

9th Binational Health Week Inaugural Event and Binational Policy Forum on Migrant Health Santa Fe, New México 2009

The IX Annual Binational Health Week kicked off this year with the IX Binational Policy Forum on Migration and Health, which took place in Santa Fe, New Mexico on October 5th and 6th at the Hilton Buffalo Thunder Resort. Forum participants included members from community agencies, government officials, and universities that came together to discuss the challenges facing immigrant communities.

Forum topics included mental health, response to public health emergencies and migrant populations, infectious diseases, including TB and HIV, obesity and diabetes, occupational health and safety, access to health care, and environmental health challenges and migration.

This 2009 forum convened key stakeholders from the United States, Mexico, Canada, South and Central American countries to discuss (im)migrant health challenges and to explore unique opportunities to work collaboratively to improve the health and well-being of this population.

This two-day event was co-sponsored by the Secretariat of Health and the Secretariat of Foreign Affairs of Mexico, the Institute for Mexicans Abroad, the National Population Council (CONAPO), the Government of Zacatecas, the Ministries of Foreign Affairs of Guatemala, El Salvador, Peru, Honduras, Colombia, and Ecuador, the U.S. Department of Human and Health Services, the Government of New Mexico, the University of New Mexico's RWJF Center for Health Policy, COFEM, the California Endowment, and the Health Initiative of the Americas, among others.



Sequence of events

The forum kicked off with a welcoming reception held in the Hilton lobby. Sam Howarth, Director of the New Mexico Health Policy Commission and Division of Policy and Performance, NM Department of Health, welcome the representatives of the participating countries and agencies to New Mexico and the forum. Speakers for the event included Roberto Rodriguez, Consul General of Mexico at El Paso Texas, Pablo Calle, US Representative of the National Secretariat of Migrants of Ecuador, and Jose Joaquin Chacon, Consul General of El Salvador at Nogales Arizona and Carlos A. Diaz from Colombia Nos Une. The reception allowed participants to meet and greet some of the figures participating in the forum as well as gave them the opportunity to create networks that will benefit them in future collaborations to come.

The inaugural ceremony opened with a procession of key figures which included New Mexico Governor Bill Richardson; the First Lady of Mexico Margarita Zavala; Mexican Secretary of Health, Jose Angel Cordova Villalobos; Amalia Garcia, governor of Zacatecas; John Stobo, Senior Vice President of Health Sciences and Services, University of California; Steve Shortell, Dean School of Public Health, UC Berkeley; Carmen Laspina, National Director of Health, Public Health Ministry of Ecuador; Carlos Garcia de Alba, Director Institute of Mexicans Abroad Secretariat of Foreign Affairs; and Julie Bryan, Acting Associate Director, Office of Rural Health Policy, US Health Resources and Services Administration. The procession was led by members from the Pueblo of Pojoaque who welcomed the congregation followed by the Los Alamos High School Colored Guard leading and the Flag Ceremony.

Welcoming remarks to the forum were followed by a Panel on experts who discussed the effects of H1N1, Binational Research, and a case study on the children of Mexican immigrants.



Statement from U.S. Senator Jeff Bingaman

U.S. Senator Jeff Bingaman delivered a statement regarding his support of initiatives aimed towards improving health care on the U.S.-Mexico border. This includes initiating legislation appropriates funds for community organizations and health organizations, who focus their work on improving health conditions and health services for border residents.

“Lessons Learned from the Influenza-A H1N1 Pandemic in México” Dr. José Ángel Córdova Villalobos, Mexican Secretary of Health

Dr. Angel Cordova Villalobos presented findings and observations regarding the Mexican response to H1N1. Dr. Villalobos stressed that maintaining ample reserves of supplies, communication across all levels, a containment plan, and a prevention campaign was essential to future preparedness. Dr. Villalobos concluded by stating that Mexico was ready and working at containing the winter flu.



Plenary Session: Panel of Experts

“2009 Pandemic Novel Influenza A (H1N1): Global Challenges and Opportunities” by Martin S. Cetron, MD Director, Global Migration and Quarantine Centers for Disease Control and Prevention

Dr. Martin S. Cetron gave a presentation about the H1N1 pandemic and the actions that revolved around it, but one of the more important points he discussed was ways in which adverse secondary effects on communities and individuals could/should be reduced. For example, he discusses the cost a parent has to make when their child’s school or child care program closes reactively, which for the most part means the time off of work for the parents.

