

School of Public Health
University of California at Berkeley
Spring Semester 2013

PH 212C: Migration and Health: A US-Mexico Binational Perspective

Units: 2 units

Time: Mondays 2-4 pm

Place: B51 Hildebrand

Course Control Number: 76102

Instructor: Sylvia Guendelman, Ph.D.
sylviag@berkeley.edu
Office Hours: Tuesdays, 2:15pm-3:30pm
207-J University Hall

Co-Instructor: Xochitl Castañeda, Medical Anthropologist
Director, Health Initiative of the Americas
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SYLLABUS

OVERVIEW

Every year, millions of people leave their countries of origin to look for a better life, escape violence or natural disasters or to be reunited with other family members who emigrated before them. The United Nations estimates that nearly 200 million people- or about 3% of the world's population- live outside their country of birth.

The U.S. constitutes the major destination country. Immigration from Mexico that began to substantially increase after 1970 and remained steadfast until 2010, has contributed by far the largest number of immigrants from any one country in US history. Of the approximately 40 million immigrants in the US in 2012, about 30% were born in Mexico. California, which was once politically a part of Latin America, boasts the largest number of Mexican-born residents. Undoubtedly, California is demographically, economically and culturally linked to Mexico and Latin America. Whereas until recently Mexican and other Latin American immigration was concentrated in California and a few other states, immigrants are now moving into new localities throughout the U.S.

Although migration contributes to economic productivity, an entrepreneurial spirit and cultural diversity in the U.S., it poses real challenges for individuals, families, and communities of origin, transit, and destination. From a health standpoint, illnesses and health behaviors know no borders as individuals, media and goods flow back and forth

across political borders. Furthermore, for communities of origin and destination, migration can negatively impact health and social disparities. A large proportion of Latino immigrants lack health insurance or are underinsured; overweight and obesity are increasing rapidly, and rates of chronic diseases such as diabetes and hypertension and levels of job-related injury are much higher compared to other demographic groups in the U.S.

Understanding the significant role that the physical and social environment plays in shaping health and health disparities is critical to a deeper understanding of immigrant health. For this class we start from the vantage point that the experience and process of im/migration is an overarching social determinant of health. We examine health, disease and death in the context of multiple social determinants implicated in im/migration such as country of birth and residence, border crossings, immigration status, income and education, access to care, ethnicity, social standing in the society of origin and destination, length of time in the US, language proficiency and acculturation to societal norms, values and behaviors.

Addressing the health needs of im/migrants in social and culturally appropriate ways is critically important for creating an inclusive, cost-effective health care system and a more equitable society. Effective public health policies, interventions and population-based preventive programs are important tools for promoting healthy behaviors and reducing risk factors for adverse health outcomes in this vulnerable population.

The goal of this course is to strengthen student's knowledge and understanding of im/migration, health and disease at the community and population level. Students will explore successful policies and public health interventions targeting those populations. Beside lectures and discussions with key international experts, there will be student presentations on selected topics.

LEARNING OBJECTIVES

At the end of this course, students will be able to:

1. Describe current trends in im/migration from Mexico and Latin America and its impact on the health of populations/communities of origin and destination;
2. Recognize priority health issues for immigrants, key social determinants of health and appropriate interventions to address them;
3. Identify major sources of data on international migration and immigrant health-related issues;
4. Examine methodological approaches to the study of im/migrant populations;
5. Conduct systematic literature reviews on im/migration and health issues;
6. Organize and deliver a clear and concise oral presentation on a selected health topic and a written fact sheet summarizing the results of the literature review.

PREREQUISITES: Graduate standing

GRADING AND REQUIREMENTS

Paper Outline	20%
Final Presentation	10%
Final Paper	35%
Class Participation	35%

Class time will consist of one hour of lecture by instructor or guest speaker, followed by one hour of discussion of readings assigned for the session. Each student will sign up as a discussant for a given session and there will be 2 or 3 discussants per session who will work together to coordinate the session. The role of the discussants will be to revise the assigned readings and in no more than 15 minutes, summarize the readings and describe how the main issues addressed in the articles tie into the lecture or presentation. The discussants will also raise a couple of questions that can stimulate class discussion on how to think about critical issues, gaps in knowledge, policy/intervention implications, and recommendations for further research. The lecturer and/or the instructors will help to facilitate the overall class discussion. Students are fully expected to attend class and become familiar with the readings, and to actively participate in class discussions to prepare questions and to share comments with other students and with the guest speakers. Sign-up sheets will monitor attendance.

