care improve as the number of years spent in the U.S. increases. However, the research supporting the health paradox is inconsistent and has led to disagreement within the research community. Further exploration and data collection, both quantitative and qualitative, is needed to examine why this paradox may exist, whether the paradox exists consistently across health status and clinical outcomes, and what protective factors could help Latinos maintain and capitalize upon their initial positive health outcomes. In addition, it is necessary to compare the research methodologies of conflicting studies to understand why findings are not consistent across a variety of studies.

Addressing migration as a determinant of the health of origin communities in Mexico: There are observable demographic shifts within communities of high immigration index. These communities are composed predominantly of women, children, and older men and women (Reynolds, 1992). Other changes have to do with cultural and economic rearrangements (Durand *et al.,* 1996; Lozano-Ascencio, 2002) and reorganization of social groups and family relations (Poggio and Woo, 2000; Rivera-Sánchez, 2004). Additionally, studies have shown that migrant sending communities, especially rural ones, experience limitations in health care access, education, social security, employment, and housing. Thus, health problems within these communities can be related to poverty long before the migratory experience. According to a study by Salgado *et al.* (2007), some health problems attributable to migration include depression, mental health problems, and increased use of dugs and alcohol. Other studies have shown that immigrants returning from the U.S. experience a higher rate of cardiac diseases, stroke, hypertension, and some types of cancers than their peers in the origin communities (Shieh and Wong, 2004). A study by Wong (2001, 2007) showed that older men who have migration experience report a higher socio-economic level, but less access to Social Security and public insurance programs. Gonzalez-Vázquez *et al.,* (2007) also suggests that returning migrants have a better sense of well-being and more resources than individuals who never migrated.

Salgado *et al.*, (2007) suggest that households in La Mixteca Baja, Mexico can be differentiated according to the presence of a migrant within the household. Although migrants and their families face significant social, economic and health-related challenges leading to migration and resulting from migration, typically, households without a migrant are more deprived and poorer than households with at least one migrant member due to the lack of remittances provided by a migrant family member. Households without a migrant also have higher rates of illiteracy, scarce social support networks, experience more domestic violence, have less access to healthcare, and expend a higher proportion of their income in order to address health problems.

Addressing determinants of health in California's migrant communities: The analyses of various data sources reveal that all Latinos in California, migrants and non-migrants, are disproportionately affected by diseases, including cardiovascular disorders, tuberculosis, cervical cancer, diabetes, and obesity. While the general Latino population faces overarching health-related challenges, the health needs of recent immigrants, undocumented immigrants, immigrants who have resided in the State for 10 or more years, and second or third generation Latinos vary significantly. Thus, future research is warranted to examine the different health statuses of segments of the Latino/a population and the possible social, environmental, institutional, and economic factors that contribute to different health outcomes. Unfortunately, many researchers to-date have had to rely on data and terminology that generalizes the population and their health needs without the ability to analyze by generation nor by sub-segments of the immigrant/ migrating population.

Recent research is starting to examine genetic determinants of health. For example, some Latinos, specifically Puerto Ricans, are more likely to develop asthma than other Latino populations. Different populations of Latinos also react differently to the drugs used to treat asthma. While epidemiological research has demonstrated high prevalence of asthma in the Latino immigrant population, genetic research and bench science can expand our understanding of the role played by genetic differences between individuals and different groups within the Latino/a population.

What remains unclear regarding determinants of health is *how* the broader socio-cultural, environmental, and economic factors influence and impact the health of immigrant populations and what potential strategies could be used to help close the disparities gap between sub-populations. Stakeholders have stressed the need to clearly describe the different sub-populations of Latinos living in the State, and clearly show how different factors impact different segments of the population's overall health status. Given great variability, investments in bench science and genetics research will complement and further expand our understanding of the determinants of health, as more is understood regarding the interactions between genetic and multiple other concurrent determinants of health. Given the enhanced technology of the 21st century and the emphasis on pharmaceutical treatment of diseases, Forum participants encourage expanded efforts to understand population genetics, pharmacogenetics, and the interaction between genetics and the overall physical and social environment.