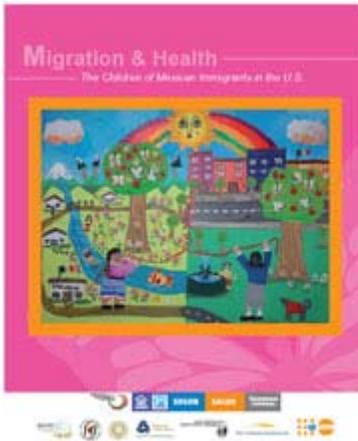
“Briefing Report Migration and Health” by Claire Brindis, Director, Institute for Health Policy Studies, UC San Francisco



Although significant research on health and the Mexican immigrant population has been conducted, a research gap still exists (under such topics as the epidemiology and determinates of im/migrant health, chronic disease and obesity, mental and physical health consequences of immigration and anti-immigration policies, to name a few). This situation is exacerbated by findings that Latinos receive less appropriate care (24%) than whites (34%), referred less often to psychotherapy, and less likely to receive treatment according to evidence-based guidelines. A new research agenda aimed at ensuring that research adequately addresses not only migration healthcare issues, but also influence and improve policies and health practices affecting the Mexican migrant community in California needs to be addressed.

Release Report “Migration and Health: the case of children of Mexican Immigrants” by Félix Vélez, General Secretary, National Population Council, Mexican Ministry of Interior.

Felix Velez Fernandez presented on a research report conducted by various governmental agencies and the University of California focused on the children living in the US that have Mexican-immigrant-parents and the percentage of them with health care. The report stresses that the fastest growing population of the U.S. consists of Mexicans, and that this population growth is mostly due to the high rates of Mexican immigration to the US. Then the report turns to the issue of health care; stressing that children of Mexican parentage are disproportionately without healthcare, and this disproportion increases when the children were born in Mexico, rather than the U.S. This fact will have very negative consequences in the future.



The report clearly shows how the lack of private medical health coverage and access to public programs constitutes the main barrier to receiving timely medical care. Indeed, it is not difficult to visualize the catastrophic effects on these families if children became gravely ill or had an accident and had to be taken to hospital centers. The poorest families may lose their life possessions.



Concurrent Workshops

The afternoon was broken into two work sessions that offered participants the opportunity to view presentations by key figures in the topics as well as gave them the space to discuss the challenges and concerns of this vulnerable population.

Mental Health

Moderator: Rosario Alberro, Health Initiative of the Americas, UC Berkeley
Panelists: Fabricio Balcazar, University of Illinois, Chicago; Rebeca Ramos, University of Texas, El Paso; Carmen Fernandez Caceres, Youth Integration Centers; and Fred Sandoval, Behavioral Health Services Division, N.M.

In general, mental health service providers have ineffectively addressed the needs of the Latino population in the U.S. The negative consequences of this have and will continue to increase as the Latino population continues to increase. These inadequacies have historically been in existence. Currently, Latinos seeking mental health services continue to face the similar barriers. The solutions to these barriers can only be derived from a cooperative relationship between mental health service purveyors and Latinos.

“The Nature of Disparities for Latinos with Mental Illness” by Fabricio Balcazar, Ph.D., University of Illinois, Chicago

In 1973, Amado Padilla and Rene Ruiz conducted a seminal literature review of the status of Latino mental health. Since then, the Latino population has experienced a dramatic increase from 4.33% to 12.5% of the U.S. population (35.3 million in 2000) and continually growing. Despite an increasing Latino population in the U.S., little about the mental health service sector has changed. Padilla and Ruiz (1973) suggest that multiple stressors such as language barriers, poverty, seasonal migrations, the effects of urbanization, and acculturation, lead to a great need for mental health services for Latinos. These stressors are still relevant today, but in greater scale. Padilla and Ruiz (1973) also revealed a serious underutilization of mental health services by Latinos, which presently still exists. According to the Surgeon General Report of 2001, only 11% of Mexican American use mental health services, compared to 22% of whites. This is attributed to the geographic barriers, language barriers, inaccurate diagnosis, and cultural differences. Within the span of 1973 to present, mental health services has failed to provide adequate mental health care to the Latino population, especially low-income immigrant Latinos. Further, when mental services are sought out, Latinos receive less appropriate and/or inferior care. A need for culturally sensitive providers, especially Spanish-speaking and Latino providers, alongside with organizational changes (such as providing treatment on weekends, opening satellite offices in Latino communities, and hiring individuals who are better suited to deliver services such as professionals from Latin America) are needed to adequately serve and provide effective care to the Latino population.

