SOCIAL DETERMINANTS OF MIGRANT HEALTH

CALL TO ACTION
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Introduction

Globally, there are an estimated 232 million international migrants, including those that move temporarily or permanently, and for political, economic, social, and other reasons (United Nations, 2013). While public discourse in many migrant receiving countries often emphasizes the economic and political issues related to migration, the influence of migration on health is often overlooked.

Given the growing demographic and economic importance of migrants, along with their influences on the social and economic sectors in sending and receiving societies, increased attention on migration and health is crucial. Migration offers a critical lens for examining the social determinants of health that has profound implications for population health, including the health of those who have lived in host countries for generations. By examining the links between migration status, migration processes, and health, this research offers insights towards the eventual elimination of health inequities among diverse and often marginalized populations, including migrants and non-migrants.

To advance scholarship, practices, and policies on the social determinants of migrant health (hereafter “SDOMH”), an interdisciplinary group of experts working on a wide range of issues related to migrant and global health came together on October 7-10, 2014, with the goal of setting a bold agenda. This document outlines a Call to Action that emerged from the group’s interdisciplinary and multi-method conversations. Specifically, we highlight key research priorities and explore new areas of inquiry and research in the areas of SDOMH, policies and politics, and program interventions. This Call to Action represents the group’s collective wisdom (for names of participants, please refer to Appendix 2).

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1 The United Nations’ definition of the term “migrant” refers to individuals currently residing in a country other than where they were born.
Background

Several frameworks, including the social determinants of health, the life course perspective, transnationalism, as well as consideration of the contexts of migration from a cross-national perspective (including economic, political, and historical dimensions of sending and receiving countries), can help enhance research insights into the complexities inherent in the lived experiences of migrants that, in turn, shape population health. This Call to Action draws upon these frameworks, through a primary focus on SDOMH. Together, these frameworks provide a spanning infrastructure in our attempts to weave through the diversity of approaches and disciplines needed for addressing the social determinants of migrant health worldwide.

Social determinants of health

We use the term SDOMH to underscore structural factors that shape health and wellbeing of migrants. Simultaneously, to enhance our understanding of the social determinants of health more broadly, we also draw attention to the value of applying a lens that places migrants at a crossroads between countries. There is a growing recognition that structural inequalities and migrant health are strongly inter-twined. Globally, a widening income inequality is emerging as a central economic issue that not only threatens economic sustainability, but also unequally impacts migrant and other marginalized populations, creating social hierarchies and stratification that may further harm population health and increase health disparities. Migrant health disparities according to socioeconomic status, race/ethnicity, gender, legal status, place of residence, occupation, and other factors have been widely documented. Further studies are needed on SDOMH both in sending and receiving countries and on their connections with migrant integration and adaptation, nativity, impact on subsequent generations, duration of residence, age at migration, language, and sense of group identity across diverse migrants, within and across countries.

Cross-national framework

There is increasing recognition of the role of both communities of origin (i.e., sending) and host communities (i.e., receiving) in shaping the health of migrants and non-migrants. As opposed to a special-population topic, examining the influence of migration on health provides a critical opportunity for gaining a deeper understanding of patterns of population health within and
between sending and receiving countries. Based on a framework proposed by Acevedo-Garcia and colleagues (2012), a cross-national approach incorporates influences of both the sending and receiving countries on the health of migrants. This framework improves upon past scholarship on migrant health that tended to focus exclusively on cultural explanations of migrant health in host or receiving countries. Cross-national research broadens our understanding of observed variations in mental and physical health among migrant groups by exploring social, political, and economic factors in countries of origin and in nations receiving large shares of migrants. Furthermore, it is particularly important to engage community voices in both receiving and sending communities as we shape research questions, conduct the research, and disseminate the findings to diverse stakeholders because these voices can help improve the depth of the research and analyses, as well as enhance the meaning of research findings.

