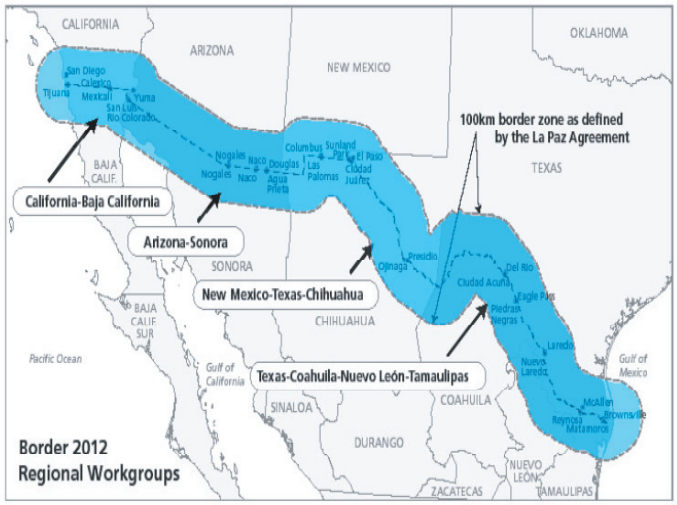
National Rural Health Association Policy Brief

Addressing the Health Care Needs in the U.S.-Mexico Border Region

Introduction

The U.S.-Mexico border region is defined as the area land being 100 kilometers (62.5 miles) north and south of the international boundary (La Paz Agreement). It stretches approximately 2,000 miles from the Gulf of Mexico (Texas) in the east to the Pacific Ocean (California) in the west. The area encompasses four U.S. states (Texas, New Mexico, Arizona, and California), six Mexican states (Tamaulipas, Nuevo Leon, Coahuila, Chihuahua, Sonora, and Baja California), 48 U.S. counties, and 88 Mexican municipios.[1] Additionally, there are approximately 25 Native American Nations located within the Border Region, creating a tri-national region (e.g., Arizona, Mexico, Tohono O'Odham Tribal Nation). Map 1 shows the U.S. – Mexico border region.

Map 1. U.S. - Mexico Border Region

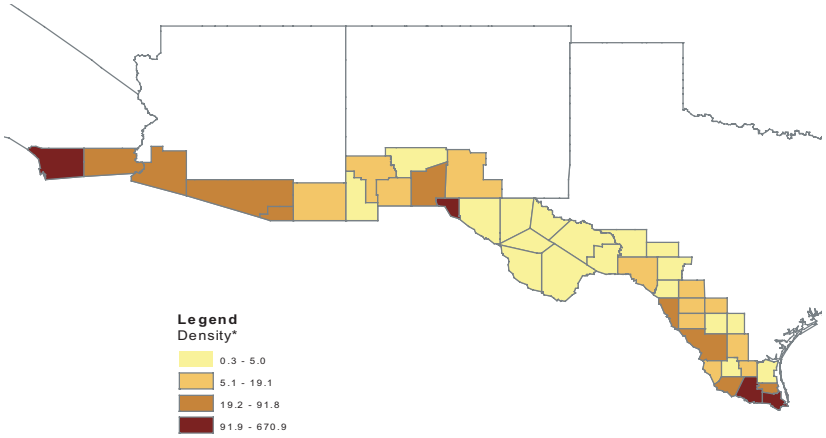


This border population (13 million) is expected to double by 2025. Two of the ten fastest-growing U. S. metropolitan areas (Laredo and McAllen, TX) are located on the Border. There are 14 pairs of sister-cities on the border.

The U.S. – Mexico Border is the busiest and most traveled border in the world. Massive movement of people (400 million legal crossings in 2000) and goods between Mexico and the United States creates a perfect mechanism for transmission of communicable diseases. U.S. businesses are now more than ever utilizing the low wages of the Mexican labor pool and actively recruiting laborers to industries throughout the nation; especially the southwestern area of the United States.

Most of the U.S.-Mexico border region is rural (see Map 2). Of the U.S. border counties, 73% are Medically Underserved Areas (MUAs) and (63%) are Health Professional Shortage Areas (HPSAs) for primary medical care.[2]

Map 2. U.S. – Mexico Border Region Population Density Profile



Density= (Population/Square miles)*100

Additional Facts about the U.S.-Mexico Border Region

1. Factors that are having negative effects on the health of the border residents include poor nutrition, high levels of pollution, inadequate health care and education. High rates of poverty and uninsured pose the greatest challenge (barrier) to health care and improving health status in the Border Region.
2. Health challenges along the border are significant. If the border became the 51st State, the region would rank:
   - Last in access to health care
   - Last in per capita income
   - First in numbers of school children living in poverty and are uninsured
   - Second in death rates due to hepatitis
   - Third in deaths related to diabetes
   - Vaccine-preventable measles and mumps are twice the national rate
   - Tuberculosis, which is becoming drug resistant, is 6 times the national rate on the border.
3. Most border counties lack a public health department and are completely dependent on the resources of their state health department for basic public health services such as:
   - Immunizations
   - Disease surveillance
   - Laboratory services.

