

## OBJECTIVES

Contributing to the improvement of the quality of aging in place in a vulnerable population group that has barely been recognized by the formal health and social policies currently in effect along the US / Mexico Border.

## METHODOLOGY

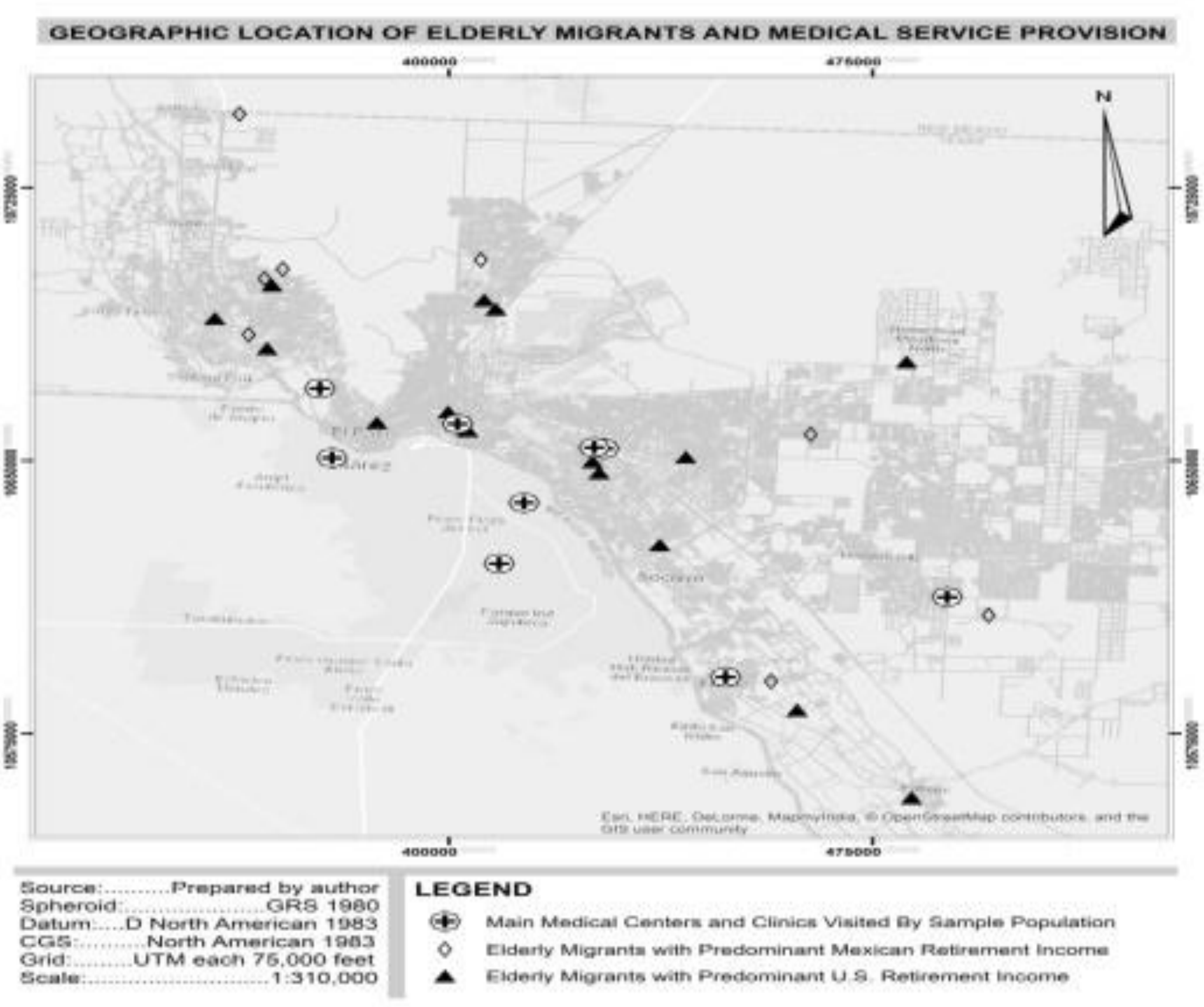
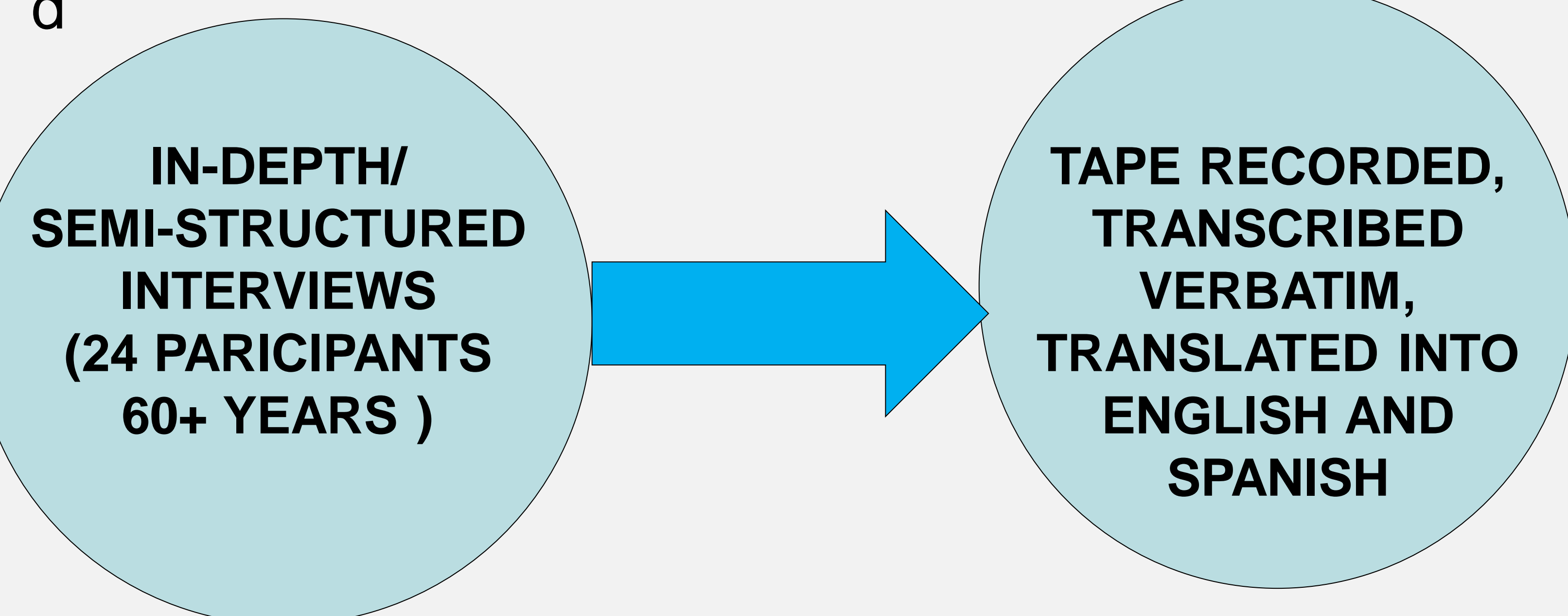
Exploratory Research Design

