

## **Binational Health Week 2007 Executive Summary**

### ***Introduction***

Latinos in the U.S. are the largest and youngest ethnic minority in the country, yet they remain the least insured group and have the largest limited access to health care services. This reality compounded with federal reforms that fail to increase health care for migrant and immigrant workers, creates alternate social movements that seek to improve the access, education, and quality of health care for underserved populations. This difficult scenario helped cultivate a necessary response to the degenerating health of migrant and immigrant workers that takes place during the processes of migration and acculturation. One of those responses is what today we celebrate as Binational Health Week (BHW).

BHW is comprised of health-promotion and health-education activities that take place throughout the U.S., Canada, and Mexico during one week in October. This annual campaign provides immigrant and migrant workers and their families with medical screenings, health-care referrals, treatment services, and information related to disease prevention. Among its strongest partners are the Ministries of Health and Foreign Affairs of Mexico, the Ministries of Foreign Affairs of Colombia, El Salvador, and Guatemala, the Institute for Mexicans Abroad, the Mexican Institute for Social Security, California's Department of Health Services, the Health Initiative of the Americas, a program of the University of California, Berkeley, School of Public Health, the U.S.-Mexico Border Health Commission, The California Endowment, and the California HealthCare Foundation.

Since its development in 2001, BHW has aimed to search for bilateral and now multilateral opportunities that seek to make a positive policy impact at the local, state, and federal levels. Policy change in conjunction with improved access is what enables migrants and immigrants to increase the protection of their health and welfare. This being said, the seventh BHW was observed in 33 U.S. states, the District of Columbia, and three Canadian provinces. BHW 2007 took place October 13-21 and displayed its most impressive outcomes yet. More than 3,941 activities reached an estimated 301,661 individuals thanks to the invaluable contributions of 15,497 volunteers, 6,586 participating agencies, and the entire consular network of four Latin American countries: Colombia, El Salvador, Guatemala and Mexico.

### ***The Vision and Dedication of Many***

BHW activities are led by grassroots organizations—the level at which health promotion and education initiatives are most effective in reaching Latino populations. Strategically, BHW utilizes existing networks of agencies to organize varying platforms that provide care through medical screenings and

treatments, education on health insurance coverage, and outreach for low income families.

Local coordinators work with volunteer task forces to organize activities. Members of the 125 nationwide task forces include consular representatives from Colombia, El Salvador, Guatemala, and Mexico; community clinics, county health service agencies, hometown associations, legislators, educational institutions, faith based organizations, and union representatives, among others. The commitment of these volunteers is unquestionable and apparent in the \$1,799,933 that was collected for the organization of events, the highest amount in BHW history.

BHW's achievements rely on the social mobilization of hundreds of thousands of persons that are committed to improving the health of such vulnerable groups. These leaders take advantage of the networks created through BHW and utilize its momentum and its model to serve Latinos living in the U.S. all year long.

### ***Meeting the Challenges through Innovative Approaches***

Binational Health Week not only targets migrants and immigrants, but also health care professionals and academics, key policy makers, and media outlets through the following: 1) Health Education and Direct Services for Underserved Latinos, 2) Binational Policy Forum on Migration and Health, and 3) Media Campaign.

#### ***1.) Health Education and Direct Services for Underserved Latinos***

Local coordinators, in conjunction with consular representatives and other community partners, organized activities from February through October in order to effectively reach the target population. Thanks to the organizational lead of 88 consuls and 125 task forces, approximately 386 health fairs, 339 workshops, and 220 community support events reached Latinos all over the country and parts of Canada. For the first time in BHW history, the entire consular network of Colombia, El Salvador, Guatemala, and Mexico worked diligently towards providing health care and health-related information for their co-nationals living in the U.S. The significant role the consulates played during last year's BHW is evident through the 248 events that took place at consular sites, followed by 189 events at community centers, and 135 events at health clinics. Some of the most popular topics included events related to diabetes: 367, access to health services: 362, and nutrition: 303.

#### ***2) Binational Policy Forum on Migration and Health***

Los Angeles, California played host to the Seventh Annual Binational Health Week Inaugural Event and Public Policy Forum on Migration and Health. In its largest capacity, the Forum was attended by more than 700 participants that represented 276 agencies and 10 international organizations from six

countries: Colombia, El Salvador, Guatemala, Mexico, Montserrat, and Puerto Rico. The international delegation's significant presence was composed of 125 emissaries of whom five were under-secretariats from the Ministries of Health and Foreign Affairs of the represented countries. The Mexican group was lead by Dr. Jose Angel Cordova Villalobos, Ministry of Health, who was accompanied by key federal and state elected officials including the governor from the state of Morelos, six state health department officials, and other assembly members. The academia was represented by 38 universities from seven countries and 85 students, researchers, professors, and administrators from the University of California. The forum, which took place October 14-16, offered participants an opportunity to exchange their thoughts and perspectives on the challenges faced by transnational populations and the collaborative approaches that can lead to positive policy solutions.

