Poverty, migration and social justice: Latinos in the US in the context of global health

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INTRODUCTION

The last four decades have witnessed a prominent shift and increase in migration. This stems from changes in trans-national forces and as a result of rural-to-urban relocation within countries. Human movement however, is not a new phenomenon; it is one of the driving forces for the formation of the world we know today. Currently, over 214 million people worldwide live outside of their home country [1]. The United States alone is home to over 38 million immigrants (U.S. Census), comprising approximately 12 percent of the total U.S. population. In the U.S. immigration has been a major source of population growth and cultural change throughout the country's history and it can be argued that the entire U.S. population (minus Native Americans) originated as immigrants. Today the U.S. continues to be one of the most prominent receiving countries for international migration.

Although migration enhances the diversity of our nations, it also brings about a number of challenges in particular when addressing health and social welfare. Countries are faced with the challenge of not only understanding and acknowledging the specific needs of migrant populations, but most importantly of finding the best way to meet those needs in the context of social, economic and political pressures.

Regardless of the individual motivations behind migration, the experience presents a number of health challenges. For international migrants, in particular for those who cross without the required documentation, there are health threats and problems that may begin during transit. These include contracting disease, becoming sick en route, and the physical and emotional effects of moving across borders that may be dangerous and have an increased propensity for violence. It is important to note however that migration, in and of itself, does not exclusively

lead to poor health; it is the stress of the migration process and the inequities that migrants face in their host country that exacerbates the risks to health and threatens their livelihood. Governments face the challenge of integrating the health needs of migrants into national plans, policies and strategies, taking into account the human rights of these individuals, including their right to health. Not doing so creates marginalized groups in society, infringement on migrants' rights and poor public health practice [2].

This chapter gives an overview of the health status of Mexican immigrants in the U.S. - the largest immigrant group in the country- with special attention to the social determinants of health. The results section begins with a look at the demographics of Mexicans in the U.S., including a section on work, followed by an overview of their access to health care, the social and economic factors that impact the health of this population, and finally the impact that these determinants have on the health of Mexican immigrant women and children. The chapter concludes with examples of binational approaches to bettering the health and well-being of Latino immigrants in the U.S. and policy implications

While the length of this article does not allow for an extensive look at the health status of Mexican immigrants in the U.S. or the full implications of their migratory status on their access to health services, we hope the overview provided will increase awareness of some of the most prevalent issues affecting this population. Our goal is to address the status of Mexican immigrants to help create better solutions to the health concerns of this vulnerable population.

METHODS

Much of the data presented in this article comes from the annual Migration and Health Issues Reports produced through joint efforts between the National Population Council of Mexico (CONAPO by its Spanish acronym) and the Health Initiative of the Americas (HIA) at

the University of California Berkeley School of Public Health in collaboration with the UC Migration and Health Research Center (MAHRC) at the University of California Davis. For the past six years, these organizations have collaborated to publish annual Health Issues Reports as part of a Migration and Health report series that details current demographic trends in the health of Latino immigrant groups in the United States. Specifically, the series has dedicated full reports to the U.S. populations of Mexican, Central American, Colombian and Ecuadorian descent in the United States. Issues have been devoted to health access and health insurance matters, and other significant health issues among Latinos in the US. Demographic data for these reports is based on estimates from CONAPO derived from the U.S. Department of the Census' *Current Population Survey* and the *National Health Interview Survey*.

For this article, information was drawn from the annual health issues reports on Immigration, Health and Work: The Facts behind the Myths [3]; Latinos in the United States [4]; The Children of Mexican Immigrants in the U.S. [5]; and Mexican Immigrant Women in the U.S. [6]. Information was updated with other relevant sources including, demographic data from the U.S. Department of the Census, and other relevant immigrant health. Data on occupational health was also gathered from the Bureau of Labor Statistics, as was data from the U.S. Department of Health and Human Services.

RESULTS

The Latino population is one of the fastest growing groups in the U.S. and it is estimated that by 2050, Latinos will comprise about 25 percent of the total population [7]. Of the approximately 38 million immigrants in the U.S., approximately 53.6 percent were born in Latin America [8]. This included an estimated 12 million undocumented immigrants, of whom 56 percent —6.7 million people—were born in Mexico, followed by El Salvador, Guatemala, and

Honduras [9]. Several other Latin American countries figure among the top ten sources of undocumented immigration, including Brazil and Ecuador [10]. Nonetheless the nearly 2,000 mile (3,138 km) border between the U.S. and Mexico has created a deep-rooted and difficult relationship between both countries. Mexico is the country with the third largest population loss, most of its migrants crossing into the U.S.

