



Rural Border Health

Policy Recommendations

The United States (US)-Mexico border has been home to a public health crisis since 2014.¹ Policy intervention is needed to improve the health of individuals living in the region, including:

- Create a renewed focus on binational cooperation for coordination of health care services along the border region.
 - Development of innovative health program models for the region administered through the U.S.-Mexico Border Health Commission in collaboration with rural health advocates. These models should include primary care, emergency medical services, and hospital care.
 - Increase the U.S.-Mexico Border Health Commission funding level to develop and implement new border health programming to address the health needs of the region.
- Support the Federal Office of Rural Health Policy (FORHP) border health programs and research.
- Support national and binational policies, programs, and funding designed to address the social determinants of health along the border region.
- Increase the utilization of Community Health Workers (CHWs) and promotoras as a culturally and linguistically appropriate workforce for immigrant outreach, education, and case management to increase access to care, improve health care compliance and enhance overall health and wellness of immigrants in rural America.
 - Increase utilization of culturally and linguistically appropriate services (CLAS), community health workers (CHWs), health technology, and mobile care points.
 - Promote the use of CLAS standards among rural providers to meet the cultural and linguistic needs of immigrant patients and their families.
- Fund integrated, interprofessional collaborative education that focuses on vulnerable populations and specific health disparities of the region, including trainings for CHWs.
- Explore the specific needs of refugees as a special subgroup of immigrants living in rural areas of the US.
- Address the physical, mental, and emotional well-being, of asylum seekers and refugees crossing the US/ Mexico Border who are detained, both while in custody and in detention centers, whether in detainment long or short term. Especially those of families, women, and children.

Recommended Action

Support [H.R. 1538 Binational Health Strategies Act of 2021](#) to require President and US-Mex Border Health Commission to take certain actions related to COVID-19, including to address infectious disease preparedness in the border area.

Support [H.R. 4812/ S. 2570: Border Health Security Act of 2021](#) to award grants to improve health of border area residents and require the US Pan-Border Public Health Preparedness Council to make changes to address health issues.

Support [H.R. 341 Ensuring Telehealth Expansion Act of 2021](#) to all flexibility with telehealth, particularly Medicare coverage of telehealth services.



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Overview

The US Mexico border zone is a 60-mile wide, 2,000-mile-long border along Arizona, California, New Mexico, and Texas in the US and Baja California Norte, Sonora, Chihuahua, Coahuila, Nuevo Leon, and Tamaulipas in Mexico.^{ii,iii} Almost 30 million individuals live in the border zone in the US, with almost 30% of these residents living in rural areas.^{iv} Additionally, there are 154 Native American tribes totaling 898,770 Native Americans living in the four U.S. border states.^v In the counties in the border zone, the average poverty rate is 28.3%, while the national poverty rate in the US is 14.3%.^{vi} Higher rates of poverty and unemployment along the border region leave many individuals uninsured or unable to pay for healthcare and basic necessities, contributing to poor health outcomes and higher rates of non-communicable disease.^{iv}

Individuals living in the US-Mexico border region face numerous challenges, one significant challenge is limited access to healthcare.ⁱⁱ In this region, most (73% and 63% respectively) of the counties are health professional shortage areas (HPSAs) or medically underserved areas (MUAs), which makes it difficult for individuals to receive primary medical care.^{vi} Having to travel long distances to receive medical care puts a burden on individuals seeking medical attention and often leads to a loss of wages for hourly workers.ⁱⁱ Additionally, people who live in colonias, or rural unincorporated communities, often lack the legal documents needed to access health insurance and are employed in positions that do not provide health insurance.ⁱⁱ This combination of factors restricts border residents from accessing reliable, quality health care and imposes costs on the greater society.^{vii}

In the rurally located border regions, colonias lack electricity, sewage and drainage systems, and running potable water, as well as face occupational hazards and frequent travel across the border.^{ii,iii} Living in these conditions exposes rural communities to extreme sanitation and environmental health hazards and contributes to the poor health data and outcomes reported in this region. Though non-communicable diseases and acute injury are common, transmission of communicable diseases is also reported in high numbers along the border region. Several border counties report a higher prevalence of tuberculosis, maternal and infant disease, Hepatitis C, and vector borne illnesses.ⁱⁱ Unfortunately, infectious disease surveillance has been curtailed, making prevention difficult to achieve.^{viii} High rates of cross-border travel increase exposure to these infectious diseases, making some endemic to the border region.^{ix} Politicization of the US-Mexico border has decreased the capacity of both countries to undertake strategic binational efforts to reduce the spread of disease, including the sharing of vital health data.^v

A reduced focus on disease surveillance poses additional challenges when attempting to manage COVID-19 transmission. A lack of binational cooperation in preventing the spread of COVID-19 infection between the US and Mexico left border towns saturated with COVID-19 patients, leaving the already small number of health care professionals overwhelmed.^v Disease transmission due to travel across the border in both directions can attribute to this problem, as mask wearing at ports of entry was inconsistent and exposure levels in crowded conditions often lasted hours, days, and even weeks.^v In detention centers, transmission of diseases endemic to the border region can be attributed to overcrowding and poor sanitation, contributing to worse health outcomes.^x

When Mexican citizens attempt to cross the border into the US without legal documentation, there is the possibility of detention by US law enforcement. This detention, especially in children, can lead to a host of psychiatric problems due to trauma exposure.^{xi} Research indicates that adverse childhood experiences (ACEs) are associated with a greater risk for health conditions in the future, including coronary heart disease, obesity, depression, cancer, and other problems.^{xii}

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- ^v US Health and Human Services. The US- Mexico Border Region. <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/international-relations-division/americas/border-health-commission/us-mexico-border-region/index.html>
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- ^{xi} Hassan, Y., Zarkar, S., and Rice, T. Psychiatric consequences of detaining migrant children at the US/Mexico border. *Journal of Paediatric Child Health*. 2020; 56: 483. <https://doi.org/10.1111/jpc.14807>
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