

# XII

## BINATIONAL HEALTH WEEK: LAYING THE FOUNDATION FOR HEALTHIER LATINO COMMUNITIES IN THE US AND CANADA



### Latino Health Demographics in the U.S.

One tenth of all Latin-Americans worldwide are migrants, 80% of whom migrate to the U.S. The U.S. Census projects that by the year 2050 over 130 million Latinos will reside in the U.S., comprising 30% of the population. Given the current health disparities faced by Latinos, this demographic shift will have serious implications for the health of the nation. Despite being the largest minority group in the country, Latinos face more roadblocks to health care and health insurance than any other ethnic group. The uninsured rate among Latino adults under the age of 65 was 32% in 2010; compared to 14% among non-Latino whites. Nearly one-fourth of Latino adults in the U.S. lack a regular source of health care. The cost of health services is prohibitive for many Latinos—over 40% of Latinos ages 18-64 live in poverty. Health disparities and challenges accessing health services are magnified by broader socio-economic inequities like race/ethnicity, citizenship status, employment opportunities, and working conditions, among others. In response to these social inequities, the Affordable Care Act of 2010 extends public health programs to low-income families. However, legislation alone rarely manages to fully resolve societal injustices; much of the work of reducing disparities must take place at the community level.

### BHW: Responding to health inequality in the U.S.

Binational Health Week (BHW), is one of the largest Latino health initiatives in the Americas. Started in 2001 with the technical support and leadership of the Health Initiative of the Americas (HIA), located at the UC Berkeley School of Public Health, BHW has worked with federal and state agencies, community-based organizations, Latin American consulates, and volunteers to improve the health and well-being of the underserved Latino population living in the U.S. and Canada. Every October, BHW conducts cultural competency trainings for health care providers and organizes a Binational Forum on Migration and Health in which advocates and researchers engage with policymakers to promote Latino health on the legislative level.

In addition to the forum, BHW also conducts a two-week long series of health promotion and education activities including health fairs, workshops, insurance referrals, vaccinations, and medical screenings. These events increase awareness of health care eligibility, and orient those who have never received health services. Over 70% of BHW attendees do not have health insurance, and for 36% BHW is their first time receiving health services in the U.S.



## Addressing health as an international issue



BHW's promotes health through the cultural values and festivities of its target population. It mobilizes existing networks and engages policymakers setting the stage for global leadership while also reaching individuals at a local level. Moreover, BHW's binational approach not only benefits Latino immigrants, but also has positive social and economic implications for both the receiving communities and the countries of origin throughout the Americas.

In 2001, BHW started as a joint effort between Mexico and the state of California. Since then BHW has grown to include nineteen countries: the United States, Canada, Mexico, Guatemala, Honduras, Colombia, Ecuador, Bolivia, Peru, Nicaragua, El Salvador, Costa Rica, Panama, Paraguay, Uruguay, Argentina, Brazil, Chile, Dominican Republic and Venezuela. As a result, 133 participating consulates in the U.S. led 178 local taskforces to make BHW a successful reality this year. The following table demonstrates the extraordinary growth and impact of BHW.

### Growth of Binational Health Week 2001-2012

Year	Countries	U.S. States/ Canadian Provinces	Number of Activities	Number of People Reached	Number of Agencies	Number of Consulates
2001	2	1	98	18,720	115	4
2006	5	31/3	1,014	300,000	3,000	37
<b>2012</b>	<b>18</b>	<b>40/3</b>	<b>4,216</b>	<b>461,770</b>	<b>9,079</b>	<b>133</b>

### Sponsorship from Participating Countries



Latin American consulates in the BHW network provide resources for their mobile populations in the U.S.; consular representatives at health fairs attract large crowds. BHW partners include the Secretariats of Health and Foreign Affairs of Mexico, and the Ministries of Foreign Affairs of Guatemala, Bolivia, Honduras, Colombia, Ecuador and Peru. Representatives of other participating Latin American countries also attend. The outstanding roles the consulates play during BHW include:

- Convening meetings with task force to plan the calendar of activities.
- Facilitating and leveraging financial support. Some participating governments provide economic contribution to BHW through their consulates. These resources are then duplicated with donations, in-kind contributions, and the numerous hours that volunteers dedicate to planning and implementation events.
- Liaising with local authorities, media, educational institutions, and health providers.
- Creating the event's web-based master calendar and conducting evaluation strategies.
- Reporting results and acknowledging the work of agencies and volunteers.

# The Impact of Social Networks in Mobilizing Resources

Technology, globalization, and the rapid spread of knowledge, have made social networking—or cultivating a group of people to work collaboratively on a shared interest—an integral feature of the organization. Through this platform, BHW keeps communities and agencies engaged year-round. The BHW network has increased collaboration across agencies, and between consulates and communities, improving the health of Latino immigrants living in the U.S. and Canada.



Members often collaborate on other related projects and events, sustaining collective action for improving the health of immigrant populations. An outcome of this success has been the development of Ventanillas de Salud at consulates which provides referrals to available health services depending on the state of your health and economic situation in your local area, as well as quality bilingual and bicultural healthcare education.

