

MANUSCRIPT

Socioeconomic Barriers to Health Outcomes in Hispanic Populations Impact by Fentanyl along the Texas-Mexico Border

Marisol Acosta¹, Sarah Colunga^{1,2}, Ashlyn Gonzalez^{1,3}, Alexsandra Longoria^{1,3,4}, Sophia Mina^{1,5}, Rebecca Saenz^{1,6}, Joselyn Salinas^{1,7}, Madison Thomas^{1,8}, Joncarlo Rodriguez^{1,9}

¹DHR Health High School and Community Outreach

- ² Monte Alto High School
- ³South Texas ISD World Scholars
- ⁴ Jubilee Academies
- ⁵ IDEA Toros College Preparatory
- 6 Rio Hondo ISD
- ⁷ La Joya ISD
- 8 McAllen ISD
- ⁹Lasara ISD

Received: July 12, 2024

Accepted for publication: January 6, 2025

Introduction

This literature review examines the challenges of addressing socioeconomic barriers to health outcomes in Hispanic populations impacted by fentanyl along the Texas-Mexico border. This vulnerable population faces converging factors that exacerbate fentanyl use risks and hinder access to effective interventions. The Texas-Mexico border region, a unique binational environment, presents a complex interplay of social, economic, and cultural influences shaping health outcomes. This review explores three key areas: health disparities among Hispanic populations along the Texas-Mexico border, the importance of addressing socioeconomic barriers, and fentanyl's specific health impact within this demographic. This exploration will highlight the interconnectedness of these factors and underscore the need for comprehensive, culturally sensitive, and community-based approaches to mitigate fentanyl's devastating consequences in this region.

Health Disparities and Socioeconomic Barriers

This section examines the interplay of health disparities and socioeconomic barriers impacting health outcomes for Hispanic populations along the Texas-Mexico border, particularly concerning rising fentanyl use. This region presents converging vulnerabilities: poverty, limited healthcare access, cultural and linguistic barriers, and navigating a binational context.



Understanding these multifaceted challenges is crucial for developing effective interventions and policies to mitigate the fentanyl crisis's devastating effects on this population.

Socioeconomic Factors and Health Outcomes

Socioeconomic factors powerfully shape health outcomes within Hispanic communities along the Texas-Mexico border [1]. Poverty and lower educational attainment [2] limit access to resources promoting well-being. Financial constraints restrict access to nutritious food, safe housing, and reliable transportation [3], contributing to chronic health conditions and increased substance use vulnerability. Limited English proficiency creates communication barriers, hindering effective healthcare utilization [4]. These intersecting factors disproportionately impact Hispanic communities. For instance, a study of Hispanic manufacturing workers along the border found a strong association between lack of health insurance, delayed medical care, unmet medical needs, and lower preventive service rates (flu vaccination and cervical cancer screening) [5]. This highlights how economic insecurity directly translates into poorer health outcomes.

Barriers to Healthcare Access

Accessing quality healthcare remains a significant challenge for Hispanic populations along the Texas-Mexico border [6]. Several factors contribute to this disparity, including a shortage of healthcare providers, particularly in rural areas [2]. Many border counties report some of the worst US health disparity statistics, including limited access to quality healthcare and lower cancer screening rates [7]. Lack of insurance exacerbates this, leaving many unable to afford essential medical services [5]. A study of breast cancer incidence and survival along the border found that while adjusted survival rates were similar or even better for Hispanic women in some cases, disparities persisted in diagnosis and treatment access [7]. This underscores addressing the entire continuum of care, from prevention and early detection to treatment and long-term management. Even when insured, navigating the healthcare system can be daunting, especially with limited English proficiency [4]. Cultural factors, like traditional health beliefs and practices [8], can influence healthcare-seeking behaviors and create additional barriers to mainstream medical services.

Education, Employment, and Health

Education and employment are crucial pathways to improved health access and outcomes [3]. Higher education correlates with increased health literacy, empowering informed decisions, and more effective healthcare system navigation [4]. Stable employment provides health insurance access, which is critical for timely medical care and preventive services [5]. However, many Hispanic individuals along the border face education and employment challenges. Lower educational attainment limits job opportunities, perpetuating a cycle of poverty and poor health [2]. Many regional employment opportunities offer low wages and limited benefits [5], leaving workers vulnerable to economic instability and without resources for quality healthcare. A study exploring acculturation and healthy lifestyle habits in border communities found a complex



interplay between cultural adaptation and health behaviors [3]. Less acculturated individuals reported healthier dietary habits but were less likely to engage in regular physical activity, highlighting the need for culturally sensitive health promotion programs considering the unique context of border communities. This complex landscape of socioeconomic barriers and health disparities creates a significant challenge for addressing the fentanyl crisis within Hispanic communities along the Texas-Mexico border.

