Policy Recommendations

Project: Health Policy and Bi- National Elderly Migrants in the U.S. / Mexico Border. The Case of the Ciudad Juarez / El Paso Region

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Introduction

The migration of elder population from Mexico into the US present an inverse pattern compared to the migration of elder population from developing to developed countries in other contexts. In Europe, for instance, foreign elder people from the Middle East or from Eastern Europe tend to return to their home countries to aged (LineNeerup.; Fog.; Bygbjerg, Kristiansen, and Norredam, 2015). On the U.S. context, on the contrary, we corroborate that there exists a migration pattern of population of 60 or more years moving from Mexico into the US southern border. This migration pattern might have less implication to both state tax policies and health care systems since most of this population might be either commuters that worked in the US during their "working – life" and contributed for their social benefits or retiree persons which receive pensions and health coverage in Mexico. The most urgent policy need is about and how to make the US health system comprehensible for migrants that are used to a different health system how to transfer mexican health coverage into the US for Mexican elder retiree migrants. Accessibility to appropriate and timely health service is the most urgent demand from Mexican elder migrants as they aged in the US.

The results provided by this research display that Mexican elder migrants face difficulties to access to health services in the US. Our findings show that elder migrants who used to work in the US have more familiarity with the US health system (health insurance, Medicare, Medicaid, medical appointments among others) while those without working history in the US face difficulties to understand the US health system. Although, this last group of elder migrants might have health coverage in Mexico they may be unprotected in the US. This situation becomes critical as they aged and displacement into the Mexican side became more difficult.

We found out that US health institutions and local governments along the US / Mexico are not prepared to deal with elder migration flows from Mexico. These public figures barely know about it or have formally recognized this phenomenon. The same situation is experienced by their Mexican counterparts. Dealing with Mexican elder migration into the US will require designing creative initiatives and policies at the bi-national level to guarantee appropriate health services for such population. Research findings suggest that their immediate need is accessibility to basic medical attention (periodic medical checkups, prescriptions, medicine supply, etc.) in the US since it would be more feasible and non- expensive for them to search in Mexico for specialized medical services. The reasons for such need are related to the distance, the availability of time and companion, and the time-consuming checkups and waiting lines to cross the border for and back to receive medical services in the Mexican side.

The migration of elder people from Mexico into the US border localities might be a migration pattern that will grow in the coming decades as border residents with double nationality aged or Mexican elder migrants with US residency search for family

reunification. Different from other migration patterns into the US border localities, migration of most of the Mexican elder population is correlated to a legal status. Quality of life of this population is strongly related to the accessibility to appropriate and timely medical attention and services. To address this need, which has a bi-national origin, US policy - makers should work on a comprehensive policy that might incorporate some of the following recommendations.

Policy recommendation 1:

Recognition of elderly migrants as a new group demanding health services on the us

Aging is a demographic process that is evolving more rapidly in the US side than in the Mexican side of the border. Notwithstanding, our findings in the El Paso – Ciudad Juarez region suggest that the migration of Mexican elder population into the USA context is a constant pattern that creates serious challenges in terms of health. The most relevant is the accessibility to medical services in the US. Mexican elder migrants enjoy of health services in Mexico, but there is an important number that might create an impact on the US health system and in the welfare system. This is because when they migrate into the US some of them might demand for public housing and others might appeal to US health institutions for medical attention in case of emergencies. On both cases, it is not because they will try to take advantage of the US health system but because the difficulties (mobility, companion, health conditions, etc.) that represent for the Mexican elder migrant to cross the border for and back with certain frequency to receive medical attention in Mexico. The migration of elder population is a recent

phenomenon emerging on the US / Mexico border that demand comprehensive bi-national policies.

Policy Recommendation 2:

Development of a bi-national agenda among health institutions incorporating the component of aging and accessibility to health care.

One of the initial bi-national actions to deal with the migration process of Mexican elder population should be the acknowledgment of "*aging and accessibility to health*" as a new public health challenge in the border. The US / Mexico Border Health Commission (BHC) should become a relevant actor on the construction of a "Bi-*national Gerontology Agenda*" among health institutions, social development agencies, diplomatic agencies and community organizations in the region. If the BHC incorporates the "*aging and accessibility to health*" as a public health priority along the US / Mexico border, this could contribute to integrate or coordinate programs, strategies and efforts to avoid duplicity and gaps on medical service provision to elder population disregarding the side of the border where they live. Putting this agenda in place will help to design strategies to provide knowledge and orientation about the US health system to potential Mexican elder migrants when they still reside on the Mexican side. This will facilitate to them the transition as they change residency from Mexico into the US. The result could be to protect the quality of life of Mexican elder migrants and of the elder population on both sides of the border.

The US / Mexico Border Health Commission (BHC) has as a main goal to improve health and quality of life of the population inhabiting along the US / Mexico

border. The Commission has defined the *Healthy Border 2020* as its bi-national agenda on health promotion and disease prevention (Secretary Health and Human Services, 2018). This agenda which encompasses as public health priorities the attention to chronic and degenerative diseases, infectious diseases, maternal and child health, injury prevention, mental health, and addiction could be enriched in 2020 by incorporating as a new public health priority *aging and the accessibility to health.* Chronic and degenerative diseases, injuries, and mental health need to be addressed separated when dealing with elder population. These public health problems are present majorly among elder people.

Policy Recommendation 3:

Designing and implementing educational programs to educate Mexican elder migrants about the operation of the US health system

Based in our research findings, we have identified that elder Mexican migrants learn empirically about the operation of medical services in the US. This empirical learning contributes to create confusion and misunderstanding of the benefits and alternatives offered by the US medical system. The US medical system is complex to understand since it is part of a welfare system where the delivery of services that people might relate to the public sector are provided by the private sector. These practices create a cultural confusion among elder Mexican migrants, particularly because most of them are used to free access to medical services and medicines. in other words, they

are used to deal with the public sector as the main sponsor and supplier of medical services.

The design of an *educational program about the US health system* needs to consider who will compile the appropriate information, prepare appropriate pedagogical material and the methodology to explain this material. Regarding these needs, the policy-making process should consider both the Rio Grande Area Agency on Aging and the regional higher education institutions as the most convenient agents responsible to oversee such task.

Regarding the implementation of such initiative, the literature about elderly migrants in the US and in other contexts validate that the most common places visited by such type of population are churches, community centers and hospitals (López-Nórez, 2018; LineNeerup, Fog, Bygbjerg, Kristiansen, and Norredam, 2015). Based on the above, and based in the findings in our study area, we consider that policy-makers should consider making mandatory for all senior centers, community centers, public hospitals, departments of parks and recreation and churches, to offer an *educational program about the US health system*. This initiative might help to an important percentage of elder Mexican migrants to pass through a process of cultural transition from the Mexican health system into the US health system. An additional advantage of this strategy is that it might contribute to make a more rational use of the medical attention in hospitals and in private medical consultation in the US.

Finally, it is relevant to state that the greatest limitation of this study to reach more general conclusions was the size of the sample population. Encompassing a larger sample population from different border localities might confirm the findings of

this research study and will contribute to mature the suggested health policy recommendations.