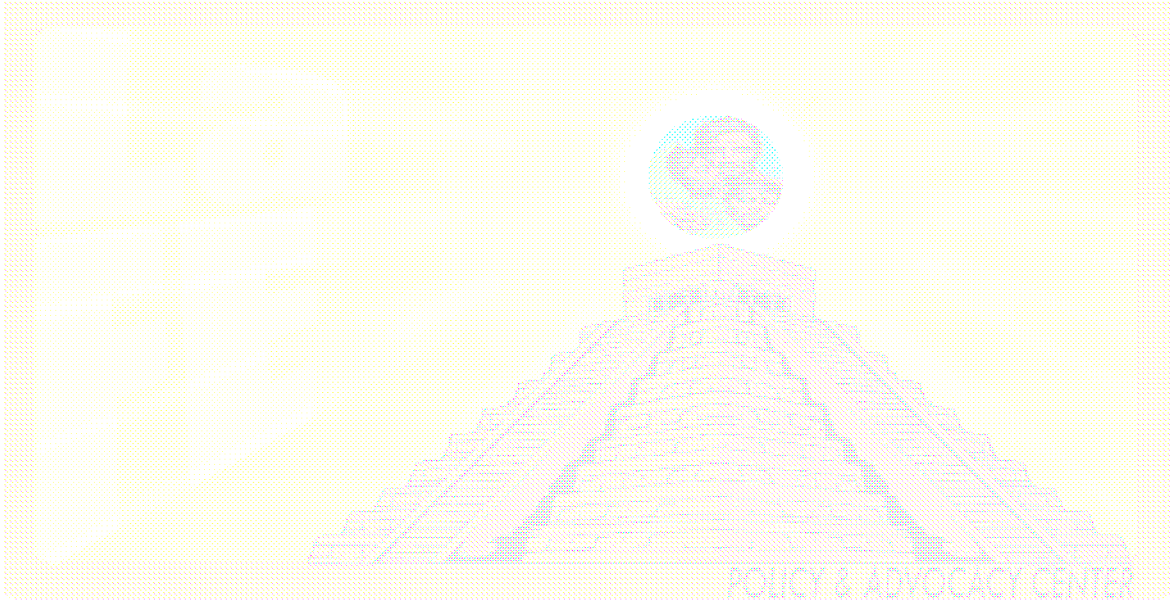


CHC BORDER HEALTH POLICY FORUM



The U.S./Mexico Border: Health Care Access and Resource Profile II

*Hotel Alburquerque
Albuquerque, New Mexico
Dec 11-12, 2006*

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Summary Introduction

- There are documented inequalities in the availability and distribution of basic public infrastructure, educational, and economic development, and health care resources on the U.S./Mexico Border.