Mexican Immigrants in the U.S. - An Overview

Mexican immigrants are the largest and fastest growing immigrant group in the U.S. It is estimated that a third of all foreign-born people and two-thirds of all foreign-born Latinos in the U.S. are from Mexico. According to the Census Bureau's American Community Survey, a total of 30.7 million Latinos of Mexican origin resided in the U.S. in 2008, making them the largest immigrant group in the country [11]. Nearly four out of ten (37.0%) reported being born in Mexico [12].

Despite being the largest immigrant group in the U.S., historical tensions between Mexico and the U.S. continue to be present. The intensity of migratory flows has exacerbated U.S. nationalism embedded in the country's past and anti-immigrant policies and laws are increasingly being implemented. Since 2001, funding for border security and immigration enforcement has increased by 159 percent- from $4.8 billion in 2001 to $12.3 billion in 2008 [13], and U.S. border patrol agents more than quadrupled, from 3,555 agents in 1992 to 20,000 in 2009. In addition, the passing of the Secure Fence Act of 2006 called for building 700 miles (1,100 km) of physical barriers along the U.S-Mexico border [14]. The increasingly anti-immigrant sentiment and policies operate as yet another tool for migratory control by attempting to discourage immigration by making it more difficult and dangerous. Yet in a world where profound inequalities exist, migration continues to be a fact of life, and instead these measures

only aggravate existing inequities and further threaten the lives of those who undertake more dangerous routes into the U.S.

For immigrants living in the U.S., a number of laws limiting their access to benefits and services have also been passed. Between 2005 and 2009, around 560 state laws on immigration and immigrants were approved. These laws regulate work, access to public benefits, education, and security and immigration controls, among other basic rights. During that same period, the congresses of 26 of the 50 U.S. state governments approved approximately 120 bills affecting immigrants in areas linked to medical care and other public services, with a target against the undocumented—80% of the laws related to this group were restrictive and limited their rights.

These measures only aggravate existing inequities in particularly those related to health access. The majority of immigrants, in particular the undocumented, are not entitled to services provided to U.S. citizens. Moreover, while Latinos work in some of the most dangerous occupations, they represent the sector of the U.S. population with the least access to health services and health insurance coverage, mainly a consequence of the type of employment they hold.

Mexican Immigrants and Work

The distribution of the Mexican immigrant population in the labor market is paradoxically associated with their poor access to health care services and health insurance. Whereas normally employment is associated with increased health care benefits, the opposite is the case with Mexican immigrants. In fact, their disadvantages in terms of health insurance are associated with the demand for labor that stimulates migration and places immigrants into poorly-paid, often dangerous jobs that are largely non-skilled, lack health insurance and provide little opportunity for personal growth or development. Indeed, labor and workforce issues are at the center of the

system of poverty, poor health and lack of access to care. In the case of the undocumented, employers may be complicit in the exploitation of a low-wage class of workers that have limited social and workplace rights. As a result, over 25 percent of recent Mexican immigrants and nearly 20 percent of long-stay Mexican immigrants live with incomes below the poverty line and have associated lower access to health care and other negative effects on their health status.

Mexican Immigrants in the US- Access to Care

Among Latinos, Mexicans are one of the most disadvantaged groups in terms of access to care. A series of barriers, of which poverty, lack of insurance, and cultural and linguistic barriers are the most prominent, prevent Mexican immigrants from seeking health services.

Health Insurance

Latinos have lower rates of health insurance than other ethnic groups, with Mexican immigrants facing the greatest burden. Parallel to the growth of Mexican migration, the size of the uninsured Mexican population more than doubled over the past 13 years from 3.3 to 6.7 million people. Today 56 percent of the Mexican immigrant population lacks any kind of health insurance coverage. This situation is particularly dramatic among recent arrivals in the U.S.: those with fewer than 10 years of residence in the country have "vulnerability rates" (lack of health insurance) of approximately 70 percent, whereas those who have lived in the U.S. for over 10 years have vulnerability rates that are 20 to 30 percent lower.

