Binational Innovation in Latino Immigrant Health: the Health Initiative of the Americas

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Abstract

Immigration is a fundamental part of the United States, both for historical reasons – the nation was populated and economically developed by the labor of immigrants- and because various sectors of the national economy currently rely heavily on the labor of immigrant groups. Mexican immigrants are one of the most important parts of the national workforce in the agriculture, construction and service sectors. This paper recaps the results of several years of joint collaboration between the National Population Council of Mexico (CONAPO) and the Health Initiative of the Americas (HIA), a program of the School of Public Health at the University of California at Berkeley. It includes analysis of historical data from the *Current Population Survey* of the U.S. Census Bureau and other sources to detail the link between the health of Mexican immigrants in the U.S. and their levels of access to care, health insurance coverage and occupational health issues. One of the most dramatic implications of inequality in the U.S. health system is that the children of Mexican immigrants in the United States see their health access affected by their parents' immigration status. The rise in the Latino population of the United States represents a demographic shift; Latinos are expected to represent nearly one fourth of the national population by 2050, and as such, their health is indicative of the path that American health may take.[1] Cross-border interventions are needed at the community level, both in immigrants' communities of origin as well as in the U.S., that focus on health education, prevention, acculturation and lifestyle to bring Latino immigrant health outcomes in line with other groups.

Keywords

Migration, Latino health, occupational health, work, immigrant labor, Mexican immigrants, occupational fatalities, occupational accidents, Mexican immigrant children

Introduction

Much of the debate over immigration in the United States revolves around undocumented immigration. Among other reasons, this is due in part to general racism, the resurgence of national security and nationalism concerns after September 11, 2001, and to concerns about the availability of jobs. National debate is thus focused on ensuring a tough political stance on undocumented immigration, on the part of both national parties. The states however, face a different reality. There are some 38 million immigrants in the

United States, and it is estimated that 11.6 million are undocumented.[2] Of the undocumented, an estimated 66% are from Mexico. These immigrants are people in many ways integrated into American society through their employment; they work in service, agriculture and construction; but they remain socially excluded, often living and working in unfavorable conditions that have a dramatic impact on their health. Population-wide data shows clearly the disadvantage of Mexican immigrants. The reality is that Mexican immigrants are changing the face of the nation. Mexican origin communities are growing across the United States, sometimes far from traditional border areas of concentration. Increasingly, the health of these communities is becoming a public health concern for all Americans.

Methods

For each of the past six years, the Health Initiative of the Americas, a program of the University of California at Berkeley, School of Public Health, has produced an annual Health Issues Report, part of the Migration and Health report series that details current demographic trends in the health of Latino immigrant groups in the United States. The report is a joint collaboration between HIA, the National Population Council of Mexico (CONAPO by its Spanish acronym) and the UC Migration and Health Research Center (MAHRC). In past years, the Migration and Health report series has detailed specific aspects of Mexican, Central American, and some South American migration to the United States as well as health characteristics of those immigrant populations in the United States. Specifically, the series has dedicated full reports to the U.S. populations of Mexican, Central American, Colombian and Ecuadorian descent in the United States, and the series has also dedicated issues to treatment of health access, occupational health, and health insurance matters. In 2009, the Migration and Health series 6th edition was dedicated to the health of the children of Mexican immigrants in the United States.

This article is based primarily on the annual Health Issues reports mentioned above- (specifically on the editions focused on Mexican immigrants) on health access (2006), occupational health (2007) and the children of Mexican immigrants (2009)- and has been complimented and updated with other sources. Demographic data taken is from the U.S. Department of the Census' *Current Population Survey*, as well as CONAPO data and statistics from the *National Health Interview Survey*. Data on occupational health from the Bureau of Labor Statistics is included, as is data from the U.S. Department of Health and Human Services.

