

Cross-Border Healthcare Utilization Among US-Mexico Border Residents: A Literature Review

Alexa Smith B.S.¹

¹Drexel University College of Medicine

Abstract

This poster details a comprehensive literature review to evaluate cross-border healthcare utilization by US-Mexico border residents. The United States and Mexico healthcare systems differ in a multitude of factors, including policies, costs, disparities in access to care, and cultural significance. These differences influence where residents at the border decide to receive medical care, access specific services, and buy medications. This review examines research articles published from 2000 to 2020 to present developing data about this critical binational topic. The review findings illustrate factors influencing cross-border healthcare usage, relating to both demographics and differences in healthcare systems. Additionally, findings suggest that previously implemented binational programs have been promising, but come with challenges, such as international cooperation. Overall, this review emphasizes the need for greater access to care, trusting physician-patient relationships, and policy initiatives aimed at enhancing healthcare in this region.

Introduction

- Binational environment for spread of disease
- 2015:
 - 7.7 million people in 44 US counties along four border states
 - 6.7 million people in 80 Mexican border counties (9)
- 2016: 36.3 million people living in US of Mexican origin (9)
- Greater portion of US border residents living below poverty line compared to rest of nation (8)
 - Decreased access to care (6, 8)
- Differences in Mexico and US healthcare:
 - Include access to care, culture of care, cost (1,2,3)
 - Lead to cross-border healthcare utilization

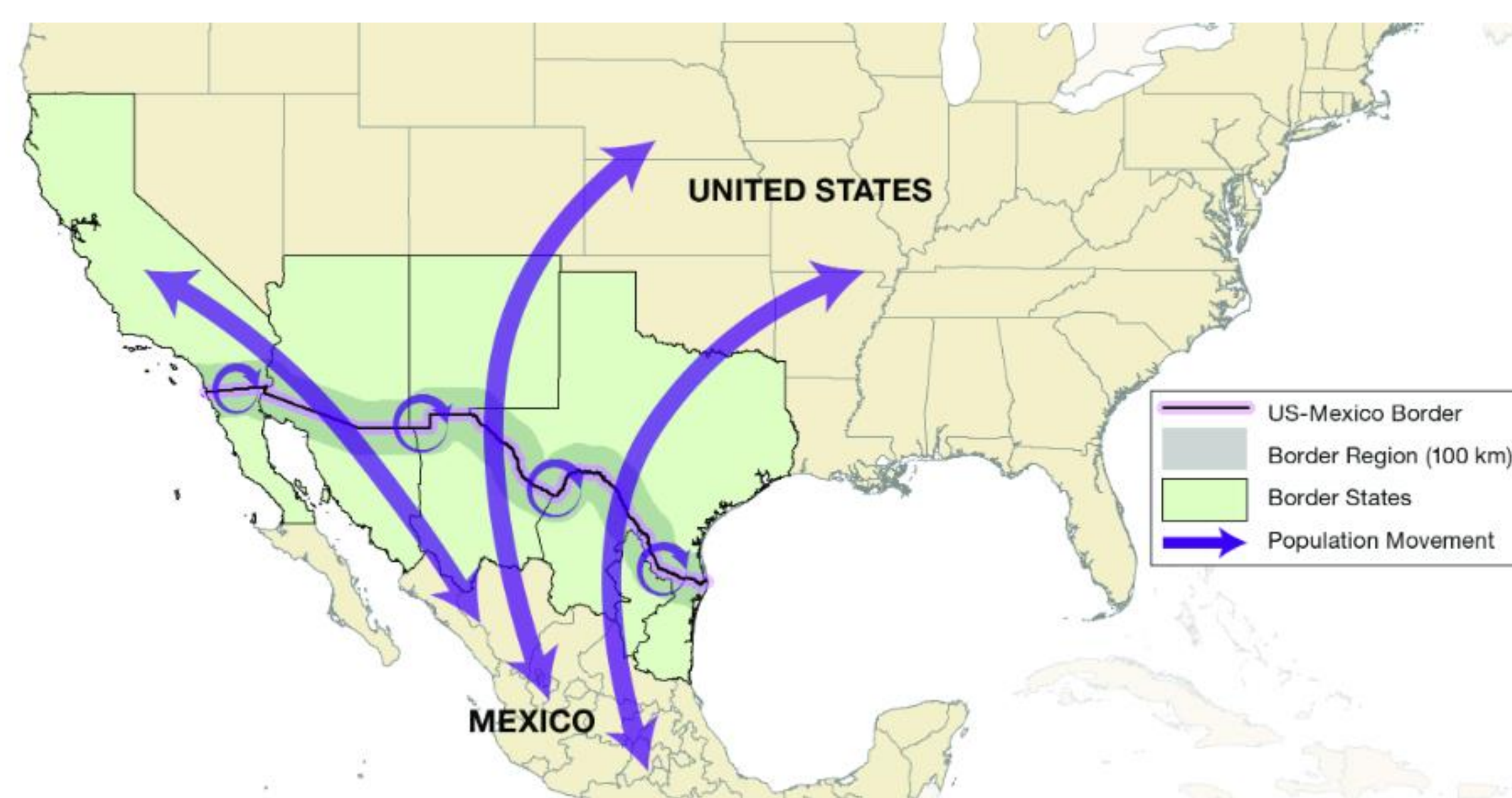


Figure 1. CDC Representation of Movement across the US-Mexico Border (9)

Methods

Drexel library database and Google scholar searches were performed that pertained to the phrases “cross-border healthcare utilization” and “US-Mexico healthcare.” Ten articles that have been published since 2000 were selected.

