

Addressing Health and Health Care Needs in the United States-México Border Region: Executive Summary

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I. Geography and Demographics

- Among the busiest in the world, the border between the United States and México extends approximately 2,000 miles from California to Texas.
- Almost 30% of the estimated 30 million people living in the border region live in rural areas.
- The average median income in the border region is less than \$15,000.

II. Population Health Issues

- Diabetes prevalence is greater than 30%, the highest in the nation¹⁻⁴.
- Higher rates of poverty coupled with poor infrastructure contribute to health disparities in this highly migratory and immigrant population.
- The HIV incidence rate continues to increase and the death rate from hepatitis is ranks second in the nation; reduction of tuberculosis shows potential for the region.
- Disparities remain for non-communicable diseases and other causes of death (e.g. cancers, diabetes, infant mortality, liver diseases, homicide and accidents).

III. Health Care Issues

- Workforce shortages exist, but are difficult to quantify without a comprehensive database.
- The number of uninsured or under-insured in the border region is higher than national averages.
- A high rate of uninsured or inability to pay for health care, combined with health care provider shortages in many regions, contribute to poorer health outcomes.
- Barriers to care lead to fragmented, rather than coordinated, care.

IV. Systemic Challenges

- The average poverty rate along the border is twice as high as the national rate.
- Many border residents live in unincorporated communities known as 'colonias,' that often lack adequate plumbing, electricity, and water treatment facilities.
- Busy, cross-border traffic allows for transmission of communicable disease.



- There are pervasive challenges related to the collection and compilation of health data on both sides of the border, in order to make funding or program decisions.

V. Recommendations

1. Increase funding for the U.S.-México Border Health Commission, the HRSA Federal Office of Rural Health Policy, and the HRSA Bureau of Primary Care.
2. Support national and binational policies, programs, and funding designed to address the social determinants of health.
3. Establish stakeholder accountability and ensure participation from rural community members.
4. Increase health surveillance and data collection capabilities.
5. Fund integrated, interprofessional collaborative education that focuses on vulnerable populations and specific health disparities of the region.
6. Increase utilization of culturally and linguistically appropriate services, community health workers (CHWs), health technology, and mobile care points.



Bibliography

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