On the sixth and the eighth sessions, we will hold a discussion of current events. The purpose is to reflect on the following issues: How do media report some of the main topics on migration and health? Is the reporting based on scientific evidence or is it mainly anecdotal? Is it fairly balanced or biased? To prepare for these sessions, each student will sign up to join a group in one of the following topics:

- 1) immigration, 2) borders and border crossings/crossers 3) chronic disease or 4) maternal, child, adolescent and family health (Session 6). AND
- 1) health insurance; 2) non-financial access/barriers to health care, 3) health education 4) access to higher education, and 5) school dropout (Session 8).

For these current events discussion sessions, it is expected that each student will bring to class a short newspaper/magazine article on the chosen topic and share it with their group. The first hour of that session will be devoted to reading and discussing the articles among members of the group and compiling a brief presentation of the main points learned. The second hour will be devoted to presenting the main points followed by a brief question and answer period. The impact of the social determinants of health will guide the discussions.

For the term assignment, each student will prepare a brief oral presentation as well as a fact sheet on a health issue relevant to immigrants. By the fifth week of class (March 4) students need to hand in a 1-2 page outline of the main components of their final presentation and paper. The outline should contain: (a) proposed title, (b) brief formulation of the issue, (c) specific objective(s), and (d) specific references that will be used.

The final document, based on the oral presentation, should be a well-researched, concisely written fact sheet, 5 pages in length (double spaced), and is due on the last day of class. The last 2 weeks of class will be dedicated to 5-10 minute student PowerPoint oral presentations, followed by a brief Q & A period per presentation. **Content** must include:

- 1) Proposed title
- 2) Formulation of the health issue including brief background information on the health issue and its significance
- 3) Methodology used: sources consulted; period covered;
- 4) Summary of main findings from the literature review (using ample references), including:
 - a. Description of the study population(s)
 - b. Main results (include tables and graphs)
 - c. Strengths and weaknesses of the evidence under review
- 5) Conclusions
- 6) Recommendations for research
- 7) Implications for public policy and public health. For instance, what might be the best practices that could be implemented to address the issue?
- 8) References

Oral presentations will be graded based on: (1) Overall structure, logic, and content, (2) Quality of literature review, (3) relevance of data (i.e. specific to im/migrants), (4) appropriateness of research recommendations and policy/practice implications, (5) quality of slides, (6) quality of delivery, and (7) compliance with time allocation.

The final paper will be graded using the first four criteria as for oral presentation, as well as writing quality.

COURSE OUTLINE

<u>Date</u>	<u>Title</u>	<u>Speaker</u>
<u>January 28</u>		
Session 1:		
	▪ Introduction to the Course	Sylvia Guendelman
	▪ Overview of International Migration to the U.S. and Major Health Issues	Xochitl Castañeda

Required Readings:

1. Philip Martin and Gottfried Zürcher, “Managing Migration: The Global Challenge” Population Bulletin 63, no.1 (2008). Available at: <http://www.prb.org/bulletins/63.1migration.pdf>

2. World Health Organization, “Health of migrants: the way forward—report of a global consultation,” Madrid, Spain, 3-5 March 2010. Available at: http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf
3. Norwegian Directorate of Health, “Migration and health: Challenges and trends,” May 2009. Available at: http://www.helsedirektoratet.no/vp/multimedia/archive/00133/Migration_and_healt_133289a.PDF
4. D. Malmusi, C. Borrell, and J. Benach, “Migration-related health inequalities: Showing the complex interactions between gender, social class and place of origin,” *Social Science & Medicine* (2010). Available at: <http://dx.doi.org/10.1016/j.socscimed.2010.07.043>
5. UNDP, “Overcoming barriers: Human mobility and development. Human Development Report 2009,” Available at: http://hdr.undp.org/en/media/HDR_2009_EN_Complete.pdf

February 4

Session 2:

- Sources of Data and Epidemiological Approach to Studying Migration and Health Alfonso Rodriguez, PhD
CDC

Required Readings:

1. Batalova J., Mittlestadt M., Mather M., and Marlene L. (2008). *Immigration: Data Matters*. Washington, DC. Migration Policy Institute and Population Reference Bureau. Available at: <http://www.migrationpolicy.org/pubs/2008DataGuide.pdf>
<<http://www.migrationpolicy.org/pubs/2008DataGuide.pdf>>
2. Center for Global Development. Report of the Commission on International Migration Data for Development Research and Policy (May, 2009). *Migrants Count: Five Steps Toward Better Migration Data* Available at: www.cgdev.org/files/1422146_file_CGD_migration_FINAL_web.pdf
<http://www.cgdev.org/files/1422146_file_CGD_migration_FINAL_web.pdf>
3. Kandula NR, Kersey M, Lurie N. Assuring the health of immigrants: what the leading health indicators tell us. *Annu Rev Public Health*. 2004; 25:357-76.

