Access to Health Care for Migrants Returning to Mexico

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Abstract: Continued migration from Mexico over the past several decades has created a large population of elderly Mexicans in the U.S. There is no system in Mexico for those Mexicans who would like to retire there to obtain health insurance during their retirement years. Using a nationally representative dataset of Mexican elders, we explore the current state of health insurance status for Mexican elders with a history of migration to the U.S. We find a robust negative association between years spent in the U.S. and the probability of being insured. Coordination between the U.S. and Mexico on policy options to insure Mexicans migrants may prove beneficial to the social security systems in both countries as well as to migrants themselves.

Key words: Health insurance, Mexico, migrants, retirement.

Estimates by the National Population Council of Mexico suggest that about 10 million Mexican-born immigrants live in the U.S.[1] Of the 400,000 Mexicans that enter the U.S. legally or illegally each year, more than half return to Mexico.[2,3,4] As of 2003, an estimated 710,000 Mexican-born people living in the U.S. were over the age of 60. This age group grew by 63% between 1996 and 2005.[1] Like many other Latin American countries, Mexico is currently experiencing a rapid aging of its population at home and abroad. While in 1995 only 4.2% of the population was over 65 years of age, this proportion is expected to rise to 12% by 2030.[5] As the population ages, chronic conditions such as diabetes and high blood pressure increasingly become important contributors to the morbidity of the population;[6,7] cardiovascular disease, diabetes, and cancer have already become the top three causes of death among the Mexican elderly population.[8] Extending health insurance to a rapidly aging Mexican population is critical to ensuring access to cost-effective care. However, a lack of coordination between the Mexican and U.S. social welfare

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systems makes providing health insurance coverage to the migrant population especially challenging.

Access to health care in Mexico is made difficult by the highly fragmented system of providers and insurers. There are several public agencies providing health care that are vertically integrated with individual providers. The Instituto Mexicano del Seguro Social (IMSS) and the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE) provide health care to private and public sector workers, respectively. Mexican states maintain their own public hospitals and clinics for those not eligible for health benefits through other public providers such as IMSS and ISSSTE. The Mexican government is also implementing a voluntary health insurance program, the *Seguro Popular*, for those without access to employer-sponsored health insurance.[9] While the Seguro Popular is a progressive step towards extending coverage to the uninsured, its effect will be limited by its voluntary nature and restrictions on the extent of health care costs covered.

Health care access for elderly Mexicans is predominantly governed by the Mexican social security system, IMSS. The eligibility rules of this system, as of its reorganization in 1997, require that workers must be aged 65 or over and make contributions over 15 years to be eligible for retirement health benefits.[10] These rules are similar to those of the Medicare system in the U.S., which limits eligibility to those over 65 for those with 10 years of Medicare contributions. One important difference is that, in Mexico, the elderly may be covered under IMSS by their working children.

Elderly Mexicans who spent their working years in the U.S. are uniquely disadvantaged for accessing health insurance. The importance of labor force attachment for health insurance creates an additional health care access barrier for these Mexicans contemplating a return to Mexico. In fact, the flow of return migrants might be partially determined by options for health care access in retirement. For Mexicans who have contributed to the U.S. Social Security system while working in the U.S., retirement in Mexico forces them to forgo Medicare benefits for which they have paid.

Policymakers in both Mexico and the U.S. are aware of the challenges of providing health insurance to the growing number of elderly Mexicans considering retirement in the U.S. or Mexico,[11] yet research on how access to health care may be linked to the phenomenon of return migration to Mexico is sparse.

In this study, we make use of unique structural differences in the administration of retirement health insurance and pensions to demonstrate how migration is related to health insurance coverage in Mexico. Mexicans living in Mexico may receive U.S. Social Security benefits earned through years of work in the U.S.[12] They do not, however, have access to any Medicare benefits for which they would have qualified had they remained in the U.S. In other words, U.S. federal pension benefits are portable while U.S. federal health insurance for the elderly is not. In contrast to the vesting rules for return migrants, the Mexican social security system has equivalent vesting rules for both pensions and health insurance for workers in Mexico. This contrast enables us to determine whether the lack of portability of Medicare reduces access to health insurance among return migrants.

Methods

Using survey data from the nationally representative Mexican Health and Aging Study (MHAS), we study the relationship between U.S. migration and health insurance coverage for Mexicans of retirement age (i.e., aged 65 or over). The MHAS is a prospective panel study of health and aging in Mexico. The MHAS is supported by a grant from the National Institutes of Health/National Institute on Aging. The study is a collaborative effort among researchers from the Universities of Pennsylvania, Maryland, and Wisconsin in the U.S., and the Instituto Nacional de Estadística, Geografia e Informática (INEGI) in Mexico.

