



Cross-Border Health: Enhancing Care for Migrant Populations

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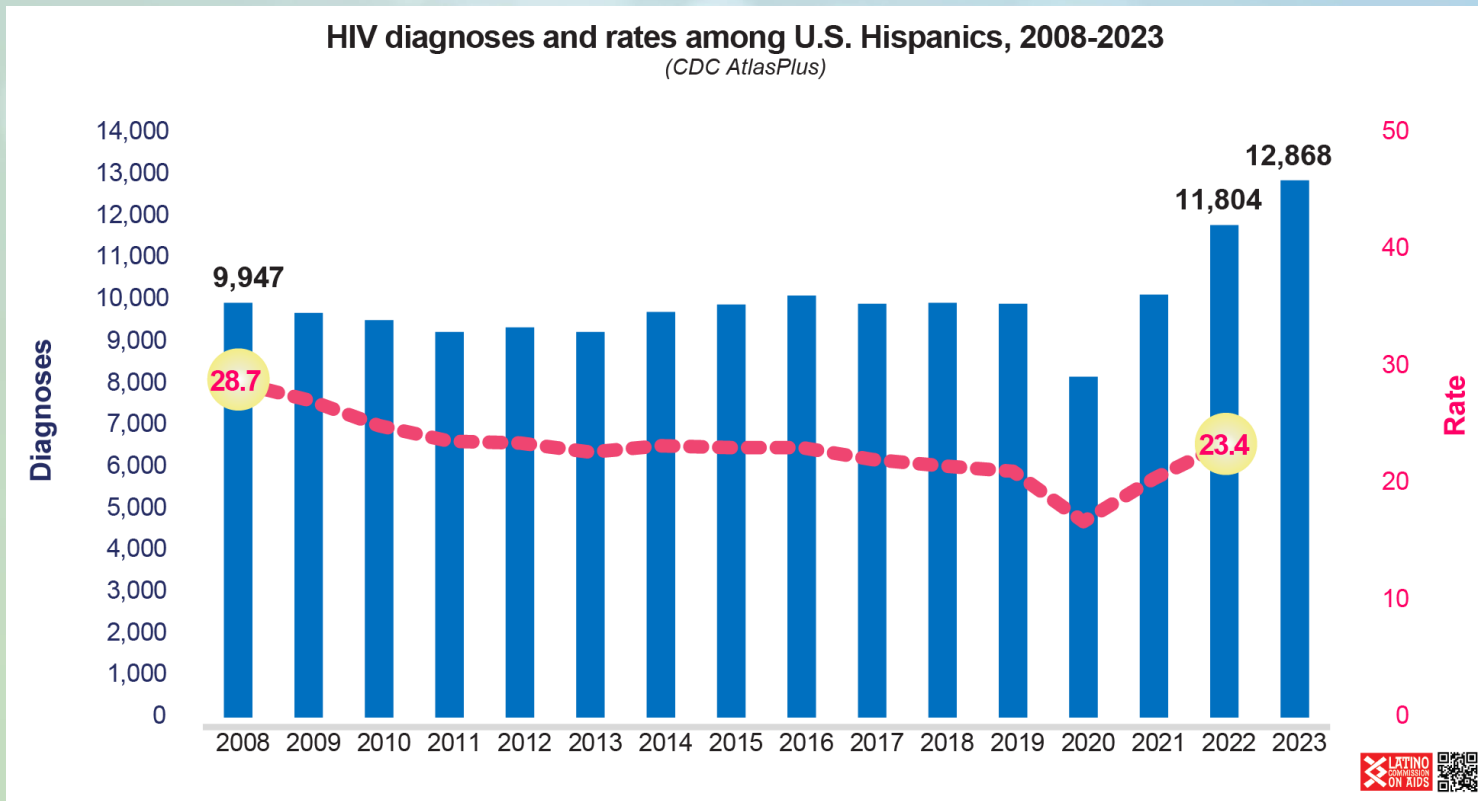


Main themes

- What's a border? What's a migrant?
- What about context and place?
- Agency or structure? Individual or group health?
- Migrant health outcomes: outliers or expected outcomes?

