BUILDING HEALTHY COMMUNITIES IN THE UNITED STATES – MEXICO BORDER REGION:
TODAY’S STRENGTHS AND CHALLENGES

ACHIEVING RURAL HEALTH EQUITY AND WELL-BEING:
CHALLENGES AND OPPORTUNITIES—
A WORKSHOP
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Transcending Borders and Boundaries
United States-Mexico Border Region

- Where **Sovereign Nations** come together
- Four States in the U.S., Indigenous Sovereign Nations, and Six States in Mexico
- A total of 44 Counties and 80 Municipalities and 14 pairs of Sister Cities
The Context of U.S.-Mexico Border Region

- The **busiest and most traveled border in the world**
  Well over a billion dollars’ worth of goods cross the border each day.

- The economic vitality of the U.S.-Mexico border region—which includes manufacturing, infrastructure, human capital and tourism, among other elements—is a key part of this overall economic success.

- With more than a billion dollars of commercial traffic crossing the border each day, it is literally at the U.S.-Mexico border region where the rubber hits the road in terms of this expanded regional trade.
Six Factors that Distinguish the U.S.-Mexico Border Region

- There are six factors which individually would not make our border communities unique, but together this constellation of factors creates something new and different from other communities.

1. Ethnicity
2. Growth
3. Poverty
4. Youth
5. Shared infrastructure
   - Health
   - Education
   - Commerce
   - Environment
6. Militarization
Ethnicity and Population Growth

- In the last decade, border municipios and counties grew faster than their respective states and nations.

- At current growth rates, the combined population of border counties and municipios will double in about 35 years, reaching 29 million residents in 2045 and comprising about 5% of the combined population of both countries.
Younger Population


Population pyramid, United States, 2000

Source: U.S. Census Bureau, Summary File 1, 2000
High Rates of Poverty

• Latinos living in border counties are more likely to live in poverty than their state and national counterparts (31.8% vs. 23.4% nationally).

• Children under age 18 who live in border counties (excluding San Diego County, California) are more likely to live in poverty (37%) than children nationally (20%).

• Poverty data highlights what some researchers refer to as the **paradox of development**, branding the U.S.-Mexico border region the place **where the poorer of the first world meet the wealthier of the developing world**.
High Rates of Uninsured

- In 2012 and 2013, all four borders states had lower rates of employment-based private insurance and the highest rates of uninsured, with Texas at 27%, New Mexico at 24%, California at 21%, and Arizona at 20%, as compared to the national average of 18%.

- In 2011, 29% of persons age 65 and under living in U.S. border counties (not including San Diego County, California) lacked health insurance coverage, as compared to 22.2% of their respective state counterparts and 17.3% nationally.

# Leading Causes of Death at the Border

<table>
<thead>
<tr>
<th>MEXICO</th>
<th>UNITED STATES</th>
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<tbody>
<tr>
<td><strong>Disease of the Heart</strong></td>
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<td><strong>Malignant Neoplasms</strong></td>
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<td><strong>Diabetes</strong></td>
<td><strong>Cerebrovascular diseases</strong></td>
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<tr>
<td><strong>Accidents</strong></td>
<td><strong>Chronic Obstructive Pulmonary Disease</strong></td>
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<td><strong>Cerebrovascular diseases</strong></td>
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<tr>
<td><strong>Chronic Liver Disease and cirrhosis</strong></td>
<td><strong>Diabetes</strong></td>
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<td><strong>Chronic Obstructive Pulmonary Disease</strong></td>
<td><strong>Pneumonia and Influenza</strong></td>
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<td><strong>Pneumonia and Influenza</strong></td>
<td><strong>Alzheimer's Disease</strong></td>
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<tr>
<td><strong>Diseases originating in the Perinatal Period</strong></td>
<td><strong>Chronic Liver Disease and cirrhosis</strong></td>
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<tr>
<td><strong>Homicide</strong>*</td>
<td><strong>Suicide</strong>*</td>
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</table>
Militarization of US-Mexico Border
Structural and Everyday Violence
The Militarization of Everyday Life

Saturation and pervasive encounters with immigration officials including local police enacting immigration and border enforcement policy with military style tactics and weapons

- Identity Encounters
- Formal and informal checkpoints
- Discretionary identity inspection
- Arbitrary abuse and detention
- Use of silence to cope and self preserve
  - Internalization and Naturalization
Anti-immigrant Climate
Structural and Everyday Violence

Immigrant related legislation introduced and enacted in US State legislatures, 2005-2011

(Source: National Conference of Legislatures)
Public Health Impact of Militarization

Cumulative exposure to institutional arrangements that systematically marginalize groups based on race/ethnicity, gender, and class