Public Policy Implications

Higher rates of communicable diseases and chronic illnesses have a tremendous impact on the border's health care system in terms of both human and financial cost. The higher disease rates are draining on an already overburdened health care system. Today, the existing border health care delivery system is unable to provide basic primary medical care to those in need. As the need for medical care continues to outpace the development of the border infrastructure, the expectation is that the number of medically unserved and underserved people living in the border region will continue to increase sharply.

One of the most important outcomes of the health care system is the improvement of health status. Applying health status indicators such as prevalence/incidence of infectious diseases, cardiovascular diseases, and cancer to border communities shows that its residents are generally characterized by higher rates of:

Accidents	Diabetes	Influenza
Cancer	Hepatitis A	Pneumonia
Chronic Liver Disease	Homicide	Tuberculosis

For example, in 2000, the rate of Hepatitis A in Santa Cruz County, Arizona was more than nine times that of the overall state of Arizona (96.4 per 100,000 compared to 9.1 for the state).[3] That same year, the rate of TB in Luna County, New Mexico was over twice that of the overall state of New Mexico (8.1 per 100,000 compared to 3.1 for the state).[4]

Elimination of disproportionate share of disease, illness, and injury (health disparities) is a critical goal. Cases of AIDS have increased most dramatically among women, people of color, and youth along the border. For example, in 1998, African Americans in San Diego County, California made up 16% of the AIDS cases diagnosed that year, while comprising only 6% of the overall county population. Texas border residents have a diabetes-related death rate that is nearly 25 % greater than that of the state.[5] San Diego County is recognized by CDC as one of the 13 highest TB incidence areas in the nation.

With all the challenges identified previously, this 2,000 mile area has often been referred to as the "forgotten region." However, a variety of partners in this border region have been working diligently over many years to improve "third-world" living and working conditions for the populations living in the region. By making investments in the infrastructure needs of the region, much improvement could be seen in the public health infrastructure which in turn would improve health outcomes for these populations. The U.S. Midterm Assessment of the Healthy Border 2010 reflects improvement in several areas. By prioritizing basic infrastructure (water, waste water, housing, etc.), public health, a culturally competent health workforce and other infrastructure needs for the border region, both nations will see marked improvements in health outcomes. This will reduce future health care costs and provide models of service for border populations that inevitably will be migrating to other regions of the U.S. as we are seeing presently.

A Blueprint for Addressing the U.S.-Mexico Border Region Health Care Needs

The U.S. - Mexico border region no longer exists in isolation from the rest of both the United States and Mexico. The young and highly mobile populations found in this region will require investments to ensure that health problems do not migrate to other regions of both countries. This will in turn create challenges and strains to existing structures in providing services for these newly-arrived populations. The border region could serve as a model for the provision of culturally appropriate services to these populations which can be replicated in other regions (e.g., Appalachia and Delta Regions). There are many partners in the border region who have worked and will continue to address these challenges, with additional support and resources; they can succeed in improving health outcomes in this "Border Impact Region." The blueprint for addressing the regional health care needs includes: development of innovative health program models for the region administered through the U.S.-Mexico Border Health Commission, and funding the Office of Rural Health Policy's border health programs and research.

Recommendations

Three recommendations that will bring additional support and resources to the U.S.-Mexico border region include:

1. The U.S. - Mexico Border Health Commission funding level needs to be increased in order to develop and implement new border health programming that will address the growing health needs of the region and the Healthy Border 2020 Objectives. The Commission will work with directly with public, private, and university border partners to develop innovative program models that could be replicated throughout the region to improve the health of border and rural populations.
2. The Office of Rural Health Policy (ORHP) has been given the primary border health responsibility within HRSA, but has received little funding for this role. The ORHP funding level for border health needs to be increased to support its activities and to establish a border health research program similar to one for rural health that would assist in the development of health policies for the U.S.-Mexico border region.

[1] "*Healthy Borders 2010*" Pre-Publication Edition from the U.S.-Mexico Border Health Commission Meeting, October 15, 2001.
[2] Health Resources and Services Administration. Bureau of Primary Health Care.
[3] Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services
[4] New Mexico Department of Health, Office of New Mexico Vital Records and Health Statistics.
[5] *Bordering the Future*. Texas Comptroller of Public Accounts.

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