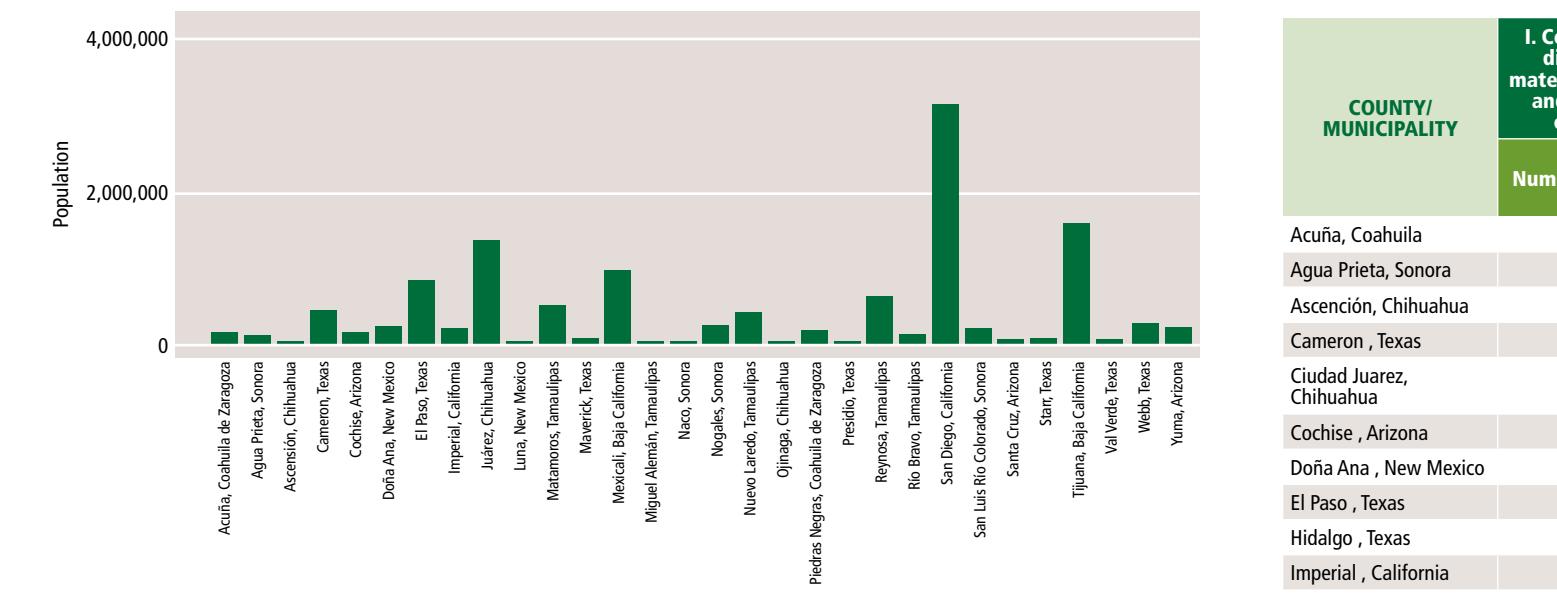
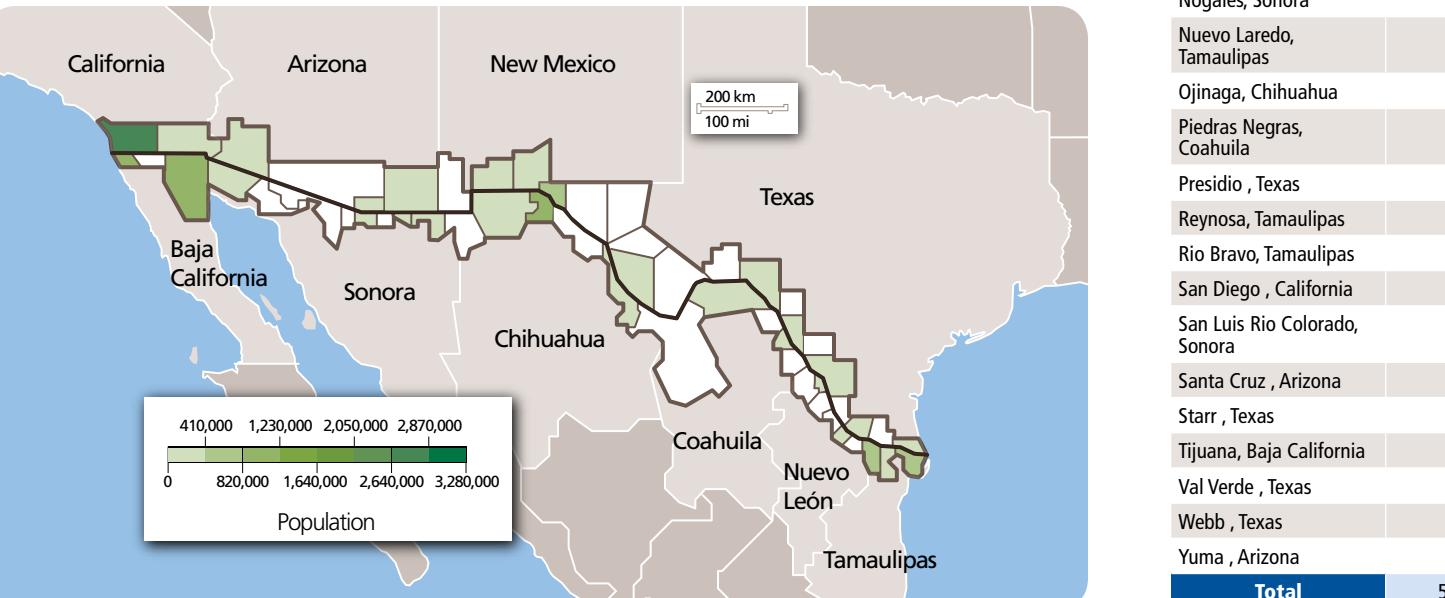