“Mitigating the Mental Health Impact of Substance Abuse” by Rebecca Ramos, University of Texas, El Paso

Forming alliances that strengthen collaboration and mobilize communities into action and capacity building at the individual, organizational and community level through training and applied research are two strategies that can help mitigate the mental health impact of substance abuse. Building new and stronger alliances such as the Alliance of Border Coalitions to improve border and Binational coordination around substance abuse prevention is one way in which this problem can be addressed. The Alliance of Border Coalitions was created to increase awareness and prevention of substance abuse problems as they related to the US-Mexico border. Capacity building, integrating knowledge into practice, is another strategy in address this issue. This can be done by collaborating with academic institutions and community partners to carryout research aimed at informing policy and decision makes as well as providing guidance in the development or adaptation of intervention programs. Border frameworks with interventions that take into account more than individual or behavioral level considerations, along with shared responsibility between bordering countries, states, and communities should be a high priority in mitigating the mental health impact of substance abuse.

"Challenges in dealing with drug use at the border" by Carmen Fernández Cáceres, Youth Integration Centers, Mexico

Studies show that the migration experience complicated patterns of consumption, both starting as increased drug use during the stay of migration. The most vulnerable population sector are adolescents between 12 and 17. This drug user population that go "back and forth" between the two countries regularly is at risk.

Public health emergencies responses and migrant populations: Lessons learned from the A (H1N1) outbreak

Moderator: Mauricio Leiva, Office of Binational Border Health, California Department of Public Health

“Influenza A/H1N1 Zacatecas 2009” by Dra. Elsa Aguilar Diaz, Director General Health Services, Zacatecas

Dr. Elsa A. Aguilar Diaz, Director of Health Services of the Mexican state of Zacatecas, discussed the response of governmental health organizations of Zacatecas concerning the H1N1 pandemic. She chronicles the actions that were carried out by the government of Zacatecas to the actions carried out when the first case was detected in the state to the current situation and finishes by stating the next-steps Zacatecas should take regarding H1N1. She notes that containment in Zacatecas was highly successful, because of the cooperation that occurred at many levels; from the top to the community level.

“Binational Influenza Sentinel Surveillance: Select Results from 2008-2009 Season” by C. Mack Sewell, DrPH, MS State Epidemiologist, Chad Smelser, MD, Medical Epidemiologist, David Selvage, MHS, PA-C Border Infectious Disease Surveillance Coordinator New Mexico Department of Health

C. Mack Sewell, Chad Smelser, and David Selvage presented their findings of a project they conducted aimed towards promoting binational infectious disease surveillance, which in this case concerned influenza. The participants of the project consisted of health organizations and research universities from Chihuahua, Mexico, West Texas, and New Mexico. The presenters stated that they felt their project was a major success, because it facilitated the sharing of information, which helped to prove that influenza strains found in Juarez and in New Mexico were identical, and, most importantly, it demonstrated the efficiency and effectiveness of working binationally against a global problem. The presenters recommended that the CDC increase its influenza surveillance throughout the US-Mexico border.

Infectious diseases, including TB and HIV

Moderator: Deliana Garcia, Migrant Clinicians Network

Panelist: Tom Donohoe, University of California, Los Angeles; Jaime Zavala, Secretariat of Health of Zacatecas; and Rebecca Hester, University of Illinois, Urbana-Champaign.