February 11

Session 3:

- Perinatal Outcomes of Immigrant Women Sylvia Guendelman, PhD

Required Readings:

1. Richard Fry. Gender and Migration Fact Sheet. Pew Hispanic Center, 2006.
2. Hummer RA, Powers DA, Pullum SG, Gossman GL, Frisbie WP. Paradox Found (Again): Infant Mortality Among the Mexican-Origin Population in the United States. *Demography* 2007; 44(3):441-57
3. Guendelman S, Malin C, Herr-Harthorn B, Noemi Vargas P. Orientations to motherhood and male partner support among women in Mexico and Mexican-origin women in the United States. *Social Science and Medicine* 2001:1805-1813.
4. Livingston G, Cohn DV. U.S. Birth Rates Fall to a Record Low; Decline is Greatest Among Immigrants. PewResearch Center. November 29, 2012.
5. Osypuk T, Bates L, Acevedo-Garcia D. Another Mexican birthweight Paradox? The role of residential enclaves and neighborhood poverty in the birthweight of Mexican-origin infants. *Social Science & Medicine*; 70 (2010):550-560

February 18 Holiday

February 25

Session 4:

- The Health of Mexican and US-born Children and Youth of Mexican descent Xochitl Castañeda

Required Readings:

1. Migration and Health. Youth Mexican Immigrants in the U.S.
<http://hia.berkeley.edu/uploads/Publications/migrationreportoct2012.pdf>
2. Demographics, Health, and Access to Care of Immigrant Children in California: Identifying Barriers to Staying Healthy, Health Policy Fact Sheet Center for Health Policy Research March 2003.
http://healthpolicy.ucla.edu/pubs/files/NILC_FS_032003.pdf
<http://healthpolicy.ucla.edu/publications/Documents/PDF/Demographics,%20Health,%20and%20Access%20to%20Care%20of%20Immigrant%20Children%20in%20California%20Identifying%20Barriers%20to%20Staying%20Healthy.pdf>
3. Neighborhood and Family Effects on Children's Health in Los Angeles RAND Labor & Population (2003), Working Paper Series 03-25 RAND Corporation,

<http://www.rand.org/labor/DRU/DRU2400.11.pdf>

<http://www.rand.org/content/dam/rand/pubs/drafts/2006/DRU2400.11.pdf>

March 4

Session 5:

- Obesity and Chronic Disease Sylvia Guendelman, PhD

Required Readings:

1. Kaiser L. What can binational studies reveal about acculturation food insecurity, and diet? *J Am Diet Assoc.* 2009 Dec;109(12):1997-2000.
2. Guendelman S, Fernandez A, Thornton D, Brindis C. Birthplace, language use, and body size among Mexican American women and men: findings from the National Health and Nutrition Examination Survey (NHANES) 2001-2006. *J Health Care Poor Underserved.* 2011 May;22(2):590-605. doi: 10.1353/hpu.2011.0045.
3. Guendelman S, Ritterman-Weintraub ML, Fernald LC, Kaufer-Horwitz M. Weight perceptions among overweight and obese women: a US-Mexico binational perspective. *Obesity (Silver Spring).* 2011 Dec;19(12):2440-3. doi: 10.1038/oby.2011.194. Epub 2011 Jun 30.
4. Tanumihardjo SA, Anderson C, Kaufer-Horwitz M, Bode L, Emenaker NJ, Haqq AM, Satia JA, Silver HJ, Stadler DD. Poverty, obesity, and malnutrition: an international perspective recognizing the paradox. *J Am Diet Assoc.* 2007 Nov; 107(11):1966-72.
5. Nestle, M. (2013). Today's "Eat More" Environment; The Role of the Food Industry. In P. Pringle (Ed), *A Place at the Table; The Crisis of 49 Million Hungry Americans and How to Solve It* (pp. 95-106). New York, USA: Public Affairs.