Grounded Theory Approach

### Research Questions

- what motivated the individual to migrate and their experiences with migration?
- What is their present living situation including home and community?
- what are their perceptions of their health status ?
- where they access health services and why and
- What are the supports and challenges of accessing health care services?

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## RESULTS

Health Conditions of Elderly Migrants

Variable	All N = 24	(%)	Migrating EI Paso >10 years ago N=8	Migrating EI Paso 6- 10 years ago N=10	Migrating EI Paso 5 < years ago N=6
<b>Gender</b>					
Male	12	(%)	16.66	16.66	16.66
Female	12	(%)	16.66	25	8.33
<b>Diseases</b>					
Diabetes & High Blood Pressure	16	(%)	25	29.16	12.5
Arms, Legs, Back and Hip Injuries	2	(%)	8.33	0	0
Heart & Circulatory System Diseases	3	(%)	0	8.33	4.16
Other Diseases	1	(%)	0	4.16	0
None	2	(%)	0	0	8.33

- In the Ciudad Juarez / El Paso region it is becoming a common demographic phenomenon.
- Elder Mexican Migrants migrate for family reunification reasons or to secure their retirement benefits from the US.
- 89.1% of sample population live in Private Housing and present minimum social activity or community interaction
- 37.5% of the research participants cross the border to Mexico for medical attention. and need to travel 21 miles or more to receive such services.
- 29.2% of the participants prefer to go to Mexico for medical attention because they believe the US medical system is with so much formalities.
- The most common medical visits to Mexico were done searching for General Medicine 25%, Odontology 12.5%, Cardiology 4.2%, Gynaecology 4.2% and others 12.5%.

## HEALTH POLICY CHALLENGES

The major health policy challenges identified in the research are;

- The absence of recognition of Elderly Migrants as a new group demanding medical attention and services along the US / Mexico border.
- The lack of complete knowledge about Health Programs amongst Mexican Elderly Migrants.
- The little understanding of the US Health System by Mexican Elderly Migrants

## DISCUSSION

- On the US / Mexico border region migration of Elder Population from a Developing into Developed Country present an inverse pattern compared to other world contexts..
- This type of migration might have less implication to both State Tax Policies and Health Care Systems since the majority of this population receive a retirement pension in the US or a retirement pension and Health Coverage in Mexico.
- US Health Institutions and Local Governments in the US /Mexico border are not prepared to deal with Elder Migration flow from Mexico.
- A larger sample population from different border localities might confirm findings and will contribute to mature Policy recommendations.

## POLICY RECOMMENDATIONS

- The US / Mexico Border Health Commission (BHC) could become the most appropriate agent to incorporate and to consolidate a “Bi-national Gerontology Agenda” in 2020 by incorporating as a new health priority “Aging and the Accesibility to Health”.
- Necessary to design and to implement Educational Programs to Educate Elder Mexican Migrants about the characteristics and operation of the US Health System..