“Preventing Sexually Transmitted Infections Among Indigenous Oaxacans: Health Promotion Through a Binational Lens”, by Rebecca J. Hester and Patricia Zavella, University of Illinois/ UC Santa Cruz

HIV/AIDS and other sexually transmitted infection education was conducted in Oaxaca and California, targeting indigenous communities. Activities and discussion topics included: how STI's are transmitted, condom demonstrations, and medical check-ups in conjunction with the health workshop. Anecdotal evidence from doctors and rural community residents suggests a rise in HIV with out-migration. Perception of risks differed among doctors, program participants, and IMSS—women know that HIV is sexually transmitted; however, the problem lies in getting their husbands to use condoms (biological, social, and economic risks). In California, the CBDIO had 4 objectives: (1) provide health information to the indigenous community through workshops and health fairs, (2) help indigenous migrants navigate the social service system, (3) utilize the promotora model to train indigenous promotoras, and (4) educate service providers about the presence and culture of indigenous Oaxacans in California. Risks were identified within both interventions. For Oaxaca, risks for participants included: inability to negotiate power relations within the marriage, economic if they don't attend the workshop, economic if they lose their husband, and being empowered with information that they can't use (still at risk for HIV/STI's). For California, the risks affect the institution, promotoras, and participants in terms of losing legitimacy (funding and community loses services), a potential for marital conflict (by challenging gender norms in the community), and a community backlash to shut down workshops (for alienating program participants with material that conflicts gender norms and taboo

subjects). Therefore, the notions of risk need to be thought about broadly, not just through biological risks, but also through social and economic risks.

“CAPASITS: Outpatient center for prevention and care of AIDS and other sexually transmitted infections” by Dr. Jaime Zavala Moreno, Director of Health Services, Servicios de Salud de Zacatecas

Capasits are health prevention and specialist care facilities for patients with HIV-AIDS and sexually transmitted infections. They have a model of institutional care for monitoring treatment of patients with sexually transmitted infections and HIV/AIDs, offering a range of services aimed at optimal control and effective treatment, which improves the quality of life and reduces treatment cost. Prevention activities/events are one of the main services provided. These events serve to education the community in identifying risk factors and predispositions such as men who have sex with men, commercial sex workers, injection of drugs, people with multiple sex partners without use of condoms, etc. Some of the barriers faced are increasing social awareness on sexuality, STI's, AIDS, reducing stigma and discrimination and homophobia, screening tests among vulnerable populations, strengthening HIV research, among others.

- Use a model of institutional attention to provide the best treatment and management of medicine for those infected with sexually transmitted disease and HIV/AIDs
- HIV/AIDs prevalence has been rising in Zacatecas since the 1980s but we have seen a big drop in 2009
- Most of the cases in Zacatecas are among men who have sex with other men so inform the public about such cases.
- Some goals: spread sexual health information, reduce stigma regarding sexual health, provide test for vulnerable population such as pregnant women, and provide appropriate treatment

“Crossing the Border: Continuity of Care for HIV Infected Patients Returning to Mexico” by Tom Donohoe, University of California, Los Angeles.

Reducing the stigma that surrounds AIDS is being dealt with by several institutions that work closely with the Latino community. Mexico CAPASITS program works with the population in preventions, issuing effective care, and informing the population of the risk factors. In addition, programs like US-Mexico Border AECT Steering Team have dedicated their work to border towns, where there is a high concentration of infection do to the traffic of migration and the little information that is dedicated to this transient group. Out of the near 200,000 HIV/AIDs cases in Mexico in 2007, almost 20,000 of those are located on the border states with the United States. Within Mexico, HIV is often viewed as an “imported” disease, since the vast majority of early cases were in individuals who had lived in the United States.

The model of institutional care in Mexico concentrates on monitoring treatment of patients with sexually transmitted infections and HIV/AIDs, offers a range of services aimed at optimal control and effective treatment, which improves the

quality of life and reduces treatment cost. Anecdotal evidence from doctors and rural community residents suggests a rise in HIV without migration. Outreach in Mexico tends to concentrate on STI transmissions, medical check-ups, predispositions such as men who have sex with men, commercial sex workers, injection of drugs, and people with multiple sex partners without use of condoms. One important aspect present in these communities is the power relations between genders and the negotiation between husband and wife when it comes to condom use and the effect that migration is having on the growing number of infection cases within the country. There is a clear need to take a multi-level approach to infectious disease besides the health risks. Economical circumstances hinder the access that these communities have as well as cultural norms that can stop the dissemination of this information because of the stigma that exists of these diseases. Mexico provides health insurance for all its citizens and we have seen over the years that those who have HIV/AIDS have a very good chance of receiving treatment.