March 11

Session 6:

- Current Events: Immigration, Borders and Crossings; Student Led Session
Chronic Diseases; Maternal, Child and Adolescent Health

Required Readings:

March 18

Session 7:

- Immigrant Access to Health Care in Mexico and the US

Carmela Castellanos JD
Xochitl Castañeda

Required Readings:

1. Kaiser Commission on Key Facts: Key Facts on Health Coverage for Low-Income Immigrants Today and Under Health Reform
<http://www.kff.org/uninsured/upload/8279.pdf>
2. Still Missing: Undocumented Immigrants in Health Care Reform
<http://www.ncfh.org/pdfs/2k12/9102.pdf>
3. After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will remain uninsured (UCLA)
http://laborcenter.berkeley.edu/healthcare/aca_uninsured12.pdf
4. Goldman, Dana P., James P. Smith, and Neeraj Sood (2006), "Immigrants and the Cost of Medical Care," Health Affairs, 2006 Nov-Dec, 25(6): 1700-1711.
<http://content.healthaffairs.org/content/25/6/1700.full.pdf+html>
5. Guendelman S, Cosby K. "Do immigrant children have a fair chance?" In Raising Children: Emerging Needs, Modern Risks, and Social Responses (pp. 183-200). J.D. Berrick and Gilbert N (Eds.). New York: Oxford University Press, 2008.
6. Heading south: why Mexican immigrants in California seek health services in Mexico. Med Care. 2009 Jun; 47(6):662-9.
7. Gaps in the System: Latinos Struggle with Caring for Their Chronic Conditions. California HealthCare Foundation; August, 2009
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/G/PDF%20GapsSystemChronicConditionsAugust2009Latinos.pdf>

March 25 Spring Break

April 1

Session 8:

Student Led Session

- Current Events: Health Insurance, Non-financial access/barriers to care; health education; access to higher education; school drop outs

Required Readings:

April 8

Session 9:

- Social Determinants of Health:

Nelly Salgado, PhD

- A perspective from the communities of origin INSP, Mexico
- Student selection of course topics

Required Readings:

1. The impact of migration on the well-being of transnational families: new data from sending communities in Mexico. Jody Heymann; Francisco Flores-Macias; Jeffrey A. Hayes; Malinda Kennedy; Claudia Lahaie; Alison Earle Community, Work & Family, 1469-3615, Volume 12, Issue 1, 2009, Pages 91-103
2. The Relationship Between Remittances and Health Care Provision in Mexico. Reanne Frank, PhD, Oswaldo Palma-Coca, MSc, Juan Rauda-Esquivel, MD, Gustavo Olaiz-Fernandez, MD, Claudia Diaz-Olavarrieta, PhD and Dolores Acevedo-Garcia, PhD, MPA/URP July 2009, Vol 99, No. 7 | American Journal of Public Health 1227-1231
3. Pathways to mental health services among inhabitants of a Mexican village with high migratory tradition to the United States. Salgado de Snyder V. N., Diaz-Perez, M.J., Maldonado, M. & Bautista, E. (1998). Health and Social Work. 24, 136-148.

April 15

Session 10:

- Migration, psycho-social determinants and mental health Cristina Martinez-Taboada, PhD
Universidad del País Vasco

Required Readings:

1. Acculturation and mental health. Berry, John W.; Kim, Uichol Dasen, Pierre R. (Ed); Berry, John W. (Ed); Sartorius, Norman (Ed), (1988). Health and cross-cultural psychology: Toward applications. Cross-cultural research and methodology series, Vol. 10., (pp. 207-236). Thousand Oaks, CA, US: Sage Publications, Inc, , 336 pp . (PsycINFO Database Record (c) 2012
2. Acculturation and mental health status among Hispanics: Convergence and new directions for research. Rogler, Lloyd H.; Cortes, Dharma E.; Malgady, Robert G. American Psychologist, Vol 46(6), Jun 1991, 585-597.
3. Predicting levels of Latino depression: acculturation, acculturative stress, and coping. Torres L. Cultur Divers Ethnic Minor Psychol. 2010 Apr;16(2). doi: 10.1037/a0017357.
4. Rethinking the concept of acculturation: implications for theory and research. Schwartz SJ, Unger JB, Zamboanga BL, Szapocznik J. Am Psychol. 2010 May-Jun;65(4):237-51. doi:10.1037/a0019330.

April 22

Session 11: Student Presentations

April 29

Session 12: Student Presentations