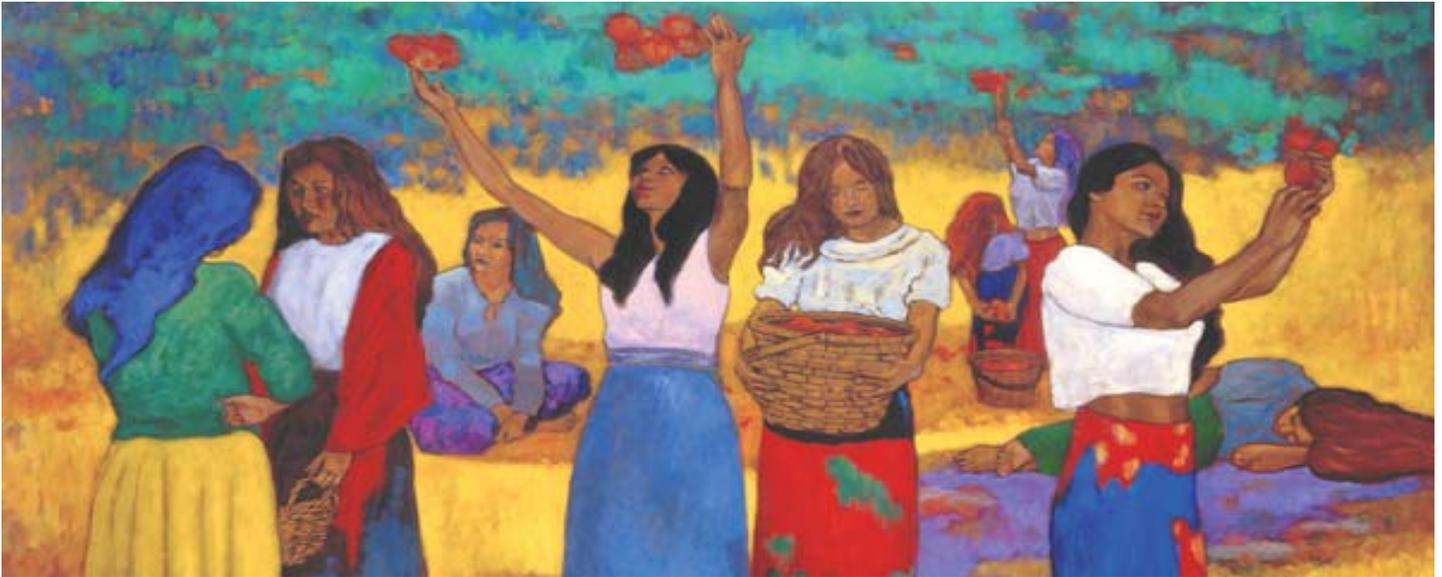


# 2009 BINATIONAL HEALTH WEEK NATIONAL ACTIVITIES REPORT



Bountiful Earth / Tierra Abundante by Edward Gonzales

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## CONTEXT

Migration is a phenomenon to the United States as a nation constructed based on immigrants. Immigrant groups have been incorporated into this country throughout its history and have undergone a series of challenges in their adjustment to their new living conditions. Currently, the Latino-origin population is the largest minority group, the youngest and the fastest growing in the United States. This population faces numerous challenges, health care being one of the most important. Latinos represent the sector of the United States population with the most limited access to health services and health insurance coverage. Moreover, they are overrepresented in health conditions such as obesity, diabetes and in work-related accidents among others. It is extremely important to expand the engagement of elected officials, as well as health service providers and community members in programs that provide solutions to the health challenges for these vulnerable groups. The Binational Health Week (BHW) is a community movement that seeks to provide alternatives, bring medical care and reduce health disparities within the Latino population in the United States and Canada.

BHW, through the organization of existing resources, community agencies and organizations, and thousands of volunteers working together toward a common goal, annually

conducts a series of promotional activities and health education that include, among others, informational workshops, referral services and health insurance campaigns, free screening core exams, and vaccinations to the population.

Over its trajectory, BHW has become one of the largest mobilization of volunteers in the Americas that provides medical services and health information to vulnerable populations. Among the key partners involved with BHW are the Ministries of Health and Foreign Affairs of Mexico, the National Population Council (CONAPO), the Ministries of Foreign Affairs of Guatemala, El Salvador, Honduras, Colombia, Ecuador, and Peru, the Institute for Mexicans Abroad, the Mexican Institute of Social Security, the Centers for Disease Control in the United States, the Department of Public Health in California, foundations such as the California Endowment and the California HealthCare Foundation, the California Wellness Foundation, the Council of Mexican Federations of North America, the Government of New Mexico, the Robert R. Wood Johnson Foundation Center for Health Policy of the University of New Mexico, and the Health Initiative of the Americas, a program of the School of Public Health at the University of California, Berkeley, among many others.



