

# PUBLIC POLICY

## USMEX: UNITED FOR HEALTH

### THE EXECUTIVE SUMMARY

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Eleven million Mexicans live in the United States (EU). Compared to the immigrant population in the US, Mexicans are less likely to have health insurance. Lack of medical insurance, undocumented status, and low income create significant obstacles to access to health services (Chavez, 2012). Undoubtedly, Mexicans in rural areas face obstacles to access to services due to isolated geographical location (de Jesus Diaz-Perez, Farley, & Cabanis, 2004). To improve access to health services for immigrants in rural areas, it is necessary that we understand what kind of health services exist, who these services are for, and what barriers they encounter when looking for them.

### HEALTH IN THE EAST VALLEY OF COACHELLA

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The East Valley of Coachella is located in a rural area. This part of the valley is characterized by Latino communities, in which most people are of Mexican origin and a significant proportion speak a dialect like the Purépecha community, an indigenous group from the state of Michoacán. These Latino communities are vulnerable to health inequalities due to nationality, citizenship, ethnicity, and isolated geographic location. In this population of Latinos, inequalities are found daily due to legal status, working and housing conditions, and lack of access to health services. These inequalities that are constant create chronic stress and affect well-being as they lower the defenses of the immune system, increasing the risk of mental health and physical health diseases (Cheney et al., 2018).

### EXISTING POLICY

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#### **Political Levels**

Three political levels influence access to health services for migrants living in the East Valley of Coachella, which include binational, state, and local policies.

## Binational

**Article 4 of the Constitution of the Republic of Mexico.** This article says that every citizen, including migrants abroad, has the right to access health services. The General Directorate of International Relations is obliged by the Ministry of Health to be involved in the health of Mexicans abroad. The Ministry of Health began working on this problem. In 2003 Ventanillas de Salud (VDS) was developed, a program that was implemented through the Mexican Consulate Network. VDS offers education in different health topics, medical reviews and individual counseling on health problems, and references to local health services (Rangel Gomez et al., 2017). Following this program, the Together for Health program was subsequently created, which was developed as a mobile unit and a wellness program to provide services to populations in metropolitan areas in the largest cities in the US (ex. Los Angeles, Dallas, etc.). However, even though these services consider the needs of Mexicans living in urban areas of the US, Mexicans living in rural areas face many obstacles when it comes to obtaining health services.

## State

In the state of California, most people who are citizens of the United States, naturalized citizens or immigrants legally present in the country must have health coverage. A fine, "individual liability payment" imposes this law.

**Under the Law of Health Care at Low Price.** In the state of California, immigrants who are legally present or not legally present can apply for health coverage through Covered California to see if they are eligible for health plans. Individuals considered as Deferred Action for Arrivals as Minors (DACA) may be eligible for Medi-Cal. In addition, immigrants who are not legally present can purchase health insurance coverage (<https://www.coveredca.com/espanol/individuals-and-families/getting-covered/immigrants/>). However, immigrants who are not legally present in the US may not purchase a health plan through Covered California but may be eligible for coverage through Medi-Cal even though the benefits are limited.

- **Restricted Medi-Cal** covers medical emergencies and pregnancies, regardless of legal status. This plan is limited to care related to an emergency medical condition, not even an organ transplant.
- **Medi-Cal Access Program (MCAP)** is for pregnant women, even immigrants who are not legally present. They offer low-cost coverage for pregnant, no copayment, deductible, or co-insurance women.

## Local

In 1983, Riverside County implemented "The Homeless Medical Services Program" (MISP), which is a mandate from the state of California. MISP is not health insurance, but it covers acute illnesses and medical care. This program is for people ages 21 to 64 who have suffered trauma or have emergency needs and who do not have full Medi-Cal coverage, only Restricted Medi-Cal, or if they have been denied for Restricted Medi-Cal. Riverside County Residents, those below 200% of the Federal Poverty Level are eligible for health services through this program. Immigrants who are not legally present in the US may apply for MISP status. Eligibility for various types of health services is determined by filling out the PSIM form.