Context: HIV among U.S. Hispanics

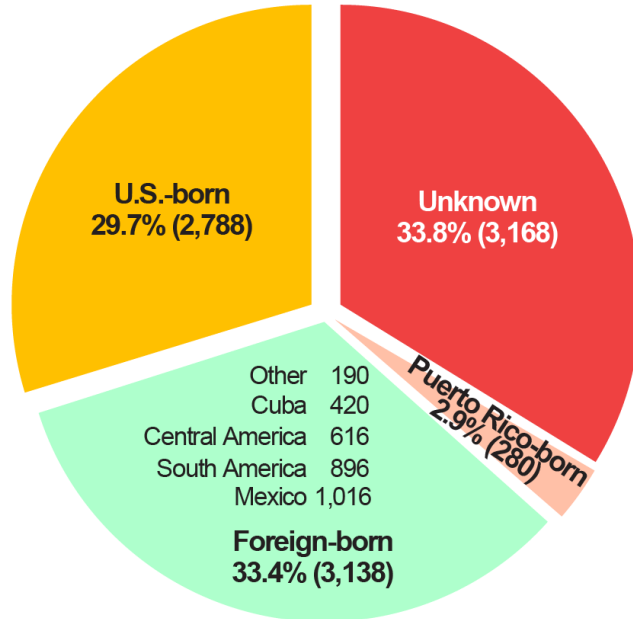
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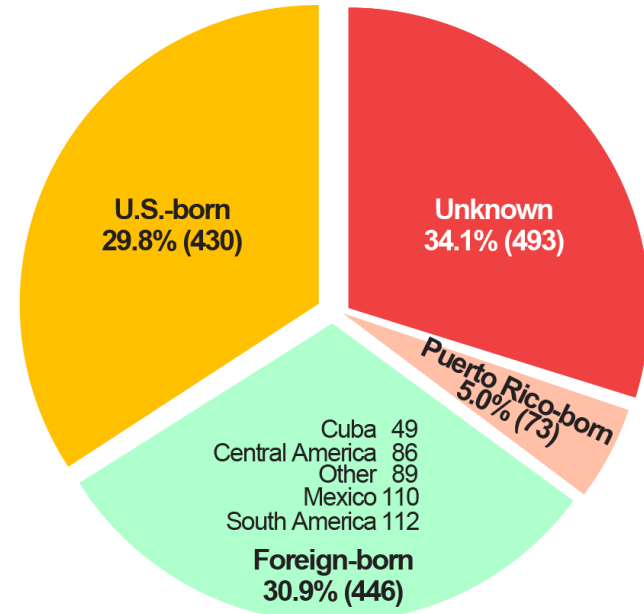
HIV diagnoses among Hispanic men by place of birth attributed to male-to-male sexual contact, 2022

(CDC HIV Surveillance Report 2022, Table 10a)



HIV diagnoses among Hispanic women by place of birth, 2022

(CDC HIV Surveillance Report 2022, Table 10a)



