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

June 13, 2017
Prattville, Alabama

Samantha Sabo DrPH MPH | Associate Professor
Center for Health Equity Research
Northern Arizona University

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

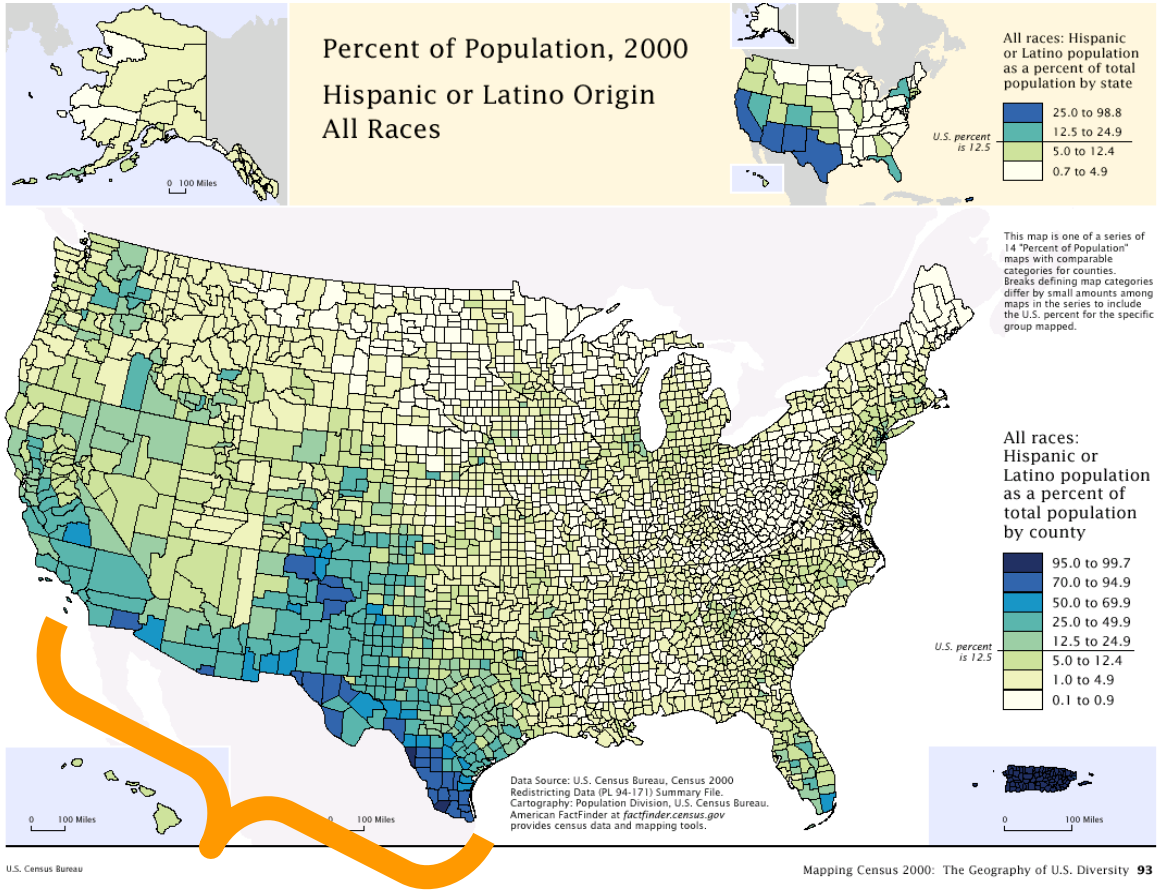
- There are **six factors** which individually would not make our border communities unique, but together this constellation of factors creates something new and different from other communities.

