CALIFORNIA-MEXICO HEALTH INITIATIVE
California Policy Research Center
UNIVERSITY OF CALIFORNIA

BINATIONAL HEALTH WEEK 2006

Social Mobilization to Improve the Health of Mexican and Central American Immigrants

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to
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BINATIONAL HEALTH WEEK 2006:
Social Mobilization to Improve the Health of Mexican and Central American Immigrants

I. Executive Summary

Binational Health Week has become one of the largest mobilization efforts in the Americas to improve the health and well-being of underserved immigrants and migrants of Mexican and Central American origin living in the United States, Canada, and Mexico. It encompasses an annual weeklong series of health promotion and health education activities that include workshops, treatment and insurance referrals, and medical screenings. The week's events, facilitated by the California-Mexico Health Initiative (CMHI), an initiative of the University of California Office of the President, emerge annually from networks forged among agencies and organizations working on migrant health issues and, it turn, foster ongoing collaboration.

The Sixth Annual Binational Health Week (BHW) took place October 7-15, 2006 and witnessed the largest participation since its inception in 2001. This past year an estimated **300,000 people** participated in **1,014 activities** and received **49,349 health screenings** throughout the U.S. and Canada. An additional 386,000 people were reached and 235,000 health screenings provided through activities carried out in 23 federal entities and 294 municipalities in Mexico.

Social Mobilization and Networking Increased BHW's Impact and Magnitude

This year, some **5,000 volunteers** and **3,000 agencies** in the U.S. and Canada worked collaboratively to organize BHW and make it a successful event. As a result of their year-round efforts, health promotion activities took place in over **200 cities and towns in 31 U.S. states, the District of Columbia, and three Canadian provinces**. To raise awareness about and respond to the barriers to care Mexican and Central American migrants face in this country, BHW brought together federal, state, and local government agencies, community-based organizations and community leaders, clinics and professionals, hometown associations, schools, and religious institutions.. Over **$1 million** (both in direct and in-kind contributions) was raised to support this massive social mobilization effort.

Activities Provided Windfall of Health Education and Direct Services to Underserved Latinos

BHW promoted over 1,000 activities to meet the diverse health-care needs of Latino (im)migrants. Health fairs were the most popular activity: 298 were held throughout the U.S. and Canada. Workshops (262) were also a significant means of educating both health-care providers and the public on a spectrum of health topics. Often these workshops were conducted by medical professionals from Mexico, who offered information that was keyed, both linguistically and culturally, to these specific audiences. Health clinics (105) and mobile health clinics (76) also increased access to health education and screening services.

A total of **49,349 health screenings were provided during BHW**, offering a critical opportunity for many to gauge their health and learn how to improve it. The 10 health topics most widely addressed during BHW, beginning with the greatest number of events, were diabetes, access to health care, HIV/AIDS/STDs, cardiovascular health, women's health, social services, mental health, nutrition, cancer and fitness.

The top five targeted audiences during BHW 2006 were children to age 12, adolescents, parents of children age 17 and younger, agricultural workers, and community health-care workers. For the first time, activities targeted to Guatemalans and Salvadorans took place this year as well.

Access to Quality Care Provided to Many Uninsured, For First Time

This year, participant surveys were administered at BHW venues throughout the U.S. to gain insight into what drives Latino immigrants to seek health care on this side of the border and how accessible it is in their experience. A total of 948 surveys from health fairs in California, Georgia, Illinois, Indiana, Kentucky, North Carolina, Pennsylvania, Tennessee, and Texas were analyzed. **Twenty-one percent of participants in California and 29% in other states—25% nationwide—indicated this was the first time they had seen a doctor, nurse, or health-care worker and/or received health information in the U.S.** Thirty-seven percent of respondents in California and 44% in other states reported not having health insurance.

Eighty percent of participants nationwide reported knowing where to get medical care in the U.S. and feeling safe seeking it here. The top reasons for seeking health care in the U.S. were personal illness, the need for a general health check-up, and an ailing family member.

- 89% of respondents indicated that they would return to this event in the future.
- 73% said they learned about their health and how to take care of it as a result of the Bi-national Health Week event they attended.

According to respondents, the two factors that contributed most to obtaining health care in the U.S. were a health-care provider who speaks Spanish and affordable care. The majority of participants most frequently seek health care in the U.S. (66% in California and 51% in other states), followed by Mexico (15% and 28%), and both countries equally (8% and 12%).

The most commonly reported sites of health-care provision in the U.S. are community health clinics (56% in California and 48% in other states), followed by private doctor's offices and hospital emergency rooms/urgent care units.

The five health problems of greatest concern were diabetes, dental problems, heart disease/cardiovascular, vision, and cancer. The majority (70% nationwide) rated their health as excellent, very good, or good, while 30% rated it as poor or very poor.

Regional Policymakers Participate to Promote Systemic Change

The health-care challenges experienced by (im)migrants transcend borders. BHW makes it a priority to involve local, state, federal, and regional policymakers to discuss issues and promote policies to improve health care for Latino (im)migrants. This year, officials from Guatemala and El Salvador partnered with U.S. and Mexican officials to address the health-care needs of Central American immigrants for the first time. The Inaugural Binational Policy Forum on Migration and Health, held in Guadalajara, Mexico on October 9 and 10 brought together key policymakers from Mexico, Guatemala, El Salvador, and the U.S., as well as nearly 400 U.S. and Mexican professionals working in the field of migrant health.

Summary

BHW furnishes a successful and replicable model of social mobilization to increase health care education, access to health-related services, and promotion of improved health-care policy for Latino (im)migrants.

II. Introduction

Binational Health Week is one of the largest mobilization efforts in the Americas to improve the health and well being of the underserved Latino population living in the United States, Canada, and Mexico. It encompasses an annual week-long series of health promotion and health education activities that include workshops, treatment and

insurance referrals, and medical screenings services. The Sixth Annual Binational Health Week (BHW) took place October 7-15, 2006, and witnessed the largest participation since its inception in 2001. In 2006, more than 1,000 activities took place in 31 U.S. states, the District of Columbia, and 3 Canadian provinces. Activities reached approximately 300,000 underserved Mexican and Central American immigrants and their families in the U.S. and Canada, many of whom received any form of professional health care for the first time abroad. An additional 235,000 health screenings were held in 23 federal entities and 294 municipalities in Mexico, reaching 386,000 people.

In 2006, 5,000 volunteers and 3,000 agencies throughout North America collaborated to make BHW a model strategy for raising awareness about and responding to the health-care adversities facing Mexican and Central American (im)migrants. BHW depends on and brings together federal, state, and local government agencies, community-based organizations, health clinics and professionals, hometown associations, schools, religious institutions, and community leaders. For the first time, Mexican and U.S. agencies also collaborated with Guatemalan and Salvadoran officials to include Central American immigrants. The week's events, facilitated by the California-Mexico Health Initiative (CMHI), an initiative of the University of California Office of the President, emerge annually from networks forged among agencies and organizations working on migrant health issues and, it turn, foster ongoing collaboration. Binational Health Week is intended as a first step in a larger program of cooperation among North American and Central American countries to improve the health and well-being of (im)migrant workers and their families.