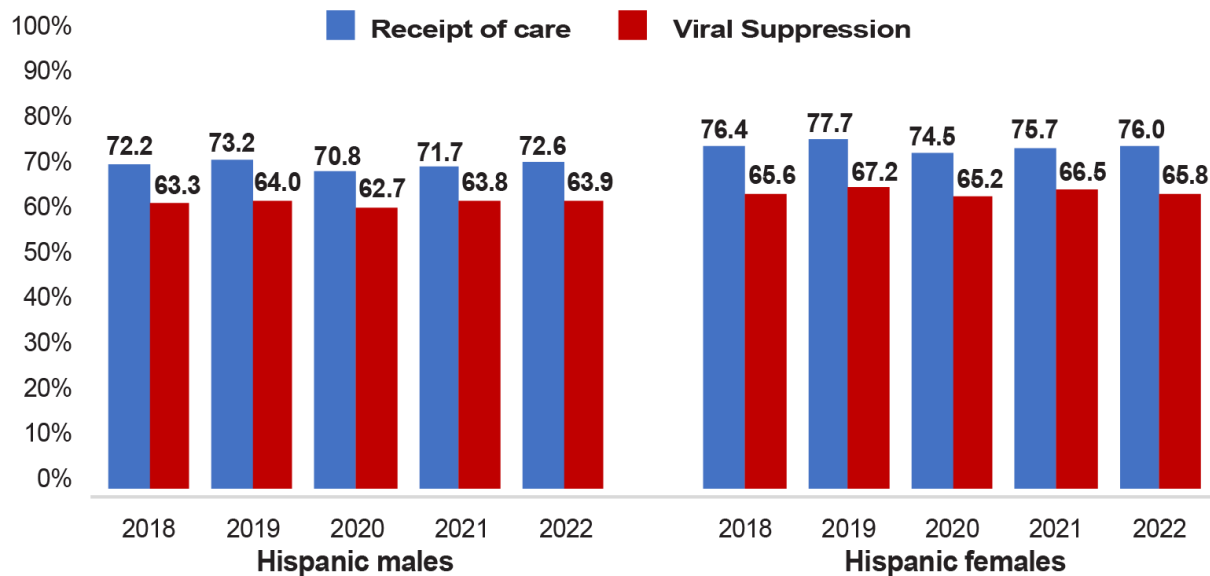
The first protease inhibitor (HAART) was approved in 1995.

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Receipt of care and viral suppression among Hispanics, 2018-2022

(CDC AtlasPlus)

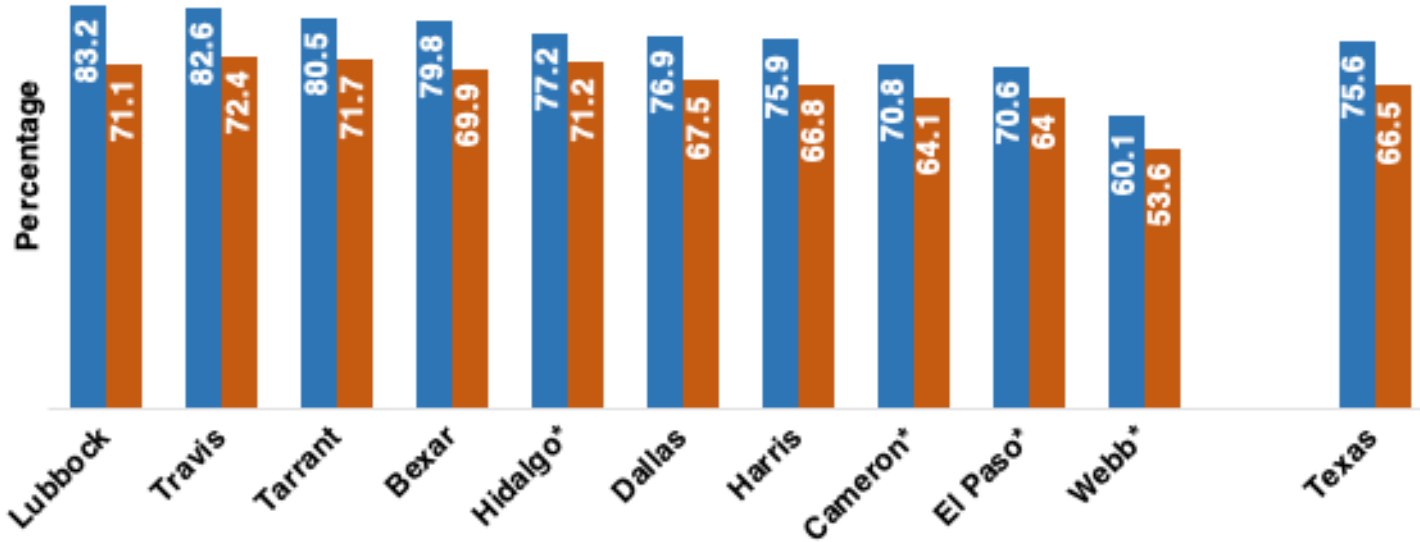


Over a third of Hispanics living with HIV have not achieved viral suppression.