Contextualizing HIV/AIDS to Improve Research, Policy, and Programs

HIV remains a public health concern in the USA and around the world. The alarming HIV prevalence rates among people of color have illustrated the need to prioritize populations most at risk and to respond to drivers and co-factors that contribute to the escalating numbers. New infections disproportionately impact African Americans and Latinos (MMWR, 2008). Individual behavior and lack of access to prevention education are only some of the co-factors driving the epidemic among people of color in the U.S. In California, it is imperative to explore HIV prevention and policy in a contextual cultural framework if we are to curb HIV among people of color (Díaz *et al.*, 2001). The immigrant population comprises 1 in 4 of the *general* population (Larsen, 2003). In California, Latinos make up 36% of the population and they comprise 47% of the population in Los Angeles (Census, 2006). In the U.S, 1 in 3 immigrants originate from Mexico (30.7% of the total immigrant population). Among the immigrant groups in California, access to HIV testing and prevention services may become less reachable due to misinformation, or lack there of.

Such contextual connections can allow researchers and policy makers to improve policy and programs for the Latino population. This will allow service providers and policy developers to understand the implications and their *application* in diverse settings (e.g., community-level interventions, in guiding responsive policy, and in service delivery). In Los Angeles, this is very timely as professionals concerned with future research, program, and funding streams are seeking to explore bilateral and bi-national efforts in HIV/AIDS prevention. Given the close proximity to Latin America and that in Los Angeles alone, 47% of the population is of Latino origin, it behooves us to strategize around HIV/AIDS prevention, research, and policy efforts accordingly.

Mitigating the consequences of migration on mental health: The decision to migrate, the process of migration in itself, and the process of assimilation into the U.S. are often highly stressful and mentally straining on immigrants and their family members. Family separation, fear, cultural adaptation, language barriers, and other social and economic pressures influence immigrants' mental health. The current anti-immigration environment in the U.S. has led to the implementation of policies and practices that could have potential negative influences on the mental health and well-being of Latinos in California and family members in Mexico. In spite of these contextual conditions, current research has consistently found that immigrants to the United States have better mental health than U.S.-born Mexicans and other U.S.-born populations. Less is known about why these differences exist and the potential impact of more recent policies on immigrants and their families.

Studies have indicated that age at the time of immigration, and time spent in the U.S. influence ones' risk of developing mental health disorders. For example, the 1.5 generation of immigrants (those who immigrate as children) assimilate earlier into American society, (as reflected in language and education), as compared to immigrants who arrive as adults, who are more likely to face greater cultural and social challenges when trying to adapt to their new environment. A recent study examined the relationship between immigration and mental health by comparing the mental health status of pre- and post-immigrants with residents of the immigrants' home countries. The study found that immigration was predicted by pre-existing lower-levels of anxiety disorders, which is inconsistent with the "healthy migrant" theory. However, results from

the same study were partially consistent with the "acculturation stress" hypothesis, which indicates that the stresses of living in a new environment or culture promote mental disorders (Breslau, *et al.,* 2007). There is clearly a need for additional research to help ascertain how these patterns of migration, as well as personal factors leading to migration, may intersect with the mental health of immigrants, as well as their families—whether they remain in their country of origin and/or have joined the immigrant.

The increase in Immigration and Customs Enforcement raids in the U.S. and deportation of adult family members back to Mexico will likely have severe mental health consequences for family members, especially children, as families are torn apart and face additional economic challenges. Community health workers stressed that the current political and legal environments have instilled a climate of fear among immigrants (both legal and undocumented). This climate of fear has significant health impacts, including failure to enroll children in health and social programs for which they are eligible, misperceptions around the availability and use of health care and social services for immigrants, dependence on drugs and alcohol, and long-term mental health issues. Both Californian and Mexican researchers recognize the need to examine the health impact of these policies and practices, as they are likely to have long-term effects on immigrants and their families on both sides of the border. Thus, it is not surprising that researchers, community health workers, and advocates participating in The Forum activities expressed the need to further examine the mental and physical health consequences of immigration and recent anti-immigration policies. While longitudinal data would help to make a strong case for the impact of these policies, different methodological approaches may be necessary to initially make the case for the effects of policies, as there is some time gap between the development and implementation of policies. This methodology may require collecting qualitative research, conducting case studies, documenting and analyzing sentinel events, tracking of health clinic and emergency room utilization, as well as other health status indicators.

Aging migrants, chronic disease and obesity: The growing population of Latinos in California is not solely the result of recent migration. Latina immigrants and Latinas born in the U.S. continue to have the highest total fertility rates of any other population group. Latinos, along with the general population, are living longer and are facing subsequent health concerns. Thus, the long-term Latino populations will require a different set of health and support services than the migrant Latino populations, who typically rely on episodic care.

