

Mexican Health Care Providers: A safety net for uninsured immigrants residing in USA?

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Outline

- The setting
- A description of the study
- Findings
- Conclusion
- Discussion

El Paso-Ciudad Juarez: same metropolitan area



14 pairs of sister cities along the US-Mexico border



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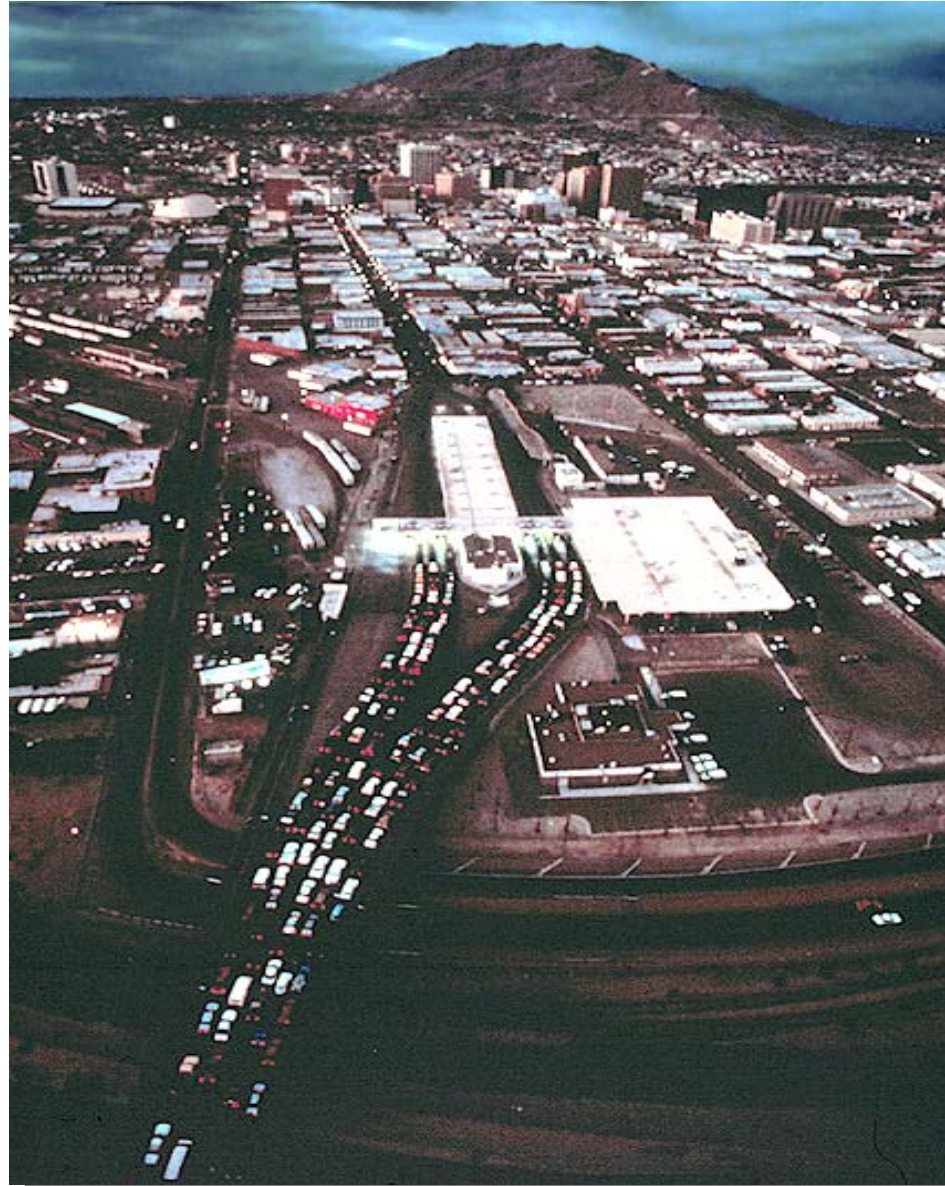
Defining the US-Mexico Border

- According to La Paz Agreement (1983) the Border expands 60 miles (100 Km) North and South of the international line.
- People cross the border for work, to go to school, to purchase groceries, to visit with relatives and friends, for entertainment and in search of healthcare.
- 13.4 million people reside in the 42 US counties and 39 Mexican municipalities.