**Receipt of care & viral suppression among Hispanic Texans
by counties, 2023**
CDC AtlasPlus

■ Receipt of HIV medical care ■ HIV viral suppression



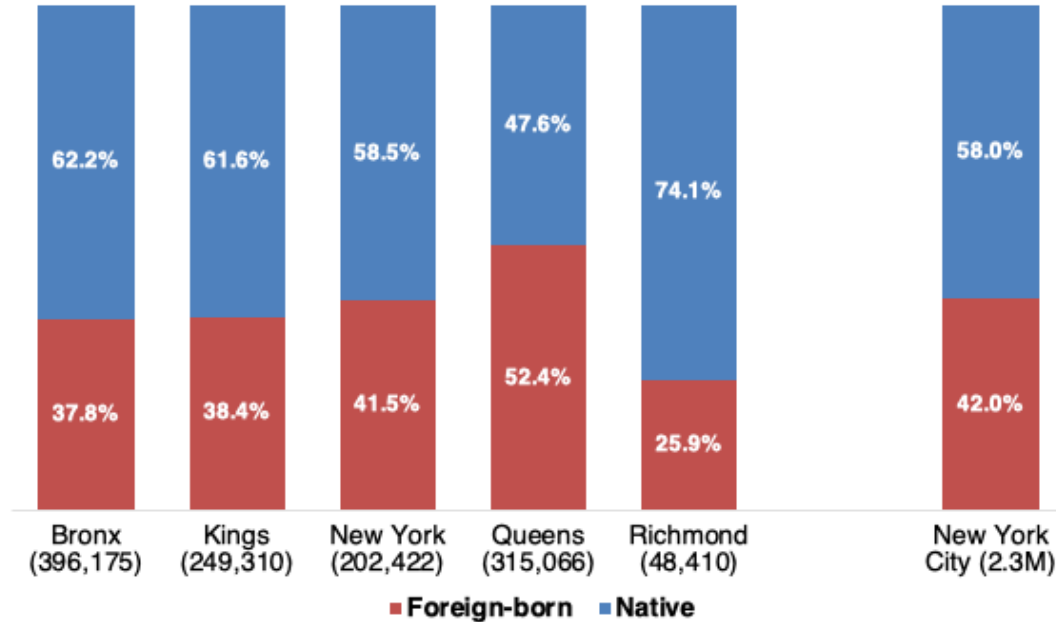


Critique of our conceptualization of borders

- Over-reliance on geographic borders, often along the lines of nation-state definitions
- Unbalanced emphasis on one side of the border, in research, policy, and services
- Lack of attention to the porousness of borders
- Insufficient attention to global interconnectedness trends



Hispanics in NYC Counties, 2023
(U.S. CENSUS DP02)



Hispanics in TX border counties, 2023
(U.S. CENSUS DP02)

