



New Mexico Public Health Association Annual Conference

Healthy Growth and Development in the U.S.-Mexico Border Region

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April 3, 2019

Photographs courtesy of Damien Schumann





Health Care News



- **Good news:**
 - Remarkable progress in longevity
 - Public health improvements

- **Bad news:**
 - Inequitable access for low-income populations & communities of color
 - Health disparities
 - Poor health outcomes
 - Fragmentation, waste
 - High un-insurance rates
 - Expenditures in medical care (more than 20% GDP)

Economic and Social Inequalities



Lower income, higher morbidity rates, shorter lives

- Inadequate housing
- Unstable employment
- Food and housing insecurity
- Violence
- Fatalism
- Mental disorders
- Inaccessible healthcare and inability to finance
- Substance use
- Unstable support systems
- Poverty
- Violation of human rights

(Janson, 2015)

Humanizing the U.S.-Mexico Border



<http://justcoachit.com/blog/2012/07/06/optimize-humanize-monetiz/>



http://igeopolitico.org/wp-content/uploads/2017/02/frontera_usamesico-620x402.jpg

Countries united (separated) by language, religion, race, philosophy, and history.

As a result ‘borderlanders’ “may experience mental and emotional states of perplexity” (Anzaldúa, 1987, p. 78) and frequently face “physical isolation, frontier conditions, transformational frictions, ethnic rivalries and a sense of separation from heartland areas” (Martinez, 1994, p. 303).

The U.S.-Mexico Border Region

- 12 million borderlanders
- 14 pairs of twin cities
- Cultural collision vs interdependence
- Dominant border for enforcement practices
- Epi center for news, media, politics



U.S. Customs and Border Protection adding concertina wire and concrete K-rails at El Paso ports of entry to prevent immigrants from surging into the U.S

A U.S. Marine with 7th Engineer Support Battalion, stands at the California-Mexico border near the Tecate (2018)



Photo: Courtesy Customs and Border Protection

Photo: Jared Curtis/U.S. Marine Corps1



U.S. Customs and Border Protection mobile field force training exercise at a border port of entry



<https://www.elpasotimes.com/story/news/immigration/2019/02/25/cbp-officers-deployed-migrant-group-arrival-tornillo-border-near-el-paso/2981924002/>



Peter Piper
Pizza

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S-Mart

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PROTEGER Y SERVIR A LA COMUNIDAD

Interdependent U.S.-Mexico Borderlands



- Among the most unequal borderland in the world
- Challenging socioeconomic and environmental conditions
- Poor governance and shared destiny
- Vulnerability to trauma and chronic stress
- Substance use disorders
- Multiple barriers to obtaining needed services treatment
- Surges in migration largely for economic and political reasons

Border organizational history



- Complex, dynamic, underfunded and resilient organizations and champions.
- Demonstrates how macro politics and inter organizational stratification shape public health priorities and issues.

Fronterizos(as)



Adapt to health and human service challenges.

Use health insurance services and options on the U.S. as well as on the Mexican side of the border.

Build on formal and informal efforts to take advantage of the strategic location of the border region.

Health Care System Strive



Effective, efficient, equitable and universal to provide primary health coverage with little or no required co-payments.

Should be based on equitable distribution of resources, and comprehensive services, not to the wealth of the country or the total number of health personnel.

Most developed countries have national health insurance programs run by the government and financed through general taxes.

In the United States



- Citizens are not covered by universal health insurance.
- The health care system is often referred to as an industry and not a system.
- Is characterized by a demand of services model and care is delivered primarily through a fee-for service approach.
- It's not a rational and integrated system designed to work coherently.

Our health system



- Is massive, with more than 16.4 million people employed.
- The majority of health care and health services professionals work in ambulatory settings (5.7 million).
- A similar number (4.7 million) are employed by hospitals, nursing and residential facilities.

Health Insurance and Access



- 1,375 FQHC grantees provided health care services to more than 24.3 million individuals living in urban and rural areas (2015).
- Government finances public health insurance programs through Medicaid, Medicare, and CHIP.
- The Patient Protection and Affordable Care Act of 2010 also known as ACA, is the most recent health care reform to reduce the number of uninsured.

United States



- Consume more health care services as a proportion of the total economic output than any other country in the world.
- State departments of health are the authority to ensure health protection to populations.
- Focus primarily on licensing and regulation for health care, promotion, surveillance, preparedness, and environmental risks.

