

Contact: Andrea López de León Ibarra, Press Attaché
Mexican General Consulate in Sacramento
Tel: 916-0329-3501, Email: mlopezdeleon@sre.gob.mx
Nefer Kelley, Health Initiative of the Americas
UC Berkeley, School of Public Health
Tel: 510-643-4121, Fax: 510-642-7861, Email: Nefer@berkeley.edu



PRESS RELEASE

October 13, 2010

- **The 2010 Binational Report, *Migration and Health: Mexican Immigrant Women in the United States*, reveals that the Health of Mexican Immigrant Women in the U.S. is in Jeopardy**
- **Community Health Referral Network: A Collaborative Effort Between Large Hospitals and Community Clinics**

(October 13, 2010) – Two reports examining the healthcare experiences of migrants in the United States will be release during the closing event of the tenth annual Binational Health Week.

Migration and Health: Mexican Immigrant Women in the U.S.

A study by the UC Berkeley School of Public Health in collaboration with the National Population Council (CONAPO) shows that Mexican immigrant women in the United States face significant obstacles to obtaining health insurance, needed health care, and protecting their health and well-being. The female Mexican population accounts for 46% of the nearly 12 million Mexican immigrants living in the United States, and nearly half (48%) of these women live in low-income families, over half (52.3%) are not covered by some health insurance system, and nearly one third report not having a usual source of care.

The 2010 binational report, "*Migration and Health: Mexican Immigrant Women in the United States*" http://hia.berkeley.edu/documents/migracion_y_salud.pdf documents the disadvantages Mexican immigrant women face compared with U.S.-born, non Hispanic white, African-American and immigrant women from other countries. The report is a collaborative project between the National Population Council of Mexico (CONAPO) and the University of California (UC), through various campuses and centers, and with the support of the Mexican Health Secretariat, the Institute for Mexicans Abroad and the United Nations Population Fund.

The key findings of this report underline that the rate of Mexican immigrants without health insurance are twice that of non-Mexican immigrant women, and almost triple that of non-Hispanic white women. It notes that Mexican immigrants generally have better health compared to other immigrants and the U.S. born population. What is considered by some a "paradox." However, there are considerable differences in the prevalence of certain diseases and ailments that reflect different patterns of health needs of this population. Mexican women suffer disproportionately from diabetes, peptic ulcers, and overweight/obesity, among others.

Essential health services such as prenatal care are remarkably low among Mexican immigrant women, increasing the health risks for future generations. Mexican-born mothers are less likely to receive prenatal care in the first trimester of pregnancy (59%) than other immigrants (67%) and U.S.-born whites (76%). Furthermore, 3% did not visit a doctor during their entire pregnancy, a fact that may endanger their own health as well as the newborn's .

This landmark report highlights the ways in which Mexican immigrant women will likely benefit from the provisions of the 2010 health reform. One example of future possibilities, for those who are eligible, is Medicaid (the largest source of financing health care for individuals with low income). Likewise, the prospects of a substantial financial support, accorded to health clinics by the Reform, would greatly aid Mexican immigrants, as these community centers are a major source of health services for the Latino population.

"This report is an important contribution to documenting the health status of Mexican immigrant women in the U.S. Further research is needed to determine whether the 'healthy migrant effect' observed is caused by under-diagnosis of certain health problems and the lack of health insurance," remarked Paula Leite from CONAPO, one of the authors.

"Mexican immigrant women are one of the key driving forces behind the health and wellbeing of our communities, and we must work to ensure they can realize their full contribution to our society," says Xóchitl Castañeda, Director of the Health Initiative of the Americas, UC Berkeley, School of Public Health

"Mexican immigrant women in the U.S. maintain strong ties with their home communities; so their health and wellbeing is as important for Mexico as it is for the United States," says Carlos Gonzalez Gutierrez, general consul of Mexico in Sacramento.

Community Health Referral Network

A second project presented during the closing event of the tenth annual Binational Health Week was the "Community Health Referral Network" report, created by the Mercy Hospital health care network in collaboration with 18 nonprofit community clinics in the Sacramento metropolitan area. The project aims to increase access to healthcare for people who lack health insurance and to reduce the rate of patient re-admission to emergency rooms.

As part of this collaborative effort that began in July 2010, patients arriving at the emergency rooms of participating hospitals were referred to community clinics for further treatment. Of those referred, two-thirds confirmed their appointments at participating community clinics. During follow-up with patients after their appointments, 75 percent reported being satisfied with the care they received at the community clinic, the remainder was referred to other participating clinics.

"The only way to find a healthcare provider who will provide consistent and long-term treatment to a patient without health insurance is through collaboration between large hospitals and community clinics," said Rosemary Younts, Director of Community Benefits at Mercy Sacramento.

For his part, Consul General of Mexico in Sacramento, Carlos González Gutiérrez, said that "the *Ventanillas de Salud*, sponsored by the Mexico Government within the consular network, bring Mexican migrants closer to the powerful network of community clinics that for many years have been serving low-income people under the exclusive premise of medical necessity."

###