III. Background

The Challenge: Health Care for (Im)migrants

Transnational migration is a global phenomenon that is rapidly changing demographics in many parts of the world. The Sixth Annual Binational Health Week was responsive to this large-scale trend, as well as to the changing profile and evolving health-care needs of Latino (im)migrants in the United States and Canada. There are more immigrants in the U.S. from Latin America than from any other region in the world. In 2005, 37.4 million immigrants were estimated to be in the U.S. Of these, 11 million (29.5%) were from Mexico, making Mexicans the largest group of foreign nationals among the U.S. immigrant population.[1] California, which continues to be the main destination of Mexican immigrants, is currently home to two-fifths of the Mexican immigrant population nationwide (43% in 2000). An estimated 2.7 million Central Americans live in the U.S., with Guatemalans and El Salvadorans among the largest contingents. [2]

Immigrant status is a demonstrable barrier to health insurance coverage in this country. Among the foreign-born population in the U.S., which is about 2.5 times more likely to be uninsured than the native population (33.3% versus 13.3%), Latinos are disproportionately represented.[3] Currently the largest minority group in the U.S., Latinos are over three times as likely as non-Latino whites to be uninsured (32.7% of the total Latino population). Nearly one out of every two Central American immigrants in the U.S. lacks medical insurance. Insurance also eludes some 5.9 million Mexican immigrants, who constitute 13% of all people in the U.S. who lack coverage.

Immigrant Status: A Demonstrable Barrier to Health Insurance Coverage

- Foreign born 2.5 times more likely to be uninsured than U.S. born
- Nearly one in three immigrants of Mexican and Latin American origin is uninsured
- Nearly one out of every two Central American immigrants lacks health insurance

Though relatively more Mexican immigrants enjoy health insurance in California, the state faces a greater burden than other states: there are 2.1 million Mexican (im)migrants without medical insurance living in California, representing one third of all uninsured Mexican (im)migrants in the entire country. In California, where Latinos make a major contribution to the state's economy, the farmworker population in particular suffers enormous health disparities: over 70% lack health insurance.

The current political climate in the U.S. has also influenced migration, and with it, (im)migrants' access to health care. In spite of augmentations in border security and restrictions in legal migration channels, there has been a significant up tick in undocumented immigration. According to estimates by the Pew Hispanic Center, 6.2 million Mexican citizens are living in the U.S. without authorization, accounting for a little over half of the estimated 11.2 million undocumented immigrants in the U.S. An estimated 57% of Guatemalans and 47% of all Salvadorans residing in the U.S. are likewise undocumented. In the current climate, undocumented migrants are increasingly socially and politically vulnerable, and therefore less likely to have access to health care. This outlaw status also affects their families: in California, U.S.-born children with at least one undocumented (im)migrant parent are twice as likely to be uninsured as those born to non-immigrant parents.

Lack of health insurance contributes, in turn, to a reluctance on the part of Latino (im)migrants to avail themselves of key preventive health services and to establish regular sources of care in this country. The institutional, economic, cultural and psychosocial barriers that impede (im)migrants from seeking or receiving adequate health care in their country of destination need to be addressed in order to help this population remain healthy and active contributors to the U.S. economy and that of their countries of origin.

The Response: Binational Health Week

Binational Health Week, initiated in 2001, is an annual week-long series of health-promotion and health-education activities geared toward people of Mexican origin that also benefits underserved Latinos regardless of their national origin. Events include health-education workshops, treatment and insurance referrals, and medical screenings. BHW takes place throughout the United States, Mexico, and Canada, and facilitates collaboration between groups working on migrant and health issues. This week of activities is intended as a first step in a larger program of cooperation between North and Central American countries to improve the health of Mexican immigrants and migrants who live and work in the United States and Canada.

Binational Health Week activities in 2006 reached more people, in more areas of North America, than in any previous year.

The scope of BHW has grown from seven California counties in 2001 to 31 U.S. states plus the District of Columbia and 3 Canadian provinces in 2006. This expansion was due, in many respects, to partnerships over the years with the Institute for Mexicans Abroad, Mexico's Secretariats of Health and Foreign Affairs, the U.S.-Mexico Border Health Commission, The California Endowment, and the California HealthCare Foundation. Activities in 2006 reached more people, in more areas of North America, than in any previous year.

The California-Mexico Health Initiative (CMHI) of the University of California Office of the President serves as the lead coordinator for BHW in the U.S. and Canada. Its facilitative role has depended, in turn, on the commitment and active participation of a multitude of partners in carrying out BHW activities throughout California and beyond. In the five years since BHW was established, thousands of organizations and volunteers have made its mission their own. The diverse network of volunteer power behind BHW depends on sustaining the dedication, goodwill, and follow-through of a great number of stakeholders at all levels. A large part of the week's success is also due to existing partnerships and networks, which include clinics, community-based organizations, and hometown associations.

Support from grassroots organizing to state-level policymaking has made Binational Health Week a model strategy to raise awareness, improve health education, increase access to services, foster sustain-able collaboration, and propel institutional change to meet the health-care needs of Mexican and Central American im/migrants.

Binational Health Week has made (im)migrant health a public priority by joining with existing structures and systems, from the local to the transnational, for health information and health service delivery, including practitioners, advocates, service providers, policymakers, and intermediaries on both sides of the border. Mexican and California health education materials are adapted to target these (im)migrant populations and distributed through health providers and advocates. Spanish-language and premier U.S. press are enlisted in publicizing BHW events and in creating broad dialogue on (im)migrant health issues. Policymakers and researchers are convened to prioritize (im)migrant health issues at the local, state and national levels.

The significant outcomes of this past year's BHW, highlighted below, testify to BHW's impact and are intended to inform future programming to meet the health-care challenges confronting Latino (im)migrants as they struggle to improve their livelihoods and opportunities abroad.

IV. Outcomes

This past year an estimated 300,000 people participated in 1,014 activities and received 49,349 health screenings throughout the U.S. and Canada. Activities took place in over 200 cities and towns in 31 U.S. states, the District of Columbia, and three Canadian provinces. Over 3,000 agencies and 5,000 volunteers made BHW a reality, including representatives from federal, state, and local government agencies, consulates, hometown associations, community-based organizations, health-care providers, schools, religious institutions, businesses, and community leaders. In addition to the massive social mobilization effort, over one million dollars was mobilized in direct and in-kind contributions to support this work. Activities took place in Mexico as well, reaching an additional 386,000 people and providing 235,000 health screenings in 23 federal entities and 294 municipalities.