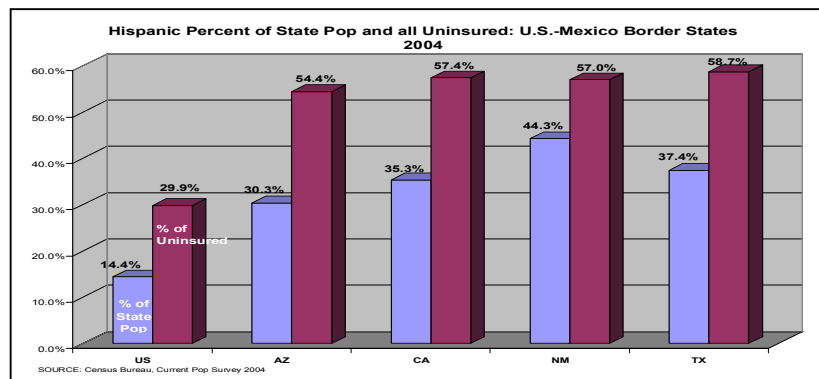
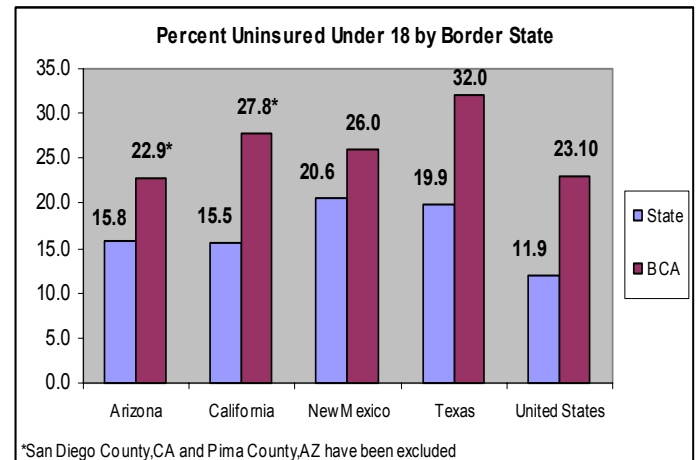
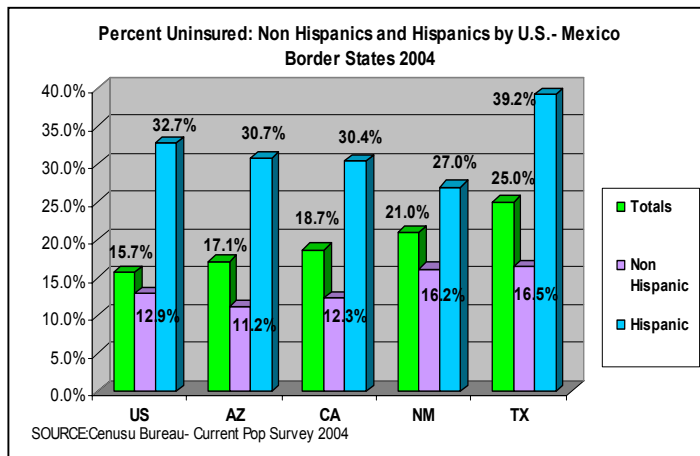
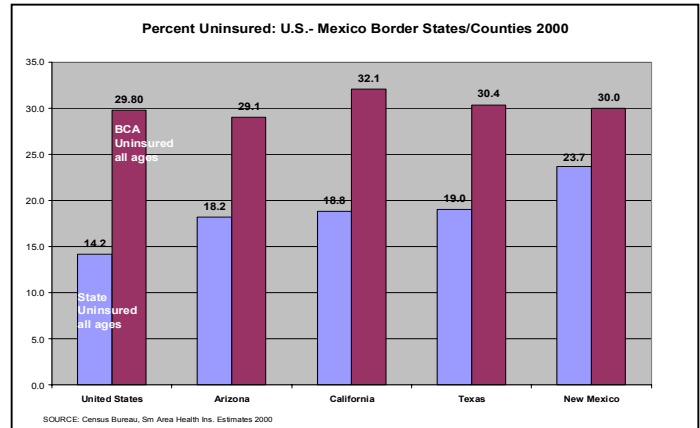
- The “safety net” resources in the U.S./Mexico Border State are fewer compared to the national average (University of Minnesota National State Access Project, 2004).

- The resource disparities and fragmented services create further barriers for maintaining service continuity to target groups and health issues. These barriers also impede families in their ability to engage in solutions to address their health care needs.
 - These issues place economic and service burdens upon health care providers, hospitals, trauma centers, and community clinics. Plus, fiscal pressures on taxpayers in communities that provide care for rapidly increasing numbers of uninsured individuals continue to grow and compete negatively with other community needs.
- There is limited dollar investment in “prevention” intervention programs and services. This includes primary (prevent unhealthy behaviors), secondary (modify/change current low/moderate unhealthy behaviors), or tertiary prevention (chronic diseases management).
- Research is needed to focus on priority target groups and health issues, however, it must be ‘Applied’ research which involves front-line service providers, and staff, and the families most impacted. It should include collecting and organizing current data and information specific to native Mexicans American, non-native immigrants, and other target groups.
- The well-being and health status of individuals and families on the Border are unique in that they live in a bi-cultural/bi-national community with inadequate support structures, and stereotype perceptions of the communities.
- We must address the myths and perception that Border communities are primarily a social, economic, educational, and health ‘drag’ on resources thus requiring legislative solutions such as anti-immigration legislation to address the problem. Recent findings conclude that those heading the charge on anti-immigrant on the Congressional front come from districts that come from surprising low undocumented population in their districts (American Immigration Law Foundation, 2006).
- The negative politics and policies dominating immigration is an illustrative example which are beginning to impact CHCs.
- CHCs have demonstrated their effectiveness in primary health care delivery resulting in an increasing over-reliance that they can ‘do it all’ from the public and private health sectors. Border CHCs already require an infusion of additional resources to meet current demand for their services, as well as to expand their access and service capacity.