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

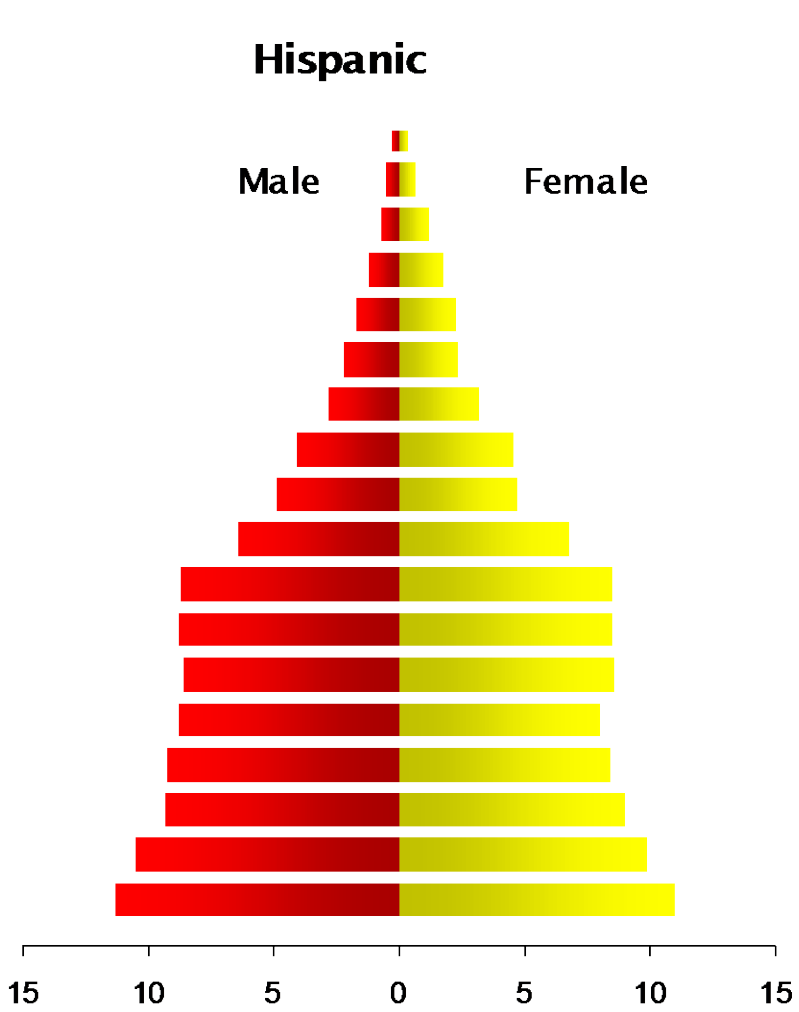
Ethnicity and Population Growth

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

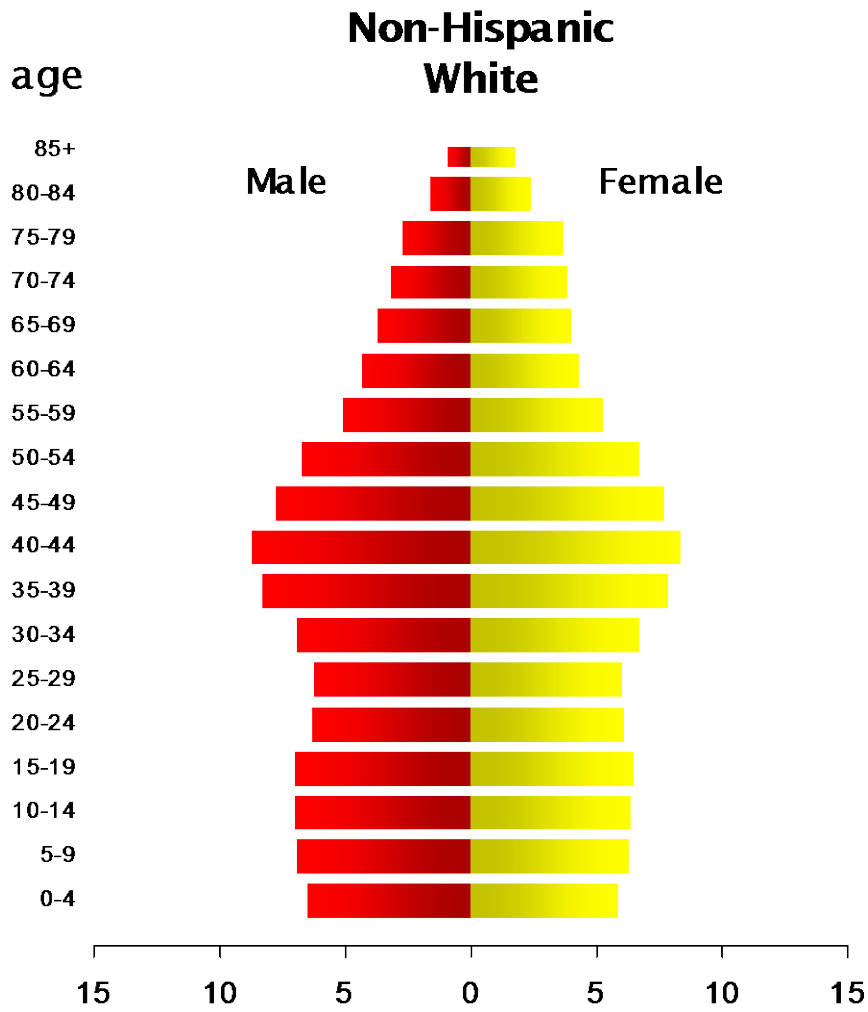
- At current growth rates, the combined **population of border counties and *municipios* will double** in about 35 years, reaching 29 million residents in 2045 and comprising about 5% of the combined population of both countries.



Younger Population



Population pyramid
U.S.-Mexico border, 2000



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.**

Source: United States–México Border Health Commission Access to Health Care in the U.S.-México Border Region: Challenges and Opportunities A White Paper , November 2014

Leading Causes of Death at the Border

MEXICO

- **Disease of the Heart**
- Malignant Neoplasms
- **Diabetes**
- Accidents
- Cerebrovascular diseases
- Chronic Liver Disease and cirrhosis
- Chronic Obstructive Pulmonary Disease
- Pneumonia and Influenza
- *Diseases originating in the Perinatal Period*
- ***Homicide****

UNITED STATES

- **Disease of the Heart**
- Malignant Neoplasms
- Cerebrovascular diseases
- Chronic Obstructive Pulmonary Disease
- Accidents
- **Diabetes**
- Pneumonia and Influenza
- *Alzheimer's Disease*
- Chronic Liver Disease and cirrhosis
- ***Suicide****