Obesity: The Case of Children

Moderator: José Ignacio Santos Preciado, National Autonomous University of Mexico
Panelist: Fernando Mendoza, Stanford University; Armando Barriguete, Secretariat of Health of Mexico; Grisel Benavides, American Diabetes Association; and Juan Espinosa, National Institute of Public Health

In this session, panelist presented studies and examples about how obesity in children has been a pressing issue calling for community programs to be created to deliver services to aid children in their nutrition efforts. They also highlighted that obesity has increased drastically in the past decades. This issue has been exacerbated due to escalating consumption of over processed food, fats, and soda.

Since the 1980s, the prevalence of obesity among Mexican children ages 2-18 has risen significantly. As of 2006, 26% of Mexican children were considered overweight with nearly a quarter of those 26% classified as medically obese. Nationally, obesity among toddlers 2-4 peaked in the 1990s with a decreasing trend throughout the 2000s. However, from 1988 to 2006, over-weightless among children 5-11 years of age has risen substantially in all areas of Mexico, more so in urban areas and the northern Border States.

“Obesity: the case of Mexican children” by Juan Espinosa, National Institute of Public Health, Mexico

Obesity in children has been a pressing issue calling for community programs to be created to deliver services to aid children in their nutrition efforts. This issue has been exacerbated due to escalating consumption of over processed food, fats, and soda. In particular, overweight and obesity trends in Mexican children display a significantly increase over the past two decades. As of 2006 the prevalence rate of Mexican children 2 to 18 years of age for being overweight was 18% and the prevalence rate for obesity was 8%. The alarming increase was nationally displayed by Mexican children 12 to 18 years of age with a 15% increase since

1988. The escalating rates of obesity within Mexican children correlate with the increasing consumption of soda in Mexican household. More than 75% of Mexican households as of 2002 reported to consumed soda. Moreover, the problem has been exacerbated because of the increased consumption of processed foods within the Mexican household. As of 2002, 86% of Mexican households consumed processed foods. Deaths due to chronic illnesses associated with diet such as heart failure have drastically increased since the 1980s. There is a pressing need for Mexican households to concentrate their energy in consuming healthier foods in order to fix the current obesity problem.

Diabetes: treatment challenges

Moderator: Marielene Lara, RAND Corporation Health Program

Panelist: Ivonne Vizcarra, Autonomous University of State of Mexico; Maria Teresa Cequeira, Pan American Health Organization; Betsy Rodriguez, Centers for Disease Control and Prevention, Division of Diabetes; and Ruy Lopez Ridaura

One out of every ten Mexicans has been diagnosed with Diabetes Mellitus 2. The rate can be associated due to the infrastructure associated with food sovereignty and food security within the rural communities of Mexico. The inability for these communities to purchase healthy food is closely linked to the increase in diabetes within the nation.

High constant migration across the U.S. – Mexico border in both directions has increased the challenges to generate and execute a prevention programs for chronic diseases such as diabetes. The poor socio-economic conditions of the U.S.-Mexico border regions have created an area where chronic diseases are highly prevalent. Due to the lack of health care access, lack of investment in secondary prevention methods; have acerbated the current issue in this region. Moreover, the work done to eradicate disease within the mobile population of the border region has been primarily conducted by the health sector rather than through a multi-level approach, thus prioritizing secondary prevention methods. Cerqueira stressed that, ultimately, a multi-level approach is necessary to overcome the major health problems of the border regions.

“Type 2 Diabetes: A Challenge for the soverignty and the security of the food of Mexico?”) by Ivonne Vizcarra

Ivonne Vizcarra Bordi made a presentation regarding the lack of food sovereignty and food security within the rural communities of Mexico. The inaccessibility and the inability of these rural communities to purchase healthy food is closely linked with the increase of diabetes M2. Bordi makes the suggestion that the state has to combat diabetes M2 through economic, health, ecological, and social means; meaning by enabling the rural communities with the means to produce their own food. Vizcarra argued that to eradicate the issue of diabetes within the Mexican communities, rural communities should be encouraged to produce their own food via economic, health, ecological, political and social means.

