United States-Mexico Border Health Access: Challenges and Opportunities

The United States-Mexico border region is an area of tremendous human interaction — where two countries and two cultures meet and flow back and forth across international boundaries. The population of the border region shares common experiences, such as economic, health and environmental conditions, and factors that affect health and disease.

Indeed, diseases do not recognize borders or boundaries—it is a porous border, and it is a region of unique public health challenges. Core challenges of the region include:

- Less access to primary health care services and higher uninsurance rates among the poor;
- Coordination between the two countries, federal agencies, ten states regarding health insurance plans and costs, disease case definitions, diagnostic criteria, laboratory protocols and emergency services;. and
- The training of health professionals.

There are many hurdles that confront the United States health care system in the border region. Federal and state policies, such as declining federal Medicaid reimbursements, low incomes, low rates of health insurance coverage, the disproportionate burden on the border counties; and uncompensated care are creating a crisis. The principal responsibility for the delivery of health services falls on state and local governments and private stakeholders.

This is also an area of dynamic population growth. The 2000 censuses of Mexico and the United States reveals that there are about 13 million inhabitants in the border region, with the majority of the population found in a small number of urban areas.[1] Additionally, there are 154 Native American tribes, totaling 881,070 Native Americans living in the four U.S. border states. [2]

Access to Health Care

People living in the border communities have less access to essential preventive and primary heath care. Low incomes and low rates of health insurance coverage have put access to affordable quality health care beyond the reach of millions of U.S. border residents. U.S. residents cross the border into Mexico to take advantage of the lower costs of pharmaceuticals, medical and dental services, and to seek Spanish-speaking providers. According to a study of the El Paso-Juárez region, in 1999, 67,000 United States residents crossed into Mexico to receive health services.[3]

Access to Oral Health Services

Partially due to high prices and limited access to dental health practitioners, border residents go without dental care services, or are crossing into Mexico to seek care where costs are lower than the United States.

Access to Prescription Drugs

Partially due to high prices and lack of health care insurance, many border residents are buying medications without prescriptions from unlicensed sources, or are crossing into Mexico to purchase them.

The Uninsured and the Underinsured

While there is little data available to quantify the proportion of persons lacking primary health care providers, the following indicators serve as a surrogate measure for access to care. According to the U.S. Public Interest Research Group, 45 million people have no health insurance and one-third of all Americans are inadequately insured. Health care costs are increasing at a pace which far exceeds inflation. Increased health care premiums have led employers to shift the cost of health care onto their employees.[4] Nationally, community and migrant centers are instrumental in the delivery of primary health care services to

the uninsured and the underinsured. As of FY02, the Health Resources and Services Administration funds 30 such centers that are providing services in the U.S. border region.[5]
Nationally, among minority groups, Hispanics are most likely to lack health insurance coverage; with a large concentration of them residing in the border states.[6] Children are of special concern, due to the fact that in 2000, almost 25 percent of the U.S. border population was under 15 years of age. Additionally, if the border region were the 51st state, it would rank first in school children living in poverty.[7]

The border counties are experiencing rapid population growth, and as such the pressing public health concerns are being exacerbated. Moreover, border states are facing budget cuts and the reduction of the availability of health services and funding for health care. It is estimated that of the 6.2 million people living in U.S. border counties, more than 20 percent are below poverty level.[8]

The Native American populations are diverse, geographically dispersed and often economically disadvantaged. These problems have been intensified by an environment of unparalleled federal budget reductions, the transfer of many federal programs and resources to individual states and the overall erosion of resources.

Uncompensated Care

According to an annual survey by the American Hospital Association, Southwest border county hospitals reported uncompensated care totaling $832 million in 2000. A report by the U.S.-Mexico Border Counties Coalition determined that almost $190 million or about 25 percent of the uncompensated costs that these hospitals incurred resulted from emergency medical treatment provided to undocumented immigrants. This does not include the other uncompensated cost related to care provided to uninsured populations. The researchers estimated the cost at approximately $190 million a year, plus an additional $13 million for emergency transportation.[9]

Challenges

- All U.S. border counties (with the exception of San Diego) are considered medically underserved regions;
- The shortage of bilingual and cultural competent health professionals;
- The shortage of primary care services;
- The lack of health infrastructure in rural areas; and
- Budget cuts at the state level have decreased the level of available services.

Opportunities

- Improving access to health care must be a priority at all levels of government;
- Address the issue of appropriate reimbursement rates for hospitals, emergency transportation and other providers;
- Develop and support outreach efforts that will increase the number of insured and re-enrollment in federally funded programs, and address the barriers that hinder access to services;
- Increase the number of primary care providers and other health professionals by providing educational opportunities and training;
- Development of a border binational health insurance program; and
- Support ongoing bilateral improvements to the public health infrastructure.

[1] United States-Mexico Border Health Commission. 2002. Healthy Border 2010.
[2] Bureau of Indian Affairs. Retrieved July 11, 2003 from the World Wide Web: http://www.doi.gov/bureau-indian-affairs.html
[3] Dr. Enrique Suárez.. Health Profiles of Ciudad Juárez, Chihuahua. FEMAP. 1998
[4] U.S. Public Interest Research Group. Retrieved August 13, 2003 from the World Wide Web: www.uspirg.org
[5] HRSA, Bureau of Primary Health Care. Unified Data Files. 2002.
[6] U.S Census Report. Population Survey. 2002
[7] HRSA, Bureau of Primary Health Care. Retrieved August 14, 2003 from the World Wide Web: http://bphc.hrsa.gov/bphc/borderhealth/usmbhtf.htm
[8] Border 21. A Social And Economic Overview of the U.S.-Mexico. Border 1998.
[9] MGT of America. Medical Emergency: Costs of Uncompensated Care in Southwest Border Counties. U.S.-Mexico Border Counties Coalition. September 2002 Report.