The Mexican Health and Aging Study (MHAS) (N=15,186) surveyed a representative sample of the 13 million Mexicans born prior to 1951 and their spouses or partners, regardless of age. These respondents were identified in conjunction with the 2000 National Employment Survey/Encuesta Nacional de Empleo (ENE).[13] During 2001, direct interviews were attempted with all sampled individuals; proxy interviews were used only when health concerns or temporary absence prevented a direct interview. The survey oversampled the six Mexican states with high rates of migration to the U.S.: Durango, Guanajuato, Jalisco, Michoacan, Nayarit, and Zacatecas.

The MHAS includes questions pertaining to health and health care, family background and composition, transfers/remittances, socioeconomic status, housing environment, and anthropometric features.[14] From the original sample of 15,186, we exclude 10,314 individuals who were not over the age of 65, and 1,137 individuals who had never worked for pay. In addition, we exclude 728 individuals with missing data. The final sample size is 3,007.

We construct two logistic regression models: one exploring the determinants of health insurance status during retirement and the other exploring the determinants of retirement pension benefits. For both of these models, the key explanatory variables are whether the respondent lived in the U.S. (i.e., return migrant) and years lived in the U.S. The first variable captures the effect of being a return migrant; the second variable captures the separate effect of tenure in the U.S. We control for age, sex, current assets, job characteristics, education, family structure, health status, disability, and current rural/urban residency. Results are presented using marginal probabilities for both the health insurance and pension coverage regressions.[15] Since agricultural workers constitute a significant proportion of migrants to the U.S. and face particular challenges in obtaining health insurance coverage, we also estimate these regressions separately for agricultural and non-agricultural workers.

The contrast between the models predicting health insurance and pension coverage is critical to establishing a causal link between years in the U.S. and rates of insurance coverage. We hypothesize that more years in the U.S. would lead to a lower rate of insurance coverage because the years of work in the U.S. do not count toward health insurance retirement benefits for those who return to Mexico. This might be confounded if those with more years working in the U.S. are different from those working fewer years in the U.S. in terms of job type and economic status. However, if this is the case we would also see a negative relationship for years

in the U.S. and pension benefits. However, for pension benefits, we hypothesize that years in the U.S. will lead to a greater probability of receiving pension benefits because Mexicans living in Mexico may receive U.S. Social Security benefits earned through years of work in the U.S. If the important factor is the fact that U.S. pension benefits are portable while U.S. health insurance for the elderly is not, then we should see opposite results. If the important factor is selection, then we should see the same results for both types of retirement benefits.

We also evaluate the effect of insurance status and migrant status on utilization of health care. We use three variables to represent health care utilization: whether the respondent had any doctor visits within the last year prior to the interview, whether the respondent would visit a formal health care provider for routine care, and the number of doctor visits within the last year. Our explanatory variables of interest are migrant status, health insurance status, and the interaction between migration and insurance. The first two models predicting the probability of any doctor visits are estimated using logistic regression. A model for the number of doctor visits is estimated using a negative binomial model to account for overdispersion.[16] These three models include controls for age, sex, current assets, job characteristics, education, family structure, health status, disability, and current rural/urban residency. Results are presented as marginal effects.

Results

Table 1 presents basic demographic characteristics of the migrant and non-migrant subgroups in our sample of Mexican residents aged 65 and over who had ever worked for pay. Migrants are disproportionately male. While 87.7% of the migrant population is male, only 59.0% of the non-migrant sample is male. A higher percentage of migrants are married (66.8% vs. 56.1% of non-migrants) and more migrants report themselves to be in poor health (31.3% vs. 23.0% of non-migrants). Two-fifths of migrants spent one year or less in the U.S. and about one-quarter spent more than five years abroad. Close to half of all migrants were younger than 25 years old when they first traveled to the U.S. Only 11.2% of migrants were older than 45 years old when they visited the U.S. for the first time. The mean length of stay in the U.S. was 6.2 years.

Table 2 compares the employment experience and insurance characteristics of migrants and non-migrants. In univariate analysis, migrants and non-migrants are equally likely to possess health insurance coverage. A larger percentage of migrants than non-migrants worked in the agricultural sector for their main job (48.8% vs. 29.9%). Moreover, migrants have more years of work experience than non-migrants. Only 6.6% of migrants have less than 15 years of work experience, compared with 16.0% for non-migrants. Health insurance coverage is far lower for agricultural workers than for those in other occupations. Because of these and other important differences, a multivariate analysis is essential to understanding the variation in health insurance benefits between migrants and non-migrants.