Political context

This Call to Action was developed with a deep understanding of the existing politically charged environment, which typically frames various forms of migration, but especially “unauthorized migration” as a negative force; as a consequence, the experience of being migrants in socially hostile environments is very likely to deeply impact migrants’ health and well-being, as well as access to health services. In calling for a new research agenda, the group recognized that, ultimately, policy decisions reflect not just data and research, but values, the framing of a problem, and the structures that enable those values and framing to shape politics and policies. Discourses that frame migrants along a “deserving” versus “undeserving” continuum, and those that render migrants as “less-than” and “temporary” individuals often result in subgroups of migrants who are easily “excluded” from societies and their economic, educational, and health systems. As such, these discourses not only shape the experiences of contemporary migrants but also those of subsequent generations, and those of their families and communities in both the sending and receiving countries. To help disentangle the impact of migration on health, it is critical to deepen our understanding concerning the complex politics behind the social exclusion of migrants, and in particular of those deemed to be unauthorized, from mainstream systems of health promotion, prevention, and care.

In addition, this larger political context has implications for examining the nexus between migration and health, which can be perceived as highly controversial topics in some segments of society within and across countries, particularly those who receive large shares of immigrants. Consequently, scholars conducting this type of work risk facing political decisions regarding research funding, as well as acknowledgement of the “worthiness” of the research endeavor in and of itself.
Heterogeneity between and within migrant groups

One trend is clear—the abundant diversity of migrants globally provides remarkable opportunities for analyses, and has the potential to offer important insights into the causes of health and disease in sending and receiving countries. To assure fulfilling this vision, it is critical to develop and apply innovative and rigorous methodological tools capable of capturing the complexity of migrant lives in different settings and countries across the globe. As human beings, migrants have diverse identities that go far beyond migrant status or ethnic/racial identity. The multiple dimensions in which migrants function need to be recognized, including the intersectionality of class, gender, ethnicity, disability, age, sexual orientation, and religion that interact to produce health inequalities. There is also great diversity in regards to migration status itself; many migrants are not recent arrivals. Subsequent generations – that is, offspring of migrants, are nonetheless defined by their “migrant background;” and many more have a historical presence, but are frequently cast as “perpetual foreigners.” In addition, we recognize that addressing knowledge gaps to specifically ascertain how social determinants of health impact migrant health status must deepen, as well as go beyond analyses of socioeconomic status and health. For example, some relatively recent studies suggest that the association between socioeconomic status and health may be different among some migrants than among non-migrants.

Oppressive and disparate circumstances often shape the types of systems available to migrants and, consequently, impact their health and wellbeing. For example, a marginalized undocumented migrant needing mental health services may have a far greater likelihood of ending up unemployed or in jail, rather than in the mental health treatment system, which can powerfully influence his health outcomes. In contrast, unauthorized migrants often exist under the radar—health care access to and use of services are shaped both by the fears of the migrants (deportation), as well as the role of the systems that dissuade migrants from seeking care, including eligibility requirements, discrimination, job barriers, lack of time, transportation, and other factors. Migrant health outcomes vary substantially within and across subgroups, as well as between migrants those “native” to the country in question. For example, for some health outcomes and among certain groups in the US, migrants experience better health than their US-born counterparts, yet the health of migrants appears to deteriorate with more time spent in the US. Future research is needed to better understand the interaction of social determinants and the ability to preserve or prolong the health advantage among first-generation migrants, improve their health and the health of their offspring and the communities affected by migration. Understanding those differences and why they exist is critical in improving the health and well-being of both migrants and native populations in origin and receiving countries. However, simplistically
adopting a misleading “culture-only” explanatory model ignores the differing social, historical, and structural contexts that shape the experience of migrants; for example, differential access to resources and life opportunities. Furthermore, merely advancing a cultural explanation, such as acculturation, irresponsibly perpetuates stereotypes and attempts homogenizing entire ethnic and migrant groups, when clearly heterogeneity exists.

Future Directions

We propose a number of priorities moving forward. These include: addressing knowledge gaps via research collaborations, improving the use of existing research, establishing a means of sharing information, and pursuing training opportunities for new and established investigators. We describe these next steps below.

Addressing knowledge gaps via research

Recognizing the growing impact of cross-national migration on economic development, labor, and population health, we challenge the field to conduct new studies that reflect the complexity of the contexts of migration and the experiences of migrants and their communities. The face of migration is being transformed through political upheavals, economic opportunities, rural and urban growth in countries of origin, the changing role of women, as well as the impact of occupational and environmental issues, including climate change, and technology. It is likely that many of these, and additional factors, such as generational differences, will continue to influence the emerging needs for further research (see Figure 1).