Discussion

Migration and Health in Context

Migration has always supposed an important impact on human health, whether it be forced –by natural disasters, political conflict and so forth- or "voluntary" or otherwise motivated by the search for work or opportunities to sustain family or send remittances. Health is also affected by rural-urban migration within countries as well as international migration between nations, which supposes the crossing of borders. The International Organization for Migration reports that as of 2008, there were 214 million international

migrants (nearly 50% of whom were women), some 15% of which were undocumented, generating $U.S. 444 billion in remittance flows annually.[3] In addition, there were 26 million internally displaced people and 16 million refugees worldwide.[4]

Regardless of the motivation behind migration, the phenomenon presents health challenges both for immigrants themselves and the communities where they arrive in host nations. For international migrants, there is a host of health threats and problems that may begin during transit; these include contracting disease, becoming sick en route, the physical and emotional effects of moving across borders that may be dangerous and with increased propensity for violence. The effects that many migrants experience when they leave behind social structures and networks, including family and friends, that sustained them and move into new places, whose social customs, languages and laws may be unfamiliar, take the form of cultural shock, depression, anxiety, or other mental health problems.

While Mexican migrants often come to the U.S. relatively health, they often move into low socio-economic status, with associated trends of substandard housing conditions, low paying and perhaps dangerous occupations. For Mexican immigrants in the U.S. the ability to care for one's health is limited by the law, by cultural and linguistic barriers, and simply by a dramatic lack of information and "know-how" to navigate new systems within the networks they join when they arrive.[5] The low socio-economic status that many Mexican migrants are assigned – combined with lack of access to health care and health insurance and with lifestyle changes induced by migration- translates into poor health outcomes and chronic problems like diabetes, hypertension and obesity, overweight and dental decay among others.

The United States: A Nation of Immigrants

The United States is one of the most prominent receiving countries for international migration and houses one of the largest overall foreign-born populations. The country is currently home to over 38 million (U.S. Census) or 42 million immigrants (according to the IOM). Over the past twenty years, the United States has undergone a sharp increase in the percentage of foreign-born, who now make up over 12% of the population. Since the 1960's foreign-born immigration has been the driving force in changing the ethnic composition of the country. Mexican immigrants account for over 30% of the foreign-born in the United States and over 10% of all Mexicans.[6]

The fate of the Mexican origin population in the United States is determined, in part, by the relationships and interplay that exist between migration and health. Immigration from Mexico accounts for over 11 million of the foreign-born population in the U.S. However, the Mexican American population, which includes the generations of 2nd and 3rd degree and beyond, represents nearly 20 million people.[7] Indeed, Mexican immigration is quickly changing the face of the nation, leading to a major demographic shift; 66% of the U.S. population is white and non-Latino versus 83% in 1970 and 76% in 1990.[4] It is estimated that by 2050, whites may comprise about 50% of the population

and Latinos[i] nearly 25%.[1] Latinos already comprise 15% of the nation's population, and represent over 30% in California, Texas and Arizona. Other states are increasingly frequent places for settlement.

Almost all people of Mexican origin in the United States have an historical experience of migration, except those residing in the region acquired by the U.S. through the Guadalupe Hidalgo treaty in 1848 at the close of the Mexican-American War (whereby Mexico ceded over 500,000 square miles of its territory to the U.S.). There were approximately 80,000 Mexicans living there at the time, and they and their descendents often claim that *We did not cross the border, the border crossed us!* This history of migration- with all of the economic, social and family ties that it entails- has made its way into the popular culture and folklore of the United States, Mexico and other parts of Latin America. It also impacts the practice of health care and social exclusion in the United States. The health of the Mexican origin population is increasingly important for the future health of the nation. The disadvantage of Mexican immigrants in terms of health care and associated decline in health outcomes over time is widely documented, but the persistence of this disadvantage into the future for families and whole communities made up of a mix of new immigrants and the 2nd generation and beyond, is worrisome. The transfer of patterns of disadvantage to future generations, who by nature of their birth in the U.S., enjoy American citizenship, has important implications for the health of the nation.

From Temporary Migration to Permanent Immigration

The primary characteristics of the Mexican-origin population in the U.S. include a history of migration and difficult socio-economic circumstances. One of the most prominent *pull factors* for Mexican migration to the U.S. is the demand for poorly paid, unskilled labor. The increasing difficulty of circular migration and increasing frequency of unauthorized migration lead to a more permanent immigration from Mexico.

The increased reliance of Mexicans in Mexico on the remittances sent home by co-nationals in the United States also adds to the persistence of the migratory flow even in the face of more stringent immigration policies and narrowing legal immigration channels.[8] Eighty-five percent of Mexican immigrants send remittances to family in Mexico, sending over of $21 billion in 2009.[9] Remittances are earned by immigrants in a context of social exclusion and difficult work conditions and are easily accepted by nations as a recognized and legitimate tool for economic development, yet immigrants themselves are often denied access to basic health care and social services in the countries, most notably the United States, where they work.

