“Mexico-USA Collaboration to increase Access to Care for Mexican Agricultural Workers”

Midwest Stream Forum for Agricultural Worker Health
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Part I: Psychological and social determinants of health

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OUTLINE

1. Introduction to the main concepts of SDH and their impact on the migrant’s psychological and physical health (10’)

2. Explore how to act on SDH to improve the life conditions of migrant farmworkers (10’)
Social Determinants of Health

Conditions in which people are born, grow, live, work and age….

that reflect their social position in the hierarchy of power, prestige and resources.
Social and psychological determinants are intimately related, cannot be artificially separated

- Income
- Education
- Job
- Housing
- Recreation
- Transportation
- Access to services
- Race and ethnicity
- Gender
- Exclusion

- Cognitive development
- Motor development
- Intellectual ability
- Emotional attachment
- Nourishment
- Self-esteem
- Locus of control
The three essential elements of SDH

• Social Justice

• Equality – Disparity

• Equity - Inequity
Poor health is a social phenomenon

The unequal distribution of damaging experiences for health is by no means a “natural” phenomenon.

Social inequities start before birth and accumulate through life.
Life expectancy is shorter and most illnesses have a higher prevalence among those at the bottom of the social ladder.

People incorporate and express in their biology—through illness—the accumulation of social inequities they have been exposed to (embodiment).
Social disparities in Mexico

- Delegación Benito Juárez, CDMX
  - IDH: 0.9638
  - Life expectancy: 78

- Cochoapa el Grande, Gro.
  - IDH: 0.4903
  - Life expectancy: 40

This difference is unfair because it can be prevented.
Why treat the health problems of people.....
... and return them later to the very same conditions that made them sick?
Recommendations of the CSDH-WHO

1 **Improve daily living conditions.** With major emphasis on early child development and education for girls, create social protection policy to create conditions for a flourishing older life.

2 **Tackle the inequitable distribution of power and resources.** A strong public sector committed, capable, and adequately financed, strengthened governance: legitimacy, space, and support for civil society.

3 **Measure and understand the problem.** Set up national and global health equity surveillance systems for monitoring of health inequity and the social determinants of health. A stronger focus on social determinants in public health research.
How to act on SDH to improve the life conditions of migrant farmworkers (10’
1. The health of immigrants starts deteriorating when first exposed to migration-related stress:
   • When leaving their hometown and family
   • Continues when crossing the border
   • Worsens in the labor market in the US

2. Vulnerability among migrants is created as part of the conditions of social inequity under which the migratory process takes place.
   • It is not the immigrant or migration in and of itself--but the conditions in which migration takes place in origin, transit and destination that determine their risks and social vulnerability.
Fight the barriers to act on SDH

- Ideological - What is health and its determinants?
- Political - How do government actions affect health?
- Institutional - What is appropriate health action?
- Personal - Do I have the knowledge to affect health?
- Attitudinal - Do I need the hassle?
Which is the concept of health we use?

• **Health as the ability to live well, with dignity and for as long as possible, and in the best conditions.**
  --Interventions centered on the social environments where people interact, live and work (school, work, recreation).
  **Modify structural factors**

• **Health as the reduction of the incidence and duration of illnesses and healing symptoms, and dealing with the consequences of illness. Recovery of health. Illness prevention**
  --Interventions on the biological, psychological, and behavioral functioning of people and the health systems.
  **Modify lifestyles**
Types of interventions using a SDH lens

• **Minimize health consequences** – Actions mostly associated to access to services and quality of care (secondary prevention)

• **Decrease the magnitude of exposure** -- Actions mostly aimed at changing health behaviors and of lifestyles (risk intervention)

• **Modify the context and act on structural determinants** – Actions mostly targeted at designing and implementing intersectorial, transnational public policy, strategies and programs to modify the structural factors that cause social disadvantages (policy actions)
• Development and training of human resources in the health sector with expertise in SDH and migration; such training must emphasize the social components of health.

• Conduct systematic evaluations to assess the magnitude of health problems in migrants and their families left behind.