In addition to the massive grassroots social mobilization, policymakers provided crucial support to BHW this year. For the first time, Mexican and U.S. government officials partnered with representatives of Guatemala and El Salvador to increase outreach to Central American immigrants, and undertake research specific to this population. Policymakers were also present at many events, particularly inaugural and closing events and press conferences, to demonstrate their support and commitment to working on policies supportive of increasing access to health care for (im)migrants.

As described below, support from grassroots organizing to state-level policymaking has made BHW a successful strategy to raise awareness, improve health education, increase access to services, foster sustainable collaboration, and propel institutional change to meet the healthcare needs of Mexican and Central American (im)migrants.

➢ *Activities Provide Health Education and Direct Services to Underserved Latinos*

Over 1,000 activities were mounted during BHW to meet the diverse health-care needs of Latino (im)migrants. Health fairs were the most popular activity: 298 were held throughout the U.S. and Canada. Workshops (262) were also a significant means of educating both health-care providers and the public on a spectrum of health topics. Often these workshops were conducted by medical professionals from Mexico, who offered information that was keyed, both linguistically and culturally, to these specific audiences. Health clinics (105) and mobile health clinics (76) also increased access to health education and screening services. Most BHW events also integrate culture and community building into their activities. The table below tallies the types and number of activities carried out in 2006.

Types of Activities	Number
Health fair	298
Workshop/training/lecture	262
Community building	140
Health clinic	105
Health mobile clinic	76
Inaugural/closing events	60
Press conference/media specific	42
Political advocacy	31
Total	*1,014*

Health screenings were a key feature of BHW 2006, offering many an unprecedented opportunity to access services as well as to learn how to gauge and improve their health. A total of 49,349 health screenings were provided over the course of the week. Blood pressure and glucose screenings were the most popular (*see table below at left*), which correspond to two of the top health concerns of participants surveyed (*see table below at right*), namely heart/cardiovascular disease and diabetes.

Health Screenings	Number
Blood pressure	9,785
Glucose	8,343
Cholesterol	4,805
Dental	2,102
BMI	893
Flu	471
HIV	217
Mammogram	121
Pap smear	45
Other	22,567
Total	*49, 349*

Health Topics	Number
Access to health care	291
Diabetes	279
HIV/AIDS/STDs	187
Heart/Cardiovascular	170
Social services	166
Women's health	166
Mental health	152
Nutrition	152
Cancer	149
Fitness	139
Immunizations/infectious diseases	120
Maternal & child health	118
Sexuality education	115
Oral health	113
Substance abuse	98
Vision / hearing	90
Cultural competency	87
Asthma	72
Environmental health	68
Occupational health	61
TB	55
Gerontology	35

While BHW's massive mobilization effort is devoted to ameliorating the health of Latino (im)migrants, it is recognized that within this large population are many diverse sub-populations, which may require targeted outreach and information specific to their circumstances. The top five targeted audiences during BHW 2006 were children to age 12, adolescents, parents of children age 17 and younger, agricultural workers, and community health-care workers. For the first time, activities targeted to Guatemalans and Salvadorans took place this year as well. The venue also varied, according to the target audience and community where the events were held.

Target Audience	Number
General population	437
Ethnicity: All Latino	303
Ethnicity: Mexicans	250
Adolescents	202
Children 0-12	168
Parents of children 0-18	155
Agricultural workers	153
Promotores (Community health-care workers)	151
Elderly	147
Expectant mothers	117
Health providers	113
Educators	87
Health administrators	85
Policymakers	69
Ethnicity: Guatemalans	36
Ethnicity: Salvadorans	31
Indigenous populations	19
Incarcerated	11

Venues	Number
Community/cultural center	239
Consulate	195
Health clinic	139
Primary school	46
Religious institution	44
Secondary school	44
Labor camp	19
Prison	2

A BHW report from the California counties of Ventura, Santa Barbara, and San Luis Obispo included the following quote from a participant that demonstrates the importance of health services provided during BHW: "It is the first time I participate [in the Binational Health Week] and the second time I have a clinical screening and I already have 10 years living in the United States." Health education also helps participants appreciate routine health care: "I realize that it is very important to take care of our health right now, but not when is too late." The public has also begun to expect and look forward to BHW on an annual basis: "I just receive medical attention throughout this week. This is the fourth occasion I come here." How to continue reaching out to this population and continue providing badly needed health services throughout the year is a priority for all communities involved in BHW.

> "It is the first time I participate [in the 2006 Binational Health Week] and the second time I have a clinical screening and I already have 10 years living in the United States."
> -Participant

In summary, the diversity of events provided:

- Health education and health promotion to encourage healthy behaviors and routine care
- Direct health services, such as screenings, to enable many

without access to health care an opportunity to gauge their health

- Knowledge about local social services and clinics
- An opportunity to raise awareness of (im)migrant heath care issues through English and Spanish language media
- Political advocacy through the support of policymakers and leaders.

➢ *Increasing Access to Quality Care*

BHW primary goal is to increase Mexican and Central American (im)migrants' access to quality care. This challenge must be addressed from many angles: education; available and accessible (meaning linguistically and culturally appropriate) services; insurance coverage; local, state, federal and regional policies; and direct outreach to (im)migrants. Because CMHI recognizes that increasing access to care is a multifaceted, long-term endeavor, BHW mounts a comprehensive, sustainable response to a complex problem. Through health promotion and screening services, policy advocacy, press conferences, research, resources, workshops, and collaboration from local to regional levels, BHW enlists and enables thousands of partnering agencies across borders to engage in a multitude of actions to resolve this health-care crisis.

Binational Health Week also endeavors to reach out to hundreds of thousands of Latino (im)migrants directly. This year, participant surveys were administered throughout the United States to hear from people directly about their impressions of BHW, health seeking behaviors, and health care access. A total of 948 surveys collected at health fairs were analyzed.[4] The data below were drawn from 476 surveys from nine California counties (Alameda, Contra Costa, Imperial, Marin, Napa, Orange, Tehama, Tulare, and San Diego) and 472 surveys from eight other states (Georgia, Illinois, Indiana, Kentucky, North Carolina, Pennsylvania, Tennessee, and Texas).

Demographics: According to the survey data collected, the majority of those who attended health fairs were female. The average age was 41 in California, versus 34 elsewhere.

	California	Other States
Average Age	41	34
Male Participants	30%	43%
Female Participants	68%	56%

Impact of BHW Events: Participants' impressions of BHW activities were very favorable. Eighty-nine percent of respondents nationwide indicated they would return to this event in the future. A majority nationwide (73%) reported that, thanks to the event, they learned about their health and how to take care of it. Approximately 40% credited the BHW event(s) they attended with making them more comfortable seeking health care in the U.S., more knowledgeable about where to obtain medical care, and more aware of when they or their family need health care. Helpfulness of the services and/or information received during this event received an average rating of "Very Good".