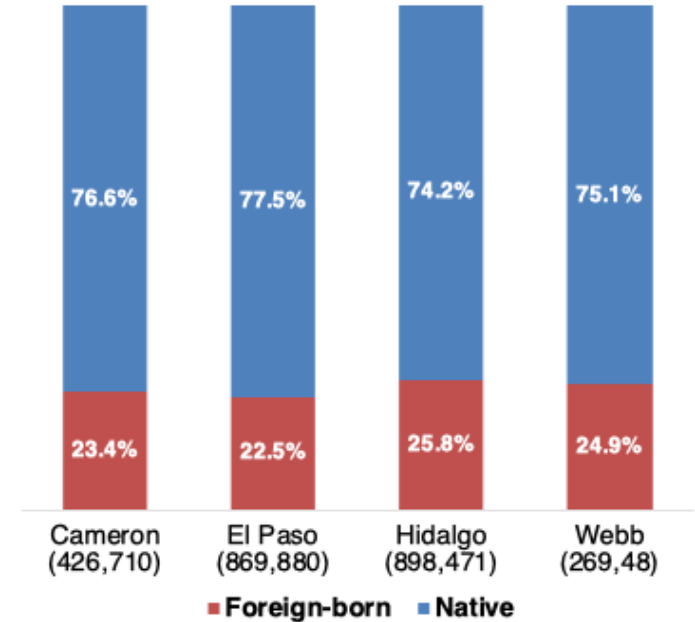
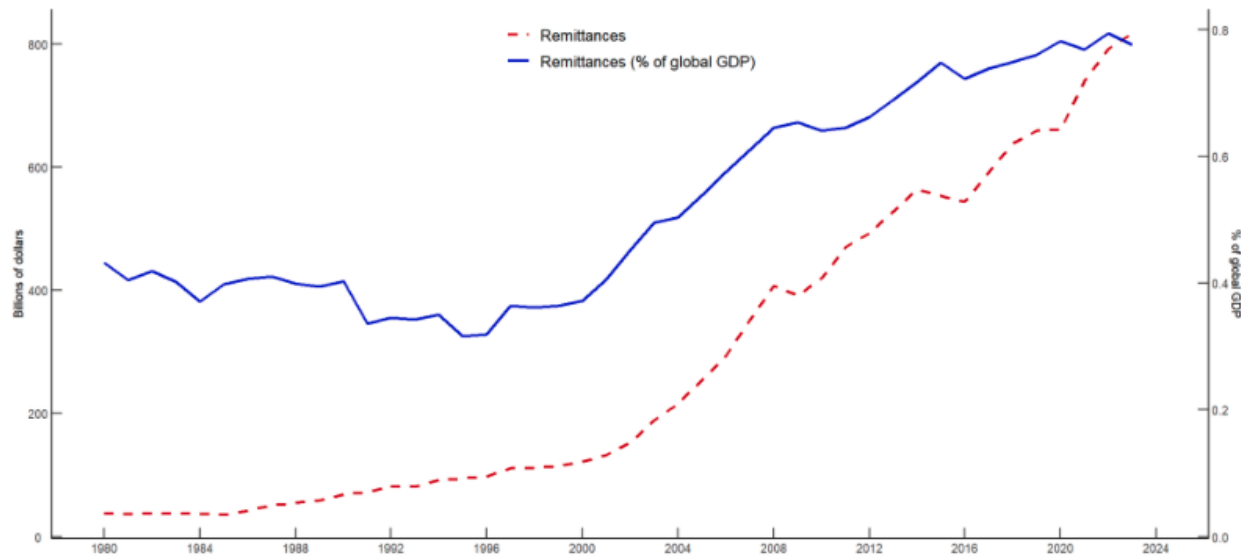


Figure 1. World Remittances



Note: Personal remittances received, current U.S.\$ (red line) corresponds to the main y-axis and personal remittances received, as a percentage of global GDP (blue line) corresponds to the secondary y-axis.

Source: World Bank estimates based on IMF Balance of Payments data.

[Accessible version](#)

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2023

**OECD assistance
USD 223 billion**

**Worldwide
remittances
USD 818 billion**

Monterroso, Oscar, and Diego Vilán (2025). "Global Remittances Cycle," FEDS Notes. Washington, 2025.



Mountain of Money From New York Migrants Sustains Mexican Towns Through Pandemic

Remittances from workers to their families in Mexico are shattering records as family members send money and even donated food cans to keep their relatives afloat.

BY GABRIEL SANDOVAL | JAN. 30, 2022, 6:18 P.M. UPDATED JAN. 31, 2022, 8:40 A.M.

REPUBLIC



MORE

PUEBLA, Mexico — Isabet Lino Cardoso hasn't lived in New York City since 2007 but, like many natives of this southern Mexican state, he remains connected.

Two of his children, based in Queens and New Jersey, often transfer money to him and their family in Puebla, helping to keep them afloat during the worst of the pandemic.

“I am proud of my son and my daughter who sent us extra money, because if it weren't for them, if it weren't for all the Mexicans who are in New York, Mexico would be in disgrace,” said Lino Cardoso, 60, who lives in Cacaloxúchitl, a rural village where he earns the equivalent of \$5 to \$10 a day as a farmer of corn and livestock.