- Disproportionate vulnerability
- Stigmatization
- Discrimination
- Human rights violations
- Rampant criminal institutionalization
- Suspicion and distrust of institutions of the state
- Disengagement from safety net systems
- Deep disparities in morbidity and mortality among disenfranchised groups
Encounters with Immigration Officials

Immigration Sightings by Type of Community Location Among Randomized Household Sample of Immigrant Farmworkers of Mexican Origin (N=299)

- See immigration official daily: 89%
- Neighborhood: 94%
- Worksite: 60%
- Corner Store: 44%
- Supermarket: 22%

Immigration-related Mistreatment Prevalence

Immigration Related Mistreatment Among Im/migrant Farmworkers of Mexican Origin (N=299)

- Any Mistreatment
- Verbal Mistreatment
- Physical Mistreatment
- Emotional Distress
- Racial/Ethnic Profiling

Total (N=299)
Mental Health Status

Self Reported Mental Health Among Im/migrant Farmworkers of Mexican Origin (N=299)

- Diagnosed Depression
- Self-Reported Poor MHS
- Depressive symptoms, <2 wks. last 12 mo.
- Depressive symptoms, <1 week last 30 dy
Table 8. Odds ratios (OR) representing relations between mistreatment by United States immigration official and stress among Arizona-Sonora border migrant farmworkers, 2007

<table>
<thead>
<tr>
<th>Total Stress</th>
<th>Total</th>
<th>% (n/N) *</th>
<th>Unadjusted OR (CI)</th>
<th>Adjusted OR (CI)</th>
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<tbody>
<tr>
<td>Any Mistreatment**</td>
<td></td>
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<tr>
<td>Any</td>
<td>35.3 (52/147)</td>
<td><strong>2.3 (1.3, 3.9)</strong></td>
<td><strong>2.3 (1.2, 4.1)</strong></td>
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<tr>
<td>Any Personal</td>
<td>15.5 (23/147)</td>
<td>1.4 (.75, 2.8)</td>
<td>1.2 (.87, 1.6)</td>
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<tr>
<td>Any Witnessed</td>
<td>30.6 (45/147)</td>
<td><strong>2.1 (1.2, 3.7)</strong></td>
<td><strong>2.1 (1.1, 3.8)</strong></td>
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<tr>
<td>Verbal Mistreatment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Personal</td>
<td>11.5 (17/147)</td>
<td><strong>3.1 (1.2, 8.3)</strong></td>
<td><strong>2.9 (1.0, 8.0)</strong></td>
<td></td>
</tr>
<tr>
<td>Witnessed</td>
<td>17.6 (26/147)</td>
<td>1.8 (.93, 3.5)</td>
<td>2.0 (.96, 4.4)</td>
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<tr>
<td>Total</td>
<td>27.8 (41/147)</td>
<td><strong>2.5 (1.4, 4.6)</strong></td>
<td><strong>2.8 (1.4, 5.4)</strong></td>
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<tr>
<td>Physical Mistreatment</td>
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<tr>
<td>Personal</td>
<td>3.4 (5/147)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Witnessed</td>
<td>15.6 (23/147)</td>
<td><strong>2.6 (1.2, 5.7)</strong></td>
<td><strong>2.7 (1.1, 6.6)</strong></td>
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<tr>
<td>Total</td>
<td>193.7 (29/147)</td>
<td><strong>3.1 (1.5, 6.5)</strong></td>
<td><strong>3.4 (1.5, 7.7)</strong></td>
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<tr>
<td>Emotional Distress</td>
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<td></td>
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<tr>
<td>Personal</td>
<td>14.9 (22/147)</td>
<td>1.4 (.75, 2.9)</td>
<td>1.2 (.56, 2.6)</td>
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<tr>
<td>Witnessed</td>
<td>29.2 (43/147)</td>
<td><strong>2.1 (1.0, 4.2)</strong></td>
<td><strong>2.5 (1.3, 4.9)</strong></td>
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<tr>
<td>Total</td>
<td>14.9 (22/147)</td>
<td>1.4 (.75, 2.9)</td>
<td>1.2 (.56, 2.6)</td>
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<tr>
<td>Racial/Ethnic Profiling</td>
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<tr>
<td>Personal</td>
<td>10.8 (16/147)</td>
<td>1.7 (.76, 3.9)</td>
<td>1.4 (.58, 3.5)</td>
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<tr>
<td>Witnessed</td>
<td>19.0 (28/147)</td>
<td><strong>2.5 (1.4, 4.6)</strong></td>
<td><strong>2.1 (1.0, 4.4)</strong></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>29.2 (43/147)</td>
<td><strong>2.2 (1.2, 3.8)</strong></td>
<td><strong>2.0 (1.1, 3.8)</strong></td>
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Boldfaced values indicate P < .05; OR, odds ratio; -Model did not converge.
** Total of verbal, physical, emotional, and perceived racial/ethnic profiling.
Gerardo, 38, married father of three, working in US agriculture since age 17