• Identify the paths of association with the structural social determinants of health to plan intersectoral, binational strategies.
Actions to modify SDH that affect immigrants 2/2

• Analyze migrants’ health in origin, transit and destination.

• Design and implement transnational intersectoral policies, programs and strategies aimed at modifying structural determinants as well as proximal social determinants of health.

• Development and implementation of binational horizontal cooperation programs to address common health concerns: Ventanillas de Salud, Juntos por la Salud, Mobile Units, Deported Migrants Health Care Program
3. Ongoing activities to address access to care to immigrant population
- Ventanillas de Salud
- Juntos por la Salud
- Mobile Units
- Deported Migrants Healthcare Program
Introduction

There’s no country in the world with a diaspora like the Mexican in the United States of America. According with the Pew Research Center: “A record 33.7 million Hispanics of Mexican origin resided in the United States in 2012...”* and the Census Bureau indicates that: “This estimate includes 11.4 million immigrants born in Mexico”*

The main motivation to cross the border is to find a better life, working hard mainly on those fields where work is harder and the payment is lower, many of those fields are farmlands. This presentation seeks to draw attention to the actions addressed to challenge the lack of health access of migrants living and working in the United States of America.

Governments and non governmental organizations have shown the evolution of diverse initiatives that positively impact the health of migrant population in the United States and our shared border. Some of them are:

• Ventanillas de Salud
• Juntos por la Salud
• Mobile Units
• Deported Migrants Healthcare Program

*Source: Pew Hispanic Center, Hispanic Trends, A Demographic Portrait of Mexican Origin Hispanics in the United States, By Ana Gonzalez-Barrera and Mark Hugo Lopez. Available at: http://www.pewhispanic.org/2013/05/01/A-DEMOGRAPHIC-PORTRAIT-OF-MEXICAN-ORIGIN-HISPANICS-IN-THE-UNITED-STATES/
Hispanic Population in the US

California and Texas have the greatest number of Hispanics of Mexican Origin

*Source: The Hispanic Population: 2010/Census Briefs/prepared by the US Census Bureau*
Ventanilla de Salud Update
Ventanilla de Salud

- VDS is a program developed and implemented by the Secretariat of Health and the Secretariat of Foreign Affairs of the Mexican Government. It is managed and operated through the Mexican Consular Network in the United States and in collaboration with several local organizations.

- This program was designed to improve the physical and mental well-being of Mexicans who live in the US and to increase their access to primary services, also to promote preventive health care and reduce emergency healthcare use.
Mission: Ventanilla de Salud

The mission of the VDS is to improve access to primary and preventive health services, increase public insurance coverage and promote a culture of prevention in the health of Mexicans living in the United States and their families; through information, education, counseling and referrals to quality health care in a safe and friendly environment by creating local and binational collaborations between the United States and Mexico.
3 Mobile Ventanillas de Salud (VDSM): New Jersey, Kansas City and Detroit
VDS Core Services

Education, Preventative Care, Referrals = Medical Home

Information and education sessions on various health topics
Information and public Health insurance screenings
Health Care Referrals
Medical History Screenings
Personalized Health Care Navigation
Health Campaigns; Immunizations, Cancer, etc.

Additional Services
- Mobile VDS
- Health Fairs
- Bi-National Health Week
Welcome to the VDS Kiosk

- Individual are invited for personalized health information • Intake Form
- Personalized preventative services, health screening, medical history review • Servicios personalizados de salud preventiva, examen de detección, historial médico.
- Screening results, review and explanation, referral & specialized follow-up care • Resultados de examen de detección, información y explicación de resultados, referido y seguimiento a cuidados especializados.

Bienvenidos a la VDS

- Group introduction, workshop information session • Introducción y taller de información general para grupos.
- Group participants are given information, directory of local services, and upcoming events • Participantes del taller reciben directorio de servicios locales y próximos eventos de salud.
- Affordable Care Act (ACA), alternative low cost medical care, options for uninsured • ACA, cuidados de salud a bajo costo, opciones para personas sin seguro.
- Follow-up Call and additional assistance • Seguimiento, llamada de cortesía y apoyo adicional.
“Institutional program between the Secretary of Foreign Affairs and the Secretariat of Health”
VDS General Results 2015

- **1,525,504 Individuals Reached**
- **4,555,412 Services Provided**

- Individual can receive several services in one visit (screenings, educational counseling, referrals, etc.)