Militarization of US-Mexico Border

Structural and Everyday Violence

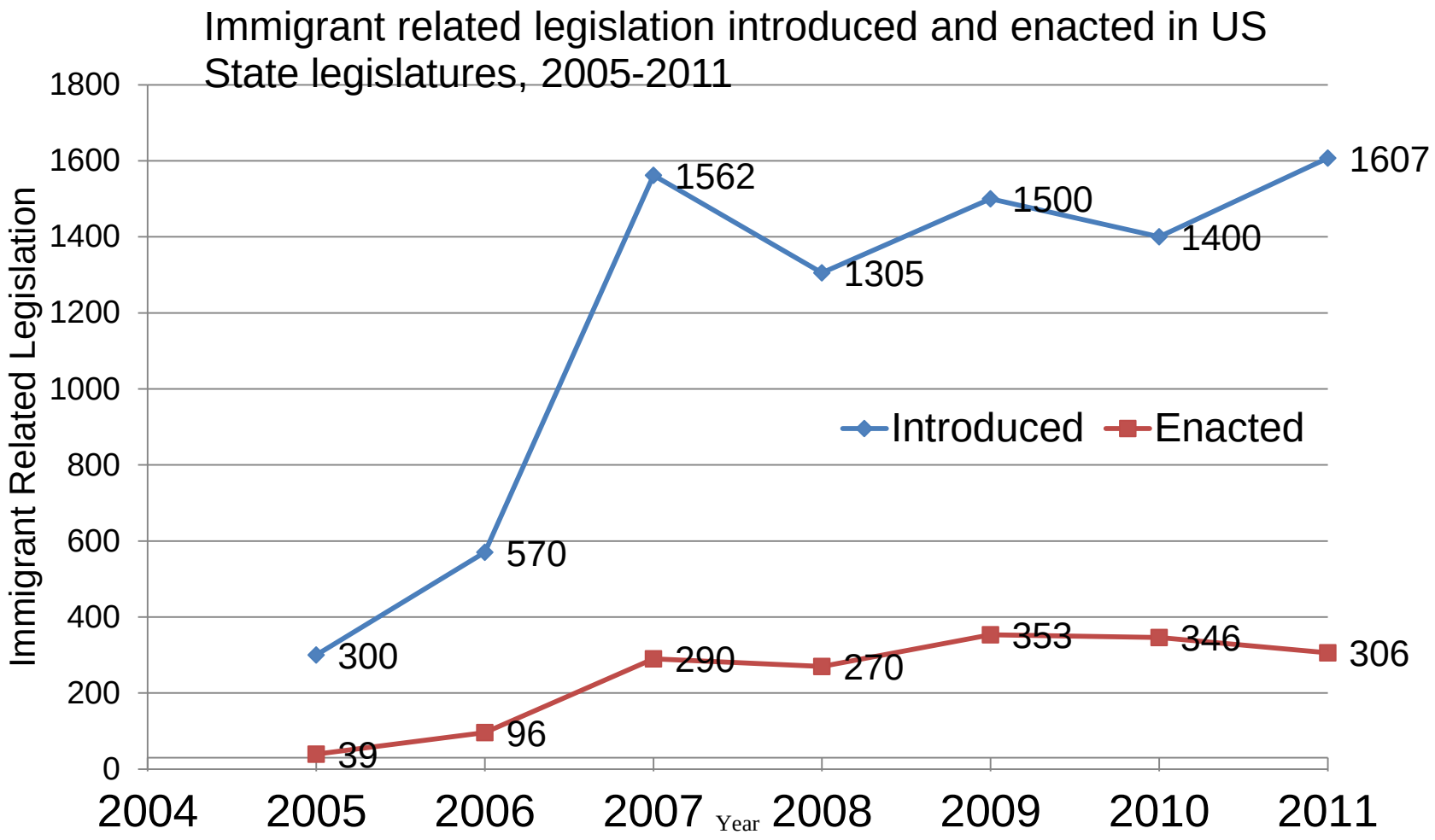
The Militarization of Everyday Life

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



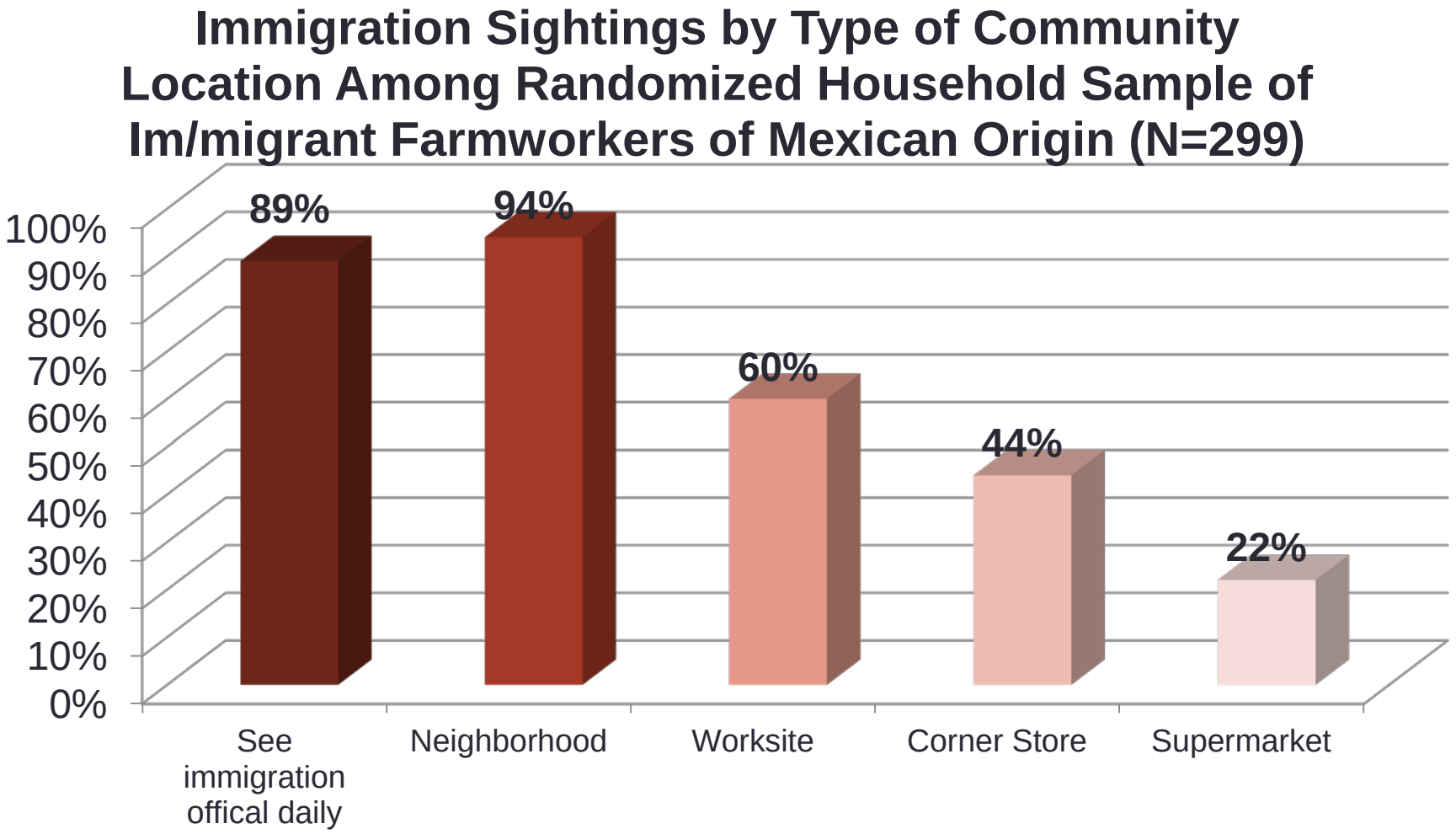
(Source: National Conference of Legislatures)