Legacy of Border Health



- 75+ Years of border health efforts.
- Presence of federal, state and local authorities and CBO's.
- PAHO U.S.-Mexico Border Field Office, USMBHA, Environmental Health/Cooperation Commission, USMBHC.
- USMBC support the administration and programming of the State Outreach Offices of Border Health.

Health Care Access and Utilization



Barriers include

- Economic deprivation
- High rates of poverty
- High medical costs
- Underemployment, high un-insurance rates
- Medically underserved region

High costs and limited access



- Drive people south of the border in search of dental, visual, and pharmaceuticals at a fraction of their costs in the U.S.
- Other medical services include primary care, cosmetic surgery, and other alternatives therapies not accessible or available in U.S. border cities.

Medical Tourism

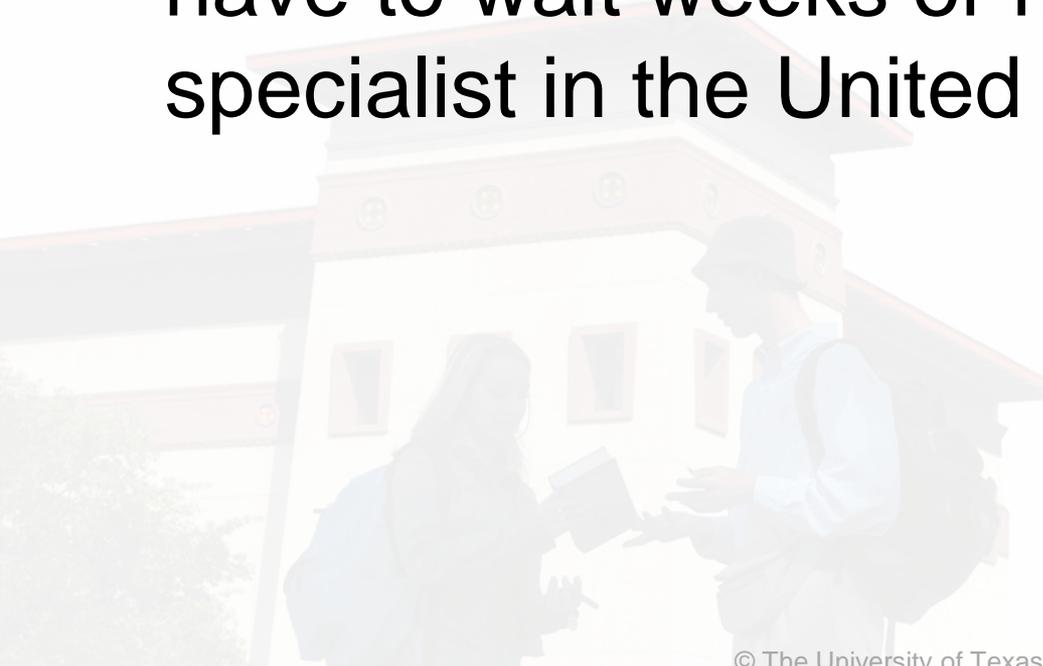


- U.S. residents and citizens travel for health services to Mexico because the speed of care, quality, friendliness and cost, which sometimes is as much as 70 percent more economical than the service in the U.S.
- Care in Mexico offers faster relief of symptoms than in U.S.

Care in Mexico



- Persons prefer the care in Mexico because accessibility and cost of diagnostic test and therapeutic treatment while a patient may have to wait weeks or months to see a specialist in the United States.



Border Organizational History



- Transnational organizational structures, symbols and practices;
- Border health organizational field and transnational brokers;
- Long-term and temporary transnational voluntary groups (i.e., Binational Health Councils) organized around specific health problems;
- Broadening approaches to address health issues like TB, emergency response, substance abuse, maternal and child health, and communicable diseases.

Collins-Dogrul, 2006

Community Health Workers



- Increase access to health and human services and serve as cultural brokers and mediators between communities and professionals.
- Success in improving health outcomes is often attributed to the ways that they are embedded in social, cultural and linguistic contexts.