Table 3 presents the results of logit models that predict the probability of health insurance coverage and the probability of receiving a retirement pension. We find

Table 1.

DEMOGRAPHIC CHARACTERISTICS OF MEXICAN RESIDENTS 65 YEARS OLD AND OLDER WHO HAD EVER WORKED FOR PAY, BY MIGRANT STATUS, 2001

Characteristic	(1) Migrant n=396	(2) Non-migrant n=2611	(3) Chi-squared[a]
Age group in year (%)			*
65 to 69	37.3	39.1	
70 to 74	21.7	24.6	
75 to 79	25.6	19.3	
80 and older	15.4	17.0	
Age (mean years)	73.2	72.9	
Male (%)	87.7	59.0	*
Married (%)	66.8	56.1	*
Education (%)			*
Less than 3 years	52.6	58.2	
3 to 5 years	24.5	17.3	
6 to 11 years	12.8	20.0	
12 or more years	10.0	4.5	
Education (mean years)	3.6	3.0	*
Self-rated health (%)			*
Poor	31.3	23.0	
Fair	40.1	46.1	
Good	21.4	25.4	
Very good	3.8	4.1	
Excellent	3.4	1.4	
Number of years in the U.S. (%)			
1 year or less	41.8	..	..
2 years	12.7	..	..
3 to 5 years	21.4	..	..
6 to 10 years	11.2	..	..
11 to 20 years	4.8	..	..
21 years or more	8.1	..	..
Number of years in the U.S. (mean)	6.2	..	..
Age at first trip to the U.S. in years (%)			
Less than 18	11.7	..	..
18 to 24	35.3	..	..
25 to 44	41.9	..	..
45 and older	11.2	..	..
Age at first trip to the U.S. (mean years)	27.8	..	..

*Distributions differ at the 5% level.
[a]Column (3) indicates whether the distributions of characteristics differ between migrants and non-migrants.

Table 2.

EMPLOYMENT AND INSURANCE CHARACTERISTICS OF MEXICAN RESIDENTS 65 YEARS OLD AND OLDER WHO HAD EVER WORKED FOR PAY, BY MIGRANT STATUS, 2001

	Distribution (%)			
Characteristic	(1) Migrant n=396	(2) Non-migrant n=2,611	(3) Chi-squared[a]	(4) Health insurance coverage[b]
Health insurance coverage	51.6	55.4		..
Retirement pension benefit	25.1	18.6	*	96.4
Years of work experience			*	
Less than 5 years	3.8	4.9		57.5
5 to 14 years	2.8	11.1		65.0
15 to 29 years	5.3	11.6		64.1
30 years or more	88.2	72.4		52.0
Currently working	49.1	35.7	*	43.3
Sector of main employment			*	
Agricultural sector	48.8	29.9		28.4
Informal sector	17.9	32.8		56.1
Small formal sector	12.8	14.8		66.7
Large formal sector (incl. gov't)	20.5	22.5		84.0
Household assets			*	
Less than 45,000 pesos	18.3	29.6		50.7
45,000 to 174,999	26.9	25.5		47.6
175,000 to 415,000	25.3	22.0		60.2
Greater than 415,000	29.5	22.8		63.2

*Distributions differ at the 5% level.
[a]Column (3) indicates whether the distributions of characteristics differ between migrants and non-migrants.
[b]Column (4) provides the probabilities of having health insurance given a certain demographic characteristic.

that while migrants are more likely to be insured than non-migrants (as indicated by the statistically significant finding of a higher probability of insurance of 6.7 percentage points), the probability of coverage for migrants decreases by 0.8 percentage points for every year spent in the U.S. The magnitude of these opposing effects suggests that migrants who stay in the U.S. for more than eight years are less likely than non-migrants to have health insurance. On the other hand, migrants are equally likely to earn a pension and the probability of receiving pension benefits increases by 0.4 percentage points for every year spent in the U.S. Our point

Table 3.

