

PIMSA 2015 Public Health Policies (by Team Mexico incorporating the proposals made by the University of El Paso Team)

Health Services for Elderly Migrants: Medical Attention for Diseases

Summary

This section on public health policies expresses the need to create proposals and actions that can modify the current status of health and working conditions and access to healthcare to benefit migrants. These proposals are based on results achieved in the research by Pimsa 2013-2014 Grand Proposal titled, "A Socio-cultural and Epidemiological Profile of the Elderly Mexican Migrants in Jalisco, Mexico and Texas, USA" based on shortcomings found in the above-mentioned topics. The purpose of this section is to improve the situation of retired migrants and to allow them more equitable access to the rights they are entitled to due to the years they worked in the USA and to enjoy such rights here in Mexico without having to travel to the USA to receive these benefits.

The Problem

How to cope with the diseases developed by migrants of Mexican background older than 60 (elderly adults) once their employment has come to an end in the United States of America (USA) and who currently live in Mexico as well as in the USA?

Context

Most of the Mexican population that emigrated to the United States during the second half of the XX century lived in the United States, especially during their productive working years. During that time they also shared living quarters in Mexico (occasionally) but more often in the States. The majority acquired formal status as citizens or permanent residents because they entered into the USA under employment programs and/or agreements. Others worked informally waiting to be documented or without documents evidencing their legal permanence, but all of them created rights due to their work.

They encountered an immigration process that brought changes to the context of their life at the family level, faced different language and cultural environments and were exposed to physical risks and stressful situations, the most noteworthy being employment stressors. The most representative are: adverse working conditions, employment uncertainty, work environments with high risk factors to becoming ill, stigmatization and segregation situations and watching their health and capacity for self-sufficiency deteriorate, together with the appearance of pathologies proper to the above-mentioned wear and the natural deterioration brought on by the passing years.

Understandably they developed an epidemiological profile in keeping with said situation in which, according to the results obtained, chronic degenerative diseases prevailed forcing migrants to look for their own solutions in Mexico as well as in the States. Different kinds of responses to their problems have been found. Fifty percent of the migrants interviewed mentioned they had suffered some disease during their time in the United States, of which 60% replied that they still continued to have the same ailment. The most prevalent were occupational accidents, acute respiratory infections and diabetes mellitus among others. The great majority (87%) commented that they had some kind of disease at the time of the interview such as diabetes mellitus (40%), high blood pressure (26%), arthritis (23%), traumatism (21%) and cerebrovascular disease (15%) as well as others.

A little less than half of the migrants (46%) said they had economic hardships preventing their access to healthcare; the results were similar in Mexico and in the United States. As for geographical and cultural accessibility, more difficulties were found in Mexico than in the United States but greater legal problems for accessing health services were encountered by them in the United States than in Mexico.

Results and Proposals for a Strategy for Improvement

Access to health services and medical attention for diseases

The migratory condition seemingly influences the decision to access and use healthcare services. Cultural differences, the stigma and the conditions under which migrants are hired that affect their rights, when medical attention for diseases is not sufficiently covered, all are but some of the elements involved in healthcare.

When they return to Mexico after their productive years have ended, apparently the right to access health institutions in the United States that some of them enjoy are not transferrable to Mexico so they have to return to the States periodically for healthcare. On the other hand, those that have no benefits or right to healthcare in the USA and return to Mexico have to use private healthcare, which in general is expensive, or they make use of public services, the Health Centers of the Ministry of Health, the “Seguro Popular” program or rely on relatives to cope with their disease.

Migrants’ unfamiliarity with the benefits and rights they have to medical attention for health problems, both in Mexico and in the United States, during the productive years and when they become elderly adults is an important factor with ramifications on their health and on the quality of their life.

- Link the retirement pension systems in Mexico and the USA in benefit of migrant workers entitled to a pension and/or retirement.

- Link the legal systems of healthcare by IMSS (Mexican Social Security Institute) and the United States in benefit of migrant workers.
- Create binational laws allowing migrants to access their pension or retirement fund in either country.
- Create binational laws allowing migrants to access the health services they are entitled to due to the years they have worked, in either country.
- Create a binational legal entity to regulate said rights and propose laws that favor migrant workers' rights.
- Create an organization to divulge migrant workers' rights to healthcare access, retirement and pensions.

Work Issues

Migrant workers have a low perception of unsafe working conditions which results in close contact with ergonomic, chemical, physical and psychosocial risks, thereby resulting in occupational accidents and diseases with the consequential deterioration of their health and quality of life during the latter years of their life.

- Investigate the migrant population's human rights and access to decent jobs, foster socialization of these international principles.
- There should be organizational oversight of health and occupational safety standards and regulations for all workers in the United States, for both documented and undocumented migrants.
- At the group level, it would be worthwhile to implement self-care and disease prevention programs at the migrants' workplace.

Health Prevention and Promotion

- Create an educational program in the United States for migrants that explains their rights and obligations regarding access and use of health services (emergencies, specialized attention, identification and location of healthcare centers, accessibility policies and costs among other topics) incorporating bilingual personnel to give them guidance about using safety gears at work, accessing health service as well as its coverage and limits.
- Set up a network of instructors in both countries and train them to perform educational actions and, if needed, to follow up on elderly migrants, taking into account the above-mentioned items. This could be a good procedure for resolving the steps to take to obtain medical attention for diseases, to implement educational actions (informative booklets, spots in the media, material printed in Spanish and so forth) and to distribute them at work and religious centers, community centers and other gathering places frequented by migrants.

- Encourage Hispanic migrants to speak English so language will not be a barrier to requesting health services, no matter what their age is.

Actions in this Regard

- The information provided to migrants during their stay in the USA enables a better and greater use of the services available to attend to their health issues both in the United States and Mexico.
- Organizations and foundations willing to fund this cause may be asked to fund or provide non-monetary support for this kind of program.
- Likewise, knowledge about the existence and location of organizations that lend support to the migrant population in the United States could provide greater information about attention to other problems afflicting this population.

Document written by:

José Luis Lopez Lopez, PhD, Teresa Margarita Torres Lopez, PhD, Amparo Tapia Curiel, PhD, Miguel Alfonso Mercado Ramírez, PhD, Miguel Angel Sarabia Avalos, M.S. (Final version October 27, 2015)