As a result of today's event…	California	Other States
Would return to a BHW event in future	88%	90%
Learned about their health and how to take care of it	72%	73%
Feel more comfortable seeking health care in the U.S.	37%	38%
Know where to get medical care	43%	41%
Are more aware of when they or their family need health care	40%	36%

The primary reasons for attending the BHW event included the desire to get information and free or specific health services (flu shots, diabetes, cholesterol, and blood pressure).

People heard about the BHW event in various ways. Nearly one-third nationwide heard about the event through friends or family. In California, other popular sources were health clinics, schools, television and churches. In other states consulates were the second most cited source of information, followed by schools, churches and radio.

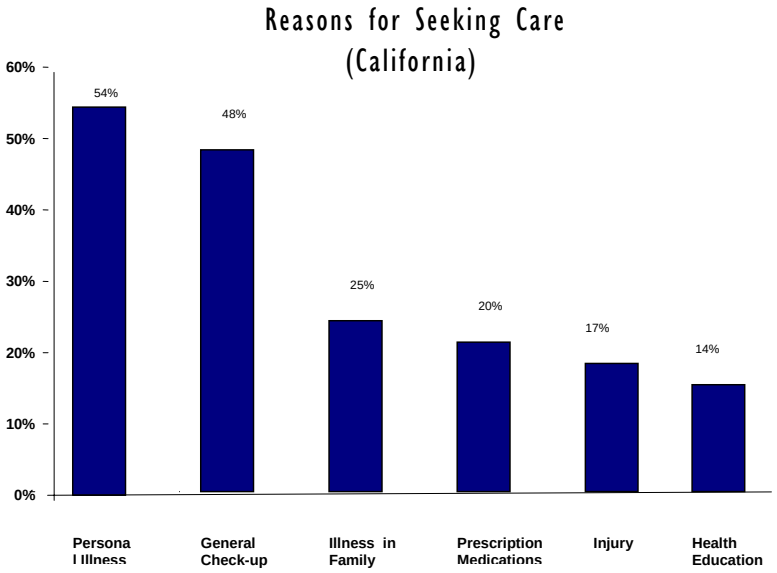
Seeking Health Care: Motivations & Destinations: Information about health seeking patterns collected from the participant surveys provides insight into when and where participants seek care. Twenty-one percent in California (versus 29% in other states) indicated that this was the first time they had seen a doctor, nurse, or health-care worker and/or received health information while in the U.S. Overall, about 25% of respondents indicated receiving professional health care for the first time in the U.S. at the BHW event they attended. (For recent female immigrants, this percentage increases to 32%.[5])

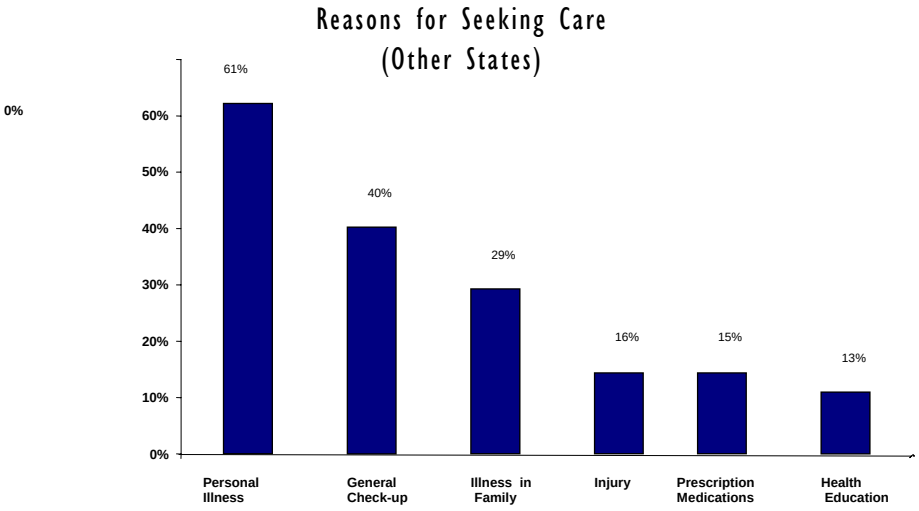
73% of participants surveyed said they learned about their health and how to take care of it as a result of attending a BHW event.

A majority of respondents—approximately 80% nationwide—reported knowing where to get medical care in the U.S. and feeling safe seeking it here. However, only 70% of respondents *receiving care for the first time* reported feeling safe seeking treatment in the

U.S., 10% lower than the national average. Put another way, over a tenth of respondents nationwide said they do not feel safe seeking health care in the U.S. Among this subgroup, there is a much higher proportion for whom this was the first time seeing a doctor, nurse, or health worker in the U.S.: 43% compared to 25% in the same sample overall.

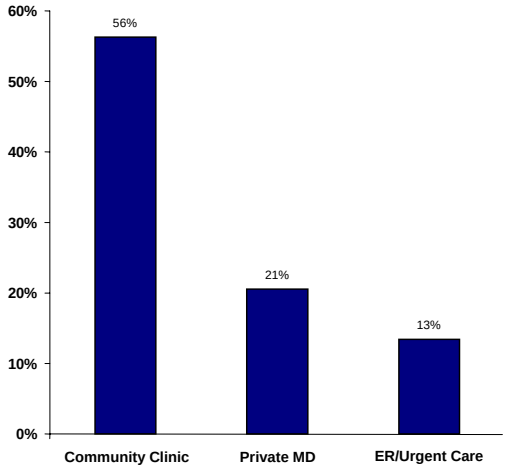
The top three motivations for seeking health care in the U.S. were personal illness (54% in California versus 61% in other states), general check-up (48% and 40%), and an illness in the family (25% and 29%).



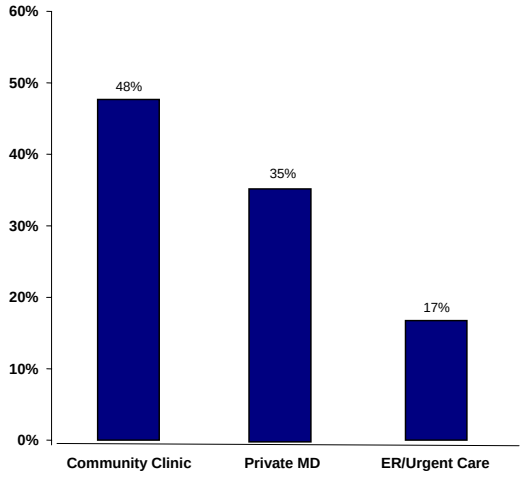


The most cited sources for care in the U.S. were the community health clinic (56% in California and 48% elsewhere), followed by a private doctor office and the hospital emergency room/urgent care unit, respectively.