## The Work of Regional Task Forces in Linking Resources to the Community

BHW works not only on a large scale, but also makes use of community-level expertise. The BHW social network has fostered innovation, alliances, and strategic partnerships that allow for collaboration between organizations nationwide. During the year, regional task forces meet to plan and prepare health promotion activities for BHW. Members include consular representatives, community clinics, public health departments, community-based organizations, hometown associations, educational institutions, sports groups, foundations, legislators, and local media representatives.



## The UC Berkeley Health Initiative of the Americas (HIA) as a catalyst for change

The Health Initiative of the Americas (HIA), a program of the UC Berkeley, School of Public Health, helps increase access to and use of health services in the United States, Mexico, and other Latin American countries. It also aims to expand health insurance coverage, improve efficacy of care, reduce health disparities, enhance the cultural competency of health care personnel, and implement innovative strategies to address unmet health needs of the Latino-origin population living and working in the United States. The Initiative's role in BHW includes technical support, negotiating and coordinating partnerships with all major institutions and agencies, facilitating consensus from the grassroots to policy levels, developing technical resources, supporting local initiatives, and empowering existing networks.

HIA encourages local action as well as nationwide dissemination of consistent and accurate information, by producing population-specific health promotion materials, media campaigns, nation-wide health campaigns, and other resources. In addition, HIA coordinates data collection and analysis throughout BHW to ensure accurate evaluation. This enables organizers to determine their impact, areas of improvement, and best practices. HIA also provides consulates with guidance on forming a task force, partnering with key agencies, defining target populations, and identifying available resources. The Initiative also produces a directory of community organizations and clinics which provides outreach strategies for hard-to-reach Latinos. Guidance is also provided on requesting funding, soliciting support from elected officials, developing an effective media campaign, and conducting local evaluations.

## Planning Binational Health Week: Working towards a Common Cause

Preparation for the October BHW usually begins in February. Main stakeholders- which encompass federal, state and local agencies- assemble at the annual planning meeting to develop a vision and strategic plan for the upcoming event. The work plan developed at this initial gathering is monitored with monthly conference calls to consular and task force representatives.

### Capacity Building



BHW focuses on not only providing quality healthcare, but also culturally appropriate healthcare through training and technical assistance. Local health providers, promotores (community outreach workers), and community-based organizations attend trainings, workshops, and various forums that analyze health and illness from a cultural perspective. BHW tries to stay current with the most prominent health issues that affect the underserved Latino community in the U.S. and their countries of origin and address these issues with strategies for outreach and health education among Latino populations.

### Making Change on a Community-Based Level: Delivering Resources and Health Education

Every year, BHW launches health campaigns that concentrate on current health disparities in the Latino community. The 2012 BHW campaigns focused on: Women's Health, Mental Health, Adolescent Health, Occupational Health, Infectious Diseases, Chronic Diseases, and Access to Health Care. (<http://www.binationalhealthweek.org/national-campaigns.html>)

In order to guarantee effectiveness of these campaigns; materials that educate, train and guide are produced using the newest research and resources provided by the Mexican Ministry of Health and the U.S. Center for Disease Control and Prevention. These materials are then distributed among coordinators, promotores, and key partners who promote health activities and inform the public in a culturally and linguistically appropriate manner.

Population by Country	
Mexico	293,562
Guatemala	45,939
Honduras	30,630
Columbia	23,900
Ecuador	26,051
Perú	14,880
Bolivia	4,055
Other	25,753
<b>Total = 461,770</b>	

# From Grassroots to Public Policy and Advocacy

BHW partners engage in public policy advocacy to raise awareness about the health challenges afflicting the underserved Latino population and signal these issues as political priorities. Local policymakers who participate in BHW activities, receive information about important health challenges and opportunities related to underserved populations, and interact with the community at BHW events. Local BHW stakeholders then solicit official recognition of BHW through county and city proclamations. The engagement of elected officials in BHW empowers community members to effect legislative change.

## The Binational Policy Forum on Migration and Health

The Binational Policy Forum on Migration and Health is a prominent Latin-American platform which translates research into public action. As the annual inauguration to BHW, the forum allows policymakers, researchers, volunteers, and community members to present and analyze immigrant health issues from a policy perspective. The forum took place in Oaxaca, Mexico on October 1st and 2nd, 2012, and a total of 388 participants from several Latin-American countries and the U.S. attended. Attendees representing health and foreign affairs ministries, civil society organizations, and academic institutions, gathered to discuss ways to improve the quality of life and health of Latin migrants in the U.S.



## Binational Health Week XII: “Salud Primero, es Amor”

The 12th Annual BHW took place from October 1-14, 2012, in the United States and Canada. Local planning committees report 461,770 people benefitted from over 4,000 activities realized by more than 9,000 organizations and 21,000 volunteers under the leadership of 133 consulates that worked in coordination with 178 planning committees. The Closing Ceremony took place on October 15th, 2012 in El Paso, Texas.