Healthy People Priority Areas and Root Causes

Priority health problems at the U.S.-Mexico border	Categories	Causes and/or determinants
<ul style="list-style-type: none"> ▪ Obesity ▪ Diabetes ▪ Heart disease ▪ Asthma 	<p>Chronic and Degenerative Disease</p>	<p>Physical inactivity, poor diet (high caloric intake), low socio economic status/poverty, genes (non-modifiable determinants), lack of breastfeeding, and education/access to information.</p>
<ul style="list-style-type: none"> ▪ Tuberculosis ▪ HIV/AIDS/STIs ▪ Acute respiratory infections ▪ Acute diarrheal disease ▪ Vaccine preventable diseases 	<p>Infectious Disease</p>	<p>Poverty, inadequate nutrition/poor nutrition, internal/external migration, poor living conditions/affordable housing, environmental health (water, sewer services), access to health, education/information, access to health care and delivery.</p>
<ul style="list-style-type: none"> ▪ Teen pregnancy ▪ Neural tube defects ▪ Maternal mortality 	<p>Maternal and Child Health</p>	<p>Access and quality of medical care, education on prenatal and postpartum care, poverty, unnecessary cesarean section/quality of care, personal hygiene, prenatal care, and lack of health education/counseling.</p>
<ul style="list-style-type: none"> ▪ Addiction ▪ Depression ▪ Violence (all types) 	<p>Mental Health Disorders</p>	<p>Poverty, genetic/biological, family dysfunction, addiction, disability, lack of social support, education/information.</p>
<ul style="list-style-type: none"> ▪ Increase urgent care services ▪ Disability ▪ Mortality ▪ Mental Health 	<p>Injury Prevention</p>	<p>Education/information (seat belt use/child car seats), built environment/lack of physical and social infrastructure, alcohol use/abuse, substance abuse.</p>

Healthy Border 2020: A Prevention and Health Promotion Initiative. USMBHC.³⁰

Healthy People and Healthy Border



- Need to **institutionalize** Healthy People and Healthy Border 2020 indicators as benchmarks to inform policy, research, practice and services to improve quality of life and health status.
- Develop and implement evidence-based practice approaches that contribute to strengthening health systems and improving health care are needed.

Cross-Border cooperation



- Cross-border utilization of health care has been largely **informal** and **unsupported** by policy and health authorities on both sides of the border.
- Health insurance coverage for all health care needs regardless of the country in which the services is critical.
- Between the U.S. and Mexico needed.

Workforce



- Health promotion, disease prevention, including mental, behavioral health, social work and public health programs in the border to provide opportunities for young (and older) professionals and CHWs to serve.
- Improve access, scholarships, internships and loan repayment to the medical, nursing, public health, social work and mental health professions.

Policy Recommendations



- Work parallel, across states and bi-nationally to implement examples and models of collaborative practices to all areas of health.
- Use transformative leadership models to create a lasting legacy of collaboration with high impact actions.
- Effective binational communication between decision makers, scientists, scholars, and professionals needs to take place.
- Cross-training of health care workers, students, scholars to learn from each other and generate exchanges, internships, mentoring opportunities and funding.
- More effective exchange of surveillance findings, distribution of laboratory supplies, availability of highly trained technical staff, and ongoing training of public health personnel is needed.

Infrastructure investments



- Development, financing, and building sustainable projects that address human health and environmental needs in the border is salient.
- Projects to provide access to safe and sanitary water infrastructure, increased wastewater management efficiency, enhanced proper waste disposal, improved air quality, access to primary prevention and health promotion services are paramount.

Consumer education



- Focus on community and social change, and education for the public to be better consumers.
- Establish a closer collaboration between the U.S. and Mexico to deal with health care delivery, support cross border utilization of services and improve access to health care.







Children in the U.S.-Mexico Border

- Share barriers to accessing comprehensive, affordable, cultural and linguistically competent health care services.
- Live in poverty, experience high mobility, have limited English proficiency, and lack health insurance.
- Inadequate necessities like housing, food, drinking water.
- For some, fear or violence, immigration status/separation.
- Lack a regular source of care or comprehensive coverage.
- Impacts of stressors and immigration (separation)
- Lack dental care, psychoeducational assessments.
- Experience homelessness, trauma-related injuries, high food insecurity.

Mental Health of Border & Immigrant Youth



- Crucial to understand the cultural, socioeconomic, environmental and political factors that impact their lives.
- Address the misconceptions and knowledge gaps about mental health and treatment.
- Discrimination experiences can engender
 - Poor mental health outcomes
 - Negative life changes
 - Psychological distress
 - Lead to depression and anxiety
- Racial and cultural stereotypes when internalized can result in “self hate” especially in youth.
- Undocumented migrants may experience guilt, shame and be treated as “second class” citizens
- Children’s insecurities, anxiety, and fear can complicate trauma treatment
- Traditional cultural retention may serve as protective factor of mental health

https://undocumented.ucdavis.edu/sites/g/files/dgvnsk4311/files/local_resources/Online_Resources/addressing_the_mental_health_problems_border_immigrant_youth.pdf