Chronic diseases have deeply impacted the aging Latino population and warrant significant research. Research is also needed to evaluate community programs and health care interventions aimed at ameliorating the impact of chronic conditions. Obesity and diabetes among Latinos are on the rise in California. Forty percent of California Latino adults are overweight, and 29% are obese. Adolescent Latinos in California are at a significant increased risk for developing chronic diseases since 1 out of 3 are currently overweight or at risk for being overweight (Latino Coalition for a Healthy California, 2005). While the percentage of Latino children who were overweight decreased significantly from 18% to 14% respectively between 2001 and 2005, Latino children and African American children, ages 0-5 have the highest prevalence of being overweight in California (Grant and Kurosky, 2008).

Obesity, diabetes, cancer, and other chronic diseases are a significant concern in Mexico and these diseases are receiving attention from Mexican, as well as U.S. researchers. The National

Institute for Public Health of Mexico and the University of Illinois are conducting a research project to reduce consumption of sugar beverages and to increase physical activity among children between 9 and 12 years of age (Kenelly and Barquera, 2008). This research project is taking place in Mexican communities showing a high immigration index to the U.S.

Obesity and chronic disease are also of significant concern among the immigrant communities and their local health providers. Developing and evaluating the effectiveness of culturally responsive and developmentally appropriate strategies are necessary to respond to this emerging need. Forum participants have seen some success in improving adolescent diets and overall health through government programs, education, and emphasis on increasing aerobic activity; however, more research, especially on co-morbidities and program evaluation is needed. Evaluations of interventions that are tailored to differing groups of Latino populations, for example, immigrant migrant workers as compared to second and third generation urban dwellers, are needed. Evaluations of prevention programs aimed at inter-generational interventions, for example, children and their families, may be particularly relevant. Furthermore, the rise in obesity in Mexico also requires that bi-national research be conducted and shared.

Community advocates suggest that additional culturally appropriate information needs to be developed and disseminated to encourage healthy behavior changes among the Latino immigrant population. Further research is needed to understand how individual risk behaviors, such as dietary behaviors, energy intake, sedentary behaviors, exercise, alcohol and tobacco consumption, the built environment (such as access to safe streets and grocery stores that offer fresh fruits and vegetables within short distances, food advertisement), and the social environment (such as poverty, food insecurity, low health literacy, use of food stamps, tax subsidies) affect measures of overweight/obesity and other chronic diseases of different segments of Latinos living in California. In each of these areas, stakeholders are calling for expanded bi-national comparison studies.

As greater numbers of Latinos will require access to health care specifically geared to chronic diseases, a greater role for shared patient decision-making and patient education will be necessary. Improved understanding of how to provide effective health education and care to populations who lack experience with being pro-active partners with their health care providers is important. Successful management of preventive and chronic disease involves physician care, as well as self-care and adoption of healthy lifestyles. There is legitimate concern about the current capacity of health systems and programs to address the needs for preventive and chronic disease care, not only for immigrants and Latinos, but for the overall population as well. Additionally, self-management behaviors related to lifestyle may be influenced by culturally specific attitudes, beliefs, and experiences and thus pose additional challenges when developing strategies to improve population health. Evidence to date suggests that acculturation for the general population of Latinos has been associated with some healthy lifestyles, such as increased leisure time, physical activity, and less sedentary behaviors, as well as some sub-optimal lifestyle choices, such as increased rates of smoking, a higher consumption of fat, and lower intake of fresh fruits and vegetables. It is clear that the social and physical environment, as well as attitudes, beliefs, and practices, significantly impact utilization of health services and must be better understood.

Increasing access to care: Research has demonstrated that adult immigrants from Mexico are the least likely population to have a place where they usually receive care, and are the least likely to visit a doctor regularly. California's Latinos experience low levels of insurance coverage primarily due to their lack of citizenship status and employment status. Lack of affordable insurance and limited coverage by employers in industries that tend to employ recent immigrants contribute to low coverage rates in this population. As a result, many Latinos do not seek regular care, especially preventative care. They also typically pay out of pocket for any care they do receive, and they often seek alternative sources of health care, such as traditional healers, pharmacy care, and/or cross-border clinical care.