Fentanyl Crisis in Hispanic Communities

The fentanyl crisis disproportionately impacts vulnerable communities, including Hispanic populations along the Texas-Mexico border. This section examines the intersection of socioeconomic factors, fentanyl use, and public health implications within this demographic. It analyzes fentanyl use's devastating impact, explores the correlation between socioeconomic status and fentanyl-related health issues, and identifies specific overdose trends among Hispanic border populations.

Analysis of Fentanyl Use and its Implications on Public Health

Fentanyl, a synthetic opioid significantly more potent than heroin [9], has infiltrated drug supplies, dramatically increasing overdose risks. Escalating fentanyl-related overdose deaths underscores the urgent need for targeted interventions [9]. While the opioid crisis initially stemmed from prescription opioid misuse, it now includes increased illicitly manufactured fentanyl availability [9]. This shift has broadened the crisis, reaching beyond individuals with prior prescription opioid dependence to encompass broader populations, including Hispanic communities along the Texas-Mexico border. With its unique binational environment [6], this border presents particular challenges to healthcare access, especially for vulnerable populations. The region's high poverty rate, increased prevalence of birth defects, and limited access to genetic services [10] exacerbate existing health disparities. These factors create a context where the fentanyl crisis can flourish, exploiting pre-existing vulnerabilities.

The public health implications of fentanyl use are multifaceted. Increased mortality rates due to overdose are a primary concern. Beyond mortality, fentanyl use leads to other health complications: severe respiratory depression, neurological damage, and increased risk of infectious diseases like HIV and hepatitis C [11]. These consequences strain healthcare systems, particularly in resource-limited border regions. The fentanyl crisis often overlaps with other health disparities prevalent in Hispanic communities, such as diabetes and cardiovascular disease [12], complicating treatment and prevention.

Correlation Between Socioeconomic Status and Fentanyl-Related Health Issues

Socioeconomic factors crucially shape vulnerability to fentanyl use and its associated health consequences. Lower socioeconomic status is associated with increased substance use disorder risk, including opioid addiction [13]. Poverty, limited educational opportunities, and lacking



healthcare access [4] create a vulnerability cycle predisposing individuals to substance use and hindering access to treatment and recovery services. Along the Texas-Mexico border, these socioeconomic disparities are compounded by immigration status and language barriers [6], further limiting access to essential health services. For example, uninsured individuals are more likely to delay seeking medical care and face financial barriers to needed services [5]. This delay can be detrimental to a fentanyl overdose, where timely medical intervention is crucial.

The lack of health insurance among many Hispanic manufacturing workers along the border further restricts preventive health services access and contributes to delayed medical care [5]. Poverty significantly impacts health outcomes in border communities, influencing healthcare, education, and basic resource access [2]. These factors interact to create a complex web of vulnerability, increasing fentanyl use and related health issue risks. Webb County, Texas, residents, for instance, experience health disparities stemming from extreme poverty and inadequate healthcare access, including scarce primary care and behavioral health services [2]. This limited access creates significant barriers to effectively addressing the fentanyl crisis within these communities.

Trends in Fentanyl-Related Overdoses Among Hispanic Populations

Data indicate a concerning trend of increasing fentanyl-related overdoses among Hispanic populations, particularly along the Texas-Mexico border [7]. While national trends show declining colorectal cancer (CRC) incidence among Hispanics, the decline is less pronounced than other racial/ethnic groups, particularly among Hispanic men residing near the US-Mexico border [14]. This suggests border proximity contributes to health outcome disparities. The increasing prevalence of fentanyl in the drug supply is a major driver, as even small amounts can be lethal [15]. The COVID-19 pandemic has exacerbated existing health disparities and socioeconomic vulnerabilities [16], potentially contributing to increased substance use and overdose rates.

Analyzing Texas Cancer Registry data reveals a complex interplay of factors influencing breast cancer incidence and survival among Hispanic women [7]. While some studies report later diagnosis and worse outcomes in this population, research also indicates potential protective factors among women residing in border counties, particularly those in lower poverty levels [7]. Further investigation is needed to understand these complex trends and identify specific interventions to address the fentanyl crisis effectively within Hispanic communities along the border. The ongoing Avanzando Caminos cohort study explores multifaceted factors influencing cancer survivorship among Hispanics/Latinos, including sociocultural, medical, psychosocial, and biological factors [17]. This research may provide valuable insights into the interplay between cancer survivorship, socioeconomic factors, and substance use, including fentanyl, within this population.



