

Comprehensive Health Care Strategy for Migrants¹

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Health care for migrants is a co-responsibility of the Mexican government and the population residing abroad to preserve and improve health with an emphasis on prevention and promotion. For this reason, the Ministry of Health (SS) has designed and implemented various activities aimed at protecting the health of migrants and their families in their places of origin, as they are in transit, and at their destinations, using binational collaboration strategies.

Taking into consideration migrant behavior in recent years, the Comprehensive Health Care Strategy for Migrants serves people living in the United States, facilitating disease prevention and promoting healthy living habits and their access to services. It also includes certain measures to protect returning migrants as well as those who join temporary work programs, and to deal with border-specific health issues. The work plan is based on different legal norms such as the

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Mexican Constitution, international treaties signed by Mexico, the General Law on Health, the Law on Migration, and the Ministry of Health's Internal Regulations.

Its program references the 2013-2018 National Development Plan, since it is part of the national goal of building an inclusive Mexico. Concretely, it is linked to the objective of ensuring full access to health services and to strategy 2.3.3, aimed at improving care for vulnerable persons. It is part of the fourth objective of the 2013-2018 Sectoral Health Program aimed at closing the health gaps among different social groups and regions around the country, emphasizing stepping up actions for prevention, promotion, and health care for the migrant population, as I mentioned before.

MEXICAN MIGRATION

Mexican migration to the United States has been characterized, among other things, by being eminently undocumented. This exposes these citizens to conditions of greater vulnerability since, often, to achieve their ends, they must cross the border in places with extreme weather conditions like the intense heat of the deserts or the low winter temperatures of Mexico's North.

Generally speaking, we can say that more than 90 percent of Mexicans living abroad live in the United States, where they make up 60 percent of the Hispanic population. According to the U.S. Census, in 2010 an estimated 31.8 million persons of Mexican origin lived in that country. By 2008, also according to the census, they were the biggest segment (34.6 percent) of persons without medical insurance. Specifically, almost half (48.3 percent) of persons of Mexican ancestry, and 61 percent of persons born in Mexico living there, who are in the most productive age group (from 18 to 64), reported being without insurance.

DETERMINING FACTORS FOR HEALTH CONDITIONS

Many factors impact people's health conditions. In the case of Mexican immigrants in the United States, the main ones involve certain changes in life style (sedentary life styles, over-crowding, increased consumption of saturated fats, particularly due to a greater consumption of fast food, and higher use rates of alcohol, tobacco, and illegal drugs, among other products).

Their surroundings also have an impact, with frequent social isolation, lack of family and social support, work-place risks, stress because of not speaking the local language, the culture, and clashes with the way of life. If we add high-risk sexual practices to the list, besides health concerns such as obesity, diabetes, mental diseases, and addictions affecting Mexican migrants' health, we find HIV-AIDS and other sexually transmitted diseases (STDs).

HEALTH CARE FOR MIGRANTS

The main programs, actions, and resources that make up Mexico's Ministry of Health strategy for migrants' health care are the following:

1. Binational Health Week
2. Windows on Health (VDS)
3. Preventive medicine and health promotion modules for returning Mexican nationals
4. Repatriation of gravely ill Mexican nationals
5. The Health and Migration Research Program
6. The Mexico-Canada Temporary Agricultural Workers Program.

BINATIONAL HEALTH WEEK

Since it was first held in October 2013 in Washington, D.C., it was decided that every year for two weeks or more, we would hold workshops, fairs, talks, health care days, and health trainings. We would inform about preventive measures and health promotion for migrants and their families at the Windows on Health, Mexican consulates in the United States, and associated agencies. And every year we would also hold a Binational Forum on Health and Migration Public Policies with the participation of experts from Mexico and the United States.

The Ministry of Health has designed and implemented various activities aimed at protecting the health of migrants in their places of origin, as they are in transit, and at their destinations.

Modules in Tijuana and Mexicali provide orientation for preventive medicine and promote the health of repatriated migrants, detect problems, and channel them to health institutions if necessary.

At that first Health Week in 2013, 400 000 people benefited from the participation of 9 000 agencies headed up by 133 consulates and 178 committees; and 800 activities were held, including 350 health fairs and 100 events at clinics and hospitals. Approximately 100 mobile units went to remote locations and about 40 000 vaccinations against different diseases were given.

VENTANILLAS DE SALUD (WINDOWS ON HEALTH)

The aim of this initiative is to build a network of informational windows to increase knowledge about health and access to services for Mexican migrants and their families residing in the United States. These “windows” —50 up to now— are located mainly in Mexico’s consulates, and there are two mobile units: one in Kansas City and another in New Jersey.

The services offered are gauged to priority issues like HIV-AIDS, nutrition, obesity, diabetes, women’s health, children’s health, mental health, addictions, and access to services, among others. Testing is also available for HIV detection, determining the body mass index, and cholesterol and glucose levels; vaccinations are given; referrals to community clinics are made when more specialized services are required; and information is distributed about and pre-affiliation services exist for Mexico’s Popular Health Insurance.