One of the strongest factors causing the low rates of health insurance among Mexican immigrants is the lack of employer-based insurance. In the U.S. employers provide most health insurance, yet this is rarely the case for low-paid immigrant workers. The major industries that provide significant employment opportunities for the U.S. Mexican labor force include agricultural, manufacturing, construction, and service sectors. They are not only low paying

industries, but also less likely to provide health insurance coverage and other employer sponsored benefits for their employees. Furthermore, the low incomes make it difficult, if not impossible, for individuals to purchase private health insurance.

Social Determinants of Health

The economic and social conditions in which Mexican immigrants in the U.S. live determine in large part their access to health services and ultimately their health status. Among these are poverty, documentation status, and cultural and linguistic barriers. Mexicans are one of the most disadvantaged populations in terms of education, earnings, and legal residence status in the U.S. In 2007, 58 percent of non-elderly Mexican adults in the U.S. did not have a high-school degree, and it is estimated that 60 percent of all Mexican immigrants, and 80-85 percent of recent Mexican immigrants, are undocumented.

Poverty

The inability to pay for health services is frequently noted as a primary reason for limiting or avoiding all together medical care. It is therefore not surprising that noncitizens of Mexican or Central or South American origin, who are the among the poorest immigrant groups in the U.S., are twice as likely to report having no regular source of care as their naturalized counterparts [15]. In addition, basic necessities to keep families healthy, including adequate housing, nutritious food, and needed medical care including preventive services are hard to attain with limited incomes.

Documentation Status

The many undocumented Mexican immigrants in the U.S. face even greater barriers to health insurance. For the native-born in financial need, the U.S. health system designates limited

funds to providing health coverage to the most vulnerable; however, immigrant families are often not eligible for these programs. It is estimated that undocumented migrants make up 15% of the total uninsured population in the U.S., accounting for approximately 6.8 million people. Moreover, increasing anti-immigrant sentiments and policies in the U.S. are further limiting the resources available to non-citizens, and at the same time making people more fearful of seeking services.

Cultural and Linguistic Barriers: One Size Doesn't Fit All

Along with a lack of health coverage, there are several additional barriers to care. These include: lack of knowledge of available services and lack of comfort with health care services/facilities [16]. More than 1 in 10 U.S. residents speak Spanish at home, and approximately half of these persons report they speak English less than ''very well'' [17]. While attempts have been made to increase bilingual services, cultural sensitivity continues to be a barrier. The under-representation of Latino health care professionals and culturally sensitive professionals in general is a great barrier to care. Providers are often times unaware of the cultural differences between themselves and their patients, creating an environment conducive to mistrust and even fear.

Mexican Immigrants in the U.S. - Health Status

While much of the data around Mexican immigrants does not address gender differences, it is important to understand each group individually. Women, for example, have different experiences, as well as different health needs and vulnerabilities. Differences between men and women in biological, gender, environmental, social, cultural and economic factors influence their state of health, their search for health care, and their utilization patterns. For example, women's reproductive health needs; their higher prevalence rates of certain chronic diseases; and their

greater life expectancy; coupled with changing gender roles brought on by migration, call for more in-depth knowledge addressing their particular needs in terms of health and well-being.

Mexican Immigrant Women in the US

Mexican-born women constitute the largest female immigrant group in the U.S. (five times larger than the second largest, Filipina immigrants). They account for approximately 46% of the nearly 12 million Mexican migrants in the U.S. The majority is characterized by low educational attainment, limited English proficiency, low naturalization rates, low participation in the formal work force, and many live in low-income households, all of which have negative implications for their health.

Access to Health Insurance and Health Services

Over half (52.3%) of all adult Mexican immigrant women in the U.S. are not covered by some health insurance system, a figure lower than for other immigrant women. Consequently, nearly 1/3 of them do not have a usual source of care and have much lower utilization of prevention services compared to other women in the U.S. Those with a regular source of health care are less likely to be attended by private physicians, and instead they use public centers or clinics.

Health Status

In general, Mexican immigrant women have better health than other immigrant and U.S.-born women, but this advantage disappears with increased time living in the U.S. Further, a detailed analysis reveals considerable differences in the prevalence of certain preventable, so-called *lifestyle* diseases. For instance, diabetes, including gestational diabetes, is more common among Mexican immigrant women. Similarly, Mexican-born women are more likely to be

overweight or obese than other immigrant or U.S.-born white women, and they are also more likely to suffer from disorders related to being overweight.