Vulnerability of Immigrant Groups: Perception of Risk

The focal point at which immigrant *vulnerability* begins is the risk inherent in migrating. All immigrants put something at risk when they make the decision to leave their place of origin. Undocumented immigrants are *persuaded* by their communities, countries and circumstances to put much at risk (even life itself) to embark on a journey that is almost

[i] This article uses the term Latino to refer to the group labeled by the U.S. Census as Hispanic.

always in search of work. From the point at which a migration decision is made, it can be said that a migrant's perception of risk is changed, and components of vulnerability are accumulated throughout the various phases of migration. The stressors, both mental and physical, that are made on the bodies of migrants are substantial. In transit, they may be subject to apprehension, hunger, and physical danger; once they arrive in the U.S. they often perform poorly paid work, live in substandard housing, and must deal with cultural shock and socio-linguistic barriers to daily functioning. Frequently immigrants are at risk for the abuse of their rights, often lack social support networks, and some must live with fear of deportation. The risk to their health has increased dramatically, and yet this fact is often not perceived by migrants and immigrants themselves. Mexican immigrants are particularly vulnerable because there are more undocumented among their ranks, and because the frequent experience of surmounting obstacles may give them a sense of invulnerability- which can increase vulnerability.

Access to Health Care of Mexican Immigrants in the United States

Mexican immigrants in the United States compromise the most underserved and disfavored group in the United States in terms of health care.[8] On a wide variety of indicators, including access to care, access to health insurance, primary health indicators, and others, the Mexican immigrant population of the United States bears the brunt of social policies that exclude a large number of individuals from the health system. Other Latino immigrants fare just slightly better on these indicators than Mexican immigrants.

Perhaps the foremost problem faced by Mexican immigrants in the United States is that they are generally not covered by the health system and have sporadic and inconsistent access to health care services. Health insurance coverage in the United States follows racial and ethnic lines, and among those who are uninsured, Mexican immigrants are most prominent. Nationally, over half of all Mexican immigrants in the U.S. are not covered by any health system. Lack of health insurance can be expected to result in fewer doctors visits and lack of awareness of health issues and problems. Exclusion from the system of a large number of Mexican immigrants both defines and expresses the processes of cultural integration and social exclusion they experience in the U.S.[8]
[Figure 1]

As shown in Figure 1, U.S.-born whites enjoy the highest rates of medical coverage nationally (89%), indicating that citizenship is a key factor in defining levels of social exclusion. Mexican-Americans and immigrants not from Mexico exhibit similar rates of coverage, 77% and 76% respectively, though they are far behind the native-born. Mexican immigrants in the U.S. have the lowest rates of health insurance coverage, and those residing in the U.S. for longer periods have much higher rates than Mexican immigrants who have recently arrived. Fifty-seven percent of longer-stay (10 + years of residence in the U.S.) Mexican immigrants have health insurance whereas just over 37% of recent Mexican immigrants enjoy this benefit.[10] This difference is most striking in relation to the status of non-Latino immigrants, who after ten years in the U.S. enjoy similar rates of insurance coverage to the native-born. Even during the first 4 years of stay, the high rates of health insurance for these immigrants, at 73%, illustrates a

dramatically different process of social integration and a higher socio-economic status.[11]

In California, the state that is home to the largest Mexican origin population, the national pattern is reproduced. Native-born whites exhibit the highest levels of health insurance coverage, while immigrants are covered to a lesser extent. Again, recent Mexican immigrants make up the group that is most excluded from health insurance in California, though they are insured at a rate slightly higher than at the national level. In California there are over 2 million Mexican immigrants without health insurance, a fact that has serious implications for a state which depends heavily on the labor force of Mexican immigrants working in the agricultural and service sectors.