MARGINAL EFFECT OF MIGRANT STATUS ON HEALTH INSURANCE STATUS AND RETIREMENT PENSION BENEFITS OF MEXICAN RESIDENTS 65 YEARS OLD AND OLDER WHO HAD EVER WORKED FOR PAY, BASED ON LOGIT MODELS[a], 2001

	Health insurance status			Retirement pension benefits		
Variable	(1) Retirees: all sectors n=3007	(1a) Retirees: Ag sector n=748	(1b) Retirees: non-Ag sectors n=2259	(2) Retirees: all sectors n=3001	(2a) Retirees: Ag sector n=748	(2b) Retirees: non-Ag sectors n=2259
Migrant	.067*	−.051	.091**	−.011	−.001	−.031
	.035	.045	.035	.016	.016	.021
Years in the U.S.	−.008**	.002	−.010***	.004***	.004**	.003*
	.003	.005	.002	.001	.002	.002

*p<.10; **p<.05; ***p<.01

[a]Estimates above represent the marginal change in the probability of coverage induced by a one unit change in the independent variable calculated at the sample mean for the other control variables. Included are controls for age, sex, assets, employment characteristics, education, family structure, health status, disability, and urban setting. Tests are two-tailed.

estimates suggest that migrants who spend more than three years in the U.S. are more likely to receive a pension than non-migrants.

The subanalysis for agricultural and non-agricultural workers suggests that the findings above are concentrated in the non-agricultural sectors. For migrant agricultural workers, years spent in the U.S. do not seem to affect health insurance coverage in old age relative to non-migrants in the agricultural sector. On the other hand, agricultural workers and non-agricultural workers alike improve the probability of earning a pension with each year spent in the U.S.

In order to understand the significance of the health insurance findings presented in Table 3, it is important to assess the relationship between health insurance and access to health care utilization in Mexico. Table 4 displays whether migrant status, insurance status, or their interaction is associated with health care utilization. Health insurance coverage is associated with an 8.4 percentage point increase in the probability of visiting a doctor. It also increases the annual number of doctor visits by

Table 4.

MARGINAL EFFECT OF MIGRANT STATUS ON DOCTOR VISITS FOR MEXICAN RESIDENTS 65 YEARS OLD AND OLDER WHO HAD EVER WORKED FOR PAY, BASED ON LOGIT AND NEGATIVE BINOMIAL MODELS[a], 2001

Variable	(1) Any doctor visit in last year[b] n=3007	(2) Probability of visiting formal health care for routine services[b] n=3007	(3) Number of doctor visits[c] n=1988
Migrant	.052	.040	−.364
	.035	.040	.888
Health insurance coverage	.084***	.093***	2.138***
	.022	.023	.542
Health insurance *times* migrant status	.001	−.071	−.067
	.053	.055	1.088

*p<.10; **p<.05; ***p<.01.

[a]Marginal changes were calculated at the sample mean for the other control variables. Included are controls for age, sex, assets, employment characteristics, education, family structure, health status, disability, and urban setting.

[b]Specifications (1) and (2) use a logit model. For models (1) and (2), the estimates above represent the marginal change in the probability of having any doctor visits or the marginal change in the probability of visiting formal health care system for routine care induced by a one unit change in the independent variable.

[c]Specification (3) uses a negative binomial model. For model (3), the estimate represents the marginal change in the number of doctor visits induced by a one unit change in the independent variable.

2.1 among those who saw a doctor in the last year. Migrant status, controlling for coverage, is independent of health care utilization. This suggests that health insurance coverage is important for health care access in Mexico. It also suggests that migrants without health insurance use less health services because they do not have health insurance and not because of unmeasured characteristics of migrants.

The key results of this study are that among the elderly in Mexico, the probability of health insurance coverage falls by 0.8 percentage points for each year spent in the U.S. and that the lack of health insurance can have a substantial negative impact on health care access despite programs to provide health care to the uninsured. We find the probability of a doctor visit is 8.4 percentage points higher among the insured. Of those survey respondents who had a serious health problem but did not visit a doctor, 87% of those without health insurance indicated that they did not get the care needed due to cost while only 36% of those with health insurance mentioned cost as a deterrent (data not shown).

Discussion

The rapidly aging Mexican-born population in the U.S. presents challenges for policymakers in both the U.S. and Mexico. Mexican migrants choosing to remain in the U.S. after retirement constitute additional potential demand for Medicaid, Medicare, and state health services for the uninsured. Those who wish to return to Mexico likely face extraordinary challenges in obtaining health insurance due in part to the fragmented Mexican social security system, but also because work in the U.S. means they are unlikely to meet vesting requirements at home. Furthermore, for those Mexican-born workers who paid into the Medicare system, returning to Mexico means foregoing health care benefits earned.