The economic crisis in the first decade of the 21st century raises concerns about the demands that will be made on the Mexican health care system, especially if large numbers of Latinos return to Mexico, or abstain from immigrating to the U.S. and thus have to rely on the Mexican health care system. The economic impact of reductions in the remittances, which are essential to the Mexican economy, will have a likely effect on the ability of Mexicans to pay for private health care. The reduction of remittances will also have a direct impact in the capacity of many families to buy food and pay for basic services (including water, electricity, gas, etc.) and other services, such as education, which will have a direct and longer term impact on the family's health. Currently there is a proposal led by the National Institute of Public Health (Gonzalez-Block, *et al.*, 2008), in coordination with the Mexican Ministry of Health, to develop a pilot bi-national health insurance program between high-immigration index states in Mexico and their destination states in the U.S. This pilot would help to provide key information for how such a system of health insurance coverage would work.

Studies show there is also a shortage of culturally and linguistically appropriate health care for Latinos in California. In 2000, fewer than 5% of practicing physicians in California were Latino and as of 2005, there was only one Latino physician for every 2,893 Latinos living in the State. Comparatively, there was one non-Latino doctor for every 334 non-Latino persons living in California. A recent study by The Center for Latino Policy Research reveals that Latinos are now the largest group of students beginning their postsecondary studies at a California community college after graduating from public high school. Unfortunately, the study concludes that California's community college system is not reaching its potential as a stepping-stone to facilitate a successful transition to four-year colleges and universities for Latino students. As a result, this will limit the growth of the Latino health workforce in California (Chavez, 2008). Latino youth, especially the undocumented, face significant barriers when attempting to enter universities to obtain higher education degrees. A new book entitled, *Underground Undergrads: UCLA Undocumented Immigrant Students Speak Out,* highlights the personal accounts of eight undocumented undergraduate students as they faced financial and emotional hardship in pursuit of college degrees (UCLA Labor Center, 2008,). This "tip of the iceberg" points to the importance of considering the types of training investments necessary within California's higher education system as a means of breaking the existing cycle of poverty. For many other immigrant groups, it is education that has played a significant role in the ability to transform lives not only for this generation, but for generations to come.

Policy makers and researchers alike recognize the need to study the impact of policies and legal requirements directly related to immigrants' access to and utilization of health care. For example,

the U.S. Citizenship and Immigration Services requires that applicants who seek permanent residency also adjust their status to meet vaccine requirements on a range of vaccine-preventable diseases. The list includes Rotavirus, Hepatitis A, Meningococcal, HPV, and Zoster. While the use of vaccinations have been proven effective in preventing disease, there are concerns regarding immigrants' access to such vaccines, the level of outreach and education implemented to inform the migrant community of these requirements, and any excessive financial and other burdens these requirements may carry (Asian and Pacific Islander American Health Forum, 2008).

In order to understand the multifaceted factors influencing access to health services and utilization of services, it is necessary to look at the institutions themselves, and the systems within which they are operating. It is also necessary to examine how the medical system, the labor and employment system, and the political system affect access to quality and equitable health care. Further examination of the multi-level provision of care within the medical systems in the U.S. and Mexico and the impact of operations, employees, and policies on the health of immigrants are warranted. In addition, further research is needed to examine the education system so as to understand how to improve educational transitions for Latino students, encourage and support higher education for this population, and improve Latino health workforce development and retention.

Given the highly contested debates around health care and immigration reform, stakeholders have examined many options for improving immigrants' access to health care services in California. Researchers and policy makers have looked at fiscal impacts of health care insurance plans and programs; however, The Forum discussions have revealed that stakeholders are not in agreement around the best options for increasing access to health care services for this population. Increased dialogue through efforts such as The Forum and the development of bi-national collaborations and exchanges, provide opportunities to continuously evaluate the current research platform, information exchange strategies, and policy and programmatic development aimed at addressing the current and emerging health care needs of Latino migrants and their families. With adequate funding and stakeholder commitment, expanded and frequent communication, and mutual exchange of information, we can anticipate significant inroads in the type of research findings that will become available to strategically inform public health policies and programs. While the variety of health issues impacting this population is expansive and diverse, the ability to commit ourselves to improving their health and well-being will likely represent wise investments for the health and future of California.

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Appendix B

The 2007/2008 Forum Events

1. September 21, 2007. Initial Forum meeting with the UC and Health Initiative of the Americas (HIA) leadership group to discuss The Forum goals, objectives, and deliverables and the means by which The Forum activities can achieve them.

2. October 15, 2007. Transnational Migration and Health Meeting at the Bi-national Health Week Conference in Los Angeles to introduce The Forum and to network with US and Mexican researchers, policy makers, and community organizations. The meeting was an opportunity to receive feedback on The Forum agenda and to use snowball sampling to identify other individuals working on transnational migration and health issues between Mexico and California.