Where Care is Sought (California)

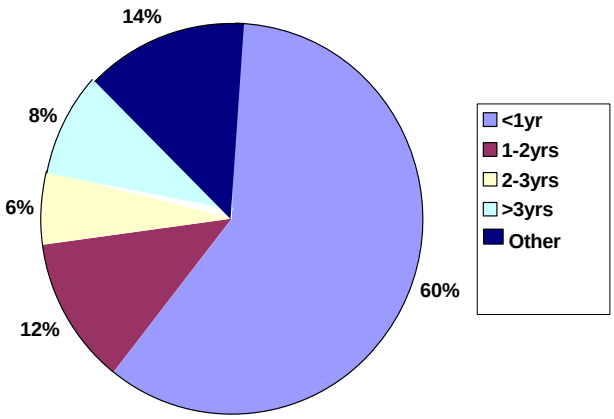


Where Care is Sought (Other States)

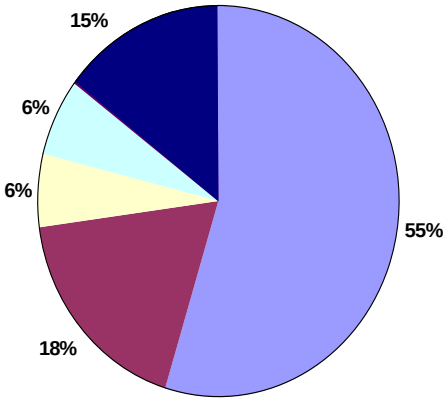


A majority of respondents had seen a doctor, nurse, or health worker in the U.S. within the last year. In California 60% had seen a provider less than one year prior to the survey, compared to 55% in other states.

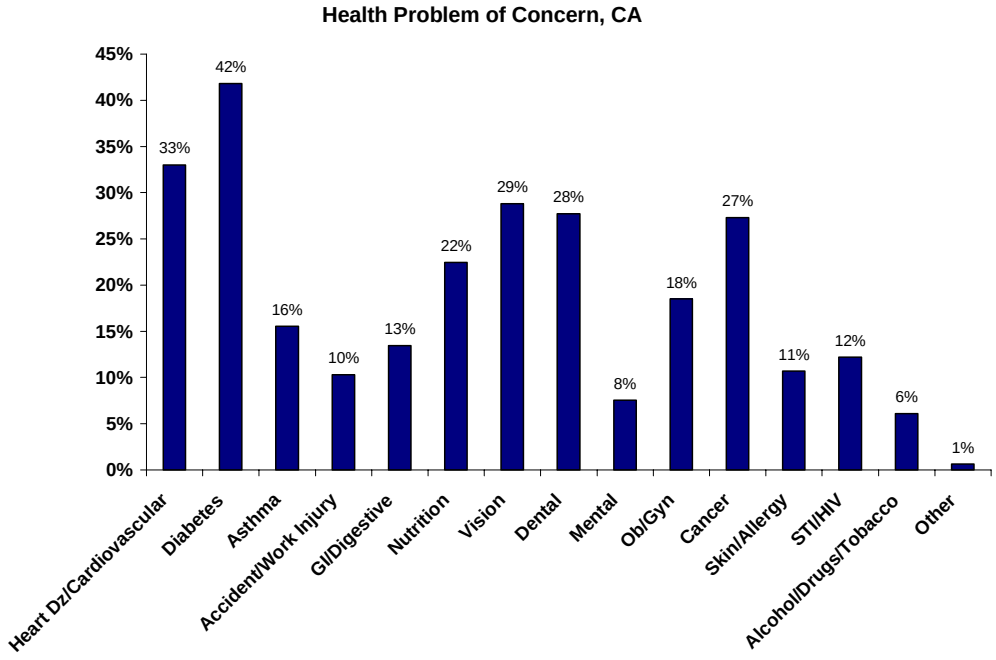
Length of Time Since Last Visit (California)

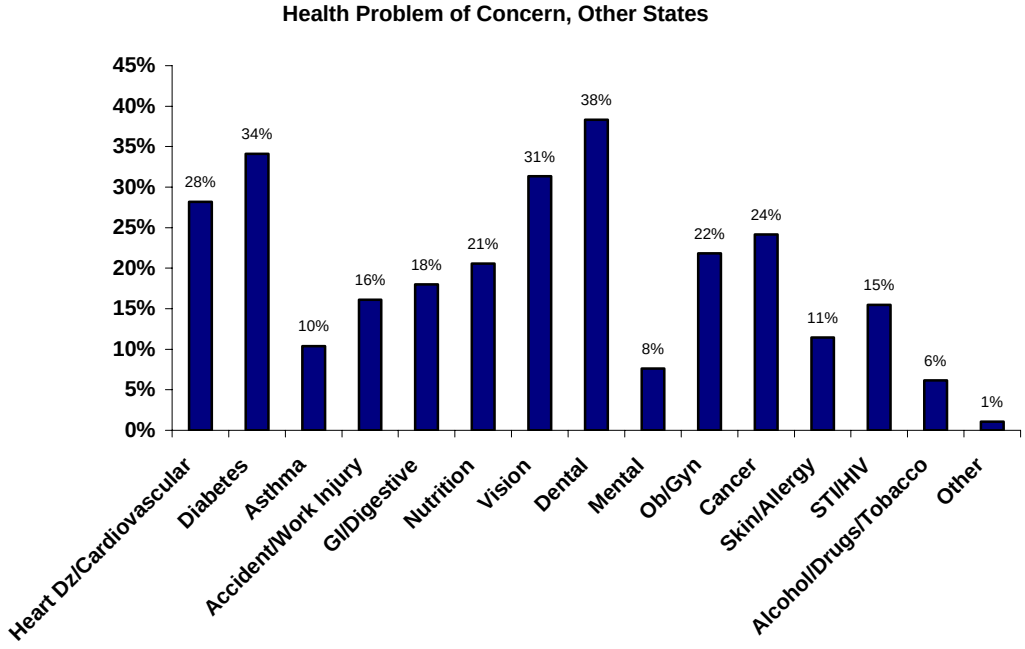


Length of Time Since Last Visit (Other States)



The top five health problems most were concerned about included diabetes, dental, heart disease/cardiovascular, vision, and cancer.