Work sessions and national campaigns included:

- Access to Health Care Services (Use of and Enrollment in Health Services, Awareness of Health Services, Health Reform in the U.S)
- Chronic Diseases (Heart Disease, Cancer, Diabetes, and Obesity)
- Infectious Diseases (HIV/AIDS, Tuberculosis, Hepatitis A, and Hepatitis B)
- Women’s Health (Breast and Cervical Cancer)
- Mental Health (Depression and Substance Abuse)
- Adolescent Health (Teen Pregnancy and Substance Abuse)
- Occupational Health (Safety and Hazards in the Workplace)

## The Role of Media: Publicity, Health Promotion, and Marketing

BHW promotes health to millions of hard-to-reach Latinos through television and radio campaigns. These campaigns publicize events, promote healthy behavior, market health services to vulnerable populations, and influence public policies.

Press conferences occur at the beginning and end of each region's BHW events. This year at least 56 press conferences covered the inaugural and closing events; as well as 418 media hits in all: 129 newspapers and electronic articles covered BHW events such as the San Antonio Express, UTSA Today, UC Health, and Redwood Times. In Mexico, articles appeared in La Jornada, Azteca Noticias and MSN Latino; 205 radio slots included the extended collaboration of Univision Radio, Radio Ke Buena, and radio Bilingue; 84 television announcements and interviews were aired, including the active participation of UNIVISION, and local stations were involved in publicity campaigns.



Campaigns are developed on the following criteria:

- Culturally relevant elements that resonate emotionally
- Easy to understand regardless of educational level
- Strong call to action
- Address factual information

## Online Resources

[www.binationalhealthweek.org](http://www.binationalhealthweek.org)

[www.semanabinacionaldesalud.org](http://www.semanabinacionaldesalud.org)



conducting local evaluations and compiling activities reports; as well as information about all of BHW events and participating agencies.

The BHW website is a year-round resource for community organizations. The site contains information about BHW, details about regional health events, and educational materials. Also available on the website are directories of foundations, clinics, and community organizations; strategic planning and fundraising tools; resources for policy advocacy; materials to distribute at events; guidelines for

## BHW Mural Commemoration

Each year, a mural commemorates BHW; during the inauguration the image is unveiled and represents the official kick-off of BHW. The mural is replicated on posters and distributed to the participating 40 states of U.S. and Mexico. This year's mural (featured on the front cover of the report) was painted by the well-known Leovigildo Martínez Torres. Martínez Torres was born in the city of Oaxaca de Juarez, Oaxaca. He started his art training at the Centro de Educacion Artistica de Oaxaca in 1977 while participating in workshops at the Taller de Artes Plasticas Rufino Tamayo. His work has been exhibited numerous times in Mexico, the U.S., and other Latin America countries.



# Binational Health Week 2012 Final Results

NUMBER OF VACCINES ADMINISTERED	2012
<b>TOTAL</b>	<b>41,612</b>

NUMBER OF EXAMS OFFERED	2012
<b>TOTAL</b>	<b>110,620</b>

FUNDS RAISED (CASH AND IN-KIND)	2012
<b>TOTAL</b>	<b>\$1,109,400</b>

THEMES OF ACTIVITIES AND SERVICES OFFERED	2012
Addiction Prevention	22
Physical Activities	60
Asthma	27
Autism	12
Cancer	155
Cultural Competency	120
Infectious Diseases	285
Registration for Health Insurance	240
Obesity/Diabetes/Nutrition	388
Ears/Eyes	128
Emergency Preparedness	65
Oral Health	145
Hypertension/Cardiovascular Health	316
Men's Health	40
Women's Health	320
Children's Health	60
Occupational Health	138
Reproductive and Sexual Health	200
Vaccines	156
HIV/AIDS and STDs	240
Mental Health including Domestic Violence	455
Disabilities	110
Others	488
<b>TOTAL</b>	<b>4,170</b>

## Conclusion

Historically, immigrants have served as the backbone of this country. Now more than ever, America's demographic is changing; with Latinos as the fastest growing minority group, the United States and Latin American governments must collaborate to make the health of immigrants a high priority. To a large extent, a population's health depends on its access to health services. Inequities in access to health services and health differences between populations are persistent and even increase due to social and economic disparities associated with various variables such as ethnicity, migratory status and opportunities of employment, among others. In response to this, BHW was created as an alternative social movement that is dedicated to improving the living conditions of this vulnerable immigrant population.

In the past 12 years, BHW has worked with federal and state agencies, community-based organizations, and volunteers to improve the health of the underserved Latino population in the United States. With HIA's leadership, BHW has mobilized thousands of volunteers and many agencies. As a result, BHW has led to an increase in awareness of challenges Latino immigrants' face, improved quality of health education, and increased access to quality medical attention. The impact of BHW goes far beyond the month of October; it enables the Latino population to lead healthy lives, regardless of borders.

## BHW 2012 Major National Partners