“Chronic Disease Prevention on the U.S. Mexico Border: Challenges and Opportunities” by Maria Teresa Cerqueira, B.S., R.D., M.Sc., Ph.D.

Maria Teresa Cerqueira discussed the challenges of disease prevention on the U.S.-Mexico border, and some suggestions for the future. Cerqueira begins by establishing the high rate of migration across the border in both directions; from Mexico to the U.S. and from the U.S. to Mexico. Also the state of the border areas as some of the most marginalized regions both in the U.S. and Mexico. The poor socio-economic conditions of the U.S.-Mexico border regions have created an area where chronic diseases are prevalent. This has been created, because of a lack of access to health care, a lack of leaders, lack of investment, secondary prevention rather than primary, and the bulk of the work being done primarily by the health sector rather than a multilevel approach. Cerqueira stresses that, ultimately, a multilevel approach is necessary to overcome the major health problems of the border regions.

Occupational Health and Safety

Moderator: Marc Schenker, UC Davis School of Medicine

Panelist: Michael Flynn, National Institute for Occupational Safety and Health; Silas M. Shawner, California Rural Legal Assistance; and Sofia Charvel, Mexico Autonomous Institute of Technology

In this session, issues related to migrant worker health and safety. Major issues around the safety and health programs aimed to foster a safe work environment were discussed by the panel. The challenges faced in advancing public health research in relation to migration, work and health inequalities were discussed. The panelist presented in a very dynamic manner a holistic vision of problems and opportunities as well as portraits of scenarios where research has been done.

Mexican workers are concentrated disproportionately in those sectors paying lowest wages. While only 7% of all men ages 18-64 in the U.S. labor force are from Mexico, Mexican immigrants account for over 40% of all men employed as agriculture workers. Nearly half a million Mexican immigrant men have found employment as construction laborers. Farm work is one of the most dangerous jobs in the country, employing 3% of the workforce but accounting for 13% of all job related fatalities. Some key statistics of Latino immigrant labor show that Mexican immigrant men earn 45% less than whites; 60% of recent Mexican immigrant workers have no health insurance (which in the U.S. is a key determinant to access regularly health services); and 44% of immigrant occupational deaths are among Mexicans. The percentage of non-fatal work-related injuries and illnesses is also highest in occupations in which Mexican immigrants are disproportionately represented. Transportation and material moving have the highest percentage of injuries and illnesses, and the service sector – where Mexican immigrants are highly concentrated - is overrepresented in reported occupational injuries and illnesses.

Binational responses to healthcare access and insurance coverage

Moderator: Ana Andrade, Health Net

Panelist: Salomon Chertorivski, Popular Insurance/ Seguro Popular, México; Anna Ochoa O'Leary, University of Arizona; Enrique Ruelas, Rafael Hernandez-Arias, RWJF Center for Health Policy, University of New Mexico

Binational Health Care is a sensitive subject that at times seems to be more damaging than beneficial. Even though a case to implement this seems to be far, studies have shown the positive impact that programs like this can have on care for migrants. One study focused on the large immigrant community of the state of Arizona and the increase of anti-immigrant sentiment within Arizona's cultural, political, economic sphere and the manner in which the anti-immigrant sentiments was preventing immigrant women from seeking reproductive health care, in particular, and health care, in general. The presenters stressed that: though there are many negative things occurring in Arizona, there are also many positive things and it is highly important to try to replicate those positive aspects in other parts of Arizona, in particular, but also implementing them for immigrant women, in general

On the other hand, P. Ralph Hernandez-Arias and Jacob Norris presented their findings concerning a study of Chicago's Mexican resident's response to a proposed binational health insurance program. The study consisted of research universities, governmental health organizations, and community health organizations. The proposed health insurance would cover Mexicans both here in the U.S. and in Mexico. The study concluded that the people interviewed showed in strong interest in the program, but that this did not necessarily signify that they the respondents had the ability to pay for such a program. The study also noted that the health program would define immigrants as transnational workers, which in turn would define healthcare as an individual hidden cost, and this in turn would provide a means of understanding the "healthy immigrant paradox."