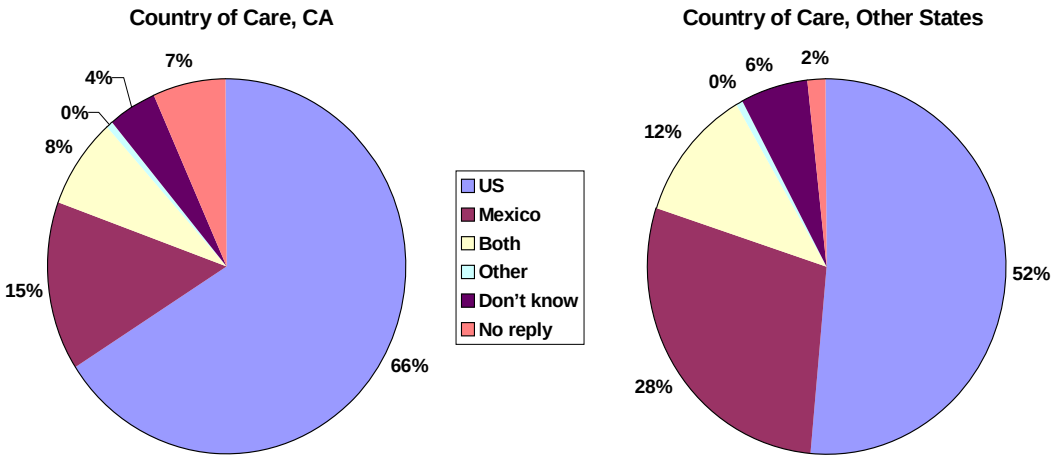


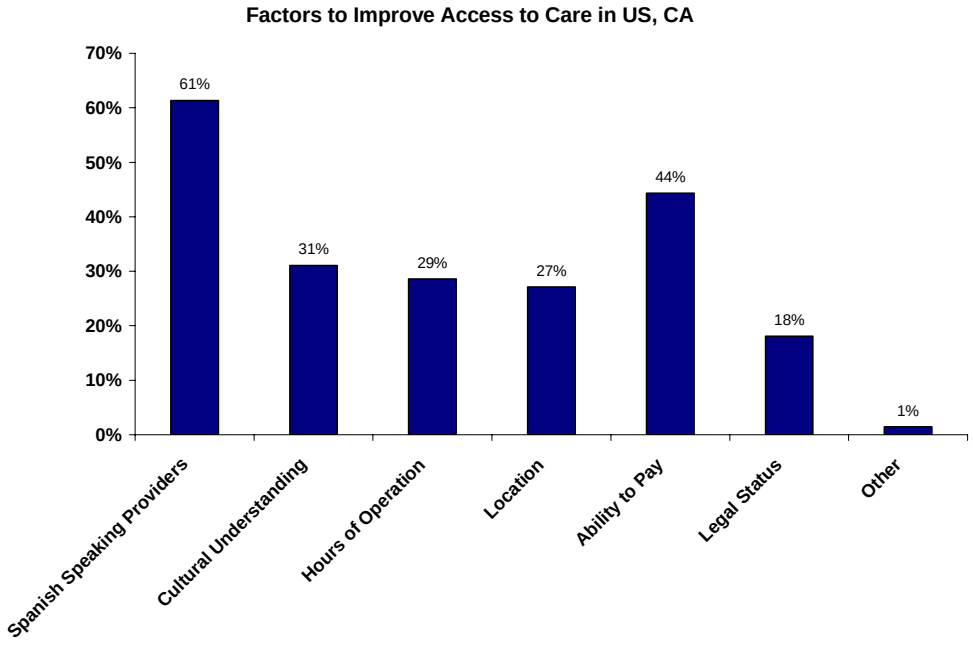


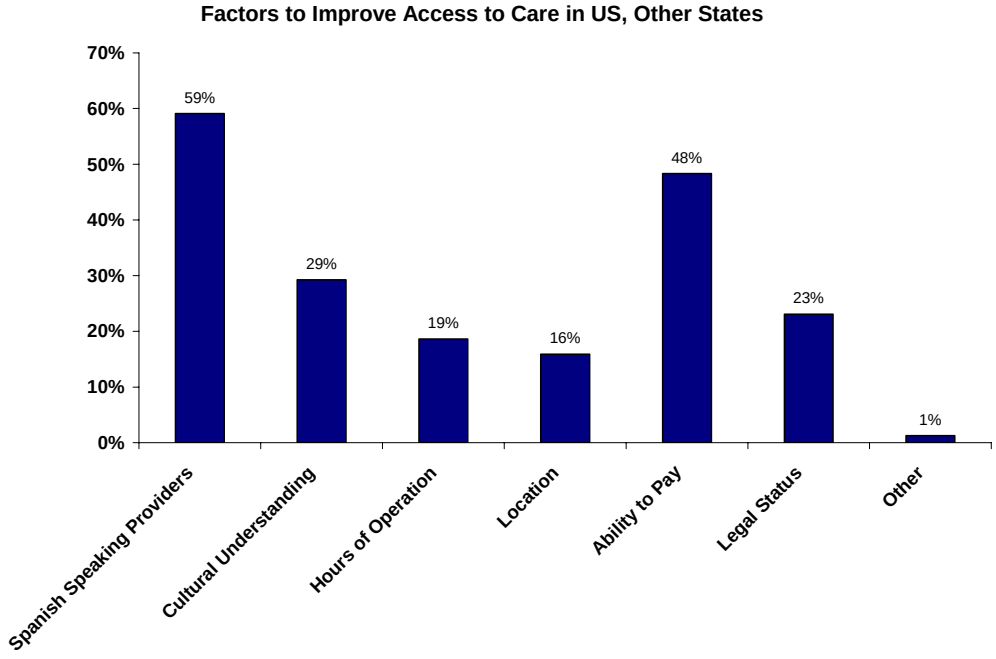
The average self-rating of health was "good" on a scale of excellent to poor. When breaking down all participant surveys into two categories, those who rated their health as good, very good or excellent-a positive rating-and those who rated their health as poor or very poor-a negative rating, 31% of respondents reported their own health as poor or very poor. Those who gave their own health a negative rating were less likely to seek health care in the U.S. for information and education than those who gave their health a more positive rating (11% of the former group vs. 16% of the latter group). Those who gave their own health a negative rating were slightly more likely to seek health care in the U.S. for a general health check-up than those who gave their health a more positive rating, yet the difference was not statistically significant. There was no difference between these two groups when seeking health care when sick, when a family member is sick, for injury, or for medications.

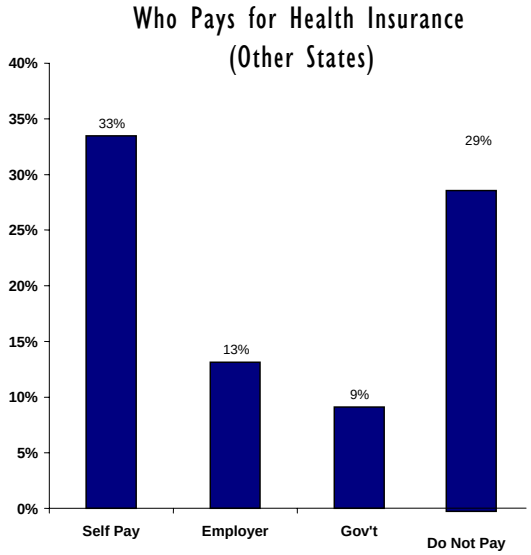
25% of participants surveyed said this was the first time they had received health care in the U.S.
For recent female immigrants, this percentage increased to 32%.