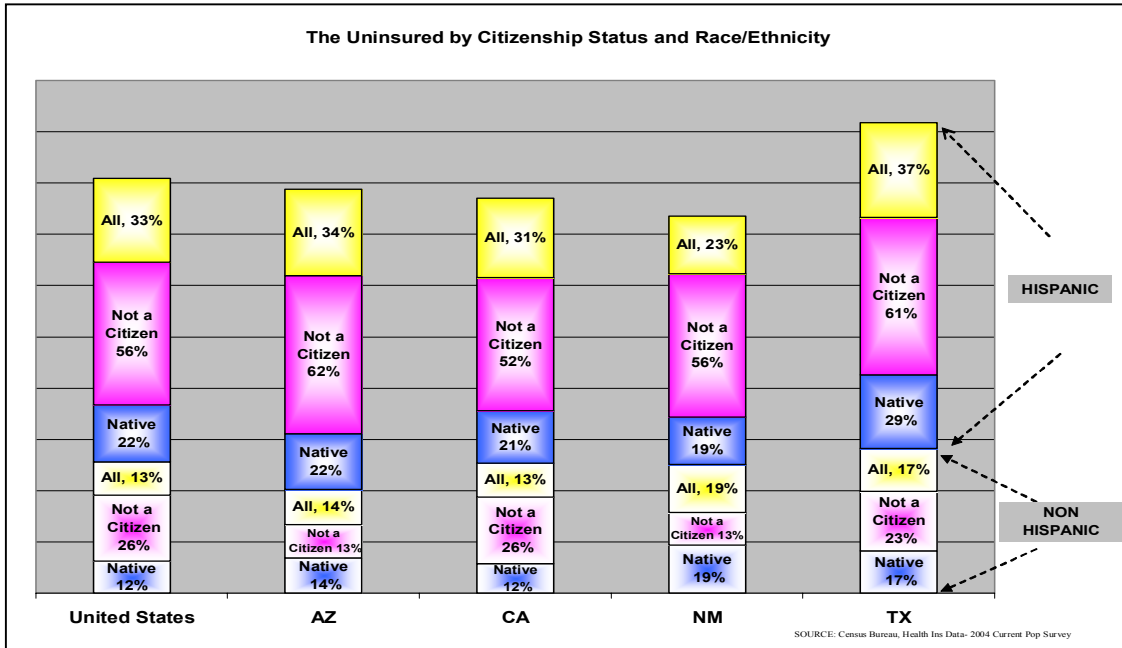
State Health Access Profile for U.S./Mexico Border States					
SOURCE: University of Minnesota National State Access Project: June 2004					
Coverage	U.S	TX	AZ	CA	NM
% of Private-sector establishments offering health insurance to employees	58.3%	49.4%	58.9%	57.3%	52.6%
% of eligible Private-sector employees enrolled in health insurance at businesses offering health insurance	79.8%	71.1%	78.2%	83.2%	72.8%
Medicaid enrollment as a percent of population under 200% FPG	45.2%	28.7%	41.9%	53.8%	47.7%
System Resources					
Physicians per 100,000 population	272	271	218	258	227
Hospital beds per 1000 population	2.9	2.6	2	2.1	2
% of population with a personal doctor or health care provider	79.4%	71.7%	77.7%	70.6%	73.3%
Safety Net Resources					
BPHC supported clinics per 100,000 population under 200% FPG	5.2	2.3	3.2	4.7	12
Hospital uncompensated care spending per population under 200% FPG	\$245	\$289	\$136	\$176	\$134