Community Health Initiatives

This section examines community health initiatives along the Texas-Mexico border addressing socioeconomic barriers contributing to fentanyl-related health outcomes in the Hispanic population. It explores existing programs mitigating health disparities, evaluates community-based interventions' effectiveness in improving care access, and highlights promotoras' (community health workers) role in outreach and education.

Overview of Programs Addressing Health Disparities

The Texas-Mexico border region faces significant health disparities due to poverty, limited healthcare access, and cultural and linguistic barriers [6]. Several programs and initiatives tackle these challenges. The Alliance for a Healthy Border reduces health disparities through nutrition and physical activity education programs at community health centers [3]. Project GIVE (Genetic Inclusion by Virtual Evaluation) utilizes a virtual telehealth platform to provide genetic services to underserved Rio Grande Valley families, shortening the diagnostic journey for children with rare diseases [10]. Mercy Ministries of Laredo integrated primary, behavioral, and spiritual healthcare to improve patient outcomes in Webb County, a region characterized by extreme poverty and limited healthcare access [2]. STOP-HCC-HCV is a multi-component intervention that increases access to Hepatitis C Virus (HCV) screening and treatment in low-income South Texas Hispanic communities [18]. These initiatives demonstrate diverse approaches to addressing border health disparities.

Additionally, initiatives like the Border Health Strategic Initiative focus on community-based solutions for type 2 diabetes control through community engagement and collaboration between communities and researchers [19]. This participatory approach is also evident in the Racial and Ethnic Approaches to Community Health (REACH) 2010 communities, which focus on eliminating health disparities [19]. While these programs target specific health issues, their underlying principles of community engagement and collaboration are relevant to addressing the fentanyl crisis.

Effectiveness of Community-Based Interventions

Community-based interventions are crucial for improving care access, particularly for vulnerable populations facing socioeconomic barriers [5]. One successful example is the promotoras program, utilizing community health workers to provide education, address barriers, and increase preventive care service access [20]. Studies demonstrate promotoras' effectiveness in improving cervical cancer, Pap tests, and HPV knowledge and awareness [20]. They effectively change attitudes, increase self-efficacy, and promote routine Pap test screening [20]. This community-based healthcare delivery model can be adapted for fentanyl-related interventions.



Community health centers are vital in providing primary care and other essential health services to underserved populations [3]. As demonstrated by Mercy Ministries of Laredo, integrating primary, behavioral, and spiritual health care significantly improves patient outcomes, including quality of life and anxiety symptoms [2]. Integrating fentanyl-related services into existing community health centers could enhance harm reduction and treatment service access. Virtual telehealth platforms, like Project GIVE's [10], offer another avenue for reaching medically underserved populations and overcoming socioeconomic barriers to accessing genetic services. This approach could provide fentanyl-related education, counseling, and treatment services remotely.

Role of Promotoras in Outreach and Education

Promotoras, as trusted community members [20], bridge the gap between healthcare providers and the Hispanic population. Their cultural understanding and linguistic skills enable effective health information communication and address cultural sensitivities [4]. Studies have shown their success in improving health outcomes through culturally tailored interventions [8]. Regarding the fentanyl crisis, promotoras can raise awareness about fentanyl's dangers, promote harm reduction strategies like naloxone distribution, and connect individuals with treatment resources. They can address stigma surrounding substance use disorders and encourage help-seeking behavior.

Promotoras' effectiveness extends beyond individual-level interventions. They can mobilize community resources and advocate for policy changes addressing the fentanyl crisis's root causes, like poverty and lacking healthcare access. By empowering community members with knowledge and resources, promotoras contribute to healthier, more resilient communities. Given their established success in other health initiatives, promotoras should be central to any comprehensive strategy addressing the fentanyl crisis among Hispanic border populations. Their cultural sensitivity, community ties, and ability to navigate complex social systems make them invaluable in reaching and serving this vulnerable population.

Policy Implications

This section analyzes policy implications stemming from socioeconomic factors and fentanyl's devastating impact on Hispanic border communities. It reviews current health policies affecting these populations, proposes policy change recommendations, and emphasizes integrating socioeconomic considerations into health policy.

Current Health Policies and their Impact

Existing border health policies are often fragmented and inadequately address Hispanic communities' unique challenges. While the Affordable Care Act (ACA) expanded insurance coverage, significant gaps remain, especially among undocumented immigrants and those in low-wage jobs with limited benefits [5]. This lack of insurance directly impacts preventive care,



early diagnosis, and substance use disorder treatment access [5]. Limited culturally and linguistically appropriate healthcare services exacerbate disparities [11]. While some policies focus on border security [6], they often inadequately address the public health crisis fueled by fentanyl trafficking, hindering effective interventions. The scarcity of primary care and behavioral health providers in border communities restricts access to essential services for individuals struggling with opioid addiction [2]. Current policies also lack comprehensive strategies for addressing underlying socioeconomic factors contributing to substance use vulnerability, such as poverty, limited educational opportunities, and employment lack [3].