Of great concern for the health of women themselves and for future generations is a lack of prenatal care among this population. Mexican-born mothers are less likely to receive prenatal care in the first trimester of pregnancy than other immigrants and U.S.-born whites. Even more alarming, 7 percent of Mexican immigrant women that gave birth began receiving health care during the last months of pregnancy while 3 percent did not visit a doctor during their entire pregnancy.

The U.S. provides a number of programs for pregnant women regardless of documentation status, services that are not being used. Whether it is for a lack of information, language barriers, or cultural differences, more needs to be understood about this situation. The health of the children of immigrants demands special attention as they are the face of our nation's future and thus manifest the future health of the nation.

The Children of Mexican Immigrants

As a result of increased immigration from all countries, the children of immigrants constitute a key segment of the young population in the U.S., representing approximately 24% of the total number of children in the country. In other words, nearly one out of every four children under 18 in the U.S. has at least one immigrant parent. The number of children with parents from Mexico is particularly high, equal to 6.3 million or 39% of the total number of all children with immigrant parents and close to the total number of African-American children in the U.S.

A significant proportion of the 6.3 million children of Mexican immigrants in the U.S. are under six years old (38%). The vast majority was born in the United States (86%) and only 14% were born in Mexico. As one would expect, the proportion of those born in the U.S. is

higher among children under the age of 6 (95%). One would also expect that because these children were born in the U.S., they have U.S. citizens' rights and thus full access to health insurance and health services. Nevertheless, because most of these children are from households where neither parent has U.S. citizenship (59.8%), they often reflect the disadvantaged situation of their parents. The aforementioned barriers to care (i.e. documentation status, cultural and language barriers, poverty) prevent the children of Mexican immigrants from fully accessing their U.S. citizenship rights.

Access to Health Insurance and Health Services

In the U.S., nearly one out of every ten children under 18 (6.2 million) is not covered by a health insurance system. Within this group, the children of Mexican immigrants are overrepresented. While they account for 9 percent of all children in the country, they constitute 24 percent of uninsured children—approximately 1.5 million. Within this group are many U.S.-born children of Mexicans; they are far less likely than any other ethnic or racial group to have health insurance coverage. One of every five lacks health insurance, whereas in the case of the children of immigrants of other regions and U.S.-born whites and African-Americans, this proportion is less than one in ten. Moreover, the children of Mexican immigrants are less likely to have private health insurance and face more obstacles to access to public health programs due to their parents' situation (i.e. lack of info, language barriers and fear of accessing programs due to deportation). Consequently, Mexican immigrant children are less likely to meet the recommended schedule of doctor visits, and less likely to have a regular source of care

The proportion of Mexican immigrants' children ages 2 to 17 that did not visit a doctor over the past year (one of every five) is double that of children of immigrants from other regions, as well as that of children of U.S.-born whites and Afro-Americans (approximately one in ten).

Thus, they are more exposed to the risks posed by inadequate preventive care and by not dealing with illness at the time they occur. Developmental problems may also be detected later, which, in the long run, may affect children's physical and academic performance and make them more vulnerable to a number of health-related disorders and problems. It is alarming that one out of every twenty children of Mexican immigrants (under age 18) has never visited a doctor in the United States.

Health Status

Studies indicate that Mexican children do not appear to have worse health than other children per se, but they do have a demographic profile that calls for more attention. Furthermore, under-diagnosis due to low utilization of health services could be masking the real health status of these children.

Mexican children in the U.S. are more likely to suffer from anemia, diarrhea and colitis, suggesting that one of the most common problems of these children is malnutrition. Among children under 3, the prevalence of attacks or convulsions is also higher than among children of other groups. Additionally, the children of Mexicans have a high incidence of low and high birth weight, and are disproportionately affected by two of today's biggest health concerns--obesity/overweight and diabetes. Van Hook and collaborators (2009) found that beginning with the fourth year of elementary school, over 40% of U.S.-born Latino children suffer from being overweight or obesity, with boys at particularly high risk of being overweight [18]. In addition, Healthy People 2010 reported that Latino children are disproportionately affected by oral disease- among children aged 6 to 8 years, 43 percent of Latino children and 36 percent of non-Latino black children had untreated caries, compared with 26 percent of non-Latino white children.