Citizenship, the Undocumented and Health

Citizenship and documentation status play a defining role in the parceling of social benefits and services to immigrants, and immigrant groups demonstrate varying processes of naturalization that are linked to acculturation, integration and socioeconomic status.[10] Citizenship is a determinant factor in the ability of immigrants to access services designed for low-income families. The obtaining of citizenship adds to the social integration of immigrant families, resulting in greater access to social benefits and workplace rights. In general, access to health insurance is more limited for non-citizens. In this respect, Mexican immigrants- and Latino immigrants in general – are clearly disadvantaged, as they have lower rates of naturalization than other groups. Mexican and other Latino immigrants historically have the lowest rates of naturalization, while Asian immigrants have the highest.[12][13] For all immigrant groups, citizens exhibited much higher rates of health insurance coverage than non-citizens in 2007.[8] This difference between Mexican and *other* immigrants expresses the relatively less favorable processes of social integration of Mexican immigrants in the U.S.

One reason that Mexican immigrants demonstrate lower rates of naturalization is that a greater proportion lack proper documentation in the U.S. Increasingly, migration flows from Mexico to the United States have become invisible, as border and immigration policies have shifted over time, and legal migration channels have not proven ample enough to meet the demand for immigrant labor.[8,14] The undocumented population has increased dramatically in the United States since 1990. It is estimated that there are over 7 million Mexicans living in the U.S. without documentation, up from 6.2 million in 2005, accounting for more than 60% of all undocumented immigrants in the country.[15],[16] Other Latin American countries also contribute to undocumented immigration, including El Salvador, Guatemala, Honduras, Brazil and Ecuador.[13]

Undocumented immigration supposes numerous difficulties for Mexican immigrants as well as the U.S. communities where they live. Even though they make a substantial economic and social contribution to U.S. society, those with undocumented status are more likely to avoid seeking medical care and other services for fear of deportation. In addition, this status facilitates numerous situations in which immigrants' rights are unprotected and often abused.

Migration, Health and Work

Among Mexican immigrants in the U.S., the primary reason for migration is work. Contrary to what has been noted in the press, policies that exclude them from social and health benefits have not been successful in curbing migration.[17] The distribution of the Mexican immigrant population in the labor market determines significantly their access to health care services and health insurance. Indeed, labor and workforce issues are at the center of the system of poverty, rare health insurance coverage and lack of access to care, in which Mexican immigrants find themselves in the U.S.

While there undoubtedly exist cultural, social and family ties that surround the migratory processes taking place between Latin America and the United States, the role that Latinos so prominently display in the U.S. workforce is a clear indicator of their primary motivation for migrating. Mexican recent immigrant men have a workforce participation rate of nearly 94% in the U.S.[ii] [18] In comparison, there is a substantially smaller proportion of U.S.-born, non-Latino white men participating in the workforce (84.8%). Long-stay Mexican immigrant men and have slightly lower rate of workforce participation than recent immigrants. Over time, from short-stay or recent arrivals to long-stay Mexican immigrants, there is a slight decline in workforce participation.

For women, the tendency is different, partially due to the fact that female migration from Latin American may be motivated by the search for work as much as it is the desire or need to accompany family members.[19] For Mexican immigrant women, recent arrivals aged 18 to 64 have a workforce participation rate of 43.8%, and this rate increases over time according to the length of stay of these women.[14] Among women, U.S.-born whites have the highest rates of labor participation (72.7%), and Mexican-American women follow closely at 68.8%.[14]

The myth that Mexican immigrants come to the U.S. in order to take advantage of social welfare benefits (and not to work) is belied by their high rates of workforce participation and relatively low rates of participation in public programs designed for low-income families. Many Mexican immigrants (especially recent Mexican immigrants) in the U.S. live in poverty, and a substantial portion of other Latino immigrants live with limited financial resources. Over 25% of recent Mexican immigrants and nearly 20% of long-stay Mexican immigrants live with incomes below the poverty line.[iii] For the native-born who are in financial need, the U.S. health system designates limited funds to providing health coverage to the most vulnerable. However, immigrant families are often not eligible for programs that assist the native born. Families of mixed immigration status may have limited access but face cultural and linguistic barriers to accessing this assistance.