"Seguro Popular" by David García Junco, Director General of affiliation and Operations.

Seguro Popular was founded to confront five main issues related to Mexico's national health care system: low level of investment, high out-of-pocket cost, unequal distribution, high payroll cost, and a lack of balance financial involvement. Thus, their main goal is to ensure that all Mexicans have equal and equitable health insurance coverage. Seguro Popular works on a voluntary basis working rural areas, indigenous communities, and other marginalized areas of Mexico. The Mexican immigrant communities are also an area of concern for the Seguro Popular.

“Response of Mexican Residents in Chicago to the Proposed Bi-National Health Insurance Program” By P Rafael Hernández-Arias RWJF Center for Health Policy and Jacob Norris, DePaul University

P. Ralph Hernandez-Arias and Jacob Norris presented their findings concerning a study of Chicago’s Mexican residents response to a proposed binational health insurance program. The study consisted of research universities, governmental health organizations, and community health organizations. The proposed health insurance would cover Mexicans both here in the U.S. and in Mexico. The study concluded that the people interviewed showed in strong interest in the program, but that this did not necessarily signify that they the respondents had the ability to pay for such a program.

“Hospital Accreditation in Mexico” by Dr. Luis Miguel Vidal Pineda, General Counsel of Health, Mexico

Dr. Luis Miguel Vidal Pineda gave a presentation regarding the transformation of the hospital accreditation process in Mexico. The Sistema Nacional de Certificacion de Establecimientos de Atencion Medical replaced the old accreditation system in 2008 when it was developed. He states that Mexican hospitals need to not simply seek Mexican accreditation, but they must seek accreditation from the Joint Commission International for ten reasons: accreditation in Mexico began ten years ago, globally people are mindful of security, developed countries have changed their hospital standards and Mexico hasn’t, health tourism has become an increasing option for Mexico, devaluation of Mexican hospitals not accredited by the JCI, the Mexican standards are 85% compatible with the JCI standards, Mexico should not underestimate its hospitals or overestimate the difficulty of gaining accreditation, Mexico must at least try in order to progress, Latin Americans deserve a hospital system that is constantly better and competitive.

“Access to Reproductive health in the US-Mexico Border” by Anna Ochoa O’Leary Ph.D. (PI), University of Arizona, Gloria Ciria Valdez (Co-PI), Colegio de Sonora, and Azucena Sanchez, University of Arizona

Anna Ochoa O’Leary, of the University of Arizona, Gloria Ciria Valdez, of the Colegio de Sonora, and Azucena Sanchez, also of the University of Arizona, presented their research concerning the reproductive health strategies incorporated by women migrating from Sonora to Arizona, and the available reproductive health resources and services available and not available to immigrant women. They focused on the large immigrant community of the state of Arizona and the increase of anti-immigrant sentiment within Arizona’s cultural, political, economic sphere and the manner in which the anti-immigrant sentiments was preventing immigrant women from seeking reproductive health care, in particular, and health care, in general. The presenters stressed that: though there are many negative things occurring in Arizona, there are also many positive things and it is highly important to try to replicate those positive aspects in other parts of Arizona, in particular, but also implementing them for immigrant women, in general.

Environmental Health Challenges and Migration

Moderator: Jacobo Finkelman, Independent Consultant, (PAHO, WHO)

Panelist: Ted Rico, Community Foundation for Monterey County; Jorge Raúl Ricardez, Autonomous University of Chiapas, México; Ana Córdova, The Northern Border College, El Colegio de la Frontera Norte, México

Migration of people between countries presents many important health issues in relation to the environment. There are many reasons for why people migrate from their original homeland including seeking more resources, escaping a natural disaster, or looking for more job opportunities. However, this process of migration, specifically between the United States and Mexico, has caused some environmental damage due to the inadequate system in place. Along the border, people who are forced to immigrate without proper documentation have to cross the wilderness putting themselves and the species around them at risk. Some effects include refuse brought in from the outside, introduction of foreign plant/animal species, and environmental damage such as fires. Furthermore, there are damaging effects caused by the governments themselves such as the border wall which hurt the environment. "The Wall" has had severe consequences such as decreasing the water quality, transforming the land (both reducing habitat and reducing vegetation), polluting the air, and restricting wildlife to cross. The current system has to be improved to mitigate the environmental damage caused by migration.