The prevalence of so-called *lifestyle* diseases among women and children reflects in part their disadvantaged position in the U.S. These are ailments that could be prevented with proper education and care including regular medical check-ups, proper nutrition, and regular exercise, among others; all of which require *luxuries* (i.e. time, money) that are not easily available for low-income populations. Mexican parents who work in the most demanding jobs or in two jobs have little time and money to engage in some of these preventive measures, and for the undocumented, the fear of repercussion may keep them from seeking available services.

Migration and Health- Opportunities for Change

While the number of anti-immigrant policies is on the rise, it is important to note that efforts to aid migrant populations in the U.S. are also present. For instance, between 2005 and 2009 laws which permit medical care for undocumented immigrants through local programs were passed in states such as California and Illinois. These laws channel more state funds into *Community Health Centers and Migratory Health Centers* that treat anyone regardless of his or her migratory status. There are also some states that have decided to use their own funds to provide medical care for certain vulnerable groups, as in the case of expectant mothers and children that do not qualify for federal programs. These states serve to illustrate the possibility of ascertaining some level of health equality amidst anti-immigrant conditions.

Binational Opportunities

Seeing as migration is a process equally driven by countries of origin and destination, nations should explore ways in which they can work together to better attend to the needs of migrant populations. An example of this collaboration is the Health Initiative of the Americas, a program housed at the University of California Berkeley, School of Public Health.

The Health Initiative of the Americas

In 2001, the California-Mexico Initiative, now called the Health Initiative of the Americas (HIA), was founded in response to the immense barriers to health care for migrant communities in the U.S, a lack of research and training on migration and health, and the need for binational policy strategies to address immigrant health concerns. The Initiative's mission is to coordinate and optimize resources in the United States, Mexico, and other Latin American countries to reduce health disparities, increase access to and use of health services, and implement innovative binational strategies to address the unmet health needs of migrant populations. HIA programs focus on provision of services, research, training, and public policy.

HIA's role can be described as "the starting engine for change" or setting plans in motion by building collaborations between government, academia, the private sector, and community-based organizations, providing technical assistance to hundreds of agencies, and mobilizing thousands of leaders and volunteers who come together with one common goal- improving the health of migrants. From its humble beginning in seven California counties, today HIA's health promotion strategies have been replicated in 40 U.S. states and three Canadian provinces. All of this is possible due to the support of the consular network of seven Latin American countries—México, Guatemala, El Salvador, Colombia, Honduras, Peru, and Ecuador—and thousands of organizations and volunteers who "keep the wheels turning" by carrying out services year after year in their own communities. The following are a few examples of HIA's work.

Among the best known strategies initiated by HIA is *Binational Health Week* (BHW), one of the most successful (and many times the only) approach for providing health information, and no- or low-cost health services to underserved Latinos in the U.S. Throughout the year, regional task forces, formed by a group of diverse agencies and organizations linked together by

the networks of seven Latin American consulates, come together to plan, prepare, and then deliver health promotion activities during one week in October (known as *binational health week*). Organizations include community clinics, county health departments, and community based organizations, among others. In 2010 BHW served over 800,000 people through more than 5,000 events. BHW also provides resources and raises public awareness about services available at the local level, regardless of insurance or immigration status. In addition, BHW has proven successful in engaging elected officials and community leaders on migrant and immigrant health issues.

Another example of HIA's strategies is its *Health Campaigns*- far-reaching disease prevention campaigns for hard-to-reach Latino populations. Since 2004, HIA has organized a number of health campaigns with the goal of increasing awareness of health risks and promote healthy behaviors, through outreach, education, and service provision. For each Health Campaign, HIA, with the support of specialists in the health topic of focus and with community input, develops appropriate educational, training, and guidance materials for *promotores de salud* (community health outreach workers), local health providers, and key partners that will carry out community-level interventions. Past campaign topics have included mental health, occupational health & safety, dental health, HIV/AIDS awareness, and most recently, H1N1 influenza.