## RESULTS: CREATING PUBLIC HEALTH LANDMARKS

The Ninth BHW took place in October 2009 in the United States and Canada. Information from the local planning committee coordinators estimate that from the 5,082 activities performed 765,901 persons benefited. The events were executed by 10,895 agencies and 17,133 volunteers, led by 141 consulates that worked in conjunction with 174 planning committees. Additionally, 487 media hits were tabulated meaning that millions of people received health education messages. Five campaigns were developed to sensitize the Latino population in the areas of: H1N1 and Public Health Emergency Preparedness; Addiction Prevention; Nutrition, Obesity and Diabetes, stroke prevention; health, and environment protection such as “living green”. BHW and the Binational Policy Forum on Migration and Health were inaugurated in Santa Fe, New Mexico on October 8th and 9th.

## WORKING TOGETHER: COMPLEMENTARY EFFORTS AMONG COUNTRIES

BHW has enabled participating countries to create synergies that benefit the health of the immigrant population. In metropolitan areas, the consulates of the participating countries have established multinational committees for planning joint



activities in order to efficiently use local resources. This process has involved challenges and opportunities, with highly positive results, setting a precedent for cooperation among countries, with the aim of realizing Simón Bolívar’s dream of a united America.

Figure 1: Estimated Number of Population Served by Place of Origin during BHW 2009

Origin	Population Served
Mexico	406,655
Guatemala	116,775
El Salvador	123,355
Honduras	6,293
Colombia	77,577
Ecuador	21,501
Peru	10,218
Other	3,527
<b>Grand Total</b>	<b>765,901</b>

Source: BHW Coordinator Reports

The governments of Mexico, Guatemala, El Salvador, Honduras, Colombia, Ecuador and Peru expressed their support for the BHW, and as an indication of their commitment, MOU’s have been signed.

## CREATING NETWORKS

One of the BHW’s most outstanding achievements has been the cooperation among diverse agencies that have been able to work together as a team. In many cases, these agencies have been carrying out their work individually, although their missions are complementary. BHW has provided them with an opportunity to learn more about each other and work together, and as a result, networks have been established and expanded. This cooperation has also led to the optimization of resources, making it possible for services to reach a larger number of people.

## ORGANIZATION OF ACTIVITIES

Local task force committees are made up of diverse members including: representatives of consulates, community clinics, public health departments, community organizations, hometown associations, educational institutions, sports groups, foundations, legislators and communication media. The committees meet periodically throughout the year, starting with the planning event in February and ending in November with the release of the results and certificates of recognition.

During the planning process, HIA provides BHW coordinators with technical assistance and the necessary inputs to carry out activities. The work plan includes identifying health issues to be addressed in events, seeking sponsors for making economic or in-kind contributions, requesting authorities to issue supportive

statements, promoting and coordinating events, and evaluating the impact achieved.

A general planning meeting on March 10 at the University of California, Berkeley gave initiation to the preparatory work for the 2009 BHW. BHW's main partners participated at the meeting, reviewing challenges and opportunities and confirming the work plan for the year. Then, telephone conferences were conducted each month, through the consular networks from participating countries and the coordinators for planning committees, with the aim of providing guidance and evaluating the progress.

## TECHNICAL SUPPORT TOOLS

Electronic tools housed at [www.semanabinacionaldesalud.org](http://www.semanabinacionaldesalud.org) or [www.binationalhealthweek.org](http://www.binationalhealthweek.org) contain materials and resources to provide the coordinators easy access to information to aid with the design, implementation and evaluation of their activities. This website has been designed for the public and communication media to obtain detailed information

Figure 2: Event Location, BHW 2009

Locations for events	Number
Agricultural field	31
Community center	240
Community clinic/hospital	199
Consulate	346
Factory	4
Prisons	1
Religious institution	88
School	116
Street/plaza/shopping center	107
<b>Total</b>	<b>1,132</b>

Source: BHW Coordinator Reports

Figure 3: Type of Events, BHW 2009

Type of Event	Number
Health clinics/Hospitals	121
Forums	170
Health fairs	455
Inauguration/Closing ceremony	61
Mobile health units	123
Press conferences/Political events	21
Promotion of healthy practices	507
Training workshops for health professionals	53
Workshop open to the public	312
<b>Total</b>	<b>1,823</b>

Source: BHW Coordinator Reports

regarding BHW events, the locations where activities will be carried out, the services to be provided and the agencies participating. The website also serves as a communication tool for BHW coordinators in order for them to access directories and instruments for requesting resources, materials to distribute at events, and guidelines for conducting local evaluation and writing activities reports.