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**

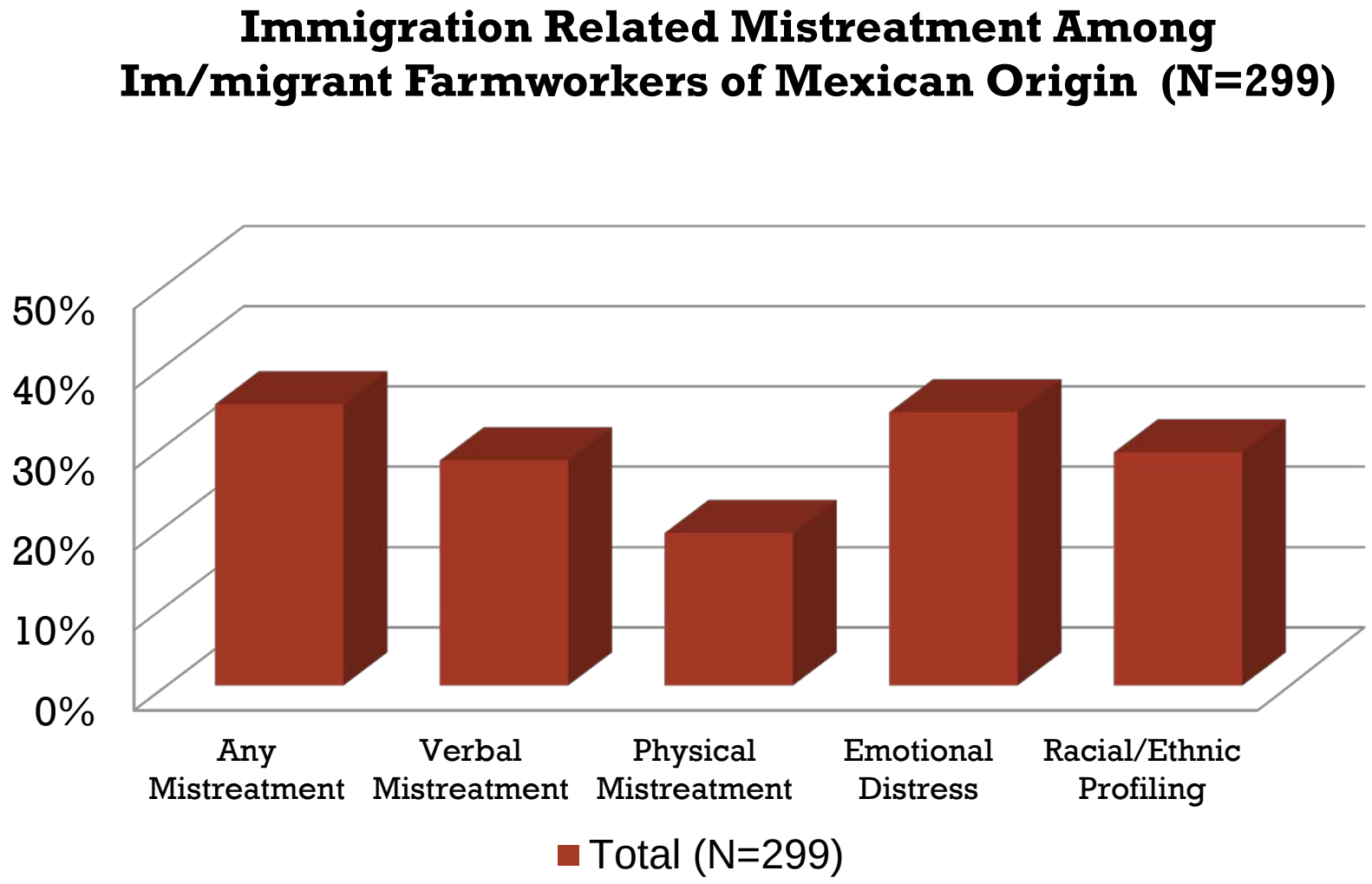
Encounters with Immigration Officials



Sabo S and Lee AE (2015) The spillover of US immigration policy on citizens and permanent residents of Mexican descent: how internalizing "illegality" impacts public health in the borderlands. Front. Public Health 3:155. doi: 10.3389/fpubh.2015.00155