These ground-breaking, grass-roots campaigns have proven highly successful. For example, during the 2010 California state-wide H1N1 influenza vaccination campaign evaluation results show that 9,681 outreach and education activities were conducted, 224 H1N1 campaign coordinators and assistants were trained to work in partnership with local agencies, which adapted their popular outreach to include many different venues, such as swap meets, consulates, community events, schools, and door-to-door visits by *promotores*. As a result, 217,089 people

received education about the H1N1 virus and how to prevent it, and over the period of the campaign 21,376 vaccinations were administered to hard-to-reach Latinos throughout California.

A key aspect of both BHW and Health Campaigns is that they have a media and communications component to help disseminate information to the community. HIA helps develop radio spots, radio talk-shows, and radio interviews with researchers or experts on key health topics and release articles for the local press are also part of these events.

HIA also understands that long-term improvements in the health of Latino immigrants are not possible without systemic and institutional changes. In response, HIA gives high priority to promoting and funding cross-border, evidenced-based research. Researchers have the power not only to increase the pool of knowledge on migration and health but also to inform public policy changes.

HIA currently operates five research programs. The flagship project is the Research Program on Migration and Health (PIMSA for its Spanish acronym), which for the past eight years has created a transnational network of leading academic researchers and institutions throughout the United States, Mexico and Latin America. In its first eight years, the PIMSA program funded projects on migration and health via 62 binational research teams, housed in 47 universities and research institutions. HIA holds periodic workshops for PIMSA grantees with training on how to translate their work for policy-oriented audiences, findings from the projects are presented in policy briefings hosted by HIA and other institutions, and research teams are given the opportunity to publish the results of their investigation in peer-reviewed journals to enhance the migration and health research field.

Another important development for HIA in the arena of research and policy is the 2010 establishment of the Migration and Health Research Center (MAHRC), a collaborative effort

with the University of California at Davis. MAHRC conducts and promotes collaborative research and long-term linkages among U.S. universities, Latin American and international research institutions, and local, state, and federal government entities. The research efforts seek to understand the causes of illness and injuries among migrants/immigrants, thus providing a basis for developing strategies and policies to reduce the onset of diseases and increase and improve health care delivery for affected populations. Dissemination of scientific results is targeted to academic, government, NGO and public audiences. In collaboration with MAHRC, HIA holds regional and national policy briefings to call attention to how diabetes, infectious diseases, and occupational injuries affect migrants.

HIA is also recognized for creating numerous valuable resources. Together with its partners, HIA identifies knowledge gaps and creates resources to alleviate these gaps for health-care workers, researchers, community advocates, and Spanish-speaking immigrants. Examples include: Spanish-English Dictionary of Health-Related Terms; Guide to Health Insurance Programs; Health Fact Sheets; Binational Directory of Researchers; and numerous Promotoras Training Manuals. All resources are publicly available on the HIA website, and are distributed at trainings, conferences, health campaigns, and other outreach events.

CONCLUSION

The situation of Mexican immigrants in the U.S. reflects inequalities and gaps in health status and in the current health system. A great majority of Mexican immigrants do not have access to health insurance or health services, lack adequate housing and work and live under conditions detrimental to their health and well-being. Anti-immigrant policies further aggravate their social and economic conditions and lead to numerous factors that are detrimental to their health. They are disproportionately affected by *lifestyle* conditions such as diabetes,

overweight/obesity and poor oral health among others. These disparities point to factors associated with their immigration status including lower education levels, poverty, and unhealthy living environment. Yet, the disadvantaged health status of immigrants in the U.S. is not exclusive to Mexican immigrants; it is a significant issue to those from many other regions of the world and relevant in other countries of destination.

Even though the topic of migration and health has gained more interest in the last decade, it is still an area where academics and health professionals require more training and education, especially in regards to health promotion. In addition, enlightened policies are needed to address the unique health needs of this population. HIA and its collaborators have taken a stance to fill the gap in migration and health research and service provision, but the gap is still large and much more needs to be done. As economic and social inequalities among nations and the demand for labor continue, the scope of migration will continue to grow and with it the health inequities among migrants if their needs are not met. In the case of Latinos, both the U.S. and Latin American countries should acknowledge their role in the migration process and the need to take the responsibility for the health and human rights of the millions that cross the border each year.. The work of HIA has set a powerful force in motion and others need to follow the lead to achieve greater change through new policies, appropriate health services, and by creating awareness and actions around migration and health.

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