



U.S./ Mexico Border Fact Sheet: Health Professional Shortage

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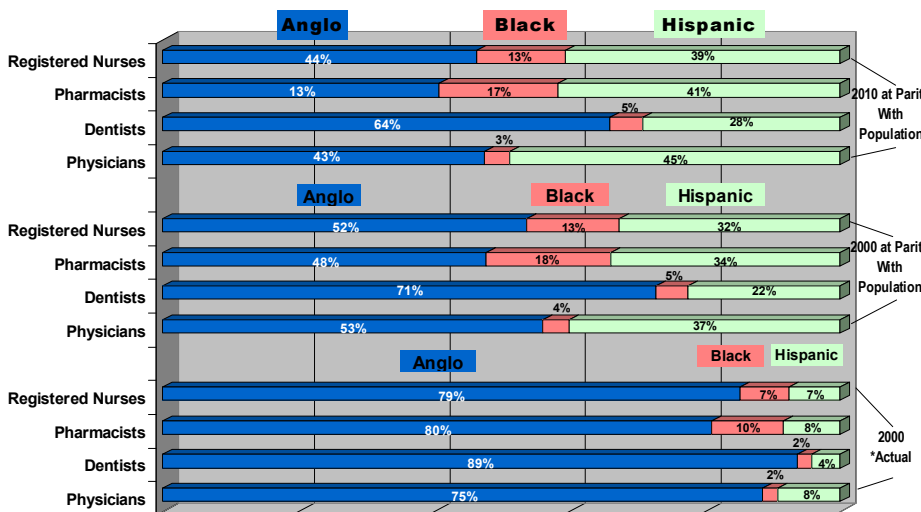
Health Professional Shortage

- There are documented inequalities in the availability and distribution of basic public infrastructure, educational, and economic development, and health care resources on the U.S./ Mexico Border.
- These issues place economic and service burdens upon health care providers, hospitals, trauma centers, and community clinics.
- Provider reimbursements are lowest along the Border Counties perpetuating a shortage of Medicaid providers and lack of access to health care.
- In 2000, about 1/3 of the border population live within a Health Professional Shortage Area (HPSA). Texas region in particular is most acutely affected with 70% of border residents residing in the HPSA.
- There is increasing over-reliance from the public and private health sectors of federally qualified Community Health Centers, i.e., that they can “do it all” as the primary Safety Net provider. Border CHCs already require an infusion of additional resources to meet current demand for their services, as well as to expand their access and service capacity.
- The US-Mexico Border ranks **last** in the number of health professionals to population

| State Health Access Profile for U.S./Mexico Border States | | | | | |
|---|-------|-------|-------|-------|-------|
| SOURCE: University of Minnesota National State Access Project: Dec 2007 | | | | | |
| Coverage | U.S | TX | AZ | CA | NM |
| % of Private-sector establishments offering health insurance to employees (2005) | 56.3% | 50.1% | 55% | 59.8% | 51.2% |
| % of eligible Private-sector employees enrolled in health insurance at businesses offering health insurance. (2005) | 79.6% | 77.5% | 78.3% | 82.4% | 78.9% |
| Medicaid enrollment as a percent of population under 200% FPG (2006) | 46.4% | 32.2% | 43.2% | 53.7% | 47.7% |
| System Resources | | | | | |
| Physicians per 100,000 population (2006) | 321 | 248 | 269 | 309 | 278 |
| Hospital beds per 1000 population (2006) | 2.7 | 2.6 | 2.0 | 1.9 | 1.8 |
| % of population with a personal doctor or health care provider (2006) | 80% | 72.2% | 71.7% | 72.2% | 73.9% |
| Safety Net Resources | | | | | |
| BPHC supported clinics per 100,000 population under 200% FPG (2005) | 6.2 | 3.0 | 4.0 | 5.9 | 13.3 |
| Hospital uncompensated care spending per population under 200% FPG | \$245 | \$289 | \$136 | \$176 | \$134 |
| Patients served by FQHC as % of pop under 200% FPL(2006) | 16% | 8.1% | 15.2% | 17.9% | 30.2% |

| Source: HRSA | Ratio of Health Professionals per 100,000 population | | | | | | | | | | |
|-----------------------|--|---------------|----------------|--------------------|-------------------|--------------------|-------------------|--------------------|--------------|----------------------------|---------------------------|
| | US (2004) | | Arizona (2004) | | California (2004) | | New Mexico (2003) | | Texas (2003) | | |
| | National | Border States | State | Border County Area | State | Border County Area | State | Border County Area | State | Within 100 miles fm Border | Within 62 miles fm Border |
| Physicians | 278.0 | 219.1 | 208.9 | 239.0 | 248.4 | 275.6 | 214.0 | 138.5 | 174.8 | 162.2 | 107.8 |
| Dentists | 60.7 | 64.6 | 47.5 | 43.4 | 79.6 | 79.3 | 43.3 | 29.8 | 46.4 | 38.2 | 19.4 |
| Registered Nurses | 782.0 | 692.1 | 805.1 | 851.3 | 721.0 | 796.2 | 745.2 | 611.9 | 611.4 | 527.0 | 380.4 |
| Physicians Assistants | 14.8 | 12.9 | 17.9 | 12.3 | 13.9 | 14.0 | 18.2 | 10.4 | 9.6 | 8.8 | 7.4 |
| Psychiatrists | 14.2 | | 8.5 | 11.1 | 7.6 | 7.4 | 9.5 | 4.7 | 7.5 | 6.9 | 3.0 |
| Psychologist | 28.4 | 27.2 | 20.3 | 25.4 | 36.6 | 45.9 | 25.2 | 17.3 | 14.4 | 10.0 | 4.1 |
| Social Worker | 35.6 | 43.4 | 37.1 | 45.8 | 40.9 | 45.1 | 106.0 | 74.7 | 43.7 | 39.7 | 21.9 |

TX Health Professional by Type, Race/Ethnicity & Parity in 2000-2010



The number of health professionals is far below the need that exists among the Southwest Border States and Counties

In all 24 border counties there are fewer Health Care and Social Assistance personnel per 100,000 residents than for the rest of the United States.

The number of Hispanic health professionals needed today is nearly three-times what is available in our communities.

Health demographers are projecting that the combination of Latino population growth, economic conditions, and health status will result in a disease pattern shift where they will increasingly represent the larger proportion of the prevalence of diseases and disorders over the next 10 to 20 years.