- **Profiling, discretionary detention, physical abuse**… He was running for exercise near the irrigation canal, when he was stopped and detained by immigration officials who thought he was ‘undocumented’. They made him lie down on the ground which was full of insects at gun point until he called his relatives to bring his documents. The man believes this all happened because he is a ‘very dark Mexican’

- **Intimidation, Discretionary Stops**….When I worked cutting lemons, a Border Patrol agent came into the orchard and questioned my colleague, ‘Your documents?’ my colleague was up on his ladder cutting lemons and replied to the agent just a minute let me put these lemons down and the agent said, ‘No now!’ and angrily shook the ladder, my colleague did not file a complaint due to fear.

- **Discretionary stops and detention, profiling** ‘… while walking home an immigration official put him in the back of the immigration vehicle (aka ‘the dog kennel’) without asking if he had papers. He feels that this was an abuse because they detained him and never asked if he had papers’
Reasons NOT to File a Complaint About Immigration Related Mistreatment

Categories of Reasons Not to File a Complaint

General Fear
Fear of Retaliation
Fear of Losing Immigration
Unaware How to File a...
Fear of Being Deported
Undocumented Immigration...
Desire to Avoid Problems
Waste of Time
Not Enough Time/Work

Total (N=486)
How then do we expand the boundaries of our research and practice paradigms to build health equity in this unique region?
Listen and Engage in Local Response + Resistance Movements

Introduction

The Border Quilt is a 3-week long project from border communities in California, Arizona, New Mexico, and Texas to express to the nation the need for revitalization and memorialize the loss due to militarization in the border region.

The theme of loss includes loss of family unity, loss of privacy, loss of civil rights, loss of humanity, loss of personal safety, loss of economic potential, and loss of human life.

Objective:

The US southern border is more than a line and is home to 15 million people who encounter Customs and Border Protection (CBP) and Border Patrol agents daily through our ports of entry, interior checkpoints or roving patrols.
### Collaborative, Mixed and Action-Oriented Research and Public Health Practice Methods

<table>
<thead>
<tr>
<th>COLLABORATIVE</th>
<th>MIXED METHODS</th>
</tr>
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<tbody>
<tr>
<td>• Shared decision-making about research and practice</td>
<td>• Integration of statistical and thematic analysis</td>
</tr>
<tr>
<td>➢ conception – design – conduct – analysis – interpretation – conclusions – communication of results</td>
<td>• <strong>Engages:</strong> Western and non Western approaches to data collection - analysis – inference</td>
</tr>
<tr>
<td>• <strong>Goal:</strong> to make sense of complex issues that no one method can grasp independently</td>
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Collaboration and Leverage Partnership

- Collaboration with **FQCHCs**
- Collaboration with **Area Health Education Center programs**
- Collaboration in utilizing, recognizing and sustaining the **community health worker workforce**.
- Collaboration with **other academic institutions** in Sister Cities & States
- Collaboration in research and action on **chronic disease** (cancer, diabetes, cvd, and asthma) in Sister Cities & States
- Collaboration in research and action on **infectious disease** including Dengue, West Nile and Zika in Sister Cities & States
Community Health Workers a Unique and Distinct Public Health Workforce

CHWs are unique from other health professions:

1. **Relationship and trust-building** – to identify specific needs of clients
2. **Communication** – especially continuity and clarity, between provider and patient
3. **Focus on social determinants of health** – conditions in which people are born, grow, work, live, and age
CHW Leadership and Advocacy Framework

A concrete policy change in your community
Community Leaders took action on an issue
Participation in voting in elections

More community members attending public meetings, such as school board, city, county, and tribal government meetings.
More community member's voicing ideas or concerns about community issues.
More agencies or coalitions working together to solve community issues.

More or better collaboration between CHW organization and other agencies or coalitions
More or better services or programs in CHW own agency
An increased awareness of a community issue

“If we don’t think differently, everything will remain the same “
Altar, Sonora, Migrant Shelter Mural
Meta Salud Diabetes

El equipazo!

- NHLBI Su Corazón, su Vida/Your Heart Your Life, Pasos Adelante and Meta Salud
- Popular education, gender, empowerment

Primary Outcome:
- Framingham risk score and presence of hypertension
- baseline, 3 months (post-treatment) and 12 months
Implementation Science

**Aim 2**: Conduct an implementation study of facilitators and barriers to adopting and integrating the Meta Salud Diabetes intervention into the Secretaría de Salud in Sonora.

**Theory & Methods**
- Normalization Process Theory
- Ethnography