Figure 1

Bridging social epidemiological research on immigrant health, including translational clinical and policy research

- Migration, “illegality” and health: Mapping embodied vulnerability and debating health-related “deservingness”
- Developing evidence-based guidelines to improve access and care to vulnerable migrant populations
- Disparities in health services along the pathway to citizenship
- The Promise of Integration on Migrant Health: Implications of Health in All Policies on Social Equity
The next generation of research requires a trans-disciplinary approach that combines the social sciences, including sociology, political science, anthropology, history, economics, and public health, with the insights of stakeholders, including migrants themselves, program managers, providers, and policy makers. This approach, along with more complex mixed-research methods — from grounded theory and community participatory research, to projects that also entail the capacity of linking several large data sets through a social determinants and migrant health lens — are needed to advance the field. This Call to Action underlies a strong commitment towards including consumers of knowledge—beginning with the beneficiaries themselves as well as policy makers — as research questions are shaped and prioritized.

An additional layer requires the incorporation of ethics and equity. Thus, we call for better uses of existing knowledge and research in the development of policy, programs, and practices. To this end, questions pertaining to how the policy, program, and protocols affect the social determinants of migrant health and well-being must be taken into consideration in research endeavors. Since social determinants and health disparities research is complex, there is a need for further refinement of methods in “complex systems science” to advance the science and practice. Complex systems science refers to a family of methods/methodologies that enables the study of complex problems and addresses the big picture, as well as the components that make up the system. Integrating a life course framework within this research is also important, as well as considering multi-level perspectives and analyses of the interaction between individuals and subgroups, (such as family, neighborhood-level, community-level, etc.) and health status. This requires the use of transdisciplinary approaches, including research that simultaneously addresses multiple health conditions from a health equity lens. In the Appendix, we outline specific new directions for research proposed by the Bellagio conference participants.

**Enhanced use of existing research**

There is a need for greater incorporation of systematic reviews of existing data and successful interventions that could be used to advance the field of SDOMH. Building upon such resources as http://equity.cochrane.org/, with its new methods for equity oriented systematic review, additional efforts can be made to assure that available knowledge undergoes rigorous review and can be used in shaping the next generation of new interventions (see for instance, Morton et al, 2015). Incorporation of meta-analyses and narrative methods for incorporating non-randomized

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studies is also needed in areas where randomized designs are not feasible. There is a need for better documenting and capturing what is known, at first through organized information sharing and then, if funding allows, through a formal research, policy, and program repository (see below). This would allow enhancement by the skills of knowledge brokers and curators, who can, for example, analyze what research exists for different audiences who seek information on what is known to “work” with diverse migrant populations. It would need to be updated and maintained, as well as used to help identify further knowledge gaps to help inform new research directions.

**Information sharing**

Ongoing communication among those working in health and social determinants of migrant health is essential and can be achieved through continued use of the www.placemigrationandhealth.org website and use of the new www.cultureofhealthequity.org website, particularly its page on the Social Determinants of Migrant Health.

In addition, as outlined above, there is need for a more extensive means of enhancing collaboration and improving the use of knowledge in policy decisions and program development. Contingent on identifying a funding source, we strongly recommend the creation of a digital repository of literature, data bases, tools, methodologies and best practices to further communication and education. Such a repository could be used to:

- Utilize search and manager references, such as Google Scholar, Medline, Cochrane, Lilacs, WHOLis, PAHO, IBECS, MedCarib, Academic Search Complete and ZOTERO as a Reference Manager and a set of inclusionary criteria in order to centralize research, program, and best practices descriptions.
- Create a research, policy, and program network of diverse stakeholders.
- Establish standard definitions of migrant health.
- Establish a methods group to offer consultation on (mixed) methods.
- Offer platforms for disseminating information on research projects, including development of new tools that can be incorporated into a variety of diverse research projects underway.
- Offer opportunities for sharing research findings, case studies, government reports, laws, and regulations, funding information, and ideas.
- Include publications, research studies, case studies, concept papers, briefs, etc.
- Conduct systematic reviews or equity oriented systematic reviews.
- Incorporate social media including blogs, Facebook, Twitter, and YouTube to share new resources.
- Make available online tools, virtual meetings, and webinars to present research findings and conduct trainings.
• Create thematic working groups that can advance a research agenda and create and enhance existing collaborations. For example, develop a network that helps to foster conceptualization of new projects, designs, collaborates on field testing, evaluation, and dissemination of innovative practices.
• Engage opinion leaders in discussion groups.
• Work with a journal towards publishing individual or a series of papers based upon the research included in the repository.