Recommendations for Policy Changes

Combating the fentanyl crisis and improving Hispanic border population health outcomes requires comprehensive policy changes.

Enhancing Healthcare Access: Expanding affordable healthcare access is paramount. Policies should prioritize extending Medicaid eligibility to all low-income individuals regardless of immigration status, ensuring access to comprehensive health services, including substance use disorder treatment [5]. Increased funding for community and federally qualified health centers is essential for providing culturally and linguistically competent primary care and behavioral health services in underserved border communities [2]. Telehealth initiatives can expand healthcare service reach to remote areas and reduce transportation barriers [10]. Policies should address the healthcare provider shortage by incentivizing physicians and other healthcare professionals to practice in underserved border regions and supporting training programs focused on cultural competency and substance use disorder treatment [2].

Reducing Health Disparities: Policies must be tailored to Hispanic communities' needs. Culturally and linguistically appropriate public health campaigns are crucial for raising awareness about fentanyl dangers and promoting prevention and treatment service access [11]. Community-based interventions, like the promotoras program [20], have shown promise in increasing health knowledge and improving preventive care access among Hispanic women. Similar models can be adapted for fentanyl prevention and intervention efforts. Policies should prioritize addressing social determinants of health that contribute to disparities. This includes investing in programs promoting economic development, improving educational opportunities, and increasing safe and affordable housing access in border communities [3]. Collaborations between healthcare systems, social service agencies, and community organizations are essential for providing wraparound services addressing the multifaceted needs of individuals and families impacted by fentanyl.

Addressing Fentanyl Trafficking: A comprehensive approach to the fentanyl crisis necessitates addressing the supply side. Strengthening cross-border collaboration with Mexican authorities is crucial for disrupting fentanyl trafficking networks and reducing drug availability in border communities [6]. Increased funding for law enforcement efforts targeting drug trafficking is



necessary, but it should be coupled with public health interventions focusing on prevention, treatment, and harm reduction. Policies should prioritize addressing fentanyl demand by expanding access to evidence-based treatment for opioid use disorder and supporting harm reduction strategies, such as naloxone distribution programs, which can save lives during overdoses [9].

Integrating Socioeconomic Considerations: Health policies must move beyond a purely biomedical approach and incorporate a comprehensive understanding of socioeconomic factors influencing health outcomes. Policies should prioritize investments in social programs addressing poverty, lack of education, and unemployment, recognizing these factors contribute to vulnerability to substance use and other health problems [3]. Data collection and surveillance systems should be strengthened to track socioeconomic factors' impact on health outcomes and evaluate intervention effectiveness. Policies should promote community-based participatory research, engaging Hispanic communities in identifying their needs and developing culturally appropriate solutions [10].

The Importance of Integrating Socioeconomic Considerations

Integrating socioeconomic considerations into health policy is not simply social justice but pragmatically necessary for effectively addressing the fentanyl crisis and improving health outcomes. Studies consistently show socioeconomic factors, such as poverty, limited education, and unemployment, are strongly associated with increased substance use disorder risk, poorer health outcomes, and higher mortality rates [21]. Neglecting these factors leads to ineffective policies that fail to address the root causes of health disparities. By incorporating socioeconomic considerations, policies can be tailored to vulnerable populations' specific needs, promoting health equity and improving overall population health. Furthermore, addressing socioeconomic factors can lead to long-term cost savings by reducing healthcare utilization and enhancing productivity. Investing in early childhood education and job training programs can significantly impact long-term health and economic outcomes [3]. Integrating socioeconomic considerations into health policy is crucial to a healthier and more equitable society. This integration requires a multi-sectoral approach involving collaboration between healthcare systems, social service agencies, educational institutions, and community organizations. By working together, these entities can create a comprehensive support network addressing the complex needs of individuals and families impacted by fentanyl and other health challenges. Ongoing policy evaluation and adaptation are essential to ensure their relevance and effectiveness in addressing the evolving needs of border communities. The fentanyl crisis presents a significant challenge but also an opportunity to create innovative and transformative policies promoting health equity and improving all border residents' well-being.



Future Research Directions

This review explored the complex interplay of socioeconomic barriers and fentanyl's devastating impact on Hispanic border populations. While existing research illuminates certain aspects of this public health crisis, significant gaps hinder effective intervention and policy development. This section outlines crucial future research directions to address this urgent issue comprehensively.