Some of the other main achievements associated with the Windows on Health are the following:

1. Continuity and strengthening of collaboration with the United States’ Centers for Disease Control (CDC) on priority training issues;
2. The establishment of an advisory board for Windows on Health, made up of leaders from the health sector and immigrant services;
3. The Second Generation Windows on Health Project, which focuses on strengthening and specializing services. The participating windows are in the consulates

in New York City, Washington, D.C., Portland, Fresno, and Kansas City;

4. Collaboration with the National Alliance for Hispanic Health (NAHH), through a call center that it operates financed by the Health Department and the U.S. Department of Health and Human Services (HHS);
5. Collaboration with Text4baby, which provides text message services to pregnant women and distributes material on preventive maternal-child health.

In September 2013, 969 274 people were seen at these windows, and 1 842 471 preventive services were provided, mainly in cases of diabetes and obesity, hypertension, women’s health, HIV-AIDS, tuberculosis, domestic violence, cancer, mental health, addictions, and orientation about access to services. The main services offered were orientation/counseling (1 226 389); early detection (394 060); patient referrals to health services (214 237); helping people take out health insurance in the United States (6 750); pre-affiliating people to Mexico’s Popular Health Insurance (2 131); and vaccinations (14 366).

The main causes of morbidity and some risk factors in the people who went to the windows are the following: high glucose levels (27.7 percent), excess weight and obesity (50.35 percent), high blood pressure (30.96 percent), high cholesterol levels (22.8 percent), heart disease (28.62 percent), positive for HIV (2.1 percent), positive for a sexually transmitted disease (STD) (5.19 percent), and tuberculosis (4.4 percent).

PREVENTIVE MEDICINE AND HEALTH PROMOTION MODULES FOR RETURNING MEXICAN NATIONALS

The objective of these modules is to provide orientation for preventive medicine and promote the health of repatriated migrants in border cities, detect problems, and channel them to health institutions if necessary. Two modules currently exist, one in Tijuana and another in Mexicali, with external financing arranged by the Ministry of Health and the Mexico-U.S. Border Health Commission.

The main services offered are the following:

1. Referrals for migrants with a problem to the corresponding institutions, on a case by case basis;
2. Evaluation of the associated risk factors through filling out a form;

3. Disseminating information about the main health problems migrants have through printed educational materials;
4. Counseling about health promotion and preventive medicine; and
5. HIV and TB detection; testing for glucose levels, blood pressure, and body mass indices, among others.

From January to October 2013, in the Tijuana module alone, 1 705 repatriated migrants were afforded these services. Of these, 15 percent were women and 85 percent men; and their average age was 36. Of the 27 medical referrals made, 10 patients were diagnosed with HIV, six with chronic-degenerative conditions, six with mental illness, and the rest with miscellaneous ailments.

Ninety-one percent of the migrants received (or 1 120 patients) were given HIV-AIDS tests; 1 125 (85 percent) had their blood-sugar levels tested; and 1 356, their blood pressure. The body mass index of 1 240 migrants was also measured, 30 percent of whom were found to be overweight or obese. Also, 5 000 condoms, 320 packages of oral saline solution, and 600 preventive medicine and health promotional pamphlets were passed out. In October, the affiliation of repatriated migrants to the Popular Health Insurance program began, and in that month alone, 231 people signed up.

ANOTHER IMPORTANT SERVICE: REPATRIATION OF GRAVELY ILL MEXICAN NATIONALS

When a Mexican residing in the United States requests support from Mexico's federal government because of his or her own illness or that of a relative, a procedure is begun to channel the patient, according to his/her condition, to a federal health center or a hospital in Mexico so he/she can be given care as soon as possible. This process is carried out by the Ministry of Health in coordination with the Ministry of Foreign Relations' network of consulates and the support of the health services of the different states and the nation's capital, Mexico City's Federal District.

RESEARCH ON HEALTH AND MIGRATION PROGRAM

The objective of this program is to fund research projects in health and migration that can be the basis for making deci-

sions to design public policies to benefit migrants, focusing on the issues that most affect them such as chronic and infectious diseases and mental health. Participants are the Ministry of Health, the National Council for Science and Technology (Conacyt), the UNAM, the universities of California at Berkeley, El Paso, and Minnesota.

MEXICO-CANADA TEMPORARY AGRICULTURAL WORKERS PROGRAM (PTAT)

Mexico's Ministry of Labor coordinated the PTAT. Among other things, this program manages and does the follow-up on medical exams in government medical facilities that Mexican citizens who want to go to work in Canada as temporary agricultural workers are required to have.

CHALLENGES

We seek to harmonize preventive health and promotional efforts among our fellow citizens residing in the United States in order to ensure a better quality of life; foster collaboration through agreements with health institutions in the United States to improve migrants' access to those services; and strengthen the Windows on Health in terms of continuous training, resource management, and access to services. With regard to the Windows on Health in particular, we ensure we work on a plan for standardizing those services, broaden the project of a second generation of "Windows," follow up on recommendations by the Windows Advisory Board, gather data on the windows' activities, and have a budget earmarked for them and for the modules for health prevention and promotion for repatriated Mexican citizens.

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THE NECESSARY HARMONIZATION

It is necessary to move ahead toward a harmonization of the programs and actions on migrants' health issues. This requires inter-institutional collaboration that would make it possible to coordinate programs and actions harmoniously, joining efforts and optimizing resources, which would make for a bigger social impact. To achieve this, the following tasks, among others, can be carried out: coordinating actions and

creating informational networks; synchronizing to achieve multiplying effects; and, of course, guaranteeing the sustainability of institutional efforts. ■■

NOTES

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