# United States - Mexico Border Counties and Municipalities Population 2010



# United States - Mexico Border Geographic Distribution of Population 2010



# Main Causes Mexico Border Inequalities 2010

## Mortality Rate per 100,000 population in United States - Mexico Border 2010

### I. Communicable diseases and maternal, perinatal, and nutritional conditions

Cause of death	II. Noncommunicable diseases		III. External causes		TOTAL		
	Number	Rate per 100,000 pop.	Number	Rate per 100,000 pop.	Population	Number	Rate per 100,000 pop.
Unintentional injuries (homicide, suicide, motor vehicle traffic, drowning, falls, etc.)	433	316.6	65	47.5	136,755	546	399.3
Stroke	303	382.9	62	78.3	79,138	418	528.2
Diabetes	88	367.0	66	275.3	23,975	171	713.2
Heart disease	1,965	482.0	128	31.4	407,656	2,268	556.4
All cancers	5,019	376.8	4,327	324.8	1,332,131	10,090	757.4
Chronic lower respiratory diseases (CLRD)	1,047	795.4	111	84.3	131,627	1,224	929.9
HIV/AIDS	1,210	575.3	154	73.2	210,325	1,436	682.8
Septicemia	3,970	494.1	304	37.8	803,506	4,534	564.3
Septicemic pneumonia	2,967	380.8	254	32.6	779,203	3,573	458.5
Septicemic meningitis	837	479.2	60	34.4	174,667	949	543.3
Septicemic sepsis	250	995.4	22	87.6	25,115	272	1,083.0
Septicemic shock	1,648	336.9	291	59.5	489,193	2,156	440.7
Septicemic stroke	248	455.4			54,462	281	516.0
Septicemic heart disease	3,608	385.1	560	59.8	936,826	4,709	502.7
Septicemic CLRD	100	370.2	98	362.8	27,015	205	758.8
Septicemic HIV/AIDS	33	515.5	8	125.0	6,401	43	671.8
Septicemic septicemia	608	276.0	302	137.1	220,292	990	449.4
Septicemic septicemic pneumonia	1,409	366.9	286	74.5	384,033	1,854	482.8
Septicemic septicemic meningitis	132	501.8	54	205.3	26,304	201	764.1
Septicemic septicemic shock	608	397.9	104	68.1	152,806	776	507.8
Septicemic septicemic heart disease	26	330.2			7,873	26	330.2
Septicemic septicemic CLRD	1,883	309.3	393	64.5	608,891	2,602	427.3
Septicemic septicemic HIV/AIDS	416	351.8	62	52.4	118,259	523	442.2
Septicemic septicemic septicemia	16,998	547.6	1,389	44.7	3,103,933	19,298	621.7
Septicemic septicemic septicemic pneumonia	716	401.4	100	56.1	178,380	879	492.8
Septicemic septicemic septicemic meningitis	222	468.6	16	33.8	47,380	238	502.3
Septicemic septicemic septicemic shock	327	534.8	17	27.8	61,149	390	637.8
Septicemic septicemic septicemic heart disease	4,665	299.1	1,827	117.1	1,559,683	7,387	473.6
Septicemic septicemic septicemic CLRD	276	563.5	21	42.9	48,983	328	669.6
Septicemic septicemic septicemic HIV/AIDS	975	388.0	114	45.4	251,284	1,192	474.4
Septicemic septicemic septicemic septicemia	1,135	576.8	89	45.2	196,786	1,307	664.2
Septicemic septicemic septicemic septicemic pneumonia	54,122	430.1	11,284	89.7	12,584,031	70,866	563.1

**Mortality Rate per 100,000 population in the United States - Mexico Border 2010**

**II. Noncommunicable diseases**

**Mortality Rate per 100,000 population in the United States - Mexico Border 2010**

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## Statistical Methods

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# No Border Counties

A priority task of US-Mexico Border Office of the Pan American Health Organization, Regional Office of World Health Organization (PAHO/WHO) is to cooperate in the study of the health situation of the border population by compiling, analyzing, and distributing relevant information. For more than two decades, the field office has been preparing a series of publications on mortality, health services, and the situation of certain diseases such as diabetes mellitus and tuberculosis.

Strengthening the capacity to analyze and disseminate information on living conditions that affect health has been a priority in all the

on living conditions that affect health has been a priority in all the countries of the Americas. This is especially important in the U.S.-Mexico border area due to the complex dynamics of demographic movements, the socio-cultural features of the area, and the differences between cities in the border states and between the two countries in terms of the social determinants of health.

This pamphlet on the basic health indicators for the U.S.-Mexico border contains quantitative information on mortality and uses the classification system adopted in reports on The Global Burden of Diseases. It also presents a geographical breakdown to more easily identify the main differences in the border area—in particular, between the main border counties. The purpose is for health authorities along the border to establish priorities and plan activities using this information to monitor regional situation of health changes.

The PAHO USMBO obtained the data presented here from U.S. and Mexico public domain sources. The presented data were prepared by PAHO staff at the field office on the U.S.-Mexico border. We hope this effort becomes a model for studying the health situation based on other indicators and that this, in turn, serves to increase the cross-border exchange and analysis of health information.

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