Results

United States-Mexico Border Health Commission

- Creation of United States-Mexico Border Health Commission in 2000 to address border health challenges and healthcare access (8)
- Use of the reform programs ACA (US) and Seguro Popular (Mexico) to improve access (8)

Cross-Border Health Insurance Initiatives (10)

- *Salud Migrante* and Medicare in Mexico
- Binational programs to improve healthcare access for Mexico residents in the US and US residents retired in Mexico
- Pilot studies started in 2012



Figure 2. United States-Mexico Border Health Commission logo (8)

Insurance and Cross-Border Healthcare (3)

- Health insurance coverage → strong predictor of going to Mexico for medical care (3,6)
 - But, hard to do so for those at most economic disadvantage → limited healthcare in both US and Mexico for these individuals
- Mexico healthcare seen as alternative to high healthcare costs and loss of insurance in the US
- Perception and preference for Mexico healthcare
 - Opposed to Mexico healthcare → more likely to be insured and use US medical care
 - In favor of Mexico healthcare → more likely to be uninsured and use Mexico medical care
- Most important for first-generation Mexican immigrants than the rest of the US border residents (7)
 - Highlights issues with becoming familiar with a new country’s healthcare and culture (7)

The Use of Both Healthcare Systems (2)

- Mexican Immigrants seeking Mexico care when they view US to be insufficient:
 - Going to Mexico for care if they are dissatisfied with US care
 - Going to US or Mexico doctor depending on condition
 - Going to Mexico to see a specialist that the US doctor won’t refer
 - Going to Mexico for medications the US doctor won’t prescribe
- These behaviors have risks, but can also allow the patient to be engaged and have control over their own care
- One study suggests that the utilization of Mexico healthcare can help to supplement their US healthcare (1)
- However, another study suggested that Mexico medical care usually reserved for minor emergencies rather than specialty care or major emergencies (3)
- Some Mexico residents seek US healthcare but fewer in number and data more limited (6)

Binational Cooperative US-Mexico Programs (5)

- Few truly collaborative binational programs
- Globalization failed to improve health cooperation
- Numerous barriers, including legal, cultural, political, and administrative
- Issues with exchange of health information across the border and carrying out joint programs

Future Directions

- Implement cross-border health tracking
 - One study suggested binational electronic health records system (2)
- Increasing methods to better foster physician-patient relationships in this region, as well as foster physician-physician relationships across the border
- Institute federal guidelines to facilitate long-term binational programs
- Possible adaption of the EU cross-border healthcare (4)
 - But analyses show possible limitations in implementation for US-Mexico

References

1. Arturo Vargas Bustamante (2020) US-Mexico cross-border health visitors: how Mexican border cities in the state of Baja California address unmet healthcare needs from US residents, *Journal of Ethnic and Migration Studies*, 46:20, 4230-4247, DOI: 10.1080/1369183X.2019.1597473
2. Danielle T. Raudenbush, “We go to Tijuana to double check everything”: The contemporaneous use of health services in the U.S. and Mexico by Mexican immigrants in a border region, *Social Science & Medicine*, Volume 270, 2021, 113584, ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2020.113584>.
3. Elena Bastida, H. Shelton Brown, III, José A. Pagán, “Persistent Disparities in the Use of Health Care Along the US–Mexico Border: An Ecological Perspective”, *American Journal of Public Health* 98, no. 11 (November 1, 2008): pp. 1987-1995. <https://doi-org.ezproxy2.library.drexel.edu/10.2105/AJPH.2007.114447>
4. Lyndsay T. Glass, Christopher M. Schlachta, Jeff D. Hawel, Ahmad I. Elnahas, Nawar A. Alkhamisi. Cross-border healthcare: A review and applicability to North America during COVID-19. *Health Policy OPEN*, Volume 3, 2022, 100064, ISSN 2590-2296, <https://doi.org/10.1016/j.hopen.2021.100064>.
5. Núria Homedes, Antonio Ugalde, “Globalization and Health at the United States–Mexico Border”, *American Journal of Public Health* 93, no. 12 (December 1, 2003): pp. 2016-2022. <https://doi.org/10.2105/AJPH.93.12.2016>
6. Rivera JO, PharmD., Ortiz M, PhD., Cardenas, Victor, MD,M.P.H., PhD. Cross-border purchase of medications and health care in a sample of residents of el paso, texas, and ciudad juarez, mexico. *J Natl Med Assoc*. 2009;101(2):167-73. <https://www.proquest.com/scholarly-journals/cross-border-purchase-medications-health-care/docview/214032026/se-2>.
7. Su D, Wang D. Acculturation and cross-border utilization of health services. *Journal of Immigrant and Minority Health*. 2012;14(4):563-9. <https://www.proquest.com/scholarly-journals/acculturation-cross-border-utilization-health/docview/1022672425/se-2>. doi: <https://doi.org/10.1007/s10903-011-9518-x>.
8. United States-Mexico Border Health Commission. Access to Health Care in the U.S.-Mexico Border Region: Challenges and Opportunities. November 2014. Available at: <https://www.ruralhealthinfo.org/assets/939-3103/access-to-health-care-u.s.-mexico-border.pdf>. Accessed Oct 26, 2023.
9. US-Mexico Border Health Commission. About Binational Health. Centers for Disease Control and Prevention. [https://www.cdc.gov/usmexicohealth/about-binational-health.html]. Accessed October 25, 2023.
10. Vargas Bustamante A, Laugesen M, Caban M, Rosenau P. United States-Mexico cross-border health insurance initiatives: Salud Migrante and Medicare in Mexico. *Rev Panam Salud Publica*. 2012;31(1):74-80. doi:10.1590/s1020-49892012000100011

Acknowledgements

I would like to thank Dr. Nielufar Varjavand for encouraging me to complete a poster after my global health experience in Mexico.