Immigration-related Mistreatment

Prevalence



Mental Health Status

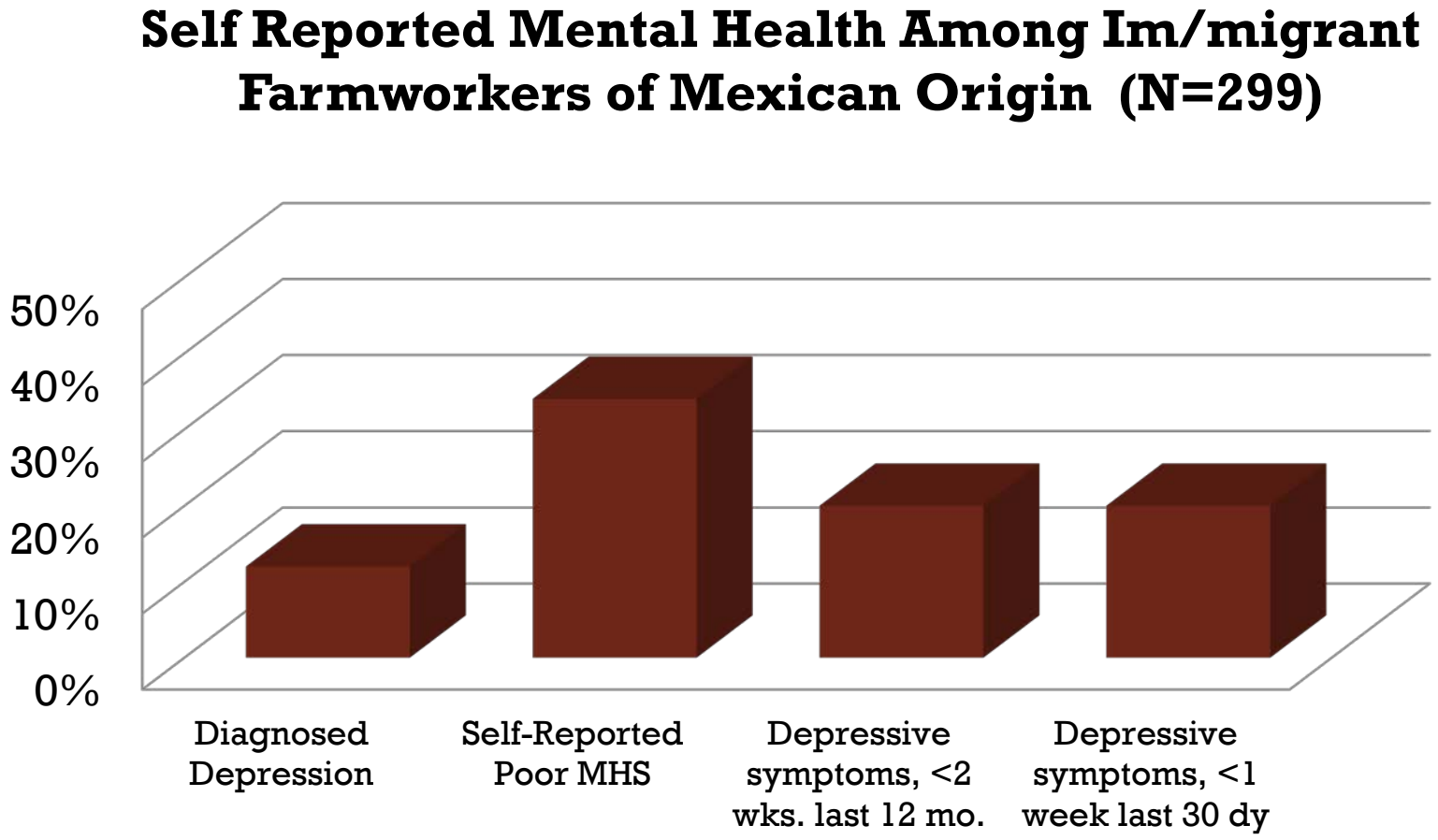


Table 8. Odds ratios (OR) representing relations between mistreatment by United States immigration official and stress among Arizona-Sonora border migrant farmworkers, 2007

	Total Stress		
	Total		
	% (n/N) *	Unadjusted OR (CI)	Adjusted OR (CI)
Any Mistreatment**			
Any	35.3 (52/147)	**2.3 (1.3, 3.9)**	**2.3 (1.2, 4.1)**
Any Personal	15.5 (23/147)	1.4 (.75, 2.8)	1.2 (.87,1.6)
Any Witnessed	30.6 (45/147)	**2.1 (1.2, 3.7)**	**2.1 (1.1, 3.8)**
Verbal Mistreatment			
Personal	11.5 (17/147)	**3.1 (1.2, 8.3)**	**2.9 (1.0, 8.0)**
Witnessed	17.6 (26/147)	1.8 (.93, 3.5)	2.0 (.96, 4.4)
Total	27.8 (41/147)	**2.5 (1.4, 4.6)**	**2.8 (1.4, 5.4)**
Physical Mistreatment			
Personal	3.4 (5/147)	-	-
Witnessed	15.6 (23/1470	**2.6 (1.2, 5.7)**	**2.7 (1.1, 6.6)**
Total	193.7 (29/147)	**3.1 (1.5, 6.5)**	**3.4 (1.5, 7.7)**
Emotional Distress			
Personal	14.9 (22/147)	1.4 (.75, 2.9)	1.2 (.56, 2.6)
Witnessed	29.2 (43/147)	**2.1 (1.0, 4.2)**	**2.5 (1.3, 4.9)**
Total	14.9 (22/147)	1.4 (.75, 2.9)	1.2 (.56, 2.6)
Racial/Ethnic Profiling			
Personal	10.8 (16/147)	1.7 (.76, 3.9)	1.4 (.58, 3.5)
Witnessed	19.0 (28/147)	**2.5 (1.4, 4.6)**	**2.1 (1.0, 4.4)**
Total	29.2 (43/147)	**2.2 (1.2, 3.8)**	**2.0 (1.1, 3.8)**

Boldfaced values indicate P < .05; OR, odds ratio; -Model did not converge.
** Total of verbal, physical, emotional, and perceived racial/ethnic profiling.