Healthcare Access: Insurance Status of Border States/Counties

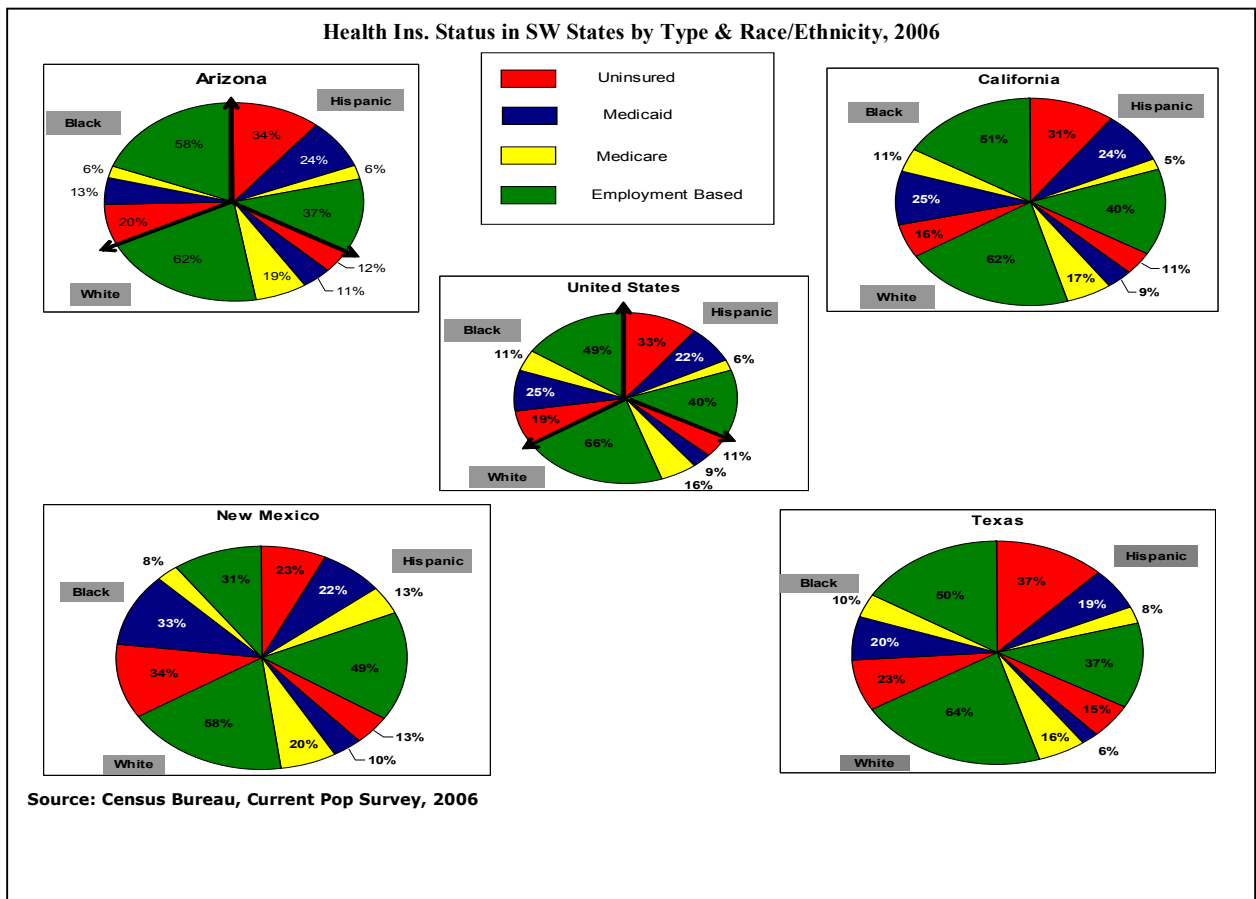
- The US-Mexico Border ranks 50th in insurance coverage of adults and children.
- The U.S./Mexico Border States and Border Counties have the highest uninsured rates in the country. Between 2000 and 2004, the number of uninsured has continued upward.
- The Latino population is the most uninsured (32%) population in the United States, and across states and cities nationwide. Among Latinos, the Mexican American (38-45%) and immigrant (40-60%) subgroups are the most uninsured.
- The U.S./Mexico Border States (New Mexico, Arizona, and California) and their contiguous border communities exemplify the highest concentration of uninsured Latinos, e.g., Latinos represent 29.9% of all uninsured in U.S. compared to twice this rate in the states of Arizona (54.4%), California (57.4%), New Mexico (57%), and Texas (58.7%).



