

HEALTH POLICY FACT SHEET

HEALTH SERVICE DISPARITIES AMONG MEXICAN IMMIGRANTS

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Mexican Immigrants Lack Health Services in the United States

Mexican immigrants use fewer key preventive services than U.S.-born Mexican Americans and non-Hispanic whites. The immigrant disadvantage is due, in large part, to many having no regular source of care or no health insurance coverage, or neither.

Medical care can prevent as well as cure disease, and offers still other benefits: Early detection and treatment reduces suffering, increases survival rates, and saves money. Flu shots reduce hospitalization and deaths, particularly among people 65 and older. Having a regular source of care improves service continuity, in turn optimizing the delivery and effectiveness of preventive care.

Mexican Immigrants Have the Worst U.S. Rates of Flu Shots, Dental Exams, and Regular Source of Care

Pneumonia and influenza cause over 30,000 deaths annually in the U.S., primarily among the elderly, yet in 2000 over half of Mexican immigrants age 65 and older had not gotten a flu shot the previous year (Figure 1). The rate for immigrants was worse than that for U.S.-born Mexican Americans (43%) and U.S.-born non-Hispanic whites (33%). Immigrants of this age also had the lowest rate of pneumonia immunizations.

Oral health screening and prevention have significant pay-offs in improved health and decreased costs,¹ yet almost two-thirds of adult Mexican immigrants and half of U.S.-born Mexican Americans had not gotten a dental exam in the past year (Figure 1). U.S.-born non-Hispanic whites had the best rate, though it too was high (almost one-third).

Over one-quarter of adult Mexican immigrants had not seen a doctor in the previous two years, about 4 times the non-Hispanic white rate. Regular doctor visits are needed for adults to receive a wide variety of recommended preventive services, such as screening and counseling for STDs, obesity, and high blood pressure.²

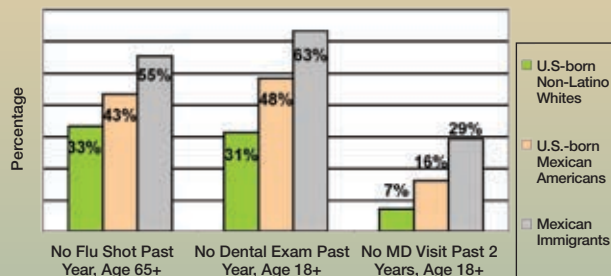
Cancer Screening Rates Lowest Among Mexican Immigrants

Breast cancer is the most common cancer among women in the United States.³ Mammography screening and follow-up treatment can reduce breast cancer deaths by 20%-39% in women ages 50-74 and about 17% in women ages 40-49.¹ In 2000, Mexican immigrant women age 40 and over were the least likely to have had a mammogram in the past two years (the recommended standard): only 49% did (Figure 2). U.S.-born Mexican Americans were more likely to have had a mammogram (66%), not far below the rate for U.S.-born non-Hispanic whites (72%).

If detected and treated early, cervical cancer is almost completely curable. Almost all 3,700 annual cervical cancer deaths could be prevented if all women were screened and obtained follow-up treatment.³ In 2000, Mexican immigrant women ages 18-64 were about twice as likely as U.S.-born non-Hispanic whites not to have had a pap smear test in the previous three years (the recommended standard²) (Figure 2). U.S.-born Mexican Americans also had worse screening rates than non-Hispanic whites. Hispanics have the highest cervical cancer rate of any racial or ethnic group (not shown) in the U.S.³

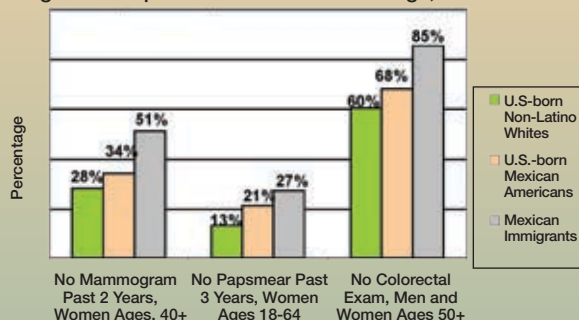
Colorectal exams, including sigmoidoscopy, colonoscopy, or proctoscopy, are not common among adults age 50 and over, but are least common among Mexican immigrants (Figure 2). Colorectal cancer is the second-leading cause of cancer deaths in the United States. Early detection and treatment reduce colorectal cancer deaths.¹

Figure 1. Mexican Immigrants in the United States Obtain Less Preventive Care, 2000



Source: National Center for Health Statistics, 2002⁵

Figure 2. Disparities in Cancer Screenings, 2000



Source: National Center for Health Statistics, 2002⁵



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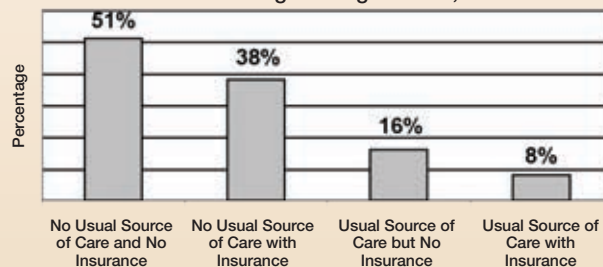
Key Barriers: No Regular Source of Care and No Health Insurance

In 2000, 45% of Mexican immigrants ages 18-64 had no usual source of health care, and 58% had no health insurance; 38% had neither. In contrast, 14% of U.S.-born non-Hispanic whites had no usual source of care and 14% were uninsured.

Among Mexican immigrants ages 18-64 with no usual source of care and no health insurance, half had not seen a doctor in the previous two years (Figure 3). Doctor visits were highest (92%) in the preceding two years among those with both a regular source of care and insurance. People with a usual source of health care are more likely than those who do not to receive a wide variety of preventive services.¹ Studies find over 80% of all immigrants live in families with a full-time worker,⁴ yet for many among them inadequate job benefits are often a key barrier to adequate health care.

A regular source of care can be a doctor's office, HMO, or clinic that provides continuity of care and preventive services. The usual source of care for one-third of Mexican immigrants is a clinic; the is double the rate for U.S.-born non-Hispanic whites.

Figure 3. No MD Visit Past 2 Years, Regular Source of Care and Health Insurance Status, Mexican Immigrants Ages 18-64, 2000



Source: National Center for Health Statistics, 2002⁵

Policy Opportunities

Providing access to preventive services improves the quality of life and saves lives in the long run. Having no usual source of care or no health insurance keeps Mexican immigrant adults from access to these services. Ensuring that all working families have health insurance would increase access for Mexican immigrants, and others, to preventive services. In addition, increasing support for community clinics to provide preventive services would reach many Mexican immigrants, and may help them establish a usual source of care.

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