Our findings confirm that migration to the U.S. creates disadvantages for elderly return migrants in terms of health care access. For non-agricultural workers, each additional year in the U.S. reduces the likelihood of health insurance coverage as an elderly person in Mexico. This effect does not hold for agricultural workers. Since Mexican agricultural workers at home are unlikely to be insured, migration to the U.S. can hardly worsen the probability of coverage.

For all workers, each additional year in the U.S. increases the likelihood of receiving pension benefits as an elderly person in Mexico. Taken together, these results suggest that while agricultural workers are not disadvantaged in terms of health insurance in absolute terms by years spent in the U.S., they are disadvantaged relative to their access to pension benefits. While a comparison between migrant and non-migrant workers illustrates the absolute disadvantages associated with migration, our comparison of the probability of health versus pension benefits associated with years spent in the U.S. speaks to the relative disadvantages experienced by migrants.

This contrasting relationship between health benefits and pension benefits can be traced to the different rules for portability between the retirement benefits of pensions and health insurance that are earned while legally working in the U.S. This is further supported by a comparison between migrants with and without

permanent resident status. Using data on the source of pension benefits for our migrant sample, we find that 60% of the migrants with permanent resident status received a pension while only 19% of migrants without any special U.S. immigrant status received a pension. This differentiation between permanent residents and other migrants is not present for health insurance. The proportion of permanent residents and other Mexicans who have health insurance is nearly identical (53% vs. 55%). This suggests that while U.S. citizenship or permanent residency confers an opportunity to gain pension benefits, it is not associated with higher health insurance coverage after returning to Mexico. This is consistent with the positive relationship between pension and U.S. tenure and the negative relationship between health insurance and U.S. tenure.

Our research findings are limited by several factors. First, despite oversampling in Mexican states with high rates of migration to the U.S. our sample size of migrants is fairly small. Furthermore, we are attempting to draw conclusions based on a sub-analysis comparing migrants working in the agricultural sector with those that do not. Second, our characterization of the respondents sector of employment is based on "main employment." For the respondents who are migrants, the sector of "main employment" may or may not correspond to the sector in which they worked while in the U.S. Lastly, self-reported health status may not adequately control for the health characteristics of the individual that may affect health insurance status.

Conclusion

Recent policy initiatives seek to sum years worked in the U.S. and Mexico in order to allow more migrant workers to qualify for pension benefits.[17] These initiatives have important implications for those workers who return to Mexico because the Mexican social security system (which covers both health and retirement benefits) currently requires beneficiaries to have worked at least 15 years in Mexico. Years of employment in the U.S. do not count towards this total. Yet, we find that the penalty for working in the U.S. also manifests itself in terms of health insurance and health insurance access. Unfortunately, there are no analogous policy measures under current consideration to rationalize access to retirement health care for migrants. Warner and Jahnke propose several policy initiatives including a demonstration waiver for Medicare portability in order to address the dearth of health insurance options for U.S.-born and Mexican-born retirees in Mexico.[18] Laws details the unsuccessful attempts of the Cross-Border Health Insurance Initiative launched in 1998 to spur the development of new health insurance products offering affordable cross-border coverage.[19] The findings of this paper support the calls made by Warner and Jahnke as well as the efforts of the Cross-Border Health Insurance Initiative to explore creative ways to provide health insurance for the growing number of elderly Mexicans who live in the U.S.

Coordination between the U.S. and Mexico on policy options to insure Mexican migrants may prove beneficial to the social security systems in both countries as well as migrants themselves. For cases where the worker qualifies for Medicare, health care costs in Mexico are likely to be lower than the cost of providing care

in the U.S. For those migrants who choose to return to Mexico, Medicare may save resources by providing less costly care in Mexico. For Mexican policymakers, U.S. contribution to health care costs of elderly Mexicans may relieve a portion of the growing burden on the social security system. Lastly, finding ways to insure Mexican immigrants who return to Mexico may increase the flow of return migration. Mexican-born workers in the U.S. would have the option of returning to their home country without having to forgo access to health care in their old age.

Future research should explore the fiscal impact for the U.S. and for Mexico of establishing Medicare portability for all immigrant retirees. In addition, researchers should explore the dynamic effects of old age support on patterns of return migration.

Acknowledgments

Support for this research was provided by the Population Aging Research Center (PARC) (National Institutes of Health/National Institute on Aging, Grant No. P30, AG12836). NIH/NIA Grant No. AG18016, The Mexican Health and Aging Study, Beth J. Soldo, P.I. supported the collection of the data analyzed in this paper. We also recognize the support of the Robert Wood Johnson Health and Society Scholars Program at the University of Pennsylvania. We wish to thank two anonymous reviewers for helpful comments.

Notes

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