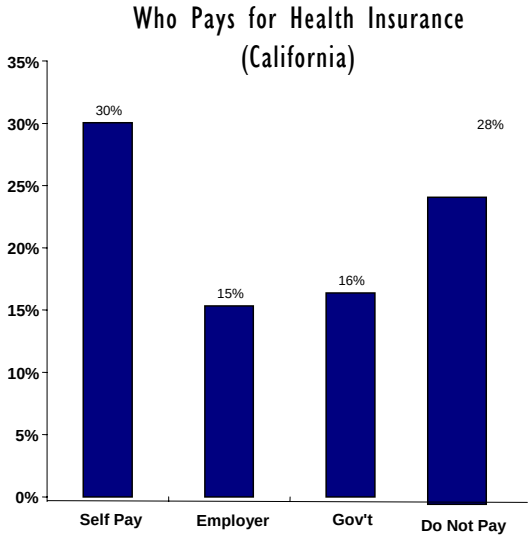
Access to Health Care: The majority of immigrants who responded most frequently access health care in the U.S. (66% in California, 52% elsewhere), followed by Mexico (15% and 28%), and both countries equally (8% and 12%). When asked about factors that would make it easier to get health care in the U.S., a majority cited having a health-care provider who speaks Spanish (61% in California, 59% in other states), followed by ability to pay (44% and 48%). Thirty-seven percent in California (versus 44% in other states) said they do not have health insurance. Nationwide, in only 14% of cases where respondents did have insurance did the employer pay for it. (*See the graphics and tables below for more details.*)

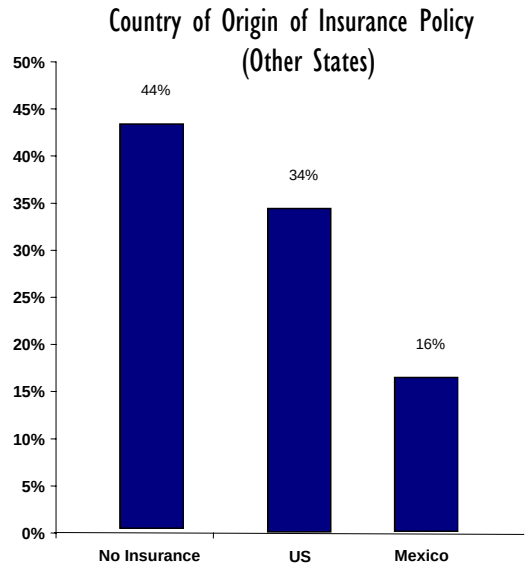


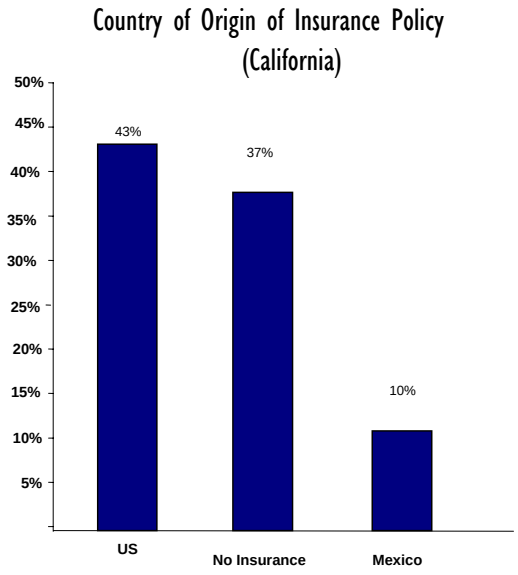

Factors to Improve Access to Care in US, CA
70%
60%
50%
40%
30%
20%
10%
0%
61%
31%
29%
27%
44%
18%
1%
Spanish Speaking Providers
Cultural Understanding
Hours of Operation
Location
Ability to Pay
Legal Status
Other


Factors to Improve Access to Care in US, Other States
70%
60%
50%
40%
30%
20%
10%
0%
59%
29%
19%
16%
48%
23%
1%
Spanish Speaking Providers
Cultural Understanding
Hours of Operation
Location
Ability to Pay
Legal Status
Other









➢ *Social Mobilization and Networking to Increase Impact*

Key to the success of BHW is the synergy among thousands of groups and individuals who are committed to improving migrant health. This year approximately 3,000 agencies and 5,000 volunteers worked together to implement more than 1,000 activities reaching approximately 300,000 participants throughout the United States and Canada. Successful social mobilization for BHW depends on the vision of thousands of leaders in

communities across the country, leadership and material resources provided by CMHI, time and insight donated by thousands of volunteers, funding by donors, and the collaboration between government agencies, community organizations, hometown associations, health clinics and professionals, schools, religious institutions, and others who make BHW's mission their own.

Networking	Number
Participants	300,000
Volunteers	5,000
Agencies	3,000
Consulates	1,223
Home Town Associations	1,008
Clinics & Hospitals	278
Non-Governmental Organizations	211
Legislators & Government Agencies	141
Schools & Educational	104
Donors	92
Religious Institutions	32

Fundraising	Amount Raised
Funds raised in-kind	$776,512
Funds raised-direct	$581,122

BHW's decentralized structure facilitates social mobilization on a large scale. For example, locally formed task forces in California create and implement their own plan to address (im)migrant health in their communities. County task force membership often includes representatives from the Consulates of Mexico and Central America, city government, the county Board of Supervisors, federal or state agencies, health organizations, community clinics, education institutions, Mexican hometown associations, religious affiliations, and local leaders. These task forces identify funding and resources, develop outreach and BHW promotional and material distribution plans, and make BHW a reality. The local task forces developed to carry out BHW in California are symbolic of the diverse commitment of agencies and organizations that come together to raise awareness and respond to the health challenges facing these immigrants.

BHW organizers in Napa County, California cited collaboration, support, and patience as key to a successful BHW planning process. New partnerships were established and existing ones deepened, as all agencies contributed to the process. For example, the home agencies of task force members were extremely supportive of BHW and provided meeting sites, flexible work hours or time off, and office supplies and equipment. In

response to this year's BHW, others, including local policymakers and hospitals, requested to be a part of next year's events.

Partnerships created for BHW also enable the aims and activities of BHW to continue throughout the year. In Napa County one of the areas the task force will examine for next year is how to spread out all BHW events throughout the year to meet the health-care needs of their population, while leaving the health fair as the primary event for BHW in October. In San Diego County, the La Maestra Clinic noted that because of the success of their nutrition presentations at schools during BHW, they would continue them year round in collaboration with the UC Extension Nutrition program, another BHW partner. Ongoing collaboration among BHW partners will also continue through existing programs such as *Ventanillas de Salud* and the health fairs that accompany the "*consulados moviles*."

New Partnerships Expand Outreach to Central American Immigrants

For the first time, Binational Health Week included outreach specific to immigrants from El Salvador and Guatemala, in addition to those of Mexican origin.

CMHI and the Mexican, Salvadoran, and Guatemalan Consulates dedicated personnel and time to identify opportunities for collaboration and increasing access to health care for this population. The Consulates worked together to provide appropriate medical information and materials tailored for Central American immigrants.