Those who qualify can have PISM status for up to 12 months and access services through Riverside University Health System Medical Center in Moreno Valley or PSIM Clinics. In the East Valley of Coachella people with PSIM status can receive services through the following clinics:

- People's Health Clinics, Inc.
  - Mecca Medical Center
  - Mecca Dental Center
  - Coachella Medical Center
- Borrego Clinics
  - Cathedral City Medical Center
  - Oasis Medical Center
  - Coachella Medical Center

This program does not pay for treatment in private hospitals and does not cover mental health services. If a patient needs access to health services, they need to contact Arlington Mental Health Facility in Riverside.

## THE PROJECT

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The Center for Healthy Communities at the University of California Riverside (UCR) at the School of Medicine, in collaboration with researchers from the U.S. Border Health Commission, received funding from the U.S. Migration and Health (PiMSA) to complete a one-year project to study the barriers Mexican migrants encounter when seeking health services.

***The objectives of the project.*** This research study had two main objectives:

1. Examine the factors that influence health services for Mexican migrants in the US and health services offered through the Mexican Consulate
2. Determine the health needs of Mexican migrants in rural areas of the US and barriers to using the services they need.

***We carry out three phases of this project.*** At first, individual interviews were conducted with politicians and researchers who are part of Mexico's Secretary of Health. Afterwards, individual interviews were conducted with the administrators of the Mexican Consulate Network and focus groups with health service providers who are affiliated with the Mexican Consulate Network. Finally, meetings were held in homes with Mexican people living in the East Valley of Coachella.

***Community Advisory Board.*** Eleven community members met each month to guide the project's steps. The advisory board included representation of community members, service providers and academics, who supervised and contributed to the project. During the first four meetings, a resource map of each community was made. A community resource was defined as an element that improves the quality of life of people in your community. We include the physical, economic and cultural resources. To plan the maps, the steps defined by Burns, Pudrzynska, and Paz (2011) were followed:

- Define community divisions
- Identify and engage your active partners or members
- Determine the topic
- Determine what type of resources to include

The study determined the resource map topic, which was Health and Welfare Resources. The community leader defined the divisions of each community and the map was approved by members of the advisory board. Then, in collaboration with members of the advisory board, the types of resources to be included in the map were identified. It was decided to include economic, physical resources such as clinics, cultural resources such as knowledge, traditions and skills, as well as people of power and with access to the public (politicians, social workers, priests). The community leader then identified the resources of each community, in collaboration with the developers. During an advisory board, the maps were finalized.

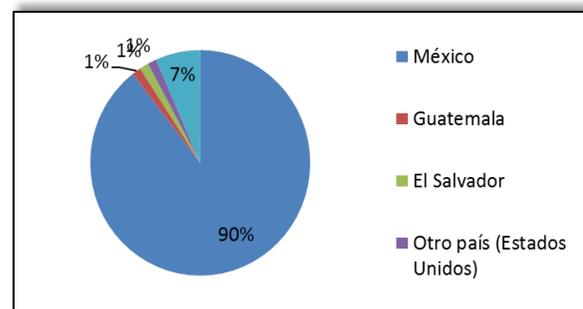
## The Results

From an economic point of view, Mexican migrants in the US are very important because of remittances being sent back to Mexico. During the Trump administration, the administration has realized the stress generated by deportations, family separation and its impact on the health of Mexicans in the US and also their families.

**The political context.** He realizes that the political context increases the risk to depression, anxiety and post-traumatic stress. While Mexicans in the US can take advantage of the services offered at the Health Window (VDS) and mobile health units, Together for Health, which only focuses on primary prevention and basic checkups for chronic diseases such as diabetes or obesity. Mental health is not integrated.

**Rural areas.** In addition, in Southern California, consulates are located in urban areas. Therefore, resources for Mexican migrants working in the camps are not covered by the consular network. Health Windows can be accessed only in cities. However, although mobile units are born to reach hard-to-reach spots, they are found only in cities. There are no such resources in rural areas.

**Meetings in homes.** Nine home meetings were held in the four unincorporated communities in the East Coachella Valley. In total, 82 community members attended a home meeting. Most are Mexicans, women, peasants, between the ages of 25 and 49, low-educated, and Spanish speakers.



- 86% speak only Spanish, 7% speak only Purépecha and 7% are bilingual English and Spanish.
- 33% have not gone to the doctor in the last

year.