Research shows that Latino immigrants in the U.S. tend to be concentrated heavily in certain occupational sectors. Perhaps coincidentally, these sectors are often among those

[ii] This refers to data prior to the economic crisis that began in 2008. Current rates may differ, and it can be expected that immigrants may be among the *most* affected by the recent economic crisis.
[iii] Based on the 2006 United States federal poverty line of $20,444 in annual earnings for a family of four. For 2009, this figure was $22,050.

that pay low wages, rarely offer health insurance, and where occupational accidents and illnesses are concentrated.[20] For recent Mexican immigrant men at the national level, two-thirds work in the construction or service sectors. For Mexican immigrant women, nearly half work in the service sector.[21] The concentration of Mexican immigrants is particularly striking – Mexican immigrants make up a small percentage of the U.S. labor force, but they make up a large percentage in certain occupations. Mexican immigrant men account for 7% of the work force, but account for 43% of agriculture workers, nearly 40% of dishwashers, 36% of roofers, 35% of all gardeners and so forth (Figure 3).[17 18]
[Figure 3]

The risk of suffering an injury or accidental death on the job is highest in occupations employing large numbers of Mexican immigrants. Agricultural work, as well as construction, services, mechanics and transportation employ disproportionate numbers of Mexican immigrants and have substantially higher rates of work-related injury and death than average.[17] Figure 4 shows the work-related fatality rate for major occupational sectors in the U.S. Mexican and other Latino immigrants are more heavily concentrated in each of the three most dangerous sectors. Among immigrant work-related deaths, Latino immigrants account for over 50%.[22] The risk of non-fatal injury or accident while at work is also higher for Latino immigrants, due to their concentration in specific occupational sectors.
[Figure 4]

The Children of Immigrants
The ramifications of varying processes of integration of Latino immigrants in the United States are far reaching. Most importantly, the socio-economic and cultural circumstances in which Latino and Mexican immigrants make their lives have a direct impact on the contribution that their descendents are able to make.

The children of Latino immigrants, of whom the children of Mexicans are the majority, have a dramatic impact on the demographics of the country in their numbers. They are responsible for the growth in the population under age 18 between 2002 and 2008.[23] Nearly one in four children in the U.S. has an immigrant parent. The vast majority of children with an immigrant parent was born in the United States (85%) and are U.S. citizens. Their health and welfare is thus of primary concern as an indicator of the future health of the nation.[24]

Access to the U.S. health system is marked by ethnic and racial inequalities. The children of Mexican immigrants make up the largest segment of the children of immigrants, representing 39% of immigrants' children, at 6.3 million. It is particularly worrisome that the children of Mexican immigrants replicate their parents' pattern of disadvantage in terms of access to healthcare and health insurance, even though the majority are U.S. citizens. In the United States nearly one in ten children (6.2 million children in total) does not have any type of health system coverage, whether it be public, private or government based. Within this group, the children of Mexican immigrants are disproportionately represented, though they represent only 9% of the child population,

they account for 24% of all uninsured children in the U.S.[25] In absolute terms, there are 1.5 million children- with at least one Mexican immigrant parent- who lack health insurance. This disadvantage associated with the children of Mexican immigrants is present even in American-born children, 1 in 5 are uninsured. For Mexican origin families of mixed immigration status, the situation is dire. There are an estimated 120,000 Mexican households where some children are entitled to public health programs and others are denied this right.[20]
[Figure 5]

Fifty percent of children from low-income Mexican immigrant families have no health insurance, and an additional 33.6% were covered by public programs (15% have some sort of private health insurance, most often through a parent's employer). In contrast, 20% of children of low-income immigrant families from other countries lack health insurance, and over 50% are covered by public health programs.[20] The disadvantage among children of Mexican immigrants points to cultural and linguistic barriers faced by their families as well as higher levels of undocumented status among Mexican immigrants as a group. The situation of children of Mexican immigrants expresses the vulnerability of Mexican immigrant families in general in the U.S.

One possible outcome of the disadvantage experienced by the children of Mexican immigrants in the U.S. is their over exposure to serious health problems. The results of analysis of the National Health Interview Survey point to cause for concern on a number of health indicators that have particular relevance for Mexican immigrant families. The children of Mexican immigrants are more likely to suffer from anemia, diarrhea and colitis than other children, with the exception of U.S.-born African Americans. They have higher incidences of both low and high birth weight, and may be at increased risk for diabetes and obesity, two of the most serious public health problems in the United States.[26] These findings show how the children of Mexican immigrants are at a greater risk for preventable, so-called *lifestyle* diseases, which is compounded by their lack of access to the health system, reducing these families' ability to properly care for their health.

