

The effect of crime in Mexico on healthcare access and utilization in the United States-Mexico border region

Author: Geissler, Kimberley Lynn Heard

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Abstract: The United States (US)-Mexico border region is an important and understudied area for research on disparities in healthcare access, quality, and cost. There is a long history of crossing the border for healthcare, in which many US citizens and legal residents from the border region cross into Mexico for medical treatment and/or to purchase pharmaceuticals. Border crossing is common due to a low supply of healthcare services on the US side of the border, cultural preferences, dissatisfaction with care in the US, looser prescription requirements, and more affordable provider options. With increased violence in northern Mexico beginning in late 2006, it was not known whether patterns of border crossing had changed. No prior studies had addressed the impact of crime in Mexico on border crossing for healthcare, and it was not known whether people would continue crossing into Mexico for medical care, substitute care from Mexico with care from a US provider, or forego care altogether.

I used several data sources to measure the impact of the homicide rate in the nearest Mexican municipality on healthcare access for US residents. For each study, I used a difference-in-difference empirical approach, comparing high crime areas to low crime areas and border to non-border counties. In Study 1, I examined rates of total border crossing as measured by legal US entries from Mexico and found evidence that an increase in homicide rates was negatively associated with US entries. I did not find an association between homicide rates and self-reported healthcare access in the four border states (Arizona, California, New Mexico, and Texas) as measured by self-reports of having a regular healthcare provider, needing medical care but not being able to access due to cost, and cervical/breast cancer screening. In Study 2, I examined the association between homicide rates and hospitalization for ambulatory care sensitive conditions in Arizona, California, and Texas. I found a positive relationship in border counties, indicating that individuals may be suffering from reduced access to ambulatory care in border counties with high crime rates in nearby Mexican municipalities. In Study 3, I examined the association between homicide rates and potentially avoidable emergency department encounters and did not find a statistically significant association.

Taken together, these studies indicate that although there may be some effect of crime in northern Mexico on healthcare access, the effect is likely small and difficult to measure using available secondary data sources.

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