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Improving Health Among Immigrant Populations

FACTS Special Issue on Migration and Health

Introduction

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FACTS Special Issue on Migration and Health

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Abstract. Migration is a global phenomenon involving hundreds of millions of people, with major social and economic impacts on migrants in their countries of origin and destination and on their communities. In the U.S., California is by far the most affected state by these population movements. The University of California Global Health Institute (UCGHI), Center of Expertise on Migration and Health (COEMH) is devoted to systematically studying the health consequences of global population movements and developing more effective strategies to address them. A key objective of the Center is to enhance educational opportunities related to migration and health. To do this, the Center implements graduate education, conducts research on immigrant and refugee communities, establishes distance education opportunities, and develops transnational collaborations. These activities provide a rich, real-world environment for training the next generation of leaders who will respond to emerging health issues related to migration. The Center's annual Research Training Workshop is one such activity, resulting in rich discussions, cross-disciplinary interactions, and invaluable learning opportunities.

This special issue on migration and health stems from the Research Training Workshop held on June 21-23, 2011, which was organized by COEMH. The workshop brought nineteen graduate students and postdoctoral fellows together in a multi-disciplinary setting to present their research and receive constructive feedback from University of California faculty members. Each paper presented in this special issue represents a unique issue related to migration and health.

Keywords. Migration, Health, Immigrant, Occupation, Smoking, Latino, Farmworker, Mental health, Agriculture, Alternative medicine

Introduction

Migration has, and will continue to be, a natural phenomenon for all living species. In fact, approximately one seventh of the global population is migrant. The major causes of global migration are likely to increase in the future – these include environmental change, political conflict, and demographic and economic disparities. Migration can have many positive effects, but it also can have negative impacts on the health of the migrant in the origin, transit and destination locations. As we will see, these negative impacts include mental health, chronic diseases, and occupational injuries. Despite higher negative health outcomes compared to native residents, immigrants often have less access to health care through social systems and their lower income status reduces their opportunity to purchase services.

Study at the intersection of migration and health is highly multidisciplinary, and requires unique approaches from numerous disciplines and specialties,

including epidemiology, sociology, public health, political science and anthropology. While the multidisciplinary nature of the field can make it difficult for researchers to 'talk to each other' given the different terminology and methodologies used across disciplines, this feature facilitates valuable breadth and depth on the subject matter. There is also great opportunity to better understand and improve the health of immigrant populations through interdisciplinary collaboration in the study of migration and health. In addition to being a multidisciplinary field of study, migration and health is topically diverse. Areas of study span generational migration trends, mental health, human trafficking and refugees, occupational injury risk, health care access and affordability, and rural to urban migration – just to name a few. While Latino and Mexican immigrant experiences are largely the focus of this special issue, the topics raised are relevant for immigrants from other ethnic groups and countries around the world.

Topics covered in this special issue include:

- Health care access across generations among Mexican immigrants;
- U.S. physician knowledge of culturally specific alternative medicines;
- Protective factors and residential mobility;
- Low-level smoking among Latino farmworkers;
- The association between mental health and occupational injuries in Latino farm workers; and
- A comparative investigation of self-reported health status in the U.S. and Spain.

Using the lens of the upcoming enactment of the Affordable Care Act (ACA), Eva Durazo examines the effect of generational status on access to health care among immigrants of Mexican-origin. She examines access to health care services among first, second, and third generation Mexican-Americans compared to U.S.-born non-Latino Whites. Durazo finds generational status to be a significant predictor of health care utilization, with first and second generation Mexican Americans being significantly less likely than U.S.-born non-Latino Whites to have health insurance. Third generation Mexican-Americans show no difference in access to care when compared to U.S.-born non-Latino Whites. She concludes that the ACA will benefit Mexican-Americans; however, restrictions to insurance coverage due to immigration status may negatively impact first and second generation immigrants more significantly. While Durazo focuses on Mexican immigrants, the ACA is expected to create the opportunity for many immigrants to obtain health insurance, depending on their immigration status.