Identifying Gaps in Current Research

Acknowledging and addressing existing gaps in our understanding of socioeconomic factors exacerbating the fentanyl crisis among Hispanic border communities is critical. While studies have examined health disparities in this region [6] [22], focusing on diabetes [12] [23], cancer [24] [7] [14], and HIV [11], research explicitly targeting the intersection of socioeconomic vulnerabilities and fentanyl use remains limited. Further investigation is needed to understand this population's unique challenges fully. Acculturation's role in health behaviors [3] needs further exploration in the context of fentanyl use, as do the specific socioeconomic factors influencing healthcare service access and utilization [5]. Research should examine how limited English proficiency [25], poverty [2], and lack of health insurance [5] contribute to increased fentanyl use and overdose vulnerability. Research on existing intervention effectiveness, such as those using community health workers (promotoras) [20], should expand to include fentanyl prevention and harm reduction.

Future Studies on Health Interventions

Building upon identified research gaps, future studies should prioritize developing and evaluating culturally tailored health interventions for Hispanic populations impacted by fentanyl along the border. These interventions must consider the region's unique cultural context and address the identified socioeconomic barriers. One promising approach is using technology, such as mobile health (mHealth) interventions [26], to deliver education and support for individuals with chronic conditions like diabetes, adaptable for fentanyl prevention and harm reduction. Research should explore integrating primary, behavioral, and spiritual healthcare [2] into interventions addressing substance use disorders, recognizing their potential synergistic effects. Given the documented disparities in cancer treatment and outcomes among Hispanic populations [7] [24], future studies should investigate fentanyl use's impact on cancer survivorship and explore interventions mitigating these detrimental effects. Studies are needed to examine the effectiveness of community-based interventions leveraging existing resources and social networks [19]. Finally, given the significant border health disparities [6] [8], research should assess cross-border collaboration feasibility and effectiveness in addressing the fentanyl crisis.



Multi-Disciplinary Approaches

The fentanyl crisis's complexity demands multi-disciplinary approaches integrating perspectives from public health, medicine, social work, economics, and law enforcement. Cross-discipline collaboration can lead to more comprehensive and effective interventions addressing fentanyl use and overdose root causes. Researchers could collaborate with community organizations to implement and evaluate interventions addressing socioeconomic factors and treatment access. Researchers studying rare genetic diseases in medically underserved Hispanic populations [10] demonstrated community engagement's effectiveness in overcoming healthcare access barriers, offering a valuable model for future fentanyl-related research. Multi-disciplinary research can inform local, state, and national policy development. Studies examining socioeconomic factors' impact on health outcomes [13] [27] can provide valuable insights for policymakers addressing health disparities. Given the documented disparities in melanoma immunotherapy access [28], multi-disciplinary research can identify strategies ensuring equitable access to life-saving treatments. Finally, collaboration between researchers, healthcare providers, and community members can develop culturally sensitive and sustainable solutions to the fentanyl crisis. This collaborative approach could address socioeconomic barriers [29], improve care access, and promote health equity for Hispanic border populations. Further "Hispanic Paradox" exploration [15] [30] within the fentanyl crisis context is needed to understand potential protective factors and community resilience. Research exploring race, ethnicity, and country of origin effects on cancer incidence and survival [24] can inform more tailored interventions for Hispanic subgroups. Finally, given the documented hepatocellular carcinoma burden among South Texas Hispanics [31], future research should investigate the potential link between fentanyl use and liver cancer risk.

Conclusion

This review explored the intricate challenges surrounding socioeconomic barriers to health outcomes among Hispanic populations impacted by fentanyl along the Texas-Mexico border. This border region presents a unique confluence of factors exacerbating the fentanyl crisis: socioeconomic disparities, limited healthcare access, cultural nuances, and cross-border interaction complexities. This conclusion synthesizes key findings, reinforces the urgent need for targeted interventions, and offers final reflections on addressing socioeconomic barriers' critical importance in improving this vulnerable population's health outcomes.

Socioeconomic Disparities and Healthcare Access

A recurring theme is socioeconomic disparities' significant influence on health outcomes in the Texas-Mexico border region. Poverty, lower educational attainment, and inadequate access to basic healthcare services disproportionately affect Hispanic communities [2]. These disparities create vulnerability to various health issues, including substance use disorders. Lack of health insurance is a significant barrier to accessing necessary medical care, including preventative



services and substance abuse treatment [5]. Uninsured individuals are more likely to delay or forgo necessary services due to cost [5]. This can have devastating consequences with fentanyl use, where timely intervention can be life-saving. Limited specialized care access, such as addiction treatment and mental health services, further compounds challenges faced by Hispanic populations struggling with fentanyl use [10]. Project GIVE demonstrates virtual platforms' potential to address geographic barriers and expand genetic service access in underserved regions [10]. This innovative approach demonstrates leveraging technology to improve marginalized communities' healthcare access, adaptable for substance abuse treatment.

