



HEALTH POLICY

FACT SHEET

Steven P. Wallace & Verónica F. Gutiérrez

Mexican Immigrants Lack Health Services in the U.S.

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 high rates of having no usual source of care and low rates of health insurance.

Medical care can prevent as well as cure disease. Early detection and treatment reduces suffering, increases survival rates and saves money. Flu shots reduce hospitalization and deaths among older persons. Having a regular source of care increases the continuity of services, optimizing the delivery and effectiveness of preventive services.

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

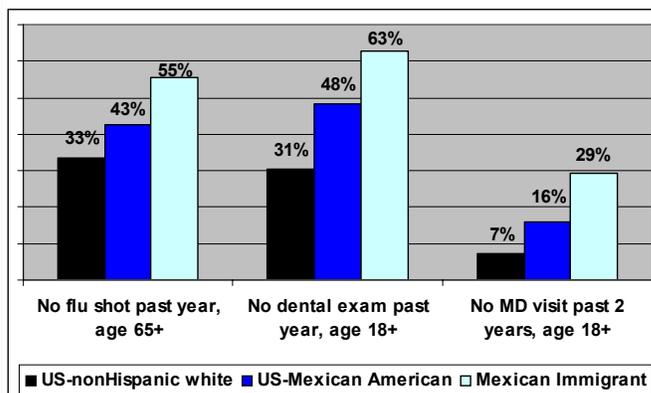
Over half of older Mexican immigrants did not get an influenza vaccine in the previous year. The rate for immigrants was worse than that for U.S.-born Mexican Americans, which was worse in turn than the rate for U.S.-born non-Hispanic whites (Figure 1). Immigrants also had the lowest rate of pneumonia immunizations. Pneumonia and influenza cause over 30,000 deaths annually, mostly in elderly persons. Vaccination reduces flu related illness and death.

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

Over one-quarter of adult Mexican immigrants had not seen a doctor in the previous two years, about four times the non-Hispanic white rate (Figure 1). 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.

Figure 1: Mexican Immigrants with Less Prevention

U.S.-born Non-Hispanic Whites, U.S.-born Mexican Americans & Mexican Immigrants, United States, 2000



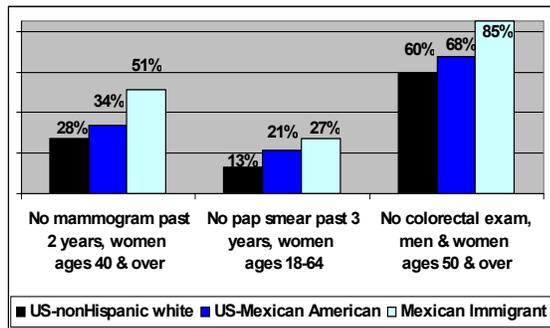
Cancer Screening Rates Lowest Among Mexican Immigrants

Mexican immigrant women age 40 and over were least likely to have had a mammogram in the recommended past two years. U.S.-born Mexican Americans and U.S.-born non-Hispanic whites had similar rates (Figure 2). Breast cancer is the most common cancer among women in the United States.¹ Mammography screening and follow-up treatment can reduce breast cancer deaths by 20-39% in women ages 50 to 74 years and about 17% in women ages 40 to 49 years.

Mexican immigrant women age 18-64 are about twice as likely as U.S.-born non-Hispanic whites to not have had a pap test in the previous three years as recommended. U.S.-born Mexican Americans also have worse screening rates than non-Hispanic whites (Figure 2). All Hispanics have the highest rate of cervical cancer of any racial or ethnic group. If detected and treated early, cervical cancer is fully curable. Almost all of the 4,600 total annual cervical cancer deaths could be avoided if all women were screened and obtained follow-up treatment.¹

Figure 2: Disparities in Cancer Screenings

U.S.-born non-Hispanic Whites, U.S.-born Mexican Americans, & Mexican Immigrants, United States, 2000



Colorectal exams, including sigmoidoscopy, colonoscopy, or proctoscopy, are not common for any adult 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 deaths from colorectal cancer.¹

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

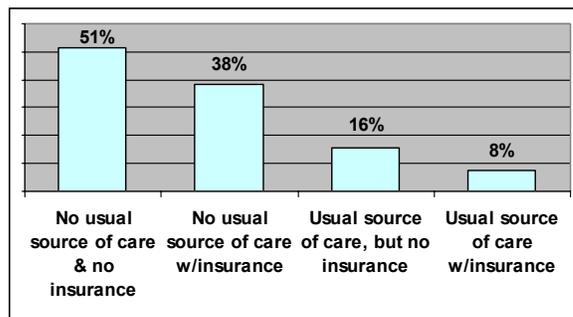
Among Mexican immigrants ages 18-64, 45% had no usual place they go to for health care and 58% had no health insurance, while 38% had neither. In contrast, for U.S.-born non-Hispanic whites 14% had no usual source of care and 14% were uninsured.

Among Mexican immigrants age 18-64 with no usual source of care and no health insurance, half did not see a doctor in the previous two years (Figure 3). Barriers to doctor visits decreased for Mexican immigrants were lowest for those with both a place they usually visit and insurance (only 8% had no doctor visit in the past two years). People with a usual source of health care are more likely than those without a usual source of care to receive a wide variety of preventive health care services.¹ And studies find over 80% of all immigrants live in families with a full-time worker, so inadequate job benefits are often a key barrier to adequate health care.



Figure 3: No MD Visit Past 2 Years

For Each Usual Source of Care & Health Insurance Status, Mexican



A usual 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, twice the rate of U.S.-born non-Hispanic whites.

Policy Opportunities

Providing access to preventive services improves the quality of life and saves lives in the long run. Mexican immigrant adults face barriers to these services when they have no usual source of care or no health insurance. Assuring 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.

Data Source: 2000 National Health Interview Survey.

Author Information

Steven P. Wallace, PhD, is Associate Director of the UCLA Center for Health Policy Research and Professor at the UCLA School of Public Health; Verónica F. Gutiérrez, MPH, is a Research Associate at the UCLA Center for Health Policy Research.

References

1. U.S. Dept. of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, 2000. <http://www.healthypeople.gov/default.htm>
2. Clinical Preventive Services for Normal-Risk Adults, U.S. Preventive Services Task Force. *Put Prevention into Practice*, 1/2004. <http://www.ahrq.gov/ppip/adulttm.htm>
3. U.S. National Cancer Institute. SEER Program. http://www.seer.cancer.gov/faststats/html/inc_cervix.html
4. Kaiser Commission on Medicaid and the Uninsured. *Immigrants' Health Care Coverage and Access*. Fact Sheet #2231. <http://www.kff.org/medicaid/2241-index.cfm>