Training opportunities for new and established investigators

An essential component of our plan is training the next generation of research investigators, including enhancing diversity among researchers. This may include grants for fellowship trainings, intramural research, career development and mentoring. One source may be the National Institute for Minority Health and Health Disparities (NIMHD), which provides leadership dedicated to improving minority health and identifying, understanding, and eliminating health disparities. Private foundations may also be willing to support training and research endeavors. Ideally a map of gaps and current funding can be used to pool different funding opportunities.
Next Steps

How will the Bellagio Call to Action be implemented? In order to advance such an action agenda, the group of participants convened in Bellagio in October, 2014 (see Appendix 1), are already part of the Place, Migration, Health Network (www.placemigrationandhealth.org). Furthermore, participants from the group who are leaders of the Latino Caucus have extended a call for abstracts which includes studies on SDOMH to be proposed for presentation at the 2015 annual conference of the American Public Health Association. The Network is committed to an everexpanding network of researchers, but also individuals working at the intersection of policymakers, funders, and practitioners, as well as trainees. We seek to identify domestic and international funding that will help leverage existing resources being devoted to this area of research. In a time of “outsourcing” and ability to rapidly share information, networks of researchers can also advance the field by assuring that the strongest tools are developed, shared, and used in conducting the next generation of research. In fact, several collaborations are already underway.

This Call to Action will also be included, along with the Social Determinants of Migrant Health Conference Report, in the documentation sent to the Rockefeller Foundation and posted on the websites of the Place, Migration and Health Network (www.placemigrationandhealth.org), the Culture of Health Equity (www.cultureofhealthequity.org) and the University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies (http://healthpolicy.ucsf.edu).
Appendix 1: New and Enhanced Research Directions

New and Enhanced Research Directions

We call for measuring absolute and relative social inequalities in health, across multiple health indicators, as well as in health care access, quality, and use across the globe. Triangulation of quantitative and qualitative data is key, as well as data collection and analyses that enable the disaggregation of macro- and micro-data level data. Through this process, there is great likelihood that knowledge gaps will be identified, including additional dimensions that require further exploration. While recognizing that socioeconomic, gender, and place-related data have often been used as explanatory variables in describing migrant health, this Call to Action fully acknowledges the importance of uncovering the mechanisms by which these sets of variables impact health and wellbeing of migrants and their communities. There is also clear need to identify protective factors, such as social capital and resilience that, even under very difficult circumstances, could positively serve to buffer the negative impact on migrant health status; these protective factors may differ across populations, settings and places.

Opportunities for further research that helps further understand and measure migrant health and health needs include:

Data Collection and Measurement

We recognize the potential difficulty of conducting this type of research, from the challenges of identifying data sources to conducting high quality comparative analyses, including international, across generations, across locations, across countries, and over time. Overall, there is a need to further document the nonlinear patterns of adaptation and transnationalism, as part of efforts to improve the measurement of characteristics of the sending and receiving context(s). This may include:

- Identifying key questions to include in already existing national datasets to better capture the diverse experiences of migrant populations.
- Developing and testing new measures to assess structural determinants of health and the underlying processes through which they impact the biology, psychological, and physical health of diverse migrant groups. For example, research has documented the critical role of spatial distribution of populations on shaping life opportunities, access to resources,
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and exposure to factors influencing health and wellbeing. Additional studies are needed to ascertain how residential segregation, neighborhood characteristics, and ethnic enclaves influence health outcomes among migrants.

- Developing new indicators as well as refining established social determinants, in order to maximize comparisons. For example, education and income measures need to be comparable across nations. Furthermore, to improve inferences and comparisons, samples of non-migrant populations need to be included in order to best capture migrant adaptation processes.