Critique of current frameworks of migrant health

- Over-simplification of migrant categories, the migration processes, and pre- and post-migration experiences
- Neglect of a cross-national analysis of structural, economic, and political determinants in the sending and receiving communities
- Scarce interdisciplinary approaches to migrant health
- Western-centric and universalist assumptions about health and human behavior



*Older people, unfortunately, grew up in a world full of catastrophes, especially people who had to live between wars or had to live through periods where it was very violent. So, they became deeply rooted in that thought of "you have to be a **cement generation**, you have to endure everything you have, you have to work and keep working, no matter how you are mentally, because if you have depression and you don't work or if you have depression and you don't take care of your children or you don't take care of this, **you don't serve us, you don't function.** (Community member, El Paso, emphasis added)*



Group-oriented and individual-oriented communities hold contrasting worldviews of health.

Dimension	Group-Oriented	Individual-Oriented
Access	Delayed if dependent on group	Quicker if self-directed
Support	Strong informal support	Variable; can lack support
Stigma	High for taboo conditions	Lower, but more self-reliance
Adherence	Better if group supports	Depends on personal discipline
Communication	Indirect, mediated	Direct, independent

Most likely, a mix of both within individuals, families, & groups...



Individuals make decisions about health in connection with other highly valued core cultural and economic elements to meet family and community norms, roles, and expectations, even at the expense of individual health.

Self-reliance and endurance, as well as distrust, silence, denial, stigma, or minimization of health concerns, may constitute **broader protective responses** rather than **cultural pathologies** of migrant communities.



A lifecourse and family perspective to migrant health

Requires attention to:

- Multi-generations within family and social networks
- Maintenance of dynamic socioeconomic, emotional, and cultural ties, locally and abroad
- Flows of family influence across borders



I had my baby almost three years ago, and I went through postpartum depression for like a year or so. And that whole year, I was expressing, "I need help. I need help." And I remember my mom just saying, "Oh, pray about it. Se te va a pasar." And it's like, "No, I need help." So I ended up doing therapy, and that ended up helping, but I think me moving forward, now that I have a daughter, if my daughter were to go through that, my immediate response would be like, "Let's get help. Let's go to therapy. Let's see what we can do for you." (Provider, Rio Grande Valley)



Migrant health outcomes are the system's outcomes.

- Social marginalization and limited access to public health infrastructure
- Legal and social exclusion due to irregular migration status
- Institutional capacity to address migrant health needs



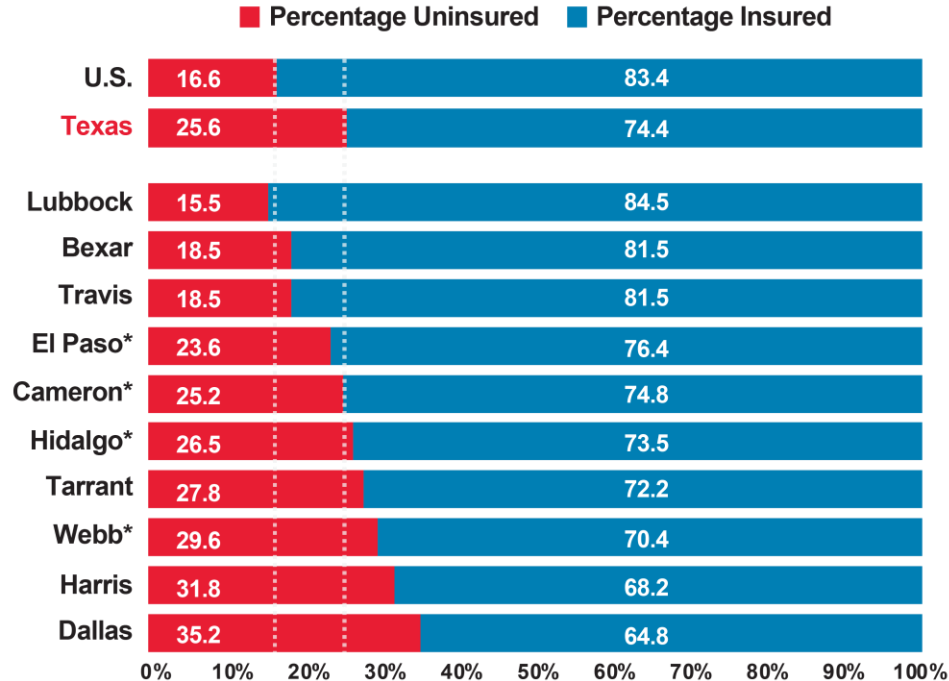
Context and place matter.