Cultural Factors and Community Engagement

Cultural factors crucially shape health behaviors and responses to interventions. Culturally sensitive healthcare approaches are important, as evident in several studies [4]. Language barriers, cultural beliefs, and traditional practices can influence healthcare utilization and treatment adherence [4]. Effective interventions must consider these cultural nuances to ensure relevance and acceptability within Hispanic communities. Community engagement and partnerships are essential for developing and implementing successful programs [10]. Engaging community members, including community health workers (promotoras), can bridge cultural gaps and build trust between healthcare providers and the community [20]. Promotoras, as trusted community members, can disseminate health information, promote healthy behaviors, and facilitate healthcare service access [20]. Their involvement can enhance intervention effectiveness and ensure cultural appropriateness.

Fentanyl's Impact and Targeted Interventions

Fentanyl's devastating impact on Hispanic border communities is undeniable. Increasing fentanyl-related overdoses and deaths underscore the urgency of addressing this crisis [9]. The border region's unique characteristics, including easy drug trafficking and transnational criminal organizations' presence, contribute to fentanyl's availability and accessibility [9]. Targeted interventions are crucial to combat the fentanyl epidemic and mitigate its devastating effects on Hispanic populations. These interventions must address substance use's root causes, including socioeconomic factors, mental health issues, and lacking treatment access. Harm reduction strategies, such as naloxone distribution and safe injection sites, can save lives and reduce harmful consequences associated with fentanyl use [9]. Expanding access to evidence-based treatment options, including medication-assisted treatment and behavioral therapies, is essential for helping individuals overcome addiction and achieve long-term recovery.

Policy Implications and Future Directions

Addressing the complex challenges of socioeconomic barriers to health outcomes among Hispanic populations impacted by fentanyl requires a multi-faceted approach involving policy changes, community-level interventions, and individual-level support. Policies reducing poverty, improving educational opportunities, and expanding affordable healthcare access are crucial for



creating a healthier and more equitable environment [8]. Increased provider education on health disparities and cultural competency can improve healthcare service quality and effectiveness for Hispanic populations [8]. Investing in research to better understand this population's specific needs and challenges can inform more effective intervention development. Future research should evaluate culturally tailored intervention effectiveness, explore social networks and community support's role in promoting health, and examine policy changes' impact on health outcomes. Collaboration between researchers, healthcare providers, community organizations, and policymakers is essential to develop and implement sustainable solutions addressing health disparities' root causes and improving Hispanic border populations' lives. This review's findings highlight the urgent need for comprehensive and collaborative efforts to address the complex interplay of socioeconomic factors, cultural influences, and fentanyl's devastating impact. By dismantling healthcare access barriers, promoting culturally sensitive interventions, and addressing substance use's root causes, we can strive toward a more equitable and healthier future for Hispanic communities along the Texas-Mexico border.

Acknowledgements:

Nori Zapata, MSN, RN, Senior Vice President of Education and Career Development, Vanessa Vera, MS, Senior Manager of High School and Community Outreach, Anisa Mirza, Intern Program Coordinator.

Funding:

Funded by DHR Health High School and Community Outreach; DHR Health; Region One ESC GEARUP College Ready, Career Set!; Region One ESC GEARUP College Now, Career Connected; Region One ESC PATHS; Region One ESC Upward Bound Math & Science; Benavides ISD; and Jubilee Academy-Brownsville

References

- 1. Muennig PA, Reynolds M, Fink DS, Zafari Z, Geronimus AT. America's Declining Well-Being, Health, and Life Expectancy: Not Just a White Problem. *American Journal of Public Health*. 2018;108(12):1626-1631. doi:https://doi.org/10.2105/ajph.2018.304585
- 2. Burkhalter N, Walker SS, Davis M, Flynn A. Integrating primary, Behavioral and Spiritual Health Care to Improve Patient Outcomes. *Journal of Behavioral Health and Psychology*. 2021;10(4). doi:https://doi.org/10.33425/2832-4579/21033
- 3. Ghaddar S, Brown CJ, Pagán JA, Díaz V. Acculturation and Healthy Lifestyle Habits among Hispanics in United States-Mexico Border Communities. *Revista Panamericana de Salud Pública*. 2010;28(3). doi:https://doi.org/10.1590/s1020-49892010000900009
- 4. Prophete L. Barriers to Medication Adherence in the Hispanic Population. fpuscholarworks.fresno.edu. Published 2018. Accessed January 7, 2025. https://www.semanticscholar.org/paper/Barriers-to-medication-adherence-in-the-Hispanic-Prophete/da707abb2afa3fdaea4353f1331c777aeaba22b3
- 5. Talavera-Garza L, Ghaddar S, Valerio M, Garcia C. Health Care Access and Utilization among Hispanic Manufacturing Workers along the Texas-Mexico Border. *Journal of*