## RESULTS BREAKDOWN

BHW events were very diverse; activities were carried out in schools and community centers in rural areas, as well as in consulates, clinics and educational institutions in urban areas. Also, in numerous occasions the same venue was used for various events. For example multiple activities such as educational workshops, press conferences and mobile clinics were held simultaneously in a single consulate.

Some of the events addressed a single, specific issue, such as educational workshops and trainings on mental health issues

Figure 4: Type of Activities/Services Offered, BHW 2009

Activities/Services Offered	Number
H1N1 influenza and Public Health Emergency Preparedness	201
Stroke awareness	100
Environmental health "living green"	84
Addictions	310
Physical aptitudes	130
Asthma	86
Autism and other disabilities	72
Access to health services	429
Cancer	206
Cultural competence	90
Infectious diseases	128
Enrollment in medical coverage plan	223
Obesity/diabetes/nutrition	394
Hearing/sight	120
Emergency preparedness	107
Oral-dental health	161
Cardiovascular health/Hypertension	228
Men's health	287
Women's health	330
Children's health	275
Sexual and reproductive health	185
Social services	211
Vaccines	153
HIV/AIDS/Sexually transmitted diseases	261
Domestic violence/mental health	195
<b>Total</b>	<b>5,082</b>

Source: BHW Coordinator Reports

within the migrant community for community health workers. At the same time there were events that addressed a number of issues, and offered multiple services. For example, health fairs, offered services including vaccines, medical screenings, enrollment in medical coverage programs, referral to local services, and education on different health topics.

Public participation at BHW events varied greatly, since some activities were designed for specific populations such as informational panels for health professionals or educational workshops for prisoners. There were also health fairs with some activities designed for the general public, and other specific activities for health workers, housewives, domestic workers, indigenous and children, among other populations.

## BINATIONAL FORUM

The Binational Policy Forum on Migration and Health has been a prominent platform for researchers to present the results from their studies to the general public, including state and federal authorities, representatives of community organizations, university representatives (professors, administrators and students), decision-makers, community leaders, representatives of communication media, and other key stakeholders.

As an annual event, the forum's objective is to emphasize the importance of public health policies for immigrant populations, as well as to develop bilateral work relations. The forum provides those who formulate public policy, as well as researchers and community organizations, with the opportunity to become more familiar with each other, exchange information and explore possibilities for cooperative efforts.

This year's Forum convened key stakeholders from the United States, Mexico, South and Central American countries to discuss immigrant health

challenges and to explore unique opportunities to work collaboratively to improve the health of this population. This year, welcoming remarks to the forum were followed by a Panel of experts whom discussed the effects of H1N1, Binational Research, and a case study on the children of Mexican immigrants.

The Binational Policy Forum on Migration and Health had over **300 participants**. The event was co-sponsored by the Government of New Mexico, the University of New Mexico RWJF Center for Health Policy, the Mexican Ministries of Health and Foreign Affairs, the Institute for Mexicans Abroad, the Ministries of Foreign Affairs of Guatemala, El Salvador, Colombia, Ecuador and Peru, the US Department of Health and Human Services, the State of Zacatecas, Consejo de Federaciones Mexicanas de Norte América (COFEM), The California Endowment, and HIA, among other institutions. For a detailed report on the forum go to: [www.binationalhealthweek.org](http://www.binationalhealthweek.org).

Figure 5a: Age of Target Population that Attended Events, BHW 2009

Target population-Age	# Events
Children (0-12)	591
Youth (13-17)	751
Adults (18-64)	973
Older adults (65+)	740

Source: BHW Coordinator Reports

Figure 5b: Gender of Target Population that Attended Events, BHW 2009

Target population-gender	# Events
Female	996
Male	972
Lesbian/Gay/Bisexual/Transgender	699

Source: BHW Coordinator Reports

Figure 5c: Occupation of Target Population, BHW 2009

Target population-occupation	# Events
Academics/ Researchers	152
Day workers/Workers	317
Domestic workers and yard maintenance workers	305
Agricultural workers	281
General public	937
Health administrators/service providers	168
Housewives	376
Politicians/Decision-makers/Government workers	142
Students/teachers	305

Source: BHW Coordinator Reports

Figure 5d: Target Population that Attended Events, BHW 2009

Target population-others	# Events
Disabled	533
Indigenous	500
Mothers/fathers	983
Prisoners	21

Source: BHW Coordinator Reports

## MEDIA CAMPAIGN

The media campaign is a pivotal element of BHW to increase the visibility of events, promote healthy behaviors and available health services, increase the awareness of other sectors of the population regarding the health challenges facing Latino workers, and influencing public policies.