Aside from the border, immigrants have serious health related problems once they arrive to the United States in terms of their job opportunities. Many of the employment positions taken by immigrants are dangerous and are detrimental to health. Especially in the central valley of California where many immigrants work in the agricultural fields, there are many environmental factors which puts them at serious risk for bad health. Exposure to pesticides, air filled with dangerous chemicals, long-hour working days, and work-related injuries are just a few of the issues immigrants face everyday working in agriculture.

"A focus on the Southern border" by Dr. Jorge R. Ricardez Esquinca, Autonomous University of Chiapas

The southern border of Mexico consisting of Quintana Roo, Campeche, Tabasco, and Chiapas is a region with dynamic populations and complex migration patterns. This region has been shared among different populations such as the Mayas, Chontales, Tojabales, Tzeltales-Tzotziles, and Mayas-Lacandones, for centuries. These groups have also share the same health risks, crises, and natural disasters from a socially vulnerable perspective. Environmental changes are associated with development (agriculture and industrialization), migration (urban expansion, irregular settlement, lack of basic services), and ecosystem damage (fires, natural disasters). These factors lead to health risks that are caused by exposures to new environmental agents, adoption of unhealthy behaviors or lifestyles, and increased flow of non-regulated commercialization between borders. This creates challenges for the creation of comprehensive health policies of the southern border. In order to address challenges, regional inequality in access to health services needs to be addressed by prioritizing population and strengthening a border health service

network. Health research on environmental and migrations need to be promoted to gain better information and build regional indicators. Lastly, a structure of health system with universal coverage only for border towns to ensure a safe and healthy region and population will better address the health needs of this population.

“Environmental Health and Migration” by Dra. Ana Córdova, El Colegio de la Frontera Norte

People migrate for a variety of reasons (economic, political, etc) in a variety of ways (permanently, seasonally, un/documented, etc) which leads to diverse effects on factors that caused them to migrate. Migration not only has an effect on the people who migrate but on the environment as well such as pollution along the border or trash in the wilderness. “The Wall” has severe effects on the environment which include decreasing the water quality, changing the land (both reducing the habitat and killing vegetation), polluting the air, and restricting wildlife from moving across putting many species at risk. In order to reduce environmental damage we need to better the quality of life in countries of origin as to reduce migration, develop an integral immigration policy, and use technology to control the border rather than using a huge wall.

“The Poder Popular Program: Turning Challenges into Opportunities in the Salinas Valley” by Ted Rico, Monterey Community Foundation

Salinas is a predominantly Latino and is the biggest city in Monterey County with 150,000 people County of Monterey: 53.2% Latino, 30% were born outside the U.S., 80% of the Latino population lives in poverty, and 25% of the Latino population work in agriculture. Environmental health is a big concern for the population because of the proximity to pesticides, toxic soils, injury in the work fields, and strong winds which contaminate the water and air quality “Poder Popular” serves to improve the health of the agricultural workers and their families through community interventions, development of coalitions, and establishment of new leadership among the Latino community.



**IX Policy Forum on Migration and Health Participant Profile
Santa Fe, New Mexico
2009**

- Number of participants:** 300
- Number of Agencies:** 150 agencies: international, federal, state, local, and private entities; universities, foundations, and community organizations.
- International Delegation:** 70 participants from 6 countries: México, Guatemala, El Salvador, Colombia, Ecuador, and Perú
- U.S. Cities & States:** 39 cities from 10 states represented
- Number of Universities:** 21 universities represented.
- Foundations:** 7 Foundations (The California Wellness, Reiter Affiliated, Fundación Mexicana para la Salud, RAND, California Primary Care Association)
- International Organizations:** 3 International organizations (WHO, PAHO, Consejo de Federaciones Mexicanas en Norteamérica, FUNSALUD)
- Community Organizations:** Over 25 community agencies, including health clinics and hospitals, legal assistance organizations, unions, nongovernmental entities, and faith-based groups.

