

Rural Border Health Chartbook

EXECUTIVE SUMMARY

Similarities exist in the health issues and priorities in the United States (U.S.) and Mexico, particularly in the border region where eight of the ten leading causes of death are the same on either side of the border. Given these similarities, the changing dynamics of the U.S. population, and the fluidity with which people cross the border each day, it is essential to better understand health status and health care utilization among border residents. A majority of research related to the health of U.S.-Mexico border residents has examined selected health topics or locations within border states. Other studies have analyzed specific interventions, social factors related to border crossings to obtain healthcare and health disparities. There is little documentation of the health status and health care utilization among persons residing on the U.S. side of the entire U.S.-Mexico border.

Our chartbook adds to existing knowledge regarding conditions in the border region by examining potential geographic and ethnic disparities among U.S. border residents. Our chartbook describes select indicators related to access to care, women's preventive services, oral health, infectious and communicable diseases and mental health that have been previously identified as serious disparities warranting programmatic and policy interventions. We examine these issues among residents of the four border states, Arizona, California, New Mexico, and Texas, comparing indicators by ethnicity (Hispanic vs. non-Hispanic), rurality (rural vs. urban), and proximity to border (border vs. non-border). Our findings should be useful in educating public health officials, policymakers and intervening organizations such as the United States Border Health Commission, the Office of Rural Health Policy, and the National Rural Health Association.

Data for this chartbook were drawn from three sources: 2005-2009 State Behavioral Risk Factor Surveillance System (BRFSS) Surveys obtained from four border states (Arizona, California, New Mexico, and Texas), 2006-2009 National Health Interview Surveys (NHIS), and 2008 Area Resource File (ARF).

Access to Care

Border – Non Border Comparisons

- Border county adults were less likely to have health insurance coverage than their respective non-border county peers [border 82.6%, other counties, 84.7%].
- Border county adults were less likely to report having a usual source of care than were non-border residents [border adults, 81.6%, non-border county adults, 85.7%].

Comparisons within Border Counties

- Within border counties, Hispanic adults were significantly less likely to have health insurance coverage than were non-Hispanic peers [Hispanic border adults, 65.6%; non-Hispanic border adults, 91.9%]. Hispanic adults were also less likely to report a usual source of care than were their non-Hispanic counterparts [Hispanic border adults, 74.9%, non-Hispanic border adults, 84.6%].
- Within border counties, rural adults were less likely to report having a usual source of care than were urban residents [rural border adults, 75.7%, urban border adults 82.1%].

Rural Border Health Chartbook

- Within border counties, Hispanics were more likely to report delaying care due to costs than were non-Hispanic residents [Hispanic border adults, 23.2%, non-Hispanic border adults, 10.6%].

Women's Preventive Services

Border – Non Border Comparisons

- Across rural counties, women aged 40 years or older residing in rural border counties were more likely to report ever receiving a mammogram compared to their rural non-border peers [rural border women, 93.3%, rural non-border women, 83.9%].

Comparisons within Border Counties alone

- Within border county residents, Hispanic women were less likely to report ever having received a clinical breast examination than were their non-Hispanic peers [Hispanic border women, 83.8%, non-Hispanic border women, 93.2%].
- Within border county residents, Hispanic women were less likely to report having every received a Pap test than were non-Hispanic women [Hispanic border women, 88.7%, non-Hispanic border women, 96.4%].

Chronic Disease and Associated Risk Factors

Border – Non Border Comparisons

- Adults with asthma who lived in border counties were less likely than those living in non-border counties to report visiting a healthcare provider for routine asthma care [border adults, 87.0%, non-border adults, 97.0%].

Comparisons within Border Counties alone

- Within border county residents, Hispanic adults with asthma were more likely to report visiting a health care provider for routine check-ups for asthma than were non-Hispanic adults [Hispanic border adults, 96.4%, non-Hispanic border adults, 77.4%].

Oral Health

Comparisons within Border Counties alone

- Among border county residents, non-Hispanic adults were more likely to have a dental visit in the past year than were Hispanic adults [Hispanic border adults, 58.8%, non-Hispanic border adults, 72.9%].

Infectious Disease Risks, Screenings, and Immunizations

Border – Non Border Comparisons

- Among residents of rural counties in border states, older adults, age 65 years or above, residing in rural border counties were less likely to receive a flu shot than were rural older adults in non-border counties [rural border adults, 38.5%, rural non-border adults, 64.5%]. Border disparities were not present in urban counties.

Comparisons within Border Counties alone

- With border counties, older adults residing in rural border counties were less likely to receive a flu shot than were older adults in urban border counties [rural border adults, 38.5%, urban border adults, 64.6%].

Rural Border Health Chartbook

- Within border county residents, Hispanic adults [overall and rural] were less likely to have ever received an HIV test than were non-Hispanic adults [Hispanic border adults, 40.9%, non-Hispanic border adults, 48.2%].
- Within border county residents, Hispanic adults were less likely to have ever received Hepatitis B immunization than were non-Hispanic adults [Hispanic border adults, 29.6%, non-Hispanic border adults, 35.1%].
- Among border county residents, Hispanic adults were less likely to report personally knowing an individual with tuberculosis than were their non-Hispanic peers [Hispanic border adults, 18.9%, non-Hispanic border adults, 23.9%].

Behavioral Health

Border – Non Border Comparisons

- Across levels of rurality, border county residents were less likely to report poor mental health compared to their non-border counterparts.

Comparisons within Border Counties alone

- Within border counties, Hispanic adults were less likely to report ever having been diagnosed with a depressive disorder than were non-Hispanic adults [Hispanic border adults, 12.5%, non-Hispanic border adults, 19.7%]. This difference was present within both rural and urban border residents.

Rural Border Health Chartbook

DEDICATION & ACKNOWLEDGEMENT

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Arizona

- Richard Porter, Chief, Bureau of Public Health Statistics, Arizona Department of Health Services
- Robert Guerrero, Chief, Office of Border Health, Arizona Department of Health Services

California

- Arti Parikh-Patel, Coordinator, Survey Research Group, Public Health Institute
- Mauricio Leiva, Chief, California Office of Binational Border Health, California Department of Public Health
- Marta Induni, Research Program Director, Survey Research Group, Public Health Institute

New Mexico

- Vivian Heye, Coordinator, Epidemiology & Response Division, New Mexico Department of Health
- Wayne Honey, Survey Epidemiologist, Survey Section, Injury & Behavioral Epidemiology Bureau, Epidemiology & Response Division, New Mexico Department of Health
- Paul Dulin, Director, New Mexico Office of Border Health, New Mexico Department of Health

Texas

- Michelle Cook, Coordinator, Center for Health Statistics, Texas Department of State Health Services
- Ronald J. Dutton, Director, Texas Office Border Health, Texas Department of State Health Services

US Border Health Commission

- Cecilia Rosales, U.S.-México Border Health Commission Member-Arizona
- Dan Reyna, General Manager, U.S. Section, U.S.-México Border Health Commission
- Lorraine Navarrete, Binational Operations Coordinator, MSA, Inc. (CTR)

During the writing of this chartbook, we lost two important advocates for our work, Ms. Rosemary McKenzie and Mr. Dan Reyna. Rosemary served as the Minority Liaison and Program Services Manager for the National Rural Health Association for 27 years. She also served on the Expert Work Group for our Center since its inception. Dan was the General Manager for the U.S.-Mexico Border Health Commission, U.S. Section. Both Rosemary and Dan provided significant counsel to the team who assembled this report and had visions of how it could be used to improve the health status for people they championed on a daily basis. We dedicate this chartbook to their years of service.