Impact of immigration detention on mental health: Systematic Review



Children, youth and adults experience high levels of:

- Anxiety
- Depression
- PTSD
- Poor quality of life

“Detention plays an important role in contributing to poor mental health outcomes amongst asylum seekers”

In all adult studies *“there was a significant relationship between detention duration and mental health deterioration”*

“Perceived support from detention staff was found to impact positively on quality of life”

- *“staff behavior on the well-being of detainees” is important but “not necessarily having any effect on their mental health problems”*
- *“mental health persist well beyond release”*

There are several barriers to the identification and treatment of mental health needs

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1945-y>



Mental/Behavioral Health in Children-Systematic Review



- 1 in 4 studies found that mental health problems increase with time among children spent in detention centers
 - 3 studies found no correlation
- Differences among age groups
 - Younger children have greater problems
 - Developmental regression
 - Externalize problems
 - Older children
 - Symptoms
 - depression
 - Anxiety
 - PTSD
 - Across all ages
 - Psychomatic symptoms or somatization

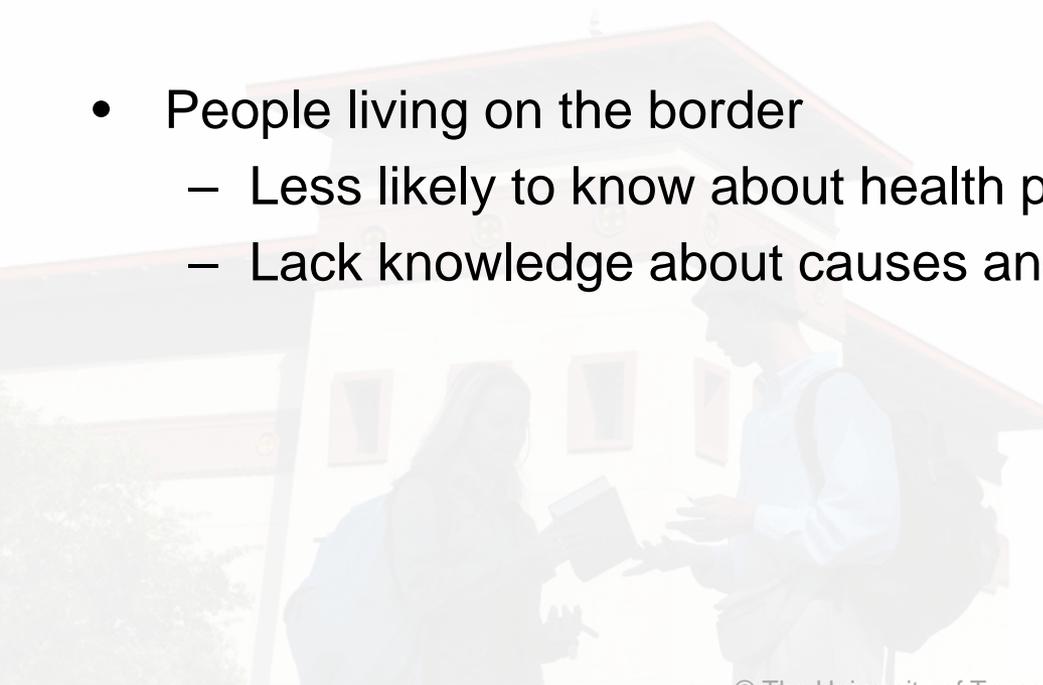
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1945-y>



Mental and Behavioral Health



- Individuals who feel unsafe in their environment are more likely to engage in substance use such as, tobacco, alcohol, marijuana, and other substances
 - Students living on the border were less likely to feel safe vs students not living on the border
- People living on the border
 - Less likely to know about health provider resources
 - Lack knowledge about causes and treatment for mental health



Enhance mental health care



- Respecting the culture and cultural values. Treating these concepts as psychological realities.
- Fathers need to be particularly engaged and integrated into treatment as much as possible to ensure that they understand their role in their children's treatment, and avoid further stereotyping.

Enhance mental health care



- Clinicians and practitioners need not only the competency to communicate with families, but the skills to become “the translator of meaning and feelings” to facilitate communication among family members of different generations and cultures with varying degrees of acculturation (Lieberman & Van Horn, 2004).
- Prepare families to receive services. Understanding that you have two sovereign nations and three independent states. Collect information about separations, issues related to living in a seemingly alien environment, traumatic experiences linked to forced migration, border crossings, and emotional factors such as guilt, shame, fear.
- Integrate cultural adaptations of evidence-based for treatment interventions to meet the cultural needs of families, to impact treatment engagement and adherence, and improve outcomes.