Official reporting document, Program Impact VDS, SSA, SRE, IME, 2015

*Individual can receive several services in one visit (screenings, educational counseling, referrals, etc)*
Main Services

• Prevention and health promotion primarily oriented to provide guidance on priority issues such as nutrition, obesity, diabetes, women's health, child health, mental health, addictions, HIV/AIDS, access to services, among others.

• Referrals to health care services.

• Information and pre-enrollment to “Seguro Popular”.

• Screenings: blood pressure, glucose, sexually transmitted infections (STI).
Ventanilla de Salud is a unique health service program

- Program Activities include: health fairs, group workshops and presentations, local community events and collaborative activities with local health institutions, community organizations and schools.

- Create and establish a trusting environment where participants feel safe to obtain information about their health issues.

- Specialized materials, culturally and linguistically appropriate to provide adequate information in your language.

- Provide resources and options for accessing health services in collaboration with institutions and health centers.
53.85% of services offered were information and counseling on specific health topics: diabetes, obesity, hypertension, mental health, substance abuse, reproductive health, domestic violence, and health insurance enrollment.

33.48% of visitors receive a health screenings in: obesity, diabetes, hypertension, cholesterol, HIV/AIDS, STIs.

Source: Ventanillas de Salud: Key Performance Indicators Report
* Period from January to December, 2015
Prevalence of the main causes of morbidity treated in the Ventanillas de Salud Program.

From January to December, 2015.

<table>
<thead>
<tr>
<th>Type of Screening</th>
<th>Counseling/ Orientation</th>
<th>Measurements</th>
<th>Positive / high values</th>
<th>Prevalence (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring blood glucose</td>
<td>181,575</td>
<td>142,004</td>
<td>32,951</td>
<td>23.20</td>
</tr>
<tr>
<td>Overweight and Obese</td>
<td>343,109(^{(1)})</td>
<td>85,759</td>
<td>41,683</td>
<td>48.60</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>163,536</td>
<td>130,796</td>
<td>39,690</td>
<td>30.34</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>343,109(^{(1)})</td>
<td>31,197</td>
<td>7,701</td>
<td>24.68</td>
</tr>
<tr>
<td>VIH/SIDA</td>
<td>90,102(^{(2)})</td>
<td>13,096</td>
<td>968</td>
<td>7.39</td>
</tr>
<tr>
<td>ITS</td>
<td>90,102(^{(2)})</td>
<td>10,579</td>
<td>1,172</td>
<td>11</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5,321</td>
<td>2,078</td>
<td>65</td>
<td>3.12</td>
</tr>
</tbody>
</table>

Source: Ventanillas de Salud: Key Performance Indicators Report
* Period from January to December, 2015
Includes counseling and orientation in order to prevent Obesity/Metabolic Syndrome/Cholesterol
Includes counseling and orientation in order to prevent VIH/SIDA or ITS
**Second Phase Key Areas:**

- Strengthen Individual Attention at VDS Kiosk

- Increase screenings as a way to prioritize health needs of the Mexican community.

- Strengthen follow-up services and secure medical home for future health care.

- Actively explore funding opportunities.

- Standardized intake form to capture and track demographics, medical history and services results.
Key objectives from our Regional planning sessions held throughout 2016.

- Evaluate and identify VDS program capacity and development by region.
- Identify overlapping program challenges.
- Define project priorities by region.
- Generate VDS communication network of staff and *promotoras*.
- Planning next steps and actions for follow-up workshops.
**VDS Program Tools**

VDS Operations Manual, Calendar, Database, Website Portal

- **Operations Manual**: Function, coordination and general operations manual for new and seasoned users.

- **VDS Calendar of Activities and Events**: Uniform calendar highlighting meetings, activities, events and deadlines.