- Promoting the next generation of research methods and measures, including the consolidation and use of large data sets from existing studies to further refine our understanding of health and disparities.

- Improving monitoring and reporting on migrant health systems, as well as ensuring standardization and comparability of data on migrant health. This can lead to more effective aggregation and assembling of migrant health information, identification of good practices for monitoring health, and mechanisms for sharing information through a variety of channels. This will require moving toward standardized international nomenclature with organizations such as the International Organization of Migration.

- Incorporating, as feasible, environmental health, occupational health, and climate change variables and their impact on migrant health.

- Taking advantage of improvements in technology to advance several exciting areas of research direction—
  - Combining biological and environmental variables to study their interaction with migration and health – for example, measuring biological markers of stress and allosteric load, along with psychological indicators.
  - Advancing the capacity to link administrative data bases in new and creative ways to help further differentiate community and environmental processes impacting migration and migrant health.
  - Marshalling the knowledge explosion, ranging from electronic medical records to application devices that can help track and reinforce positive health behaviors using mobile technology, as well as increased use of social media to communicate with sending and receiving communities.
  - Strengthening cross-border and social network social ties within distant and close geographic proximity in the host society through the use of technology. As migrants already use Skype and mobile phone applications to connect across borders, these links could be harnessed for public health interventions that seek to promote resilience and reduce health-related risk in migrant populations.
Lifecourse Perspective and Accumulation of Risks

We recommend adding a lifecourse perspective focused on critical developmental periods, accumulation of risk and social trajectories. Social determinants of health in sending countries affect migrant health long before migration, after migration, and across the lifecourse, and they affect the health not only of migrants themselves, but also of subsequent generations. Research on migrant health, thus, should consider health and status before and after migration, the circumstances of the migration (planned and unplanned, multiple efforts in reaching the receiving community, number of times deported), along with age at migration, a potentially significant determinant. This lifecourse perspective enables studies of the influence of childhood health and socioeconomic status on adult health outcomes. Studies are also needed to further analyze the intergenerational effects on diverse health, economic, and social outcomes, as well as cumulative effects across generations. While there is a need to recognize challenges in conducting comparative analyses—international comparisons across generations, locations, countries, systems, borders and policies—there is also a clear need for improved ways to study migrant health and the effects of migration on health. This includes cross-border longitudinal studies, as well as other studies which enable greater disaggregation of migrant groups by factors such as country of origin, language fluency and literacy, racialization, SES, gender, age at migration, and historical social, legal, and political context (embracing or closed eras in receiving communities). Specific topics may include:

- Studying the cumulative impacts of the migration experience, including the experience of living as an undocumented migrant or other precarious legal status. While longitudinal studies may be ideal, studies might include retrospective measures of experiences earlier in the lifecourse and link to health outcomes at some later point. Alternatively (or in addition), studies might include stress biomarkers that indicate the cumulative impact of stress, and examine differences by length of time in the host society, cohort, legal status, or other dimensions of ‘exposure’ to the host society.
- Studying the cumulative impacts of the migration experience, including the experience of living as an undocumented migrant or other precarious legal status. This includes conducting studies that include indicators of childhood circumstances adapted to contexts of origin (e.g., material conditions, exposure to violence), and the long term effects of migration-related trauma on health.
Appendix 1: New and Enhanced Research Directions

Policies and Politics as Determinants of Health

Explicitly considering migration policies in diverse areas—such as economics, education, government, housing, welfare, justice, and environment—because they all are likely to shape and influence the health and health status of migrants. In addition, familial factors, such as mixed legal status within one family and intergenerational effects, need to be addressed within a broader policy lens.

- Studying comparative policies and historical context and their impact on migrant health status, including assessing policies that either hinder (for example, exclusionary) or support successful migration, as well as the historical eras (welcoming and retracting) in which migration occurs. For example, migrants’ health and health inequality by type of integration policies in European countries [http://t.co/0I3Mm3CWCU](http://t.co/0I3Mm3CWCU) can serve as an example of the type of advanced policy analyses needed in the field.