- 45% do not have health insurance
- 83% prefer health services in Spanish
- 84% do not know health services of the consulate

During household meetings, members of these communities were asked about diseases in 5 health categories: 1) child health, 2) reproductive health, 3) mental health, 4) substance abuse, and 5) physical health; health priorities in your community, and barriers to access to health services. The main needs of the community were concentrated in two categories: 1) prevention services and 2) health services.

In the prevention category, participants said they need nutrition classes, places where activities and exercises are held for children and adults, and parent classes, which focus on family communication. For health services, they said people encounter many barriers to access to health services. Adults in particular don't go to doctors because of a lack of health insurance. In addition, in this area there are a lack of hospitals, specialists, emergency rooms, and public transport.

The most outstanding community priorities are:

- Mental Health
- Substance Abuse
- Child Health

#### Mental Health

- Mental Health Problems
  - Stress or Depression
  - Anxiety
  - Despair
  - Family Communication Problems
  - Lack of Education on Mental Health Issues

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"When you start with depression and you don't treat yourself, you don't know why depression comes to you. Sometimes you come to yourself because you don't have a job or because you have concern as a family."

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#### Substance Abuse

- Alcohol Use
- Use of over-the-counter medications
- Excessive use of energy drinks (caffeinated beverages)
  - Monster Drink
  - Coca Cola

### Children's health

- High cholesterol problems
- Many cases of autism
- Many cases of type 2 diabetes
- Pregnancy in adolescence
- Asthma and allergies from the effects of Salton lagoon air pollutants

Participants mentioned Salton Lagoon Pollutants and Allergies in Children:

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"Allergies, because it almost has to do with asthma, but it's allergies that I've seen the most . . . as of the skin, because it is like eyes, nasal, cough above all it is bronchial.

"[Salton's] lagoon gives children asthma, they have become infected."

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*Barriers to access to health services in the East Coachella Valley are:*

- Lack of hospitals and emergency rooms
- Lack of specialists
- service schedules
- Bilingual services
- More accessible medical insurance
- Fear of border patrol
- Parks and activities for children and youth

## RECOMMENDATIONS

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Based on this research, some recommendations are suggested to improve access to health services for Mexican migrants in rural areas in the US.

1. To the government of Mexico, it would be recommended that:
  - Ventanilla de Salud through Juntos por la Salud will provide services to populations in rural areas in the US where Mexican migrants live working in the fields.
  - Integrate education in children's health, mental health, and substance abuse into mobile consulate units already going to rural areas in the US.

- Offer education on mental health, including symptoms of depression, anxiety, and post-traumatic stress, through each Health Window and the Mobile Together Units for health in the US. It will train the staff of both the Ventanillas de Salud and the Mobile Units in the field of mental health. Train them to give brief intervention and refer. I could use an intervention based on the Comprehensive Health Care Module for Repatriated Migrants in the Northern Border that was created by researchers at the Ministry of Health of Mexico for Mexican migrants.
  - Offer education on children's health, particularly in healthy eating, autism, and hyperactivity, through each Health Window and the Mobile Together for Health Units in the US. Train the staff of both Ventanillas de Salud and Mobile Units in the field of children's health. Train them to give brief intervention and refer.
  - Offer education on the subject of substance abuse, including the abuse of energy drinks eats the Monster as well as alcohol and drug abuse, through each Health Window and the Mobile Together for Health Units in the US. Train the staff of both Windows of Health and Mobile Units in the field of substance abuse. Train them to give brief intervention and refer.
  - Collaborate with universities and academics in charge of health to navigate the health system in the US and facilitate the implementation of health services for Mexican migrants in rural areas. Through VDS it creates collaborations between consulates, universities, health agencies and community leaders to identify and connect resources and collaborations.
2. To the state of California, it would be recommended that:
    - Mandate that counties offer mental health services through PSIM.
    - Invest in the mental health of immigrant communities. The state could create opportunities such as calls, in which academics, health agencies and community leaders could ask for funds to implement innovative projects.
  3. To Riverside County, it would be recommended that:
    - Offer mental health services through the PSIM program. Mental health was one of the most outstanding priorities in the communities in the East Valley of Coachella. In this area many people use PSIM. Since the Riverside County board of supervisors directs eligibility and the range of covered services, it could increase services to include mental health services.
    - Increase education programs on children's health, particularly in healthy eating, autism, and hyperactivity in the East Valley of Coachella through calls for research programs or studies.
  4. Health care agencies in the East Valley of Coachella may reduce some barriers to access to health services, including fear of patrol, lack of specialists and bilingual services. It would be recommended that:
    - Bring health services to people in their communities. People who live in this area encounter many obstacles to access to health services, for example, lack of specialists and bilingual services. Agencies could bring people, their homes and communities closer together. Based on the obstacles faced in this area, it is better for health services to come to people in places where people go. When

services bring people together, health services can be accessed without fear of patrol and deportation.