Many Latinos use some form of traditional, complementary, or alternative medicine (TCAM) in addition to, or in lieu of, seeking medical care from a physician. Forms of TCAM include herbal remedies, spiritual practices, massage, and over the counter (OTC) medication. The use of TCAM is often not reported to physicians. Through questionnaires completed by physicians in Oakland, California, Ingrid Bauer explores physician knowledge of Latino beliefs and practices related to TCAM use. Respondents described their attitude toward TCAM as non-judgmental and many believe they have a good understanding of Latino health beliefs and folk illnesses. It was more common for physicians to know and ask about patient use of OTC and prescription medication than herbal remedies or traditional healers.

Looking at migration broadly, as the residential relocation of a family from one locale to another, Brian Gillespie is interested in whether intergenerational solidarity can help offset the negative effects of moving on children. The parent-child relationship is found to significantly buffer the negative educational and behavioral effects of moving on children. Intergenerational solidarity is a significant predictor of behavior problems after a residential relocation. While the focus of this study was relocations internal to the U.S., the findings suggest the important role of intergenerational solidarity on child academic and behavioral outcomes for all families.

Given the increased pressures and challenges of transnational migration, parent-child relationships may play an even greater role.

Tobacco use is widely accepted as negatively impacting public health and cigarette smoking is one of the most preventable causes of death in the U.S. Erik Rodriguez examines low-level smoking (defined as smoking one to five cigarettes per day) among a cohort of Latino farmworkers in California. Rodriguez finds that among this group, current smokers are more likely to be low-level smokers, rather than smoking 6+ cigarettes per day (CPD). He also notes that while low-level smoking is more common among Latino immigrants to California, there is some evidence that these smokers may increase the number of cigarettes they smoke (and the associated health risks) over time. The differing characteristics of low-level smokers and those who smoke 6+ CPD suggest targeted smoking cessation interventions may be valuable.

Hong Xiao explores the association between mental health and occupational injuries among Latino agricultural workers. While previous research has documented a link between depression and agricultural occupational injuries, there has been less focus on Latino workers – a demographic that makes up a significant portion of this workforce. Xiao found depression and *nervios* to be significantly associated with occupational injuries, while perceived stress and family support were not. This work highlights the potential role of employers and public health officials to address both mental health outcomes and occupational injuries hand-in-hand.

In a comparative study, Emily Sousa investigates self-reported health in association with occupational cohorts among Moroccan-born workers in Spain and Mexican-born workers in the U.S. Despite demographic differences (in age, age at migration, education, and history of agricultural work), Mexican-women were found to be twice as likely as Moroccan-born women to report poor health. Similarly, Mexican-born men were more than three times as likely to report poor health compared to Moroccan-born men. These findings may be due in part to differences in socio-demographic characteristics, agricultural work experiences, self-rated health and cultural differences, as well as actual health differences. Sousa advocates for additional comparative research to explore health effects across migrant populations.

Summary

Immigrants globally have reduced access to health care and social services relative to native born residents. Public policy and legislation, such as the Affordable Care Act, have the potential to improve immigrants' access to care, however the impact will be dictated in large part by immigration law and eligibility requirements. Those immigrants who are able to access health care may face barriers due to physicians' lack of knowledge of cultural traditions and beliefs. Better education for health providers of immigrants' beliefs and customs is necessary to facilitate thorough and effective treatment. Mental health is an emerging area of study relative to migrants and deserves greater attention. The association between depression and occupational injury, and conversely the protective impact of intergenerational solidarity

and engagement in social groups, suggest an opportunity to improve health outcomes through mental health interventions. Given the global nature of migration, with established patterns (such as that between Latin America and the U.S. or Northern Africa and Europe), comparative studies offer insight into the shared experiences of migrants as well as the potential to improve immigrant health via effective strategies employed elsewhere. It is also true that the central themes of migration and health transcend geography, and much can be learned, both positive and negative, from examples around the world.

Across core areas of education, research, and outreach, the COEMH employs a multidisciplinary approach to study and understand the complex field of migration and health. The COEMH's Research Training Workshop supports and fosters the intellectual growth of future leaders in the field. The papers presented in this special issue exemplify key areas of inquiry spanning different disciplines and lay the groundwork for future studies on global trends in migration and health research.

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