- Studying health, social, economic and education policies which may or may not contribute to the health and wellbeing of a country’s residents. In migrant sending and receiving societies, some policies may harm, while others may benefit the health and wellbeing of migrants, their children and families, including those who stay behind. There are also policy exceptions. For example, in the US, beneficiaries of Deferred Action for Childhood Arrivals (DACAs) are legally able to stay for two years (renewable) in the country without fear of deportation. More broadly, immigration reform policies have impacts upon migrant health (e.g., conditions under which an immigrant eligible for the Affordable Care Act).

- Studying political determinants of migrant health, including the reciprocal nature of social and political determinants. Social determinants of health for migrants, including relative social status, and experiences of stigma and discrimination, are structured by local, state, and federal policies of inclusion and exclusion, and the differentiation of rights by civic or legal status to health care, work, and mobility. All of these subjects are not only part of the rich tapestry of the migrant experience, but have major impacts upon health outcomes.

- Seeking “learning laboratory” opportunities to implement the Call to Action. One such opportunity is the Rockefeller 100 Cities project, in which a health equity impact assessment process could be pursued with the aim of improving the health of marginalized populations, including migrants, through action on social determinants. These city-based projects, already underway, offer a type of platform in which research described above could occur. Identifying additional opportunities to implement aspects of the Call to Action should be explored and encouraged through institutional and funding support.
Migration Processes, Contexts and Resilience

- Examining the role of citizenship access and length of time before citizenship can be established may also be important, with a particular lens on its impact on access to resources, and thus, in turn, health outcomes.
- Developing a better understanding of premigration through migration and adaptation decision-making and planning processes and its impact on health status, as well as an understanding of the impact of migration on sending communities and those “left behind.”
- Analyzing economic opportunity in the receiving community for upward mobility, racial/ethnic discrimination, health care and health insurance policies and other migration policies, as well as attitudes of the native population toward new migrants — all factors which have the potential to affect health and wellbeing of migrants.
- Conducting timely studies in response to current events. This might include, for example, studying the implications of deportation and family reunification on health and well-being as an unprecedented number of persons have been deported since 2009—nearly 2 million persons. In addition, the over 60,000 women and children who have crossed the US border just in 2014 seeking refugee status and family reunification also provide a unique opportunity to study longitudinally marginalized populations under severe stress.
- Studying the ‘long-arm’ of early-life influences on later-life migrant health, including studying bi-national influences on the health of migrants such as cross-border social ties and bi-national or transnational influences on health and health behavior, particularly given the epidemiological transitions under way in many migrant sending countries (e.g., higher rates of obesity and chronic disease).
- Conducting studies of cross-border ties and influences on health should also include inquiry into the health effects of cross-border separation, particularly across international borders that are difficult to traverse for those who are undocumented, have few financial resources, or are in poor health.
- Studying the social meanings of the context of migration, ethnicity, and ethnic density as they impact health and racialization of groups.
- Conducting studies of positive deviants — migrants who are able to thrive in the face of deprivation — and what factors contribute to their social capital. In addition, studies regarding mobility, including migrant and inter-generational upward mobility, are areas that have not been studied extensively.
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Health Care Access and Delivery

- Conducting studies regarding clinician bias as it pertains to service delivery, influenced by unconscious bias, and its impact upon health care delivery including examination of the role of stigma and bias related to racial/ethnic differences and stereotypes.
- Development of effective tracking of mobile populations over time and across geographic space for the purposes of enhancing the delivery of health care services and other health-related interventions. However, this must be carefully thought out, in order to prevent abuses that could further exacerbate the vulnerability of migrant populations.

Program and Policy Interventions

- Development and evaluation of multi-pronged health, economic, and social interventions, incorporating a collective impact approach, aimed at supporting migrants and ensuring that migrant resilience is enhanced.
- Developing and testing of effective, multi-sectorial, multi-pronged interventions aimed at preventable and treatable health conditions, including physical health (e.g., obesity, diabetes, and infectious diseases), mental health and maltreatment (e.g., post-traumatic stress disorder and intimate partner violence) among different migrant groups.
- Increasing the effectiveness of knowledge exchange and transfer strategies as part of a new emphasis on diffusion and implementation sciences. This could allow, for example, replication of innovations that have been well tested and shown to work with similar populations.
- Additional research to ascertain what strategies are the most effective for translating research findings into policy, program, and practice interventions.
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Conference on Social Determinants of Migrant Health
Call to Action

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