- Give multilingual health services. The majority of the population in this area is Spanish-speaking and needs health services in Spanish. In addition, there is one of the largest populations in the US that speaks Purépecha, as well as other dialects.
- Had specialists in mental health, substance abuse and pediatrics in accessible places.
- Increase reproductive health education for adolescents and their parents.
- Improve parks and their uses for children and youth. In this area only two of the four communities have parks. In Oasis the park needs lights and regular maintenance and Mecca needs to be used more by agencies that carry out organized activities for children, youth and adults. North Shore has a park under construction that would have public space, which could be used for organized activities. While Thermal does not have a park or a plan to build it. Since chronic diseases such as obesity, high cholesterol, and diabetes are outstanding in adults and children in this area, they would benefit from the use of the parks and their sports fields.
- Implement health services in the most social spaces and at ideal times. Agencies could provide services in places or public spaces where people go daily, such as near churches, trailer parking, recreation parks and fields. Due to the working hours of the peasants, the agencies would have to provide services outside normal hours, in the afternoon and evening, as well as on weekends.

# PLACES AND IDEAL HOURS TO IMPLEMENT HEALTH SERVICES

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## North Shore

Place: Avenida 70 y Seaview Way, close to the park that's under construction

Days: Weekends

Hours: 4:00 PM – 8:00 PM

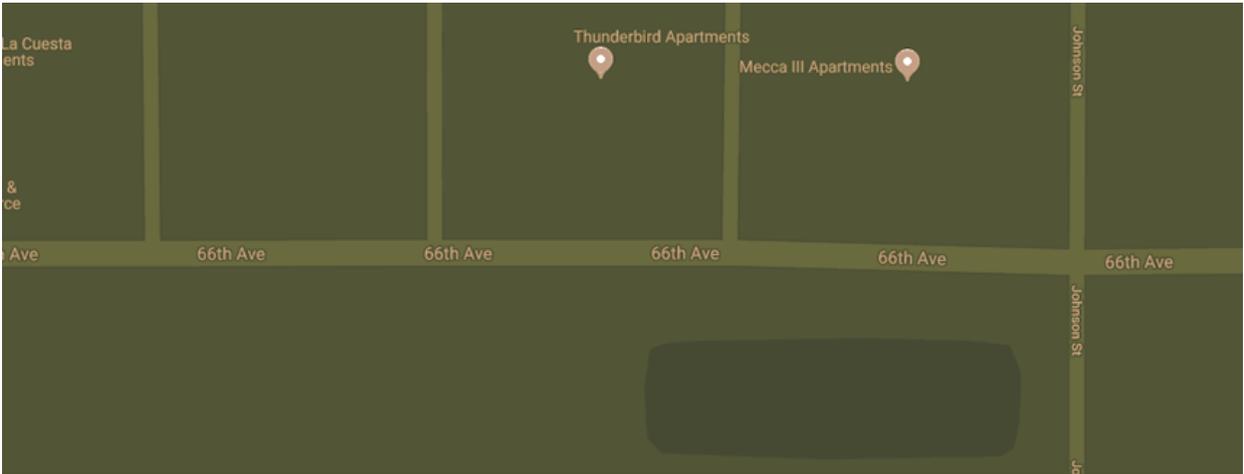


## Mecca

Place: The parking lot that is located on National Ave and Johnson Street

Days: Weekends

Hours: 4:00 PM-8:00 PM

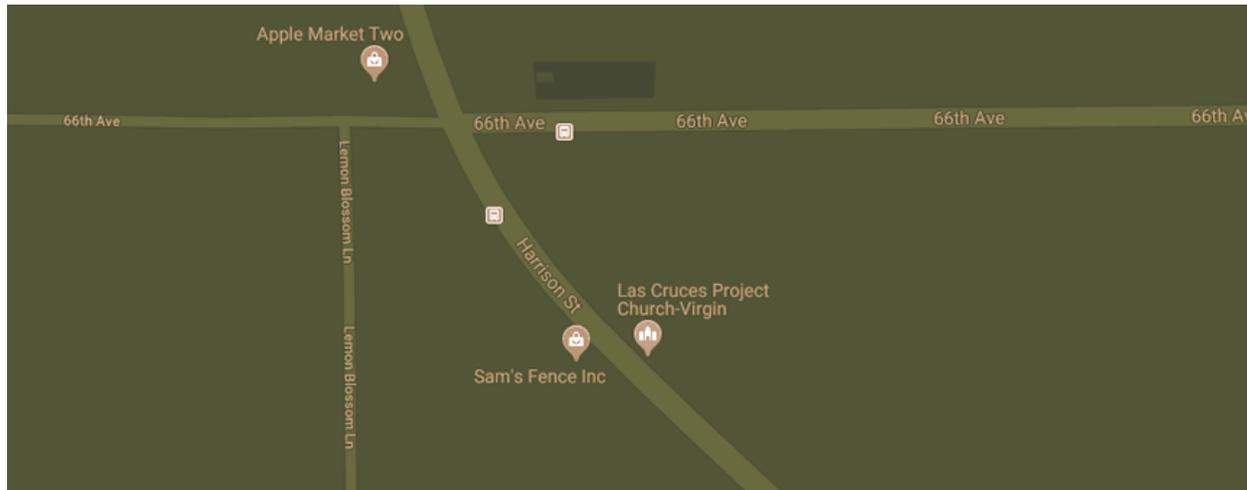


## Thermal

Place: The parking lot that is located by Harrison on 66th Avenue. In this parking lot there are more than 200 mobile homes.

Days: Weekends

Hours: 4:00 PM- 8:00 PM

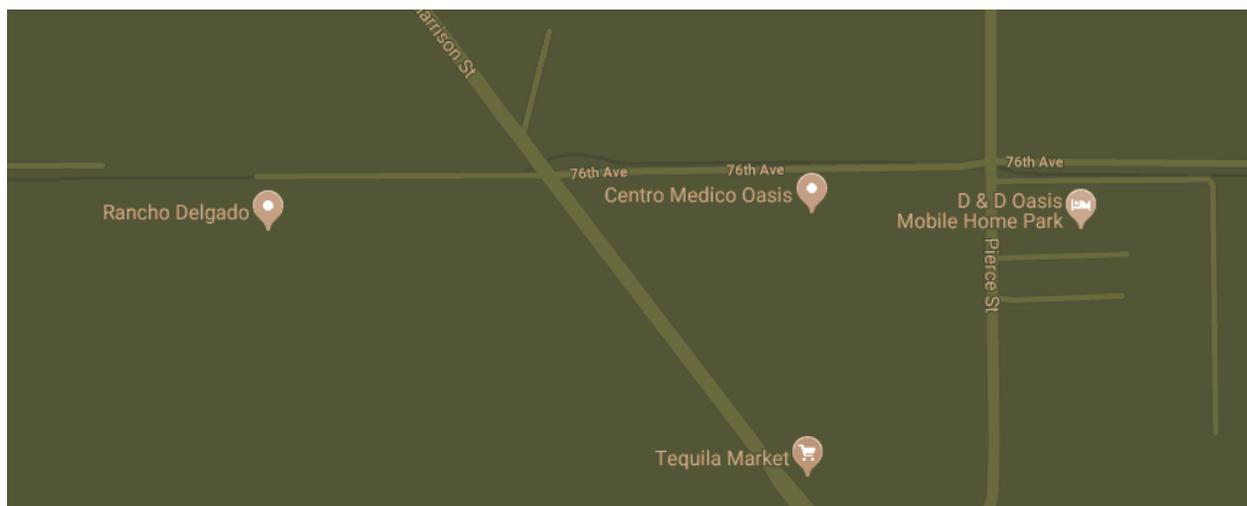


## Oasis

Place: La Avienda 76

Days: For most of the year on weekends. The season of oca, moringa, and dátil, is Thursdays.

Hours: 4:00 PM- 8:00 PM



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