Defining the US-Mexico Border

- 86% live in 14 pairs of sister cities and their economies are intertwined.
- On US side 35% live under the officially defined poverty line.
- On the Mexican side the population is more affluent and younger than in the rest of Mexico.
- Very fast population growth (US-side 3 times faster than rest of the country, twice as fast on Mexican side). Border population expected to double by 2020 (23 million in the 200 Km band).

BORDER CROSSINGS ON A REGULAR DAY



**400 million
legal
Northbound
Crossings
per year**

**Photo: National
Geographic, 1997**

Cooperation in healthcare

- Patient movement: 5% of the border crossings are to purchase health services (20 million annually), including pharmaceuticals (75% of those services are rendered in Mexico).
- This is due partly to the high uninsured rates on US-side of the border (in TX about 38%), low and decreasing numbers of providers, and the increasing costs of health care that has driven people out of the US market in search for cheaper services and pharmaceuticals in Mexico.

Our study

- Objective: Study how the immigrant population and in particular the undocumented handle their health problems.
- Setting: El Paso County.
- Data collection: Summer 2006.
- Methods:
 - Semi-structured interviews to 80 immigrants who had been sick during the previous year (40 in urban El Paso, 40 in rural Tornillo)
 - Observations

Areas of inquiry

- chronic and acute health conditions,
- usual source of care,
- treatments and providers used during the last acute/exacerbation of chronic episodes having occurred during the prior twelve months,
- use of preventative services,
- use of prescription medicines, and
- medicines obtained in Mexican pharmacies.

Characteristics of respondents

- 63% undocumented, 64% females, 10% were insured, 26% 18 yrs or younger and 23% were above 50, and 97,5% preferred Spanish.
- **62,5% did not have a usual source of care.** Documented and urban residents are more likely to have a usual source of care than Tornillo's residents. **30% of those who had a usual source of care were using a Mexican provider.** 6% of the total used a curandero, and 3% an emergency room.
- 49 persons said that the reasons for not having a usual source of care were (multiple responses per person): cost (25), lack of insurance (17), immigration status (16), no perceived need (10), other (8).

Respondent's main health conditions

- **% of over 18 yrs olds who experienced...**
 - 63% joint pain (34% of them saw a health provider)
 - 56% frequent headaches (34% saw health provider)
 - 42% weakness or faintness (42% saw health provider)
 - 42% backache (54% saw health provider)
 - 38% had shortness of breath (36% saw health provider)
 - **33% diabetes (74% saw health provider)**
 - **31% high blood pressure (61% saw a health provider)**
 - 31% injury/accident (65% saw a health provider)
 - 26% chest pains (38% saw health provider)

Treatment for the last acute episode/exacerbation of chronic condition

- 40% use home remedies (including western pharmaceuticals), 36% were treated in USA (only 3 in emergency rooms) and **24% in Mexico**. More rural residents used Mexican providers (38% vs. 10% in urban area), and more urban residents used USA providers (46% vs. 25% in rural area)
- 34% of those who thought they needed a physician (67) could not access due to: economic barriers (10), admin barriers (9), lack of insurance (5), immigration status (2), lack of transportation (1)

When asked about use of Mexican services

- During the last year:
 - 24% sought medical care
 - 11% sought dental care in Mexico,
 - 41% bought medicines in Mexico, and
 - 70% had requested a friend to buy medicines in Mexico

In total, 79% used medicines purchased in Mexico

Conclusions

- Uninsured residents of the US-Mexico sister cities are better off than the uninsured who reside in other parts of the USA because they have access to Mexican providers and can easily access Mexican medicines.

Discussion

- The need for cooperation in health and public health policy are well-known and there have been several attempts to foster cooperation but so far they have had very limited success (PAHO field office in 1942, US-Mexico Border Health Commission 1994).
- Federal and state bureaucracies often preclude binational/trans-border collaboration. Few binational-transborder programs. The mandate of public institutions is to stay within their geographical borders. No public funds can cross borders (including Medicaid and Medicare funds -300,000 US retirees reside in Mexico and Medicare does not cover their health care costs in Mexico. In contrast with the EU).

Discussion (2)

- It is important to increase communication between health care providers on both sides of the border to improve the quality of services rendered to border residents.
- Historically there has been very little collaboration among health care providers on both sides of the border. More recently, major Mexican cities (Monterrey, Ciudad Juarez) are developing infrastructure to attract medical tourism, the main beneficiaries will be the middle class but one unintended side effect could be increased communication between providers on both sides.
- Joint continuous education programs for Mexican and US providers could be a good place to start.