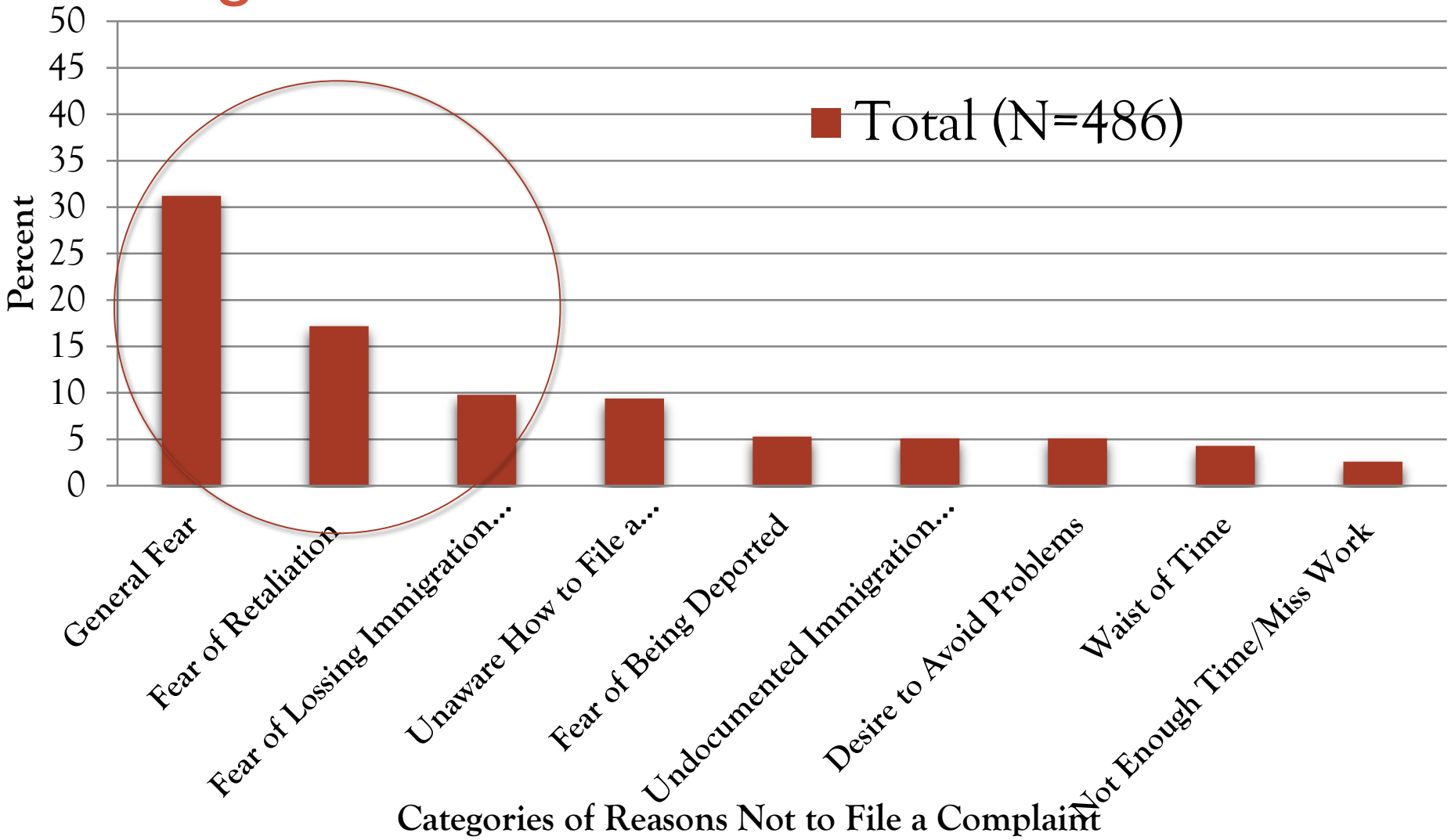
Gerardo, 38, married father of three, working in US agriculture since age 17

- **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



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

SBCC

the

Border Quilt

Design and Campaign Manual

REVITALIZE
NOT MILITARIZE
BORDER COMMUNITIES

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.

Families and local groups will tell

those who are suffering.

REVITALIZE NOT MILITARIZE

the

Border Reality Checkpoint

REVITALIZE
NOT MILITARIZE
BORDER COMMUNITIES

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

COLLABORATIVE

- Shared decision-making about research and practice
  - conception – design – conduct – analysis – interpretation – conclusions – communication of results

MIXED METHODS

- Integration of statistical and thematic analysis
- **Engages:** Western and non Western approaches to data collection- analysis – inference
- **Goal:** to make sense of complex issues that no one method can grasp independently