Healthcare Access: Insurance Status of Border States/Countries



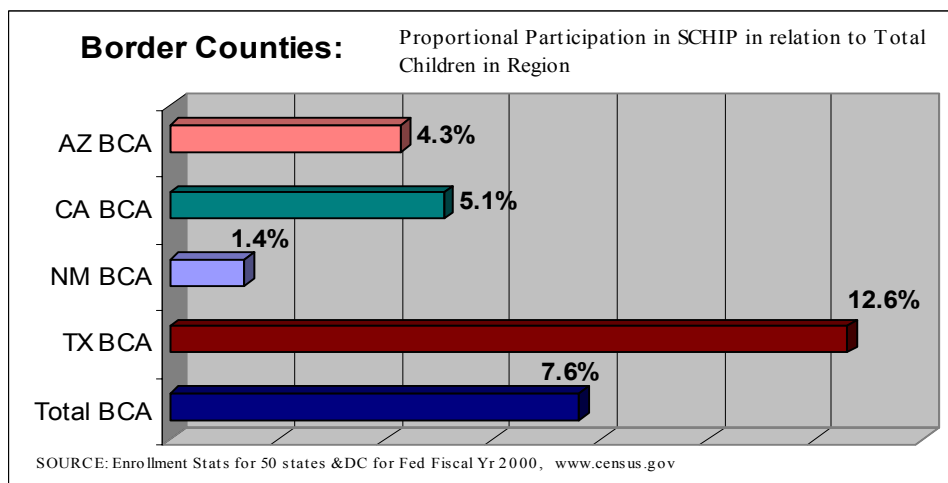
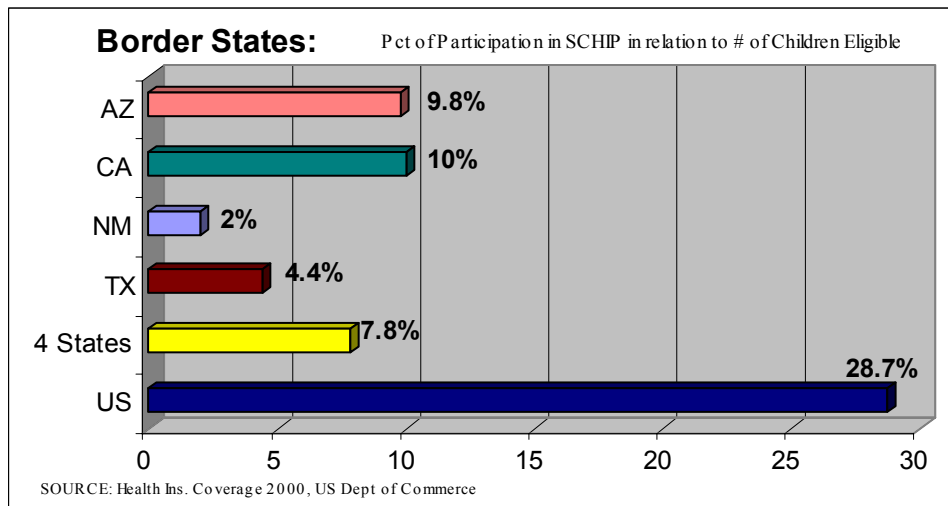
- Native Latinos are still **twice** as likely to be uninsured after accounting for uninsured non-citizens.
- The insurance status of Latinos demonstrates extensive disparities nationally, and particularly in the Southwestern Border States. Latinos have less access to both private and public health insurance.



Healthcare Access: Insurance Status of Border States/COUNTIES

- The U.S Mexico Border States are already facing severe cutbacks which will be further exacerbated by continuing federal cutbacks for the Medicaid and CHIP programs. For example, in Texas, 507,259 children were enrolled in CHIP in Sept 1, 2003. By April 2006, 294,189 children were enrolled representing a 42% drop.
- The Border Counties and rural communities were the most severely impacted by these cutbacks and policy changes, reinstatement, enrollment fees, premium and co-pays, asset test, cuts to outreach, and move to private outsourcing of the enrollment process.

