

Policy Brief – Norah Anita Schwartz

Utilization of health services by Mexican immigrants with breast cancer on the US-Mexico border: Struggles and aspirations

Executive Summary: Latino cancer patients in the United States, particularly those residing in medically underserved areas, face health disparities associated with social, economic, and cultural barriers resulting in poorer health outcomes and lower quality of life.¹⁻³ In Mexico, where breast cancer is the second leading cause of death among women aged 30–54, the need for attention is considered a “pressing priority” by medical authorities.⁴ The rural Imperial County, in southern California, is located on the US-Mexico border directly across from the city of Mexicali, the capital of Baja California, Mexico. It has been estimated that up to half the residents on the Texas-Mexico border have crossed into Mexico to utilize some form of health care, yet little is known about this phenomenon for women with breast cancer in California.^{5,6} Agricultural workers from Mexicali, Mexico move to Imperial County, CA in search of work and may seek health care on either side of the border, thus providing an optimal location and situation in which to study immigration and cross-border utilization of health services.

We used a mixed-methods approach to examine access and barriers to health care and cross-border utilization of services among immigrant women with breast cancer on the US-Mexico border. By combining qualitative and quantitative methods we aim to provide a holistic, patient-centered perspective of breast cancer on the border and the experience of cross-border cancer care. The techniques entailed in photovoice enabled a small group of selected participants to share their lived experiences visually with policy makers, while ethnographic interviews with patients and key informants allowed for a culturally rich and deeper exploration of the care

seeking experience and barriers to care. Following the ethnographic methods, we used validated survey instruments to measure quality of life, access and barriers to care and utilization of cross-border health services.

Background: Health disparities in accessing cancer treatments have been persisting in the United States, particularly for cancer patients who reside in medically underserved areas, have limited or no health insurance coverage and were born outside the US.^{7,8} A study conducted with residents on the US-Mexico border by Bastida, et al., reported that 60% of respondents under the age of 65 had no health insurance.⁹ Residents with cancer in underserved areas suffer from a lack of access to appropriate treatment, lack of knowledge about cancer and, consequently, worse treatment outcomes. These patients face extensive social, economic, and cultural barriers that hamper health outcomes and lower their quality of life.^{10,11} In the United States, individuals who reported that they had “ever been diagnosed” with cancer were likely to be considered uninsurable in the current private non-group market (until 2014, when parts of the Affordable Health Care Act became effective).¹²

Imperial County, California, is a poor rural county with the highest unemployment rate (26.9%) in California.¹³ Based on 2008 U.S. Census data, approximately 76% of residents are Hispanic, 70% speak languages other than English at home and 24% of families are living below federal poverty level.¹⁴ Among the Imperial County population, Hispanics had a higher breast cancer mortality rate (20.96 per 100,000) compared with the statewide average (17.71 per 100,000) based on state cancer registry data, 2000-2007.¹⁵ Nationally, in 2006, 34% of Latinos were uninsured, compared with 11% of non-Hispanic whites and 21% of African Americans.¹⁶ Patient Navigation Programs (PNPs) were designed to assist cancer patients with overcoming such barriers and accessing cancer treatment in a timely manner.¹⁷ The PNP program in Imperial

County has been serving cancer patients since 2006 and contributing to the improvement of cancer treatment access and health outcomes for immigrant families.

Study objectives: The study explored personal agency, border identity and social agency as seen through the eyes of Mexican immigrant women living with breast cancer on the US-Mexico border. It examined some of the significant social actions that breast cancer patients and their advocates take and the complex series of processes required to attain life-saving procedures on either side of the border in the face of cultural, political and economic barriers. The specific aims for this project included to:

- 1) understand the phenomenologically rich ‘lived experience’ of breast cancer among low-income immigrant women using patient navigator services on the US-Mexico border;
- 2) gain an understanding of the process of seeking and utilizing health services on the Mexican side of the border by breast cancer patients living on the US side;
- 3) promote reflection and discourse about the health care experiences, reasons for the underutilization of services, and the types of services needed by this population,
- 4) and reach key local policy makers through the voice of the participants.

Result summary: The research setting is located within close proximity to the Mexican border and daily border crossing for commercial purposes is a common occurrence. Health care seeking history, we initially expected, would have a direct bearing on seeking breast cancer treatment on the Mexican side of the border by immigrant patients living in the U.S. Our *a priori* expectations based on the literature and research experience were that more patients would seek chemotherapy and radiation treatment in Mexico. Our results show that patients receiving patient

navigation services prefer to receive their cancer treatment in the U.S., although they continue to seek general health care and pharmaceutical services in Mexico.

Care in the US may be delayed due to

- a wide-spread perception that patients need health insurance in order to access diagnostic care
- tissue samples from biopsies not allowed to be transported across the international border
- written results of biopsies not accepted by the U.S. health care system
- language barriers and lack of professionally trained translators

Care in Mexico may be delayed due to

- emigrants from Mexico not being eligible to access Mexican public health system
- long wait times for appointments for services, including, ultrasound and mammogram.

Care on both sides of the border may be delayed due to

- excessive waiting times for medical appointments
- transportation issues
- out of pocket expenses not covered by health insurance.

Patients living in the contested border space between the first and third worlds describe situations in which lifesaving care was delayed for months. While the results of our study are not representative of the general population, the great majority of participants preferred to receive their treatment on the U.S. side, because of advancement of medical science and higher quality of care. They expressed a lack of confidence in health care systems and facilities in Mexico, particularly technology; rather than in individual physicians.

Participants showed strong willingness to be involved in community activities to support cancer patients through more opportunities for them to be engaged and advocate for community action to receive better cancer care.

Recommendations: The results demonstrated that there is a greater need of communication and coordination of services between border oncology services. Based on our results we generated the following policy/practice recommendations:

Issue 1: Lack of communication between health care providers on both sides of the border.

Recommendation 1:

Promote communication between healthcare providers on both sides of the border in order to achieve more effective coordination, including developing a system of team coordination between oncological healthcare providers.

- a) Every patient is strongly encouraged to carry a digitized record of treatment history to their medical appointments on either side of border.
- b) Establish a cross-border agreement to facilitate the exchange biopsy tissue samples directly between laboratories to reduce the unnecessary delay in cancer treatment following the biopsy results.

Issue 2: Need for greater dissemination of culturally, locally, and individually tailored breast cancer information/treatment guidelines

Recommendation 2:

There are greater information needs regarding health insurance, type of cancer treatments, and life changes related to having breast cancer. The following recommendations were developed:

- a) Make cancer/treatment information available for Spanish speaking, low health literacy consumers across entire cancer care continuum
 - i) Various media channels should be used to effectively disperse breast cancer related information. Utilize various communication/media channels below would be more effective in this specific population, including radio, information social supports from survivors, and health promotoras.

Issue 3: Lack of community based patient engagement in the development of patient-centered research

Recommendation 3:

Encourage community (patients/stakeholder/researchers) to conduct research project in a patient-centered and community based participatory research approaches.

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