Collaboration and Leverage Partnership

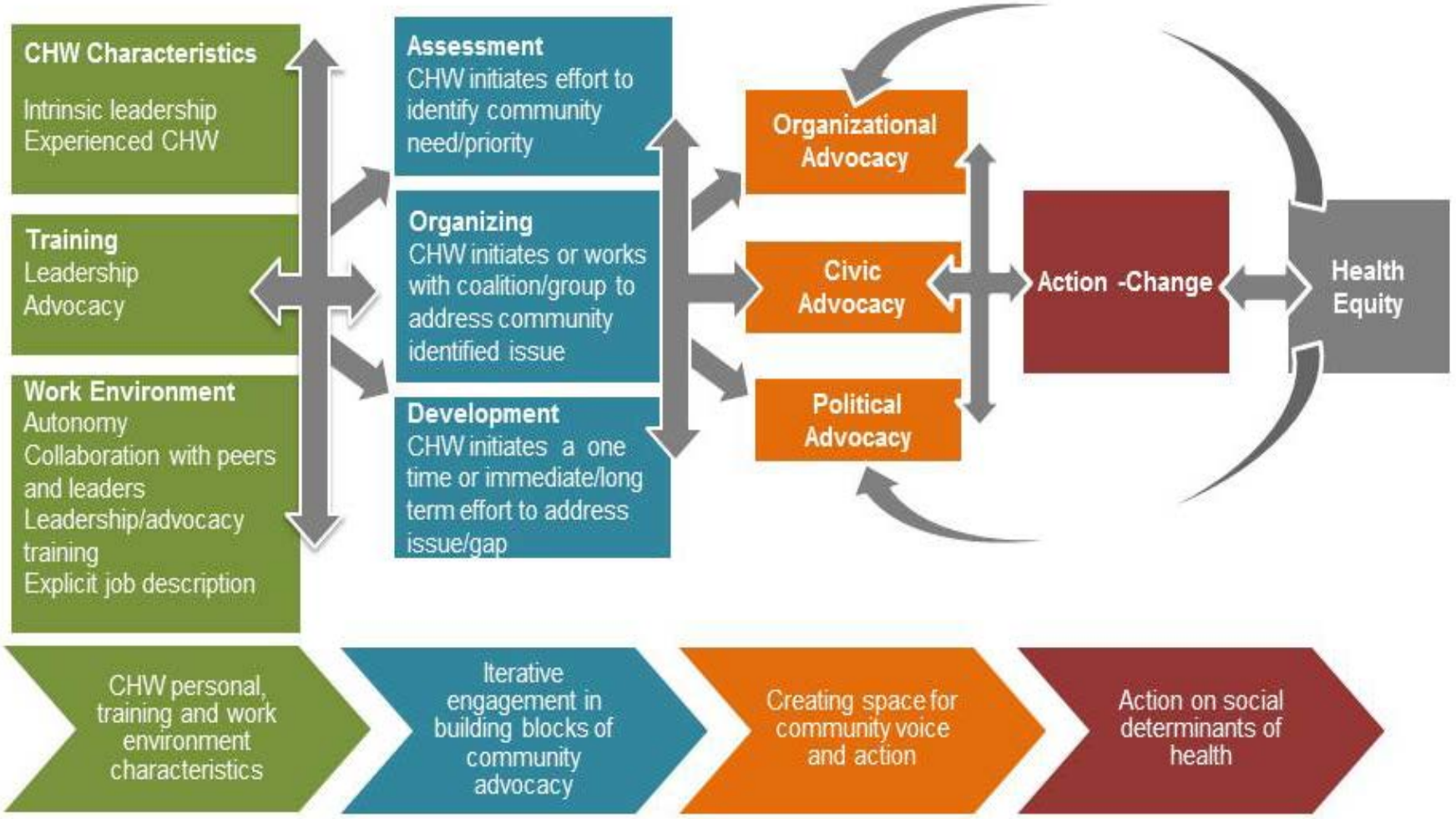
- Collaboration with **FQCHCs**
- Collaboration with **Area Health Education Center programs**
- Collaboration in utilizing, recognizing and sustaining the **community health worker workforce**.
- Collaboration with **other academic institutions** in Sister Cities & States
- Collaboration in research 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



Sabo S, et al. . (2013). Predictors and a Framework for Fostering Community Advocacy as a Community Health Worker (CHW) Core Function to Eliminate Health Disparities. American Journal of Public Health. 103(7): e67-73.

CHW Change in Community Conditions Scale (CHW-CCC)

High Level Change

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

Medium Level Change

- 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.

Lower Level Change

- 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

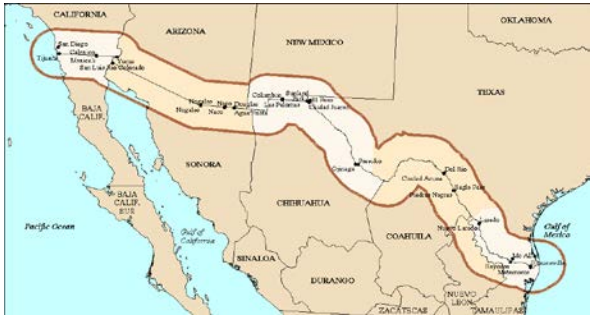
Sabo S, Flores M*, Wennerstrom A, Ingram M. Community Health Worker Community Conditions Change Scale: CHWs Promote Civic Engagement and Organizational Capacity to Impact Health Equity Through Policy and Systems Change. Journal of Community Health. Online First

Discussion and Contact

Samantha Sabo DrPH MPH | Associate Professor
Center for Health Equity Research
Northern Arizona University
Flagstaff, Arizona | samantha.sabo@nau.edu

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

Meta Salud Diabetes



El equipazo!

Centro de Promoción de la Salud del Norte de México

EL COLEGIO DE SONORA

THE UNIVERSITY OF ARIZONA MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

ESTADO DE SONORA Secretaría de Salud Pública

Cluster Randomized Trial

- **Aim 1. Assess the effectiveness** of an evidence-based lay health worker intervention at **reducing behavioral and clinical risk for cardiovascular disease among diagnosed diabetics.**
  - 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