I think when immigrants are newly arrived and they're desperate for help, they'll talk to anybody that will give them help. And, then, I think for people that have been here for long enough to have a mixed-status family or they've been here for a while and they're kind of making it, then, they become much more fearful and resistant to getting help because then they have things to lose, right? (Provider, El Paso)



Uninsured Hispanic Texans by Selected Counties, 2023

**counties on the U.S.-Mexico border
(Census, S2701, ACS 1 year Estimates, 2023)*



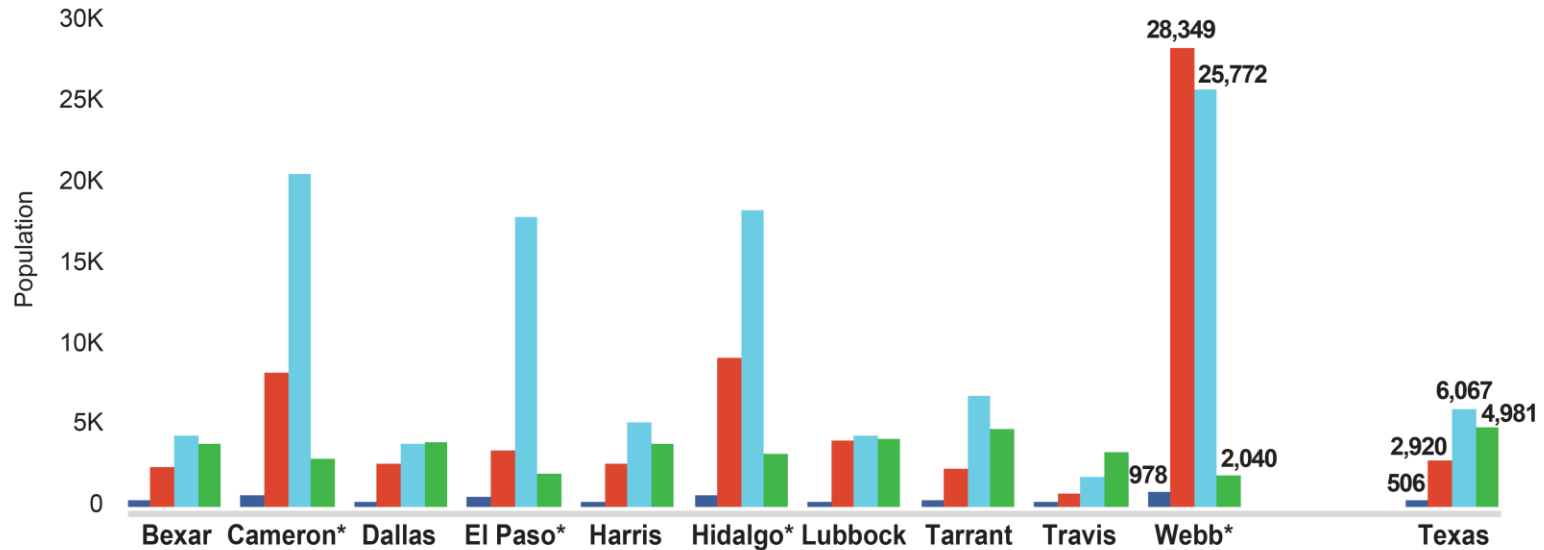


Ratio of Health Professions to population by county, 2023

(DSHS, Texas Health Data, Health Profession Resource Center, 2023)