3. November 27, 2007. Follow-Up Forum and Working Group Meeting at UC Berkeley to discuss the progress of the working groups and the revised Forum agenda for 2007/2008.

4. January 15-18 2008. Health Initiative of the Americas (HIA) Promotora Conference to facilitate discussions among community level stakeholders to identify emerging health and social issues faced by the Latino im/migrant population at the local level.

5. February 6, 2008. Follow-up meeting with UC and HIA leadership to finalize the framework for The Forum Events and discuss key transnational migration and health issues to develop a working draft of a research agenda blueprint.

6. February 28, 2008. Health Initiative of the Americas Bi-national Health Week Planning Conference to facilitate a discussion around gaps in information among researchers, government representatives, community health providers and advocates from California and Latin America.

7. April 10, 2008. Sacramento Roundtable Discussion to bring together legislative staff, researchers, health providers and advocacy groups to: (1) examine the interests and needs of policy makers, researchers, advocates and health care providers related to immigrant health and (2) to discuss how to strengthen the capacity of all stakeholders at the table to better address immigrant health needs.

8. May 9, 2008. The Global Future of Transnational Migration and its Impact on Health workshop to forecast broad global trends (economic, social, political, demographic), discuss the health implications for immigrants in Mexico and California, and develop short and long term action plans to address these implications.

9. October 5, 2008.Bi-national Health Week Conference in Zacatecas, Mexico to present findings (to-date) of The Forum, present current bi-national research conducted by Mexican researchers and discuss priority research activities and the potential for developing bi-national research collaborations.

10. October 14, 2008. Research Workshop on Migration and Heath at UCSD to brain-storm among UC researchers and take stock of where we are and framing an agenda for future research of migration and health issues.

12. October 25-29, 2008. APHA session in San Diego to present The Forum findings (to-date), outlining the priority areas for future health research relating to transnational immigration between Mexico and California.

13. November 20, 2008. Conference to present the preliminary findings of The Forum to event participants and plan follow-up action steps for addressing The Forum recommendations.

APPENDIX C: Matrix of key research institutions in California

Migration and Health Policy Forum: Mapping US-Mexico Research

Research Topic By Institution (CA) - October 10, 2007

Institution / Topic	UCB	UCD	UCI	UCLA	UCOP	UCR	UCSB	UCSC	UCSD	UCSF	CSU San Marcos	SFSU	Other/ Misc.
Health Conditions													
Cancer													
Cardiovascular										CVP			
Diabetes										CVP			
Domestic Violence		CLRC											
Hepatitis				CESLAC	CHRP								
HIV/AIDS &STDs				PAETC, SOM	CHRP				SOM	CAPS, PAETC			CDPH/ COBBH
Infectious Disease									SOM	PAETC			CDPH/ COBBH
Mental/ Psychiatric						Psych				SOM			
Nutrition/Obesity	CWH	Nutrition Dept								CVP			
Occupational		WCAHS								DCHS			CDPH/ COBBH, CIRS
Oral										SOD			
Respiratory/Asthma	CCE-HR	SOM											
Substance Abuse	SSW												
TB													COBBH, USMBHC
Vision													
Women/Reproductive	SPH			CCH					CCIS	CRHRP, IHPS	NLRC		USC- Soc
Other:													
Socio-Economics													
Access/Insurance/ Utilization	CLAS , SPH			CHPR	CPAC; HIA					CRHRP, CVP	NLRC		USMBHC
Culture/ Acculturation	SPH		Anthro	CESLAC						CRHRP	NLRC		
Demographics				CESLAC									USMBHC

Economics	HPM												
Other:													
Politics													
Civic Participation/ Citizenship	CLPR							Politics & LAS	CCIS				Stanford - CCSRE
Policy			CRIPP	CHPR	CPAC; CPRC; HIA	EGARC		CLRC		IHPS , CRHRP			USMBHC
Other:													
Institution / Topic	**UCB**	**UCD**	**UCI**	**UCLA**	**UCOP**	**UCR**	**UCSB**	**UCSC**	**UCSD**	**UCSF**	**CSU San Marcos**	**SFSU**	**Other/ Misc.**
Research													
Bench Research													
Clinical Research													
Epidemiology													COBBH
Funding					CPRC; HIA	UCME XUS							
Other Topics													
Environment	CCE-HR	SOM			CPRC								CDPH/ COBBH, CIRS
Health Communication										CVP			CDPH/ COBBH
Workforce Development			SOM	SOM	HIA				SOM	FLCER		WB	