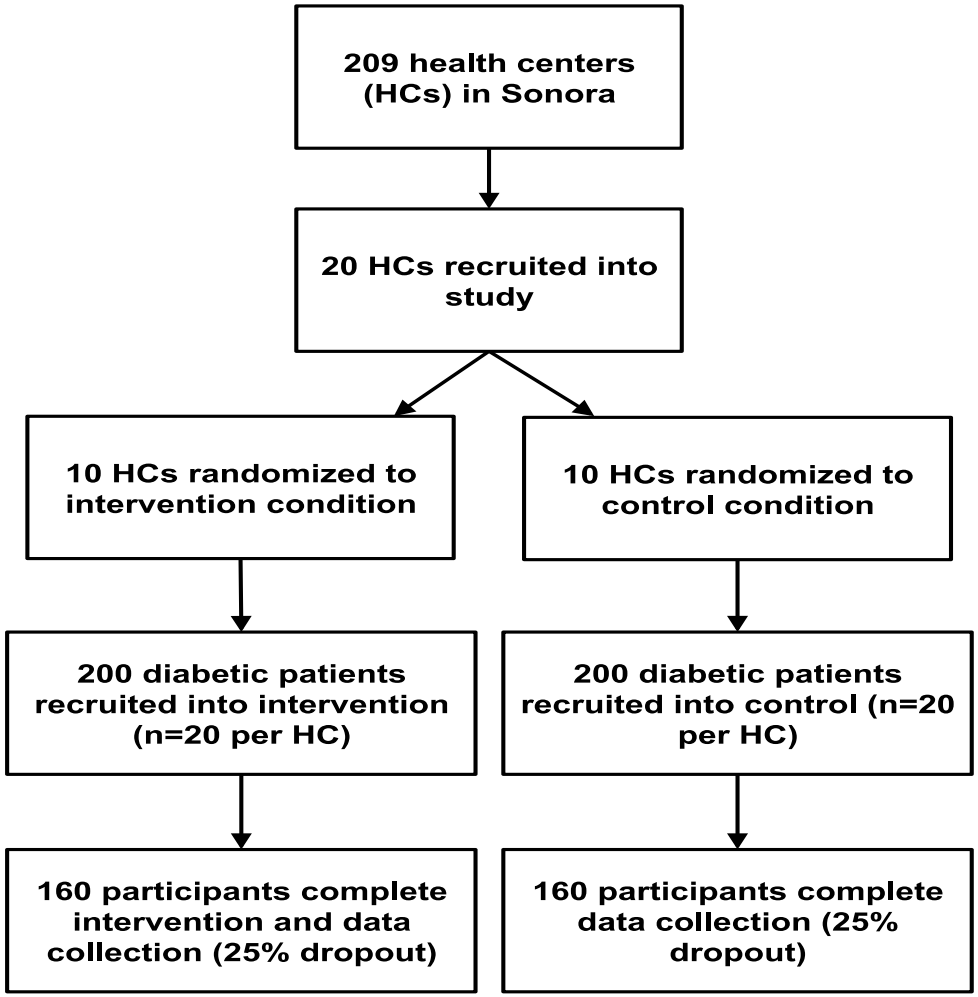


Figure 1: Flow chart of participant recruitment into cluster randomized trial

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

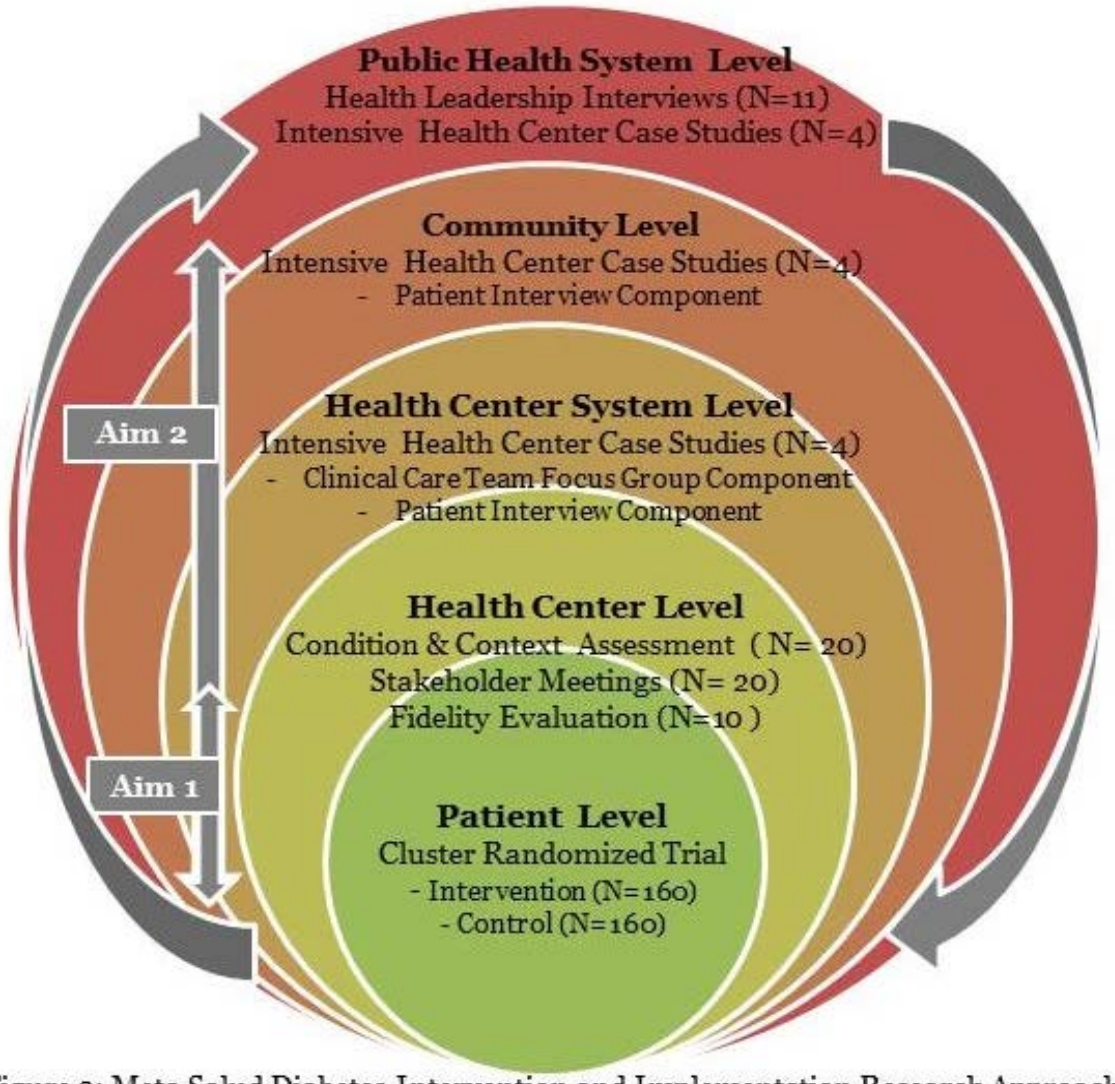


Figure 2: Meta Salud Diabetes Intervention and Implementation Research Approach