
INTRODUCTION

The International Organization for Migration (IOM) estimates that there are over 200 million individuals worldwide living outside their countries of birth, also referred as transnational migrants. Issues concerning migration are thus at the top of political agendas around the world. As this volume goes to press, politicians in the United States are proposing reforms to the nation's immigration laws. Since certain immigrant groups in the US do not qualify for care under the nation's health system, from both a public health perspective and humanitarian perspective, any new immigration reform must consider questions of health service delivery and access to care for all immigrants.

Migrant health is a crucial issue for both the United States and Mexico, given their long standing shared population and cultural heritage. Research continues to show that newly arrived migrants are generally in good health; however, their health status often declines with increased time spent in the host country. This can be related to disparities in access to care, exposure to disease, hazardous occupations, changes in lifestyle habits, and dietary conducts due to the adaptation process, among other factors.

The nine manuscripts included in this publication include the perspectives of various disciplines such as economics, public health, anthropology, and epidemiology, among others. The researchers are all *Programa de Investigación en Migración y Salud* (PIMSA) grantees whose work spans the transnational context of migration and health between the US and Mexico. The results of these studies are particularly important for policy makers from both countries in addition to migrants themselves, their families and their communities.

On the issue of improving access to healthcare for immigrants, we include a study by Wallace, Rodríguez, Padilla-Frausto, Arredondo, and Orozco that tests perceptions of policies that increase access to care

for undocumented Mexican immigrants. Using focus groups to elicit perceptions and opinions about policy options including binational health insurance (BHI) plans, telemedicine, and community health center expansion, they find that expanding health reform as part of a comprehensive immigration reform is the policy proposal with the most potential to bring a range of health services to these individuals.

Fulton, Galarraga, and Dow explore the effectiveness of binational health insurance plans through examining the differences in reimbursement rates between Mexico- and US-based physicians. Their findings signal the need for incentives to increase utilization of health care services in Mexico, if BHI is to be a useful policy tool to stimulate health coverage of the underinsured transnational population.

Furthermore, one must consider the effect of migration on the health of those who stay behind in Mexico. De la Sierra-de la Vega, González-Block, and Vargas-Bustamante analyze the issue of both public and private health service use by the dependents of migrants in Mexico. They analyze the relationship of remittance use and affiliation with the Mexican public health program known as *Seguro Popular*. Through survey methods, they find that the principal predictors of use of remittances for health costs were the existence of sick dependents, the amount used for purchase of medicines, difficulties paying for health expenses, and the length of residency in the US. They conclude that *Seguro Popular* serves as an avenue through which remittances from the US promote the use of public health services by dependents in Mexico.

Another study considers to what extent migrants make transnational use of health services, i.e., crossing the border to use services in Mexico. Through qualitative interviews and focus groups, Pelcastre-Villafuerte, González-Velázquez, and Torres-Robles document

various barriers to health care in the US, for example being undocumented, lack of knowledge of the system, language, culture and fear of deportation. The motivating factors for migrants to use Mexican health services include low cost, the ability to get prescription medicines over the counter, and trust in the quality of care.

Several studies focused on the cultural perceptions of health conditions that affect migrants. In their exploration of tuberculosis-related stigma in the border region, Moya and Lusk examine different experiences of the disease in El Paso and Juarez. Through semi-structured interviews on TB-related stigma and impact on health seeking behaviors, they find that stigma is a barrier to accessing TB health services, and evidence of emotional distress, depression, and feelings of discrimination.

Parrini Roses, Amuchástegui-Herrera, Carrillo, and Ojeda Sánchez explore the cultural factors that influence the acceptability of male circumcision as a strategy for HIV prevention in migrant communities in Mexico. Through the analysis of in-depth interviews, they reveal that male immigrants in the study know very little about the circumcision procedure. They also find fear and distrust of the procedure on the part of migrants, and ambivalence about promoting the procedure on the part of clinical staff, indicating that circumcision may not be an effective avenue for the prevention of HIV for migrant Mexican men.

Melendez, Zepeda, Samaniego, Chakravarty, and Alaniz conducted an evaluation of an innovative HIV prevention program. The objectives of the program were to reduce HIV risk-taking behavior and internalized homophobia, as well as increase comfort disclosing information related to sexual behavior and participants' sense of social support. The study interviewed Latino men who have sex with men pre and post the prevention

program, and found evidence of the need for HIV prevention efforts to address issues such as homophobia, stigma and migration.

Two studies included in this supplement address differences in diet-related health issues among migrants. Guendelman, Ritterman-Weintraub, Fernald, and Kaufer-Horwitz examine actual and perceived body weight in national cohorts of adult men in Mexico and the US. Through surveys, they found that Mexican-American men were more likely than Mexican men to perceive themselves as overweight, and that weight misperceptions were common in both populations but more prevalent in Mexico.

Vargas Bustamante conducted a bivariate analysis of menu labeling, food choices and related health behaviors in Los Angeles' public markets. Results showed longer stay immigrants were more likely to afford balanced meals, though they were also more likely to eat in fast food restaurants and less likely to engage in physical activity. In other words, over time, food choices and behaviors tend to converge between the immigrant and US born populations.

Because of the dynamic nature of migration between the US and Mexico, the findings in these studies have important implications for the health of Mexican immigrants and the Mexican-American population in the United States, as well as return migrants, and migrant families in Mexico.

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