Enhance mental health care



- Bi/Multiculturalism is the best model for achieving positive mental health outcomes. Strong ethnic pride and connection to one's culture while mastering the language, customs, and skills needed to be successful in the mainstream culture.
- Case management, Inter-Agency Coalitions, and the importance of outreach.

Enhance mental health care



- Comprehensive sociocultural assessments should be carried out by care providers with transcultural knowledge, skills and practices.
- Take into account varying expressions of distress and vulnerability, to not reduce to Western conceptualizations.
- Pay attention and ensure child protection and safety.



Conclusions



“detention exacerbates the mental health burden of asylum seekers and refugees....such that detention should be viewed as a traumatic experience in and of itself”... “may be particularly true for those detainees who are particularly vulnerable prior to detention”.

- Pressing need for the proper consideration of mental health and risk of detention-related harm in decisions surrounding detention as well as for improved care for individuals within detention facilities.
- Increased focus on the identification of vulnerability and on minimizing the duration of detention.



El Paso: Refugee Trends



- El Paso is reportedly at 395% capacity.
 - The Border Patrol detain 145,000 individuals in March, up from 76,000 in February.
- Averaging 570 apprehensions daily in El Paso
- 50,000 since October
- 32,000 since January
- 18,000 FY 2018 & 12,000 FY 2017



El Paso



More Recently....

- 1,000 immigrants on March 7, 2019 (migrants walking up the Rio Grande levee to the metal border fence to surrender)
- 400 migrants on March 19, 2019 (were detained near Bowie H.S & Downtown El Paso)
- 5,300 unaccompanied migrant children have arrived in El Paso since January 2019
 - 1,300 unaccompanied migrant children arrived in El Paso in 2018
- New migration central processing center will be built in El Paso area (\$192 million)

Ciudad Juarez: Trends



- 6,830 cases of asylum seekers processed through Casa del Migrante since October 2018.
- 3,500 asylum seekers currently awaiting processing in Juárez according to waiting list maintained thus far by Casa del Migrante.
- Does not yet include those who may be returned to Mexican territory to await processing pursuant to "Migrant Protection Protocols" ("Remain in Mexico" policy), once they are implemented.

Ciudad Juarez: Refugee Trends



What El Paso is doing?



- Annunciation leadership is salient
- Volunteers (all over the country) and assistance from both sides of the border has been extremely helpful
- Since Annunciation has met capacity, Dioceses, Camino de Vida Church has accommodated migrants
 - Clean clothes and shower available
 - Haircuts before they travel to other parts of country
 - Leveraged support from other churches, community based organizations
- El Paso has put aside \$100,000 for fiscal year 2019 for immigration services



JULIO-CESAR CHAVEZ/REUTERS



What El Paso needs and/or do better with...



- Work with ICE and Border Patrol to better manage flows.
- Enhance communication with border patrol and ICE to ensure people have a place to go.
- Federal facilities should only be temporary stops for the migrants after they are processed.
- Continual responsibility and cooperation from everyone.
- David Stout says there is a need for government assistance to care for refugees, *“county should consider helping with transportation, possibly building a shelter and the creation of a department he calls the Office of New Americans that would have the responsibility of helping migrants”*.
- Uncertainty, hope, resources and resistance.

Border Research



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Opportunities



- Build the capacity of the region to respond to the population growth.
- Track persons with health conditions across a porous border.
- Educate on the use of cross border health services.
- Ensure compassionate, culturally and linguistically effective care for *ALL* children and families.
- Advocacy at all levels.
- Outreach efforts for children, youth and families.

Shared vision of...



- Sustainable development to increase diversity and self-reliance.
- A focus on human security, and regard for quality of life as an essential asset.
- Increased community engagement and citizen participation.
- Social justice framework to foster a culture of respect and equity.
- Focusing on getting better and less on getting bigger.
- Better strategies and investments for children.

In closing



- Fund at higher level of health.
- A conscientious, well informed, multifaceted approach for the production of health as a public good.
- Quality education, day care, and accessible health homes for children and families.
- Health indicators will improve with income and education levels and investment on health infrastructure.
- Respect for human rights



Thank you - *Gracias*

Comments, questions and



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