City/Area/Group	Sep-03	Apr-06	PCT Change
Lubbock/Amarillo	8,957	4,220	-52.9%
El Paso	22,082	11752	-46.8%
Laredo (Webb)	8,903	5162	-42.0%
San Angelo (Tom Green & Irion)	2644	1329	-49.7%
San Antonio (Bexar Co.)	31075	18654	-40.0%
Del Rio (Val Verde)	1107	618	-44.2%
Valley (Hidalgo & Cameron)	42339	24642	-41.8%
Dallas (Dallas Co.)	48206	30215	-37.3%
Ft. Worth (Tarrant Co.)	28962	19227	-33.6%
Austin (Travis Co.)	12635	7659	-39.4%
Age 1 to 5	106249	48642	-54.2%
Below FPL <100%	107211	16495	-84.6%
100% -200% FPL	400246	277694	-30.6%



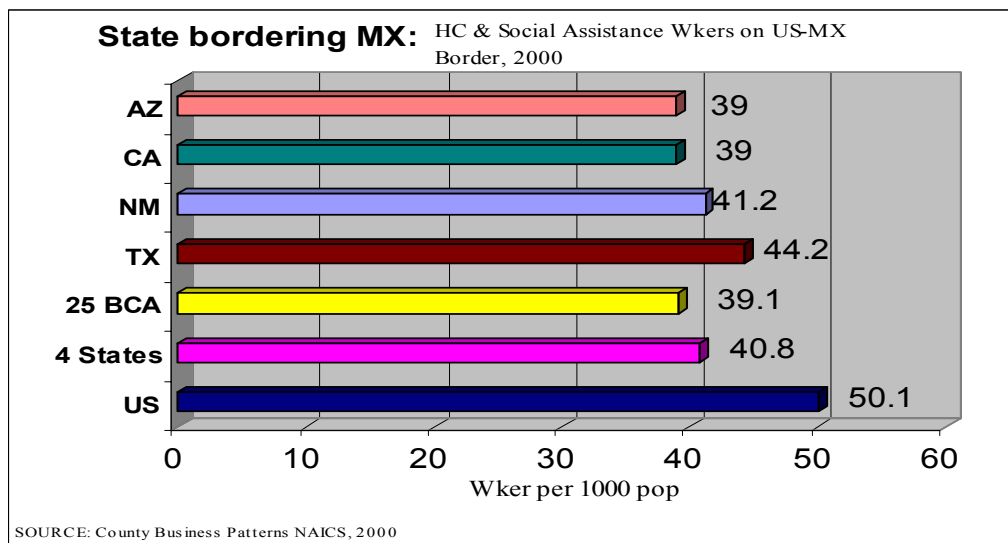
Healthcare Access: Health Professional Resource Issues

- In 2000, about 1/3 of the border population live within a Health Professional Shortage Area (HPSA). Texas region in particular is most acutely affected with 70% of border residents residing in the HPSA.
- The US-Mexico Border ranks **last** in the number of health professionals to population.

BCA States												
Selected Data on Workforce in Health Sector, Selected Yrs												
Item	US		AZ		CA		NM		TX		4 States	
	#	x1000 hab	#	x1000 hab	#	x1000 hab	#	x1000 hab	#	x1000 hab	#	x1000 hab
Personnel in Healthcare Sector (98)	11,152,727	14.3	148,000	31.69	1,014,515	31.04	63,600	36.61	771,000	39.02	1,849,115	31.42
Total Physicians (98)	533,866	1.98	8,226	1.76	63,572	1.94	2,951	1.7	31,938	1.62	106,687	1.81
Registered Nurses (00)*	2,696,540	9.57	42,658	8.31	226,352	6.68	13,723	7.54	150,251	7.2	441,566	7.15
LPNs (98)	673,790	2.5	8,650	1.85	49,220	1.5	2,820	1.63	58,360	2.96	119,050	0.48
Dentists (98)	130,836	0.48	1,760	0.37	17,972	0.55	556	0.32	7,286	0.37	27,574	0.08
Medicial Assist. (99)	28,433	0.1	525	0.11	2,542	0.7	271	0.15	1,864	0.09	5,202	9.61

* Registered Nurse pop in each state and area by activity status: Mar 2000
SOURCE: DHHS HRSA Bureau of Health Professionals: Dec 2000

- The number of health professionals is far below the demand that exists among the Southwest Border States and Counties.
- In all 24 border counties there are fewer Health Care and Social Assistance personnel per 100,000 residents than for the rest of the United States.
- Provider reimbursements are lowest along the Border Counties perpetuating a shortage of Medicaid providers and lack of access to health care.