The Inaugural Event was a highly publicized press conference that took place in the Los Angeles City Hall. Keynote speakers consisted of high level government and elected officials, health care administrators, academic representatives and community leaders. This event also witnessed the unveiling of a much anticipated publication titled: *Immigration, Health and Work: The Facts behind the Myths*. This report is the third of an intensive research series that was produced by the Health Initiative of the Americas, the UCLA Center for Health Policy Research, and UC Berkeley's School of Public Health. Research findings show that the U.S. economy relies heavily on Mexican immigrant workers in many agriculture, construction and service jobs. Indeed, in occupations that disproportionately employ these workers, Mexican immigrant men and women earn substantially lower wages, suffer increased incidents of occupational injury and death, and usually have limited access to health insurance. The report aims to promote a more open dialogue among policy makers in order to step away from the myth that Latino migrants and immigrants over utilize U.S. public health programs.

In addition to the press conference, two plenary sessions and eight simultaneous workshops took place addressing health and migration, chronic and emergent diseases of mobile populations, occupational health and safety, access to health services, workforce development, and the health of vulnerable groups, including those with disabilities and agricultural workers.

The Organizing Committee reflects the diverse and dynamic audience that this program has attracted year after year. It was comprised of the Governor's office and the Legislature of California; the Los Angeles Board of Supervisors; the Mayor and the City Council of Los Angeles; and the governments of Mexico, Guatemala, El Salvador and Colombia in collaboration with the University of California and The California Endowment, among others.

### *3.) Media Campaign*

Binational Health Week's media strategy ensured that all broadcast announcements (whether in Spanish or English) were delivered in a culturally sensitive and linguistically appropriate manner. The information aired was related to migration, healthy lifestyle choices, and the locations of BHW events. More than 521 media hits covered BHW:

- 231 newspapers and electronic articles such as the Washington Post, Oakland Tribune, Sacramento and Fresno Bee, and Mexico's La Jornada, covered BHW activities.
- 219 radio spots aired information related to BHW thanks to the support of national and international chains like CNN Español, Radio Bilingue, Radio Campesina, and Pacific Radio.
- More than 71 interviews and commercials were aired through television due to the active participation of UNIVISION, Telemundo, and T.V. Azteca.

### ***Binational Health Week's Unstoppable Momentum***

During the last six years, BHW has grown in an unexpected exponential way. The Health Initiative of the Americas has been the lead agency in coordinating BHW, and its role in facilitating collaborations has depended on the commitment of multiple partners that implement BHW activities. BHW's mission inspired four countries to join this institutional bandwagon which resulted in the signing of a multilateral agreement among the Ministries of Health and Foreign Affairs of Mexico, the Ministries of Foreign Affairs of Colombia, El Salvador, and Guatemala, and the Health Initiative of the Americas on October 3, 2007 in Mexico City. This agreement reflects the support and commitment of four Latin American leaders that have invested resources, personnel, and dedication hoping to improve the health of their citizens living and working in the U.S.

The consular networks were able to use their daily access to the target audience as a popular way of convening BHW participants, thus leading to overwhelmingly surprising results. Mexico alone reached an estimated 176,602 persons, followed by 48,945 for El Salvador, 46,947 for Guatemala, and 29,167 for Colombia. The synergy that attracts so many new partners is what has coined Binational Health Week as one of the largest existing movements in favor of the health of migrants and immigrants in the Americas.

### ***Conclusions***

Binational Health Week plays a fundamental role in creating opportunities for discussion and collaboration among local, state, and federal programs, as well as health care providers that seek to improve the quality of life for so many Latinos living in the U.S. Its objective aims to reach the most

marginalized and poverty stricken communities whose health drastically worsens over time.

Programs that try to reduce the health disparities of this group cannot do so successfully by ignoring the social, cultural, political, and economic bonds that link them to their countries of origin. To ensure their effectiveness, these programs should reinforce health promotion and education campaigns in a complimentary manner in both the country of destination, as well as the country of origin, and Binational Health Week seeks to reach that goal.

The migratory process is a phenomenon that permanently affects the health of those who endure it. From the moment one makes the decision to emigrate, the health needs of migrants and their families change, leaving them vulnerable and unprotected. In this sense, BHW has become a strategy of transnational cooperation among the countries of North, Central, and South America to seek better health care solutions for this growing population.