New partnerships were also established to increase outreach: Scripps Mercy Hospital of Chula Vista, California serves the Salvadoran community in Santa Ana and participated in BHW for the first time. During Binational Health Week 2006, activities for Salvadoran and Guatemalan immigrants were held in San Francisco and Los Angeles.

➢ *U.S.-Mexico Binational Cooperation*

Mexican government officials and medical professionals carried out a successful week of activities to address the health needs of migrants in their country of origin and the challenges they face during the migratory process. Activities took place in 23 federal entities and 294 municipalities, reaching 386,000 people. Nearly 235,000 health screenings were administered with the help of 3,489 participating medical professionals (doctors, nurses, and health promoters). Campaigns and education efforts addressed topics such as migration and health, health insurance, accessing community clinics in the U.S., and vaccines. In addition to improving the health of migrants, BHW contributed to community mobilization and the coordination of efforts by different governmental agencies. Support from the government was essential to make this happen.

The Mexican government also hosted the Inaugural Binational Policy Forum on Migration and Health, held in Guadalajara, Mexico on October 9-10, 2006. The forum brought together policymakers from the U.S., Mexico, El Salvador, and Guatemala, and nearly 400 U.S. and Mexican professionals working in the field of migrant health. The

U.S. delegation, half of all participants, was comprised of 134 agencies from 19 states and the District of Columbia. County, state and federal government agencies, universities, community organizations, and private foundations were well represented. Those in attendance included policymakers, medical professionals, academic researchers, government employees, and staff from various non-governmental organizations. Topics addressed included intercultural health, mental health, health and migration research, chronic diseases, HIV/AIDS, occupational health, women's health, and addictions. The diversity of perspectives and health information provided a dynamic arena to discuss the challenges and potential solutions for improving migrant health on both sides of the border.

The collaboration between U.S., Mexico and Central American government officials and agencies fostered during BHW sets the stage for ongoing cooperation to address challenges that transcend borders.

Binational cooperation was also achieved at the local level. Hometown associations linking sending and receiving communities were a significant supporter of BHW activities and community efforts. Exchanges between U.S. and Mexican health professionals also occurred during BHW, enabling many providers from Mexico to hold workshops and provide information on health topics to the public in the U.S.

➢ *Policy Advocacy for Systemic and Sustained Change*

To raise awareness and propel political action to address the health-care challenges confronting immigrants, the involvement of policymakers in BHW is a high priority. Although migration is a global phenomenon, it has local and regional impact and requires the involvement of government officials and decision-makers at local, state, regional and national levels. Binational Health Week provides a critical opportunity to bring these diverse policymakers together to discuss the issues and promote policies that can improve health care access and quality of care for Latino (im)migrants. The collaboration between U.S., Mexican and Central American government officials and agencies fostered during BHW sets the stage for ongoing cooperation to address challenges that transcend borders.

This year, networking expanded to include the Guatemalan and Salvadoran governments in BHW planning and activities for the first time. A new partnership, facilitated by CMHI, was developed between the Consulates and Ministries of Health of Mexico, El Salvador and Guatemala, and the University of California to target Central American immigrants during BHW. Meetings took place months prior to BHW to develop opportunities for collaboration and participation, resulting in research and outreach activities specifically tailored to Guatemalan and Salvadoran immigrants in Los Angeles and San Francisco. Representatives from the Guatemalan and Salvadoran governments also attended BHW inaugural and closing ceremonies, symbolic of the new and

continuing partnership between the U.S., Mexico, and Central America to improve the health of their people.

This year, policymakers at BHW events in California made 44 public appearances, 36 speeches, and issued 36 proclamations in honor of BHW. For example, the Board of Supervisors in Ventura, Santa Barbara and San Luis Obispo counties in California issued BHW proclamations. A certificate of recognition was also awarded by the representative of this district, the Honorable Congresswoman Lois Capps, of the U.S. House of Representatives 23rd District.

Policy/Advocacy	Number
Legislators	3,522
Activities targeting policymakers	69
Public appearances by policymakers	44
Speeches by policymakers	36
Proclamations by policymakers	36
Political advocacy as the type of activity	31

The Honorable California State Senator Denise Moreno Ducheny participated in BHW and expressed her commitment to (im)migrant health. This year Senator Ducheny participated in a press conference targeting the Spanish-language media, and presented a resolution for BHW. Staff at her district offices were also involved in community events. Senator Ducheny represents the 40th District, which includes the entire California-Mexico border. The realities of her district and constituents demand a binational response, and she has long been involved in binational issues. She appreciates BHW for its ability to draw attention on a larger scale to binational border issues, and for the relationships, discussions, and policy proposals it generates.

> BHW is inspiring and "encourages and impresses me to do more and do better."
>
> – Gilbert Cedillo, CA State Senator

The Honorable California State Senator Gilbert Cedillo of the 22nd District continued his support for BHW this year. Senator Cedillo stated that there is a profound need for BHW as a center of leadership and leadership activity. He also said that information and data provided during BHW were "outstanding" and moved the debate from rhetoric to research. Further, he stated that BHW was inspiring and "encourages and impresses me to do more and do better."

➢ *Training and Technical Assistance For Education and Culturally Competent Care*

Training and technical assistance represent another component of BHW that promotes improved health education and quality of care. Through trainings, workshops, and lectures, health professionals from the U.S. and Mexico join forces to educate each other

and the public on various health topics and culturally competent care for Mexican and Central American (im)migrants. This year, 262 workshops, trainings, and lectures were given.

V. Conclusion

Binational Health Week has become the largest mobilization effort in the Americas to address the health-care needs of Latino (im)migrants. Binational Health Week's ability to mobilize thousands of diverse government and community agencies and volunteers to raise awareness about (im)migrant health and respond to it in a focused way enabled some 300,000 individuals and their families to learn more about their health, receive health services, and identify how and where to get medical attention where they live. The week of events is a catalyst for continued collaboration and actions, from grassroots to policymaking levels, to increase health education, access to quality care, and provide health services to a large population disenfranchised from the existing health system. The impact of BHW lasts beyond the official week of events, and ensures that this hard-working population can lead healthy lives, regardless of borders. BHW is a successful and replicable model of social mobilization to increase health-care education, access to services, and better healthcare policies for Latino (im)migrants.

BHW is a successful and replicable model of social mobilization to increase health-care education, access to services, and better healthcare policies for Latino (im)migrants.

Notes

[1] University of California and The Mexican Secretariat of Health (SSA). Mexican and Central American Immigrants in the United States: Health Care Access. 2006.
[2] University of California and The Mexican Secretariat of Health (SSA). Mexican and Central American Immigrants in the United States: Health Care Access. 2006.
[3] CMHI. Health Policy Fact Sheet. 2005.
[4] Note answers below are the percentage of those who responded to each particular question, hence some percentages do not equal 100%.
[5] Immigrated to U.S. five years ago or less.