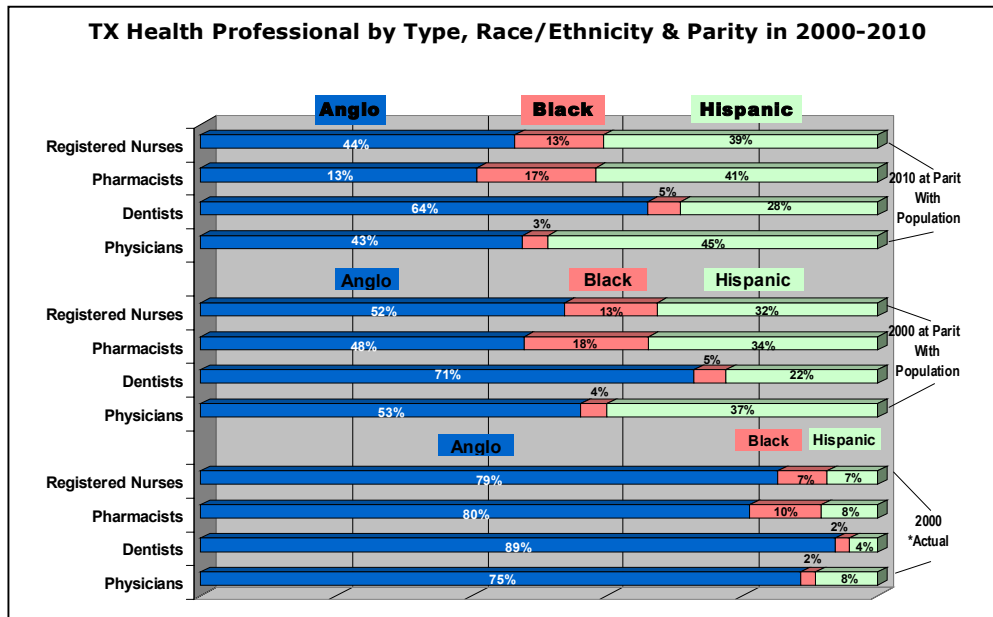
Healthcare Access: Health Professional Resource Issues

- The number of Latino health professionals is far below the need that exists in our communities.

BCA States Distribution of Physicians by Ethnic Origin												
Group	US		AZ		CA		NM		TX		4 States	
	#	%	#	%	#	%	#	%	#	%	#	%
White	437,800	56.3	7,331	63.8	46,182	49.7	2,549	60.2	24,984	56.2	81,046	52.9
African- American	21,428	2.8	149	1.3	2,019	2.2	46	1.1	1,173	2.6	3,387	2.2
Hispanic	23,441	3.1	428	3.7	2,730	2.9	295	7	3,407	7.7	6,860	4.5
Asian	76,165	9.9	732	6.4	12,759	13.7	199	4.7	4,182	9.4	17,872	11.7
Native American	498	0.1	22	0.2	65	0.1	18	0.4	16	0	121	0.1
Other	19,666	2.6	254	2.2	2,237	2.4	86	2	1,203	2.7	3,780	2.5
Undetermined	188,594	24.6	2,571	22.4	26,993	29	1,038	24.5	9,468	21.3	40,070	26.2
TOTAL	767,592	99.4	11,487	100	92,985	100	4,231	33.9	44,433	99.9	153,136	100

SOURCE: AMA, Physicians Professional Data: Jun 2001

- The number of Latino health professionals needed ‘today’ is nearly three-times what is available in our communities.



Health demographers are projecting that the combination of Latino population growth, economic conditions, and health status will result in a disease pattern shift where they will increasingly represent the larger proportion of the prevalence of diseases and disorders over the next 10 to 20 years.