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## Access and Use of Health Care Services by Mothers and Children in the Texas-Mexico Border Region

### Findings from the 2006 Rio Grande Valley Health Survey

Many communities in the U.S.-Mexico border region are characterized by high poverty rates, high uninsurance rates and low access to health care. About one of every four children and adults in Texas do not have health insurance coverage - the highest proportion in the U.S. - and access disparities are even higher in counties bordering Mexico. Slightly over one of every three children and adults in the Rio Grande Valley - which includes Cameron, Hidalgo, Starr and Willacy counties - are uninsured.

Lack of health insurance coverage has important negative consequences in terms of access to health care and health outcomes not only for individuals but also for entire families. A 2002 report from the Institute of Medicine (Health Insurance is a Family Matter) concluded that children are more likely to have health insurance coverage if their parents are insured. Many uninsured children are eligible for public programs such as Medicaid and the State Children's Health Insurance Program (SCHIP), yet, many uninsured children remain without health insurance coverage and there are several reasons for this. For example, many children become ineligible for some public health programs after a certain age and, thus, become uninsured as they get older. Employer-sponsored health insurance coverage is also important because the linkage between employment and health insurance coverage increases the chances that children become uninsured when

parents transition from employment to unemployment, and vice versa.

In a study published in the Spring 2007 issue of the journal *Social Perspectives*, Patricia B. Reagan (The Ohio State University) and José A. Pagán (The University of Texas-Pan American) reported results from the 2006 Rio Grande Valley Health Survey (RGVHS), a telephone survey of 908 women between the ages of 19 and 55 residing in Cameron, Hidalgo, Starr and Willacy counties. The RGVHS included extensive socioeconomic, demographic, health status and health care utilization data on mothers and one randomly-selected child from each household. The results reported in their study pertain to 495 mother-child pairs for which data were complete. The sample is representative of the estimated 290,811 women that resided in the RGV in 2006.

The authors constructed five mother-child pairs of dichotomous dependent variables based on the mothers' answers to the following questions: (1) "Is there a place that you usually go to when you are sick or need advice about your health?" and "Is there a place where you usually take him/her when he/she is sick or you need advice about his/her health?"; (2) "During the past 12 months, how many times have you seen a medical doctor about your own health? and "During the past 12 months, how many times has he/she seen any kind of medical doctor?"; (3) "During the past 12 months, did you visit a hospital



emergency room for your own health?” and “During the past 12 months, did he/she visit a hospital emergency room?”; (4) “During the past 12 months, did you visit a dentist?” and “During the past 12 months, did he/she visit a dentist?; and (5) “During the past 12 months, did you delay getting any other medical care you felt you needed, such as seeing a doctor, a specialist or other health professional?” and “During the past 12 months, did you delay getting any other medical care for your son/daughter you felt he/she needed, such as seeing a doctor, a specialist or other health professional?”.

They hypothesized that health care access/utilization patterns across these five dimensions were positively related between mother-child pairs, even after controlling for other factors that may be related to health care access/utilization.

The study found that the patterns of health care utilization between Latina mothers and their children were positively related for having a usual place of care, visiting a doctor, visiting an emergency room, and having delayed health care needed. The child-mother patterns were not statistically significant for having visited a dentist.

The results are consistent with the premise that both desirable and undesirable parental and child health care access/utilization patterns for Latinos/as are interrelated. That is, good health care utilization behavior from Latina mothers - such as having a usual source of care and visiting a doctor - are strongly related to the health care utilization behavior of their children. However, poor health care utilization and access patterns for Latina mothers - in the form of visits to the emergency room and delaying needed medical care - are also strongly related to the health care utilization and access patterns of their

children.

The results have important health policy implications because they suggest that interventions that promote good health care utilization behavior for Latina mothers spillover to their children. Thus, for example, public health insurance programs that focus on covering uninsured children but leave their parents uninsured may end up not taking full advantage of the positive spillover effects of health care access/utilization from mothers to their children.

SCHIP was created as part of the Balanced Budget Act of 1997 with the goal of providing health insurance coverage to uninsured children of families who did not qualify for Medicaid and at the same time could not afford to purchase private health insurance coverage. The federal government pays for almost three-fourths of the Texas SCHIP and, still, Texas has returned money to the federal government every year since SCHIP began that could have been used to expand coverage to more families. The results presented in this study provide further support to the idea that relaxing the eligibility rules for uninsured parents of children covered by public health insurance programs may make sense to promote a better use of the health care system by Latina mothers and their children.

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