- **VDS Program Database**
  - User data collection, demographics, medical history, etc.
  - Generate health stats of users and community in real time.
  - Success case stories and follow-up testimonials.
  - Personalized health survey and group health sessions (Regional meeting deliverable)

- **Portal**
  - Greater visibility of VDS program and services.
  - Facilitates communication between VDS sites.
  - Health information platform with current information and services. (Regional meeting deliverable)

[WWW.JUNTOSPORLASALUDVDS.ORG]
JUNTOS POR LA SALUD

A Mobile Health and Wellness Program
Mission

To provide services, information and education to prevent diseases, as well as health promotion vulnerable population in rural areas outside the metropolitan cities of Dallas, Los Angeles, New York, Phoenix, Chicago and Orlando.

Goal

To attend 25,000 people
# JUNTOS POR LA SALUD

## Snapshot of Current Mobile Unit Users

People attended and services provided
February – July 2016

<table>
<thead>
<tr>
<th>People attended</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>4169</td>
<td>34023</td>
</tr>
</tbody>
</table>
Program Highlights and Trusted Mobile Space

Conceptual layout all components to be determined and finalized at pre-build meeting.

This drawing and the design represented herein are the exclusive property of Quality Vans & Specialty Vehicles. All rights protected under the U.S. Copyright Act of 1976.
Rural communities outside the metropolitan areas of
Denver, Las Vegas, Raleigh, Orlando, Miami, Tucson.
Dr. José Narro, secretario de Salud, visita la U.M. de #VDS y el consulado de México en NY @ConsulMexNuy @SSalud_mx
José went to the VDS really worried, because he had cancer and he didn’t have health care services where does he live. The VDS helped him to apply for cancer services and he began to receive financial aid and chemotherapy and radiotherapy. (VDS Houston, TX).

Carla was 42 years old she had never had a mammogram. In the VDS she was discovered with breast cancer. In the VDS she could receive her treatment and it is currently under review (VDS Washington DC).

Alvin had a hip problem and the VDS supported him with emergency medical insurance and the he could operate (VDS NY).

Leticia went to VDS in Chicago saying she believed was diagnosed with HIV. She get a test in the Consulate and the result was negative. After all, she said she had a misunderstood because she don’t know english. But with another teste she was diagnosed with the human papillomavirus. Now she is under monitoring and check regularly. (VDS Chicago).
INTERVENTION PROJECTS

Why are Intervention programs important?

- Greater opportunity to implement projects based on health needs and priorities of communities served by VDS program.
- Staff capacity building on specific health issues.
- Adds to the sustainability of the VDS program when additional funds are awarded for intervention activities.
- Generates greater status on health status of community as well as success stories and testimonials.

Current VDS Intervention Projects include Nutrition, Cancer Awareness and Screenings, HPV Vaccines and Obesity, among others.
HHS – CDC

2009: VDS network played a critical role during the H1N1 outbreak by collaborating with HHS.

2010-2011 Influenza vaccination campaign coordinated through the Embassy of Mexico and the consular network/VDS (webinar for all VDS, informational fact sheet, videos, coupons for free vaccinations) – Fact sheet HHS-CDC/HMA

2011-2012 – Reinforcing the message of getting the flu vaccine and timing of vaccination- Same promotional materials and early distribution of pharmacy coupons for free vaccination through the VDS network through NVPO/HHS/HMA/Wallgreens

2012-2014 – Flu clinics at VDs sites and Mobile VDs Programs; collaborations with local DOH – HMA and Wallgreens

NIOSH

Development of health education materials on occupational and safety health (2008 – 2012) – Strength work between VDS and department of protection at the Consulate/Trainings on OSH to the VDS networks /publication NIOSH - VDS

www.cdc.gov/niosh
Partnerships that promote success

HRSA
Strengthening collaboration between VDS and Community Health Centers to ensure each VDS identifies CHC in the region and reinforces communication for affordable healthcare/ Look for training opportunities for VDS staff by HRSA partners
www.hrsa.gov

American Heart Association
Providing VDS visitors with cardiovascular health information, collaborative events and referrals for screenings.
www.heart.org