- *Health Care for the Poor and Underserved.* 2013;24(2):656-670. doi:https://doi.org/10.1353/hpu.2013.0072
- 6. Bastida E, Brown HS, Pagán JA. Persistent Disparities in the Use of Health Care along the US–Mexico Border: an Ecological Perspective. *American Journal of Public Health*. 2008;98(11):1987-1995. doi:https://doi.org/10.2105/ajph.2007.114447
- Diaz FC, Osuna-Salazar EN, Robledo C, Machiorlatti M, Sarhill N, Kwang H. Trends and Variations in Female Breast Cancer along the Texas-Mexico Border Trends and Variations in Breast Cancer along the Texas-Mexico Border. *Cancer Research*. 2020;80(4_Supplement):P6-1104-P611-04. doi:https://doi.org/10.1158/1538-7445.sabcs19-p6-11-04
- 8. Nesbitt S, Palomarez RE. Review: Increasing Awareness and Education on Health Disparities for Health Care Providers. *Ethnicity & Disease*. 2016;26(2):181-190. doi:https://doi.org/10.18865/ed.26.2.181
- 9. Anderson J, Demeter N, Pasquires M, Wirtz S. Using the CA Opioid Overdose Surveillance Dashboard to Track Opioid Overdose Deaths. *Online Journal of Public Health Informatics*. 2019;11(1). doi:https://doi.org/10.5210/ojphi.v11i1.9938
- 10. Vuocolo B, Sierra R, Brooks D, et al. Reducing Time to Diagnosis of Rare Genetic Diseases in a Medically Underserved Hispanic Population- Lessons Learned for Meaningful Engagement. *Research Square* (*Research Square*). Published online December 13, 2023. doi:https://doi.org/10.21203/rs.3.rs-3699740/v1
- 11. Mata H, Provencio-Vasquez E, Martinez J, De Santis J. HIV Risk Knowledge among Hispanic Adults in a U.S. Mexico Border Community. *Californian Journal of Health Promotion*. 2014;12(1):88-94. doi:https://doi.org/10.32398/cjhp.v12i1.1559
- 12. Geographic Disparities in Diabetes-Related Amputations—Texas-Mexico Border, 2003. *JAMA*. 2007;297(10):1051. doi:https://doi.org/10.1001/jama.297.10.1051
- 13. Calip GS, Hoskins KF, Guadamuz JS. Examining the Associations among Treatment Declination, Racial and Ethnic Inequities, and Breast Cancer Survival. *JAMA Network Open*. 2024;7(5):e249402. doi:https://doi.org/10.1001/jamanetworkopen.2024.9402
- 14. Robles A, Bashashati M, Contreras A, et al. Colorectal Cancer in Hispanics Living near the U.S. Mexico Border. *Revista De Investigacion Clinica*. 2019;71(5). doi:https://doi.org/10.24875/ric.19003026
- 15. Li C, Mou J. Ethnic Disparities in the Prevalence of SARS-CoV-2 Testing Positivity Comparing Hispanic and non-hispanic Populations. *Big Data*. Published online April 1, 2022:2977-2977. doi:https://doi.org/10.1370/afm.20.s1.2977
- 16. Chow DS, Glavis-Bloom J, Soun JE, et al. Development and External Validation of a Prognostic Tool for COVID-19 Critical Disease. Ashkenazi I, ed. *PLOS ONE*. 2020;15(12):e0242953. doi:https://doi.org/10.1371/journal.pone.0242953
- 17. Ramirez AG, Chalela P, Rowan S, et al. Avanzando Caminos (Leading Pathways): the Hispanic/Latino Cancer Survivorship Cohort Study. *Cancer Epidemiology, Biomarkers & Prevention*. 2023;32(12_Supplement):B044-B044. doi:https://doi.org/10.1158/1538-7755.disp23-b044
- 18. Flores BE, Guerrero J, Bobadilla R, Craven CK. Hepatitis C Virus (HCV) Screening and Treatment in South Texas US-Mexico Border Persistent Poverty Counties. *Cancer Epidemiology Biomarkers & Prevention*. 2023;32(12_Supplement):IA045-IA045. doi:https://doi.org/10.1158/1538-7755.disp23-ia045