A Community-based Approach to Health for Mobile Populations

Though widespread disparities in immigrant health are dramatic and have been widely documented in recent years, researchers, health advocates and policy makers have had little success in implementing successful programs to counteract the health impact of migration. Furthermore, the ethnic and racial overtones of Latino immigrants' disadvantage points to the need for a vision of integral public health and one which helps protect immigrants in the many circumstances of their lives that take a toll on their mental, physical and emotional wellbeing.

It is with this vision that efforts have been channeled to a variety of community-based health programs with funding from foundations and various U.S. states. The Health Initiative of the Americas (HIA), housed at the UC Berkeley School of Public Health is one such program, a bottom-up collaboration of various stakeholders that share resources and work together towards improving the health outcomes of the Latino immigrant

population in the United States. The Initiative was born in 2001 through a melding of a popular Mexican health education model – the regional health fair- with the support of local health agencies in California. After ten years, the Initiative has grown to encompass efforts in 40 U.S. states, 3 Canadian provinces, and 7 nations in Latin America, including Mexico.

A Binational Model

The Initiative's success – and much of its growth- lies in the novel idea it has presented from the outset; that immigrant health is a binational responsibility - that of both the sending country and the receiving country.[27] The contribution that Latino immigrants make to the U.S. economy, not to mention their cultural and linguistic contribution, ascends into the billions in monetary terms. Undocumented immigrants alone contribute $7 billion to Social Security annually.[28] Latino immigrants also contribute through their entrepreneurship, creating new business opportunities where they settle, and they channel billions into the U.S. economy through their consumption.[29] For *sending* countries like Mexico, Guatemala, El Salvador and so on, immigrants – both documented and undocumented – contribute enormously to their nations' wealth through the remittances they send home to family members. Studies have shown the cash assistance provided by remittances is a significant source of income in countries of origin and that it serves to provide for essential living expenses including health care, education and food.[1] Immigrants' health contributes substantially to their economic, social and cultural capital, and clearly both sending and receiving countries have much to benefit.

The community-based approach of the Health Initiative of the Americas relies on the conviction and dedication of a large sector of the population, the populace both in sending and receiving countries, as well as a large institutional component of support, both financial and in-kind. The Initiative's work rests on four pillars that underlie the health needs of Latino immigrants: health service access, research, training and public policy.

The Initiative's flagship program has been the annual Binational Health Week, now in its 10th year, whereby thousands of volunteers mobilize in 46 counties in California, 40 other U.S. states, 3 Canadian provinces and in Latin America (Mexico, Colombia, El Salvador, Guatemala, Honduras, Ecuador, and Peru). A week-long series of health education and promotion activities take place at the local level with sponsorship and participation from country consulates, local and state health service agencies, health advocates and community members. The mobilizing success of Binational Health Week has been unmatched by other immigrant health programs and is essential in bringing some of the most basic health services to a largely underserved Latino immigrant population.[30]

Also bridging Latino immigrants with access to health services is the Initiative's *Ventanillas de Salud (or Health Windows)* program, in which country consulates provide a health window staffed by a health professional on their premises for consultation by immigrants. Addressing the many difficulties faced by the most marginalized groups, including transportation to the consulate and time-off work for visits, the program also has a mobile component that brings a *ventanilla* aboard a vehicle, bringing health

services to remote agricultural fields where many of the most vulnerable immigrants live and work in California.[24]

One of the fundamentals that underlies the Initiative's work is generally well documented: the need for culturally sensitive and linguistically competent health providers equipped to work with immigrant groups and mobile populations. The Latino immigrant community in many parts of the nation at best speaks Spanish, and increasingly may speak an indigenous language and little Spanish. Innovative efforts are urgently needed to target this hard-to-reach group. In this vein the Initiative facilitates cross-border training and exchange programs for health professionals, who spend time at health institutions in Mexico- to learn about alternative cultures of health care delivery- and in local communities with high migration rates- gaining exposure to experiences of migration in these communities of origin.

The Initiative also has a Promotoras training program. Promotoras are commonly known as community health outreach workers, and are widely used in Mexico. Again, the Initiative demonstrates the success of binational collaboration and the usefulness of implementing models across borders, sharing lessons learned on both sides in working with mobile populations. HIA's training program aims to fortify the increasingly common presence of Promotoras doing community health work in the United States and strives to build a knowledge and resource base for Promotoras to draw upon in their work. The Initiative's program includes binational exchanges for Promotoras, the creation of culturally competent resources and training materials, and an annual Promotoras conference.