Text for Baby
Enrollment of visitors to first mobile information service to promote maternal and child health through text messaging, in both English and Spanish languages.
www.text4baby.org
Partnerships that promote success

NEHEP
Collaboration to promote eye health education though the VDS
Training to VDS staff on diabetes and healthy eyes
https://www.nei.nih.gov/nehep/

SUSAN G. KOMEN
Collaboration with the VDS to address key breast health barriers.
Collaboration to develop the Susan G. Komen breast health toolkit
www.komen.org
Collaborative Objectives:

- Join forces in promotion and health preventative services through collaborative events and activities.
- Strengthen VDS’s participation in national events and efforts for a greater impact.
- Promote greater communication tools in the VDS program with a focus on public health and public health issues.
Advisory group assists the VDS program towards consolidation.

The advisory group was formed in September 2012 in Washington, D.C.

Composed of nine members. Specialist in the sectors of health and care for the immigrant.

The advisory board provides their experience and vision in public health in order to continue strengthening the model.
Conclusions and Next Steps

- Maintain a uniform core of health access and wellness services in all VDS and JPLS Programs.
- Formalize service protocol and follow-up case services ensuring medical home and treatment are met.
- Strengthen protocol for health screenings to detect, identify, educate and establish health care plan for high risk users.
- Staff and Promotora development and capacity building for growth and self care.
- Greater visibility and promotion of VDS and JPLS Model programs.
- VDS and JPLS Sustainability Plan
- Continue VDS participation in regional health campaigns.
Deported Migrants Healthcare Program at the Northern Border of Mexico
General objective

To contribute to protect the health of the deported migrants, boosting actions of health promotion and disease prevention at the time of return and seeking to provide comprehensive care for migrants health.
¿Where the programs operates?

This program operates at four of the largest points where the United States immigration authorities deport Mexican migrants:

- Tijuana (2012)
- Matamoros (2014)
- Nuevo Laredo (2016)
- Reynosa (2016)
Offered Services

- Medical check & care
- Screening and early detection of diabetes mellitus, hypertension, overweight/obesity, Prostate Specific Antigen and HIV.
- Guidance and counseling on priority health issues.
- Application of influenza vaccines.
- An epidemiological study of risk factors for the diseases mentioned is performed.
- References to health services and hospitals.
- Affiliation to Seguro Popular.
- Psychological assessment and stabilization in crisis.
Operating results
Tijuana, B. C.
Matamoros and
Tamaulipas
From a total of 122,610 offered services the 39% corresponded to orientation and counseling about the main health problem of the population like diabetes mellitus, obesity, hypertension, determinants of chronic illness and HIV/AIDS.

Three of each ten services (33.8%) corresponded to measurements and diabetes mellitus detection tests, arterial pressure, obesity, HIV, etc.

23,718 people have been affiliated to the insurance Seguro Popular. 8,548 medical consultations were provided. 145 people where referred to health care services and hospitals and 269 people have been receive psychological attention. 197 vaccinations have been applied against the influenza.
The circumstances in which migration takes place can have negative consequences on individuals, as these are likely to find a number of adverse conditions over which they have no control, such as poverty, hostile work situations, social segregation, particularly with regard to their health.

This situation generates stressors that can become a door of transition to a mental health problem as they affect an individual's ability to adapt to the new context and that this should take the hand of her emotional resources to solve problems in order to accustom the new environment and solve the difficulties that hinder.
The clinical features observed in the migrant population served in the program were:

- Anxiety, depression, posttraumatic stress disorder (often victims of kidnapping or rape), panic attacks, and recurrent episodes of major depression.

- Psychotic disorders, in particular secondary to substance abuse disorder and paranoid schizophrenia.

- Personality disorders (borderline, dependence, antisocial and avoidant).

- Substance-related disorders (specifically when symptoms precede the onset of substance or drug, withdrawal or severe intoxication).
Crisis triggers in migrants, which were treated in the Deported Migrants Healthcare Program:

- Family Separation
- Sexual abuse
- Deprivation of liberty
- Deportation
- Substance abuse
- Lack of access to health services
Thank you

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