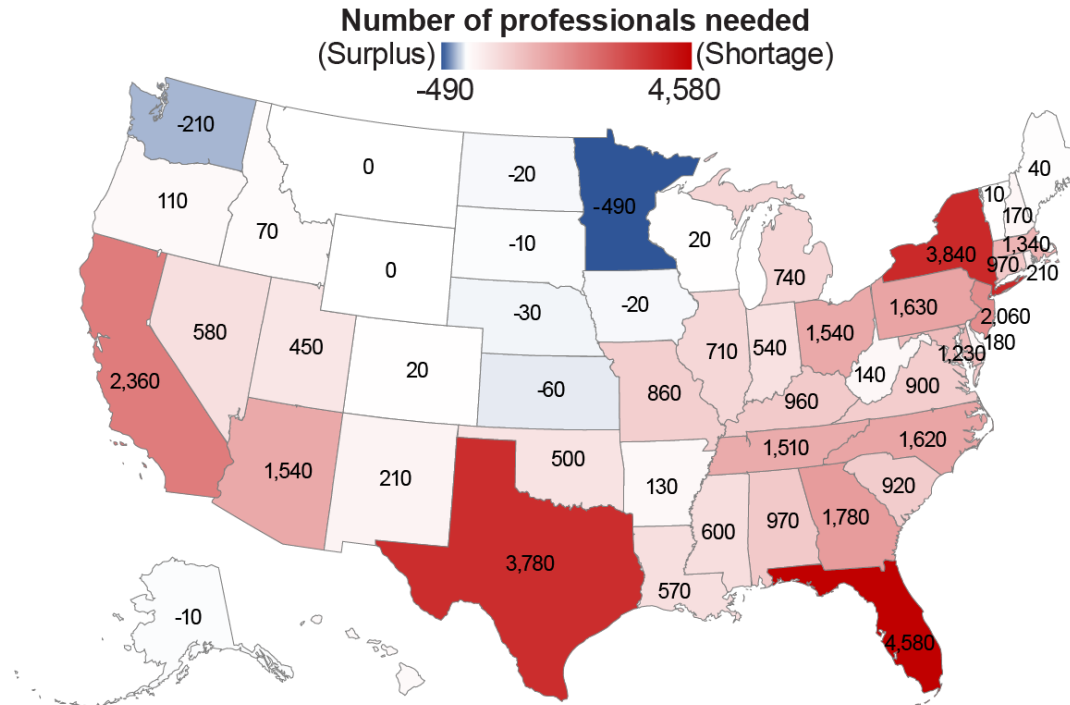
**Counties on the U.S.-Mexico border*

- Direct Primary Care Physician
- Licensed Clinical Social Worker
- Licensed Psychologist
- Community Health Worker





Projected shortage and surplus of family medicine physicians by 2030 HRSA, Health Workforce Projections



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A false dichotomy of agency versus structure in explaining health experiences in migrant communities

Representations of migrants as vulnerable victims of economic and social forces or as rational actors predominantly motivated by economic utility (push-pull theories) fail to account for the dynamic and context-dependent nature of human agency, structure, and health.



Research and Service Opportunities

- Revisiting migrant health within a structural analysis of health outcomes and socioeconomic contexts
- Expanding the use of cross-national, lifecourse, and family frameworks
- Enhancing cross-national research, service coordination, and data sharing



Policy Opportunities

- Grounding health policies on fundamental causes of disease (Link & Phelan) and systems of exposure (Riley)
- Integrating migrant health into the research and policy of public health structures.
- Accelerating the inter-sectoral collaboration between the healthcare, housing, education, and labor sectors.



KEY REFERENCES

- **Link, B. G., & Phelan, J. (1995).** Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 35 (Extra Issue: Forty Years of Medical Sociology: The State of the Art and Directions for the Future), 80-94.
- **Riley, A.R. (2020).** Advancing the study of health inequality: Fundamental causes as systems of exposure. *SSM Popul Health*, 10:100555.
- **Singer, M., & Clair, S. (2003).** Syndemics and public health: Reconceptualizing disease in bio-social context. *Medical Anthropology Quarterly*, 17(4), 423-441.
- **Office of the Assistant Secretary for Health and Surgeon General.** Healthy People. The Surgeon General's Report on Health Promotion and Disease Prevention. U.S. Department of Health, Education, and Welfare;1979.



Q & A Comments



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