- 19. Bowman BA, Vinicor F. Toward Prevention and Control of Type 2 Diabetes: Challenges at the U.S.-Mexico Border and beyond 1 | Scholars Portal Journals. Scholarsportal.info. Published 2025. Accessed January 7, 2025. https://journals.scholarsportal.info/details/15451151/v02i0001/nfp tpacotatubab.xml
- 20. Gareis CE, Hunter P, Leader A. The Impact of the Promotoras Program on knowledge, attitudes, and Cervical Cancer Screening among Hispanic/Latina women: Rapid Review. *Cancer Epidemiology, Biomarkers & Prevention.* 2023;32(1_Supplement):B023-B023. doi:https://doi.org/10.1158/1538-7755.disp22-b023
- 21. Shiels MS, Berrington de González A, Best AF, et al. Premature Mortality from All Causes and Drug Poisonings in the USA According to Socioeconomic Status and rurality: an Analysis of Death Certificate Data by County from 2000–15. *The Lancet Public Health*. 2019;4(2):e97-e106. doi:https://doi.org/10.1016/s2468-2667(18)30208-1
- 22. Angell SY, Cetron MS. Health Disparities among Travelers Visiting Friends and Relatives Abroad. *Annals of Internal Medicine*. 2005;142(1):67. doi:https://doi.org/10.7326/0003-4819-142-1-200501040-00013
- 23. Fisher-Hoch SP, Vatcheva KP, Rahbar MH, McCormick JB. Undiagnosed Diabetes and Pre-Diabetes in Health Disparities. Kirchmair R, ed. *PLOS ONE*. 2015;10(7):e0133135. doi:https://doi.org/10.1371/journal.pone.0133135
- 24. Bencomo-Alvarez AE, Nhim V, Alvarado L, et al. Effects of race, ethnicity, and Country of Origin on Incidence and Survival in Breast Cancer. *Cancer Epidemiology, Biomarkers & Prevention*. 2023;32(1_Supplement):C066-C066. doi:https://doi.org/10.1158/1538-7755.disp22-c066
- 25. Bauer C, Zhang K, Lee M, et al. Census Tract Patterns and Contextual Social Determinants of Health Associated with COVID-19 in a Hispanic Population from South Texas: a Spatiotemporal Perspective. *JMIR Public Health and Surveillance*. 2021;7(8):e29205. doi:https://doi.org/10.2196/29205
- 26. Spierling SR, Savin KL, Soriano EC, et al. Process evaluation of Dulce Digital-Me: an adaptive mobile health (mHealth) intervention for underserved Hispanics with diabetes. *Translational Behavior of Medicine*. Published online April 3, 2023. doi:https://doi.org/10.1093/tbm/ibad020
- 27. Borkowski P, Borkowska N, Shaunak Mangeshkar, Adal BH, Singh N. Racial and Socioeconomic Determinants of Cardiovascular Health: a Comprehensive Review. *Curēus*. Published online May 2, 2024. doi:https://doi.org/10.7759/cureus.59497
- 28. Ramirez FG, Alvarado L, Dwivedi A, Chacon J. Immunotherapy Treatment disparities: a TCR Analysis of Patients with Cutaneous Melanoma. *Cancer Epidemiology, Biomarkers & Prevention*. 2023;32(12_Supplement):B051-B051. doi:https://doi.org/10.1158/1538-7755.disp23-b051
- 29. Jones BA, Eger W, Suttiratana S, et al. Abstract S12-06: Social Determinants of Health (SDOH) Barriers as Predictors of Intent to Vaccinate for COVID-19 in a Vulnerable Population. *Clinical Cancer Research*. 2021;27(6_Supplement):S12-06S12-06. doi:https://doi.org/10.1158/1557-3265.covid-19-21-s12-06
- 30. Chandhok NS, Shrestha A, Watts JM, Bradley T, Sekeres MA. Outcomes for Hispanic Patients with Acute Leukemia Treated at Academic Centers. *Blood*. 2021;138(Supplement 1):2282-2282. doi:https://doi.org/10.1182/blood-2021-151250

28



31. Ramirez AG, Munoz E, Holden AEC, Adeigbe RT, Suarez L. Incidence of Hepatocellular Carcinoma in Texas Latinos, 1995–2010: an Update. Mehta AS, ed. *PLoS ONE*. 2014;9(6):e99365. doi:https://doi.org/10.1371/journal.pone.0099365