Press conferences were held at the beginning and the end of the events, with interviews of government officials from participating countries, elected officials and community leaders, among others. During the Week, health messages were aired via radio and television programs. A summary of results indicate that:

- BHW was mentioned at least **478 times in the communication media:**
- **248 newspapers and electronic articles** covered BHW activities.
- **152 references** to the BHW were made on radio, with information provided, due to support from Univision Radio, CNN Español, Radio Bilingüe, Radio Campesina and Pacific Radio.
- **87 television announcements and interviews** were broadcasted on television, due to active participation by Univision and other local stations.

## DECLARATIONS AND RESOLUTIONS

The supportive declarations and resolutions made by state and local authorities represent the official backing for the BHW provided by authorities elected by the community, and they contribute to advancing the causes of Latinos in the United States. This year a total of **58 declarations** and resolutions were obtained from around the country.

## BHW MURAL

BHW is commemorated with the creation of a mural that becomes an important element for the programs, educational materials and advertisements that

Figure 6: Profile of the 2009 Binational Policy Forum on Migration and Health

Forum Background	Number
Participants	300
Agencies	150 international, federal, state and locals organization
International Delegations	70 participants from Mexico, Guatemala, El Salvador, Colombia, and Ecuador
States and cities in US	39 cities from 10 estates
Universities	21 universities
Foundations	7
International Organizations	3
Community Organizations	25

Source: Binational Policy Forum Report



Figure 7: Workshops Carried Out at the Binational Policy Forum

• Learned lessons to date from H1N1 flu pandemic: Global challenges and opportunities
• Infectious diseases: including TB and HIV/AIDS
• Binational responses to improve access to health and medical insurance
• Challenge in environmental health and migration
• Diabetes: Challenges and opportunities for treatment
• Latin American's health in the context of migration
• Health needs from migrants' perspective
• Obesidad: el caso de los niños
• Preparing for emergencies
• Mental health
• Health and job security

Source: Binational Policy Forum Report

promote events during BHW. This mural is unveiled at the opening events that take place in the many participating regions.

Local artist, Edward Gonzales, from New Mexico donated one of his works for the ninth BHW mural. The work titled “Bountiful Earth” represents the people connecting with mother earth. The style is representative of the mix of cultures in Latin American countries.

## BHW VIDEO

Every year a video documentary is created that chronicles the events that took place during BHW and the achievements. This year’s video was devoted to the forum and was a collaborative effort with Tournesol Media Entertainment.

## GROWTH AND EXPANSION

In the last nine editions, the BHW has grown exponentially: from only seven California counties in 2001, to 35 US states and three Canadian provinces in 2009.



## CONCLUSION

2009 brought many health challenges to the world. For example, the occurrence of H1N1 epidemic proved to the world that health problems and diseases have no borders. The epidemic brought to light the disparities that exist within different communities in the United States and around the world. Along with that, the epidemic brought consciousness among health leaders, government officials and community members that a coalition of resources is essential to eradicate health disparities and create resilience within underserved communities. During this weeklong event, health promotion and education activities such as workshops, insurance referrals and medical screenings were made available to the underserved Latino population living in the United States and Canada.

Figure 8: Growth of BHW from 2001 to 2009

Year	Countries	States	Number of Activities	Estimated Number of Persons Reached	Estimated Number of Participating Agencies	Number of Participating Consulates
2001	3	1	98	18,720	115	4
2009	8	33	5,082	765,901	10,895	141

Source: BHW Coordinator Reports

It is important to emphasize that through its trajectory, BHW has grown exponentially. The 2009 BHW increased forty percent from the previous year in the area of population served. Although the current economic crisis has affected many organizations, the commitment and solidarity of thousands of volunteers has been more noticeable this year.

BHW’s commitment to serve vulnerable communities has been guided by the unity of different countries that have worked together to develop a coalition and unite forces to create real change. BHW has been the liaison between many agencies. Due to the coalition that has been created thanks to BHW, many agencies are creating partnerships and working together to provide services to underserved communities. Given the current economic environment, partnerships and coalitions are a great thing to maintain the work that has been done to serve vulnerable populations.