The barriers that HIA faces in implementation of its work are not novel. Even with its history of experience in binational cooperation, the Initiative struggles with some of same issues that trouble community efforts for immigrant health across the nation. Notably, that there is not sufficient scientific research available on the specific health behaviors, needs and experiences of the immigrant population. There is a contingent of highly mobile, nearly invisible among the Latino immigrant ranks; making tracking and studying this population- especially in the face of renewed anti-immigrant sentiment- extremely difficult. The constant movement of people- especially between Mexico and the U.S., who share the most heavily trafficked border in the world- suggests the urgent need for information sharing between the two governments, and unfortunately mechanisms for doing so are largely inexistent.

About 5 years ago the Initiative began efforts to encourage binationally oriented research on migration and health through the PIMSA program (Programa de Investigacion en Migracion y Salud), which funds teams of researchers that study immigrant health at the local level, in sending or in receiving communities.[24] In 2009, HIA launched a new effort, the Migration and Health Research Center (MAHRC), a joint partnership by UC Berkeley and UC Davis, that will produce research in-house, as a corollary to the external funding provided by PIMSA. Through targeted research focused on the health needs, health seeking behaviors and the health impact of migration, the Initiative and its many

partners try to contribute to the development of best practices for providing health care and ensuring the wellbeing of mobile populations.[31] In both PIMSA and MAHRC researchers are encouraged to publish their research and given ample opportunity to interact with consortium members, policy makers and health advocates. Discussion and dialogue among the researchers and involved binational policy experts is always generated around research results.

From Research to Policy

Even where best practices and knowledge of the health needs of Mexican immigrants exists, it has rarely made its way into policy making. Recent reform efforts are currently in process, however, historically in the U.S. health system, some of the most important efforts to protect the health of the underserved are initiated at the state level. For various reasons mentioned above, much of the Mexican and Latino immigrant population and their American-born children are excluded from state programs (for example the California State Children's Health Insurance Program). Recognizing that its expertise is considerable, in addition to promoting a strong culture of the sharing of information and resources for health, HIA conducts periodic policy work intended to help policy makers design policies that benefit the health of Latino immigrants.[24] The Initiative has engaged in policy work at the local level in California in countries with a high proportion of Latino immigrants (Fresno, Tulare, Monterey, and Imperial), at the California state level in Sacramento, and nationally in Washington DC. Policy briefings focus in many respects on areas where the Initiative has amassed experience working with mobile populations, in efforts to promote binational cooperation, and in specific areas of immigrant health. The Initiative also organizes an annual forum, at intervals held in the United States and in Mexico, dedicated to policy in migration and health.

Health and Immigration: Implications for Social Justice

The health impact of migration is an expression of varying processes of integration of immigrants in the United States. In the case of Latinos, health status expresses a largely unfavorable integration process, one which is indicative of low socio-economic status and which is reinforced by their position in the labor force. There are issues to be addressed on multiple fronts: low-wages, poor housing conditions, poor legal protections at work, and the stigma of undocumented status. In general, a commitment to social justice in policymaking, and to the protection of the most vulnerable groups in labor, health and immigration policies, could dramatically improve the wellbeing of Latinos in the United States.

Conclusions

National, state and local policy makers are responsible for setting incentives and creating a framework for the protection of the health of vulnerable groups. However, policy is just one aspect of the need for dramatic change and work to be done. The health of Latino immigrants is largely determined by the social and cultural environments where they live and work in the United States. Strengthening protections existent within these environments- rules and regulations governing the workplace and protections that extend to all workers, for example- may have positive health benefits for Latinos and other vulnerable groups. Additionally, programs that work to counteract the impact of low

incomes, lack of know how (*to navigate the system*), and programs that engage in health education and promotion in a culturally appropriate context are very important for improving the health of Latino communities. The demographic shift supposed by the growth in the Latino population in the U.S. necessitates planning for the future needs of this population. If linguistic and cultural competence in health delivery is important now, it will be even more important for future generations. In this sense efforts must be made to extend social protections to excluded groups, moving towards a culture of universal health rights for all.

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