Migration and Health Policy Forum: Mapping US-Mexico Research

Research Topic by Target Population (CA Institutions) - October 10, 2007

Target Population / Topic	General Latino population	CA	MX	CA-MX Bi-national	Border Region	USA	Urban	Rural	Women	Men	Child/ Adolescent	Indigenous	Farm wor
Health Conditions													
Cancer													
Cardiovascular													
Diabetes	UCSF				USMBHC								
Domestic Violence				UCD					UCD				
Hepatitis											UCLA		
HIV/AIDS & STDs	UCB,UCLA, UCSF			UCOP,UCSD	UCSD						UCSD		
Infectious Disease				UCOP, CDPH/COBBH	CDPH/ COBBH								CDP COB
Mental/ Psychiatric	UCLA, UCSF			UCD							UCR		
Nutrition/Obesity	UCB,UCD, UCSF		UCD										
Occupational		UCD						UCD, CIRS					UCD UCS CIR
Oral											UCSF		
Respiratory		UCD, CSU San Marcos									UCB		UCD
Substance Abuse	UCB												
TB				UCOP	USMBHC								
Vision													
Women/Reproductive	UCB, UCSF	UCSF		UCSF	USMBHC				UCB,UCSD, UCSF		UCSF		
Other:													
Socio-Economics													
Access/ Insurance	UCB, UCSF	UCOP		UCOP	USMBHC						UCLA		
Culture/ Acculturation	UCB, UCSF	UCLA, CSU SM		UCD					UCB, UCSF				
Demographics		UCLA			USMBHC				UCLA				
Economics	UCB												
Other:													

Politics													
Civic Participation/ Citizenship	UCB, UCSC			UCD, UCSD								UCSC	
Policy	UCLA, UCSF	UCI,UCLA, UCSF, UCOP			USMBHC				UCSF		UCLA, UCSF		
Other:													
Target Population / Topic	**General Latino population**	**CA**	**MX**	**CA-MX Bi-national**	**Border Region**	**USA**	**Urban**	**Rural**	**Women**	**Men**	**Child/ Adolescent**	**Indigenous**	**Farm wor**
Research													
Bench Research													
Clinical Research													
Epidemiology					COBB								
Funding		UCOP, UCMEXUS		UCOP, UCMEXUS									
Other Topics													
Environment		UCD,UCOP, CIRS		UCSF				CIRS			UCB	UCSF	UCI CIR
Health Communication	UCSF												
Workforce Development	SF State, UCLA	UCI, UCSF			UCSD								

ACRONYMS

CAPS	Center for AIDS Prevention Studies
CCEHR	Center for Children's Environmental Health Research
CCH	Center for Culture and Health
CCIS	Center for Comparative Immigration Studies
CCS	Center for Chicano Studies
CCSRE	Center for Comparative Studies in Race & Ethnicity
CESLAC	Center for the Study of Latino Health & Culture
CDPH	California Department of Public Health
CHPR	Center for Health Policy Research
CHRP	CA HIV/AIDS Research Program (formerly University-wide AIDS Research Program)
CIRS	Center for Integrated Rural Studies
CLAS	Center for Latin American Studies
CLPR	Center for Latino Policy Research
CLRC	Chicana/Latina Research Center
COBBH	California Office of Bi-national Border Health
CPAC	CA Program on Access to Care
CPRC	CA Policy Research Program
CRHRP	Center for Reproductive Health Research & Policy
CRIPP	Center for Research on Immigration, Population & Public Policy
CSU	California State University
CVP	Center for Vulnerable Populations
CWH	Center for Weight & Height
DCHS	Department of Community Health Systems
EGARC	Ernesto Garza Public Policy & Humanities Research Center
FLCMER	Fresno Latino Center for Medical Education & Research
HIA	Health Initiative of the Americas (formerly CA-Mexico Health Initiative)
HPM	Health Policy & Management
IHPS	Institute of Health Policy Studies
NLRC	National Latino Research Center
PAETC	Pacific AIDS Education and Training Center
SFSU	San Francisco State University
SOD	School of Dentistry
SOM	School of Medicine
SPH	School of Public Health
SSW	School of Social Welfare
UC	University of California: at Berkeley, Davis, Irvine, Los Angeles, Riverside, Santa Cruz, Santa Barbara, San Diego
UCOP	University of California Office of the President
USC	University of Southern California

USD	University of San Diego
USMBHC	United-States Mexico Border Health Commission
WB	Welcome Back
WCAHS	Western Center for Agricultural Health & Safety