How Does Violence Affect Health Service Utilization & Access in Mexico?
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BACKGROUND
• Since the Drug War began in Mexico (2006), 100,000+ people have been killed and 22,000+ are disappeared as a result of escalated violence.
• By 2011, 84% of Mexican municipalities had been affected by violence (Molzahn, Rios & Shirk, 2012).
• According to the 2015 National Survey on Urban Public Security, 67.7% of Mexicans say they feel unsafe in their city (INEGI, 2016).
• In 2014, one Mexican was reported being the victim of a crime and 92.8% of crimes went unreported or did not derive in an investigation (INEGI, 2015).

MOTIVATION & QUESTIONS
• Numerous studies point to the negative effects of violence for economic activity, education, development.
• Little is known about its effects to service provision, particularly health services and professionals.
• How does violence affect communities?
• How might access problems caused by violence affect the physical and mental health of individuals or communities?

METHODS
• 80 Spanish Semi-structured interviews; Baja California, Chihuahua, Guerrero, Michoacán & Tamaulipas; high and/or prolonged levels of violence: 15 municipalities:
  • Note taking, audio recording, memo writing
  • Protection of identity, anonymity of participants – Verbal consent

HOMICIDE RATES
Scary State and Comparisons

RESULTS

HOW ARE COMMUNITIES AFFECTED?

How Does Violence Affect Services and Personnel?
Selected themes and examples of the effects of violence - Perceptions of Medical Professionals

• There were delays in offering scheduled surgeries because there were too many emergency surgeries caused by gunshot wounds that needed to be attended. This doctor called them the “wounded from war” (Interview: Emergency Surgeon MD, Chihuahua).
• In the medical school, students were instructed not to wear white robes. In some communities, students and doctors do not wear white robes outside of medical facilities as a measure of protection against kidnappings and other threats. (Interview: MD & Professor, Tamaulipas)

• There is fear of reporting or talking about this sensitive topic – truth, under-reporting or exaggeration.
• Limited number of sites that can be visited – logistic, financial, safety and other constraints.

SUMMARY
• Underserved topic of research: research questions are applicable to other areas of study and countries.
• This research provides insights on how health professionals and communities normalize violence & cope with its consequences.
• Interactions between violence and health service provision are complex and if left unstudied, can have negative effects for service utilization as well as population health.
• There is fear of reporting or talking about violence among medical professionals.
• Different research methods are essential to study this topic.
• Qualitative data evidences what is not always there in numbers.

NEXT STEPS
• Policy implications of how violence affects health care services – best practices to improve access in the midst of violence.
• Feasibility of large scale study with doctors and medical school students in Mexico.
• Develop a theoretical model to understand the relationship between violence and health care service utilization.
• Identify potential interventions to address this concern.
• Report on the relationship between fear and violence with respect to health care service utilization.

REFERENCES