U.S.-Mexico Border Health Commission
California Outreach Office (COO) Report for USMBHC 2005 Annual Report
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1. Where applicable, provide a brief description of programs/services that address the following Healthy Border Topic Areas. If a topic area has more than one program, simply replicate the format and add it in as another program. Insert “Not Applicable” where necessary. When describing a broad initiative that addresses multiple Healthy Border topic areas, include it in #3.

Access to Care

Ventanillas de Salud Project
Description: The Ventanillas de Salud project (VDS) will improve access to healthcare in the California border region. Education, referral, and case management are the main strategies implemented by the Ventanillas de Salud (VDS) program. VDS has established a health window based at the Mexican Consulate in San Diego to provide general health consumer information regarding: (1) insurance eligibility and enrollment, (2) access to health services at community clinics, and (3) health education. Educational and informational sessions will be delivered in large group presentations, as well as in one-to-one exchanges. All individuals that seek specific information and require follow-up will be asked to provide information for a health-needs assessment that the program staff will fill out. This assessment will include an evaluation of health insurance and medical home status, demographic content, and contact information for the individual. Following any referral, follow-up phone calls will be made to the referral site, as well as to the individual, to provide case-management and document the status of any action taken or its result.

Results, Impact, Outcome: The following objectives are expected to be accomplished during the one-year funding period:

- Objective #1: Conduct health needs assessments for 600 individuals
- Objective #2: Conduct follow-up on 80% of health needs assessments completed
- Objective #3: Provide health insurance information to 10,000 individuals
- Objective #4: Provide health insurance enrollment referral and follow-up to 300 eligible children and adults who may qualify for a public benefit health insurance program
- Objective #5: Confirm enrollment into a public benefit health insurance program for a minimum of 20% of eligible children and adults
- Objective #6: Provide referral to an appropriate clinic and follow-up to 300 individuals
- Objective #7: Confirm a medical home for 20% of individuals referred to a community clinic
- Objective #8: Provide general health education sessions to 10,000 individuals in the Mexican Consulate
Continued Needs, Challenges and Opportunities: In 2001, the US-Mexico Border Health Commission (Commission), in partnership with the California-Mexico Health Initiative (CMHI), conducted a health survey at the Mexican Consulate in San Diego out of concern for the health disparities that many of California’s Latinos face. The survey revealed that although 75% of the people surveyed had lived in California for 10 years or more, 70% did not have health insurance in either Mexico or the United States. Furthermore, 80% of individuals surveyed had children between the ages of 0 and 18, and only 50% of those children had health insurance. Many of the respondents and their families are eligible for public benefits but do not enroll due to fear of being categorized as a “public charge”.

Migrant Health Services Project
Description: This project will support outreach with communities in Imperial County to improve access to healthcare information and services in the region. The California-Mexico Health Initiative (CMHI) has hired a part-time (50%) Regional Coordinator in Imperial County to establish and coordinate a series of health education and health promotion activities throughout the county; and establish relationships with health institutions, local stake holders, hometown associations, and nonprofit organizations. This work will result in increased collaboration; an increased number of migrant/immigrant families with information on health resources and services available in the county; increased dissemination of research findings; an increased number of culturally specific health-promotion models; and an increased number of promotoras/es trained to better address the binational and migration issues that affect agricultural worker’s health, health-seeking behavior, and personal risk reduction.

Results, Impact, Outcome: This work will result in increased collaboration, an increased number of migrant/immigrant families with information on health resources and services available in the county, increased dissemination of research findings, an increased number of culturally specific health-promotion models, and an increased number of promotoras/es trained to better address the binational and migration issues that affect agricultural worker’s health, health-seeking behavior, and personal risk reduction.

Continued Needs, Challenges and Opportunities: Imperial County has an estimated population of 150,800, and 72% of them are Latinos. This number places Imperial as the county with the highest percentage of Latino residents in California. Imperial County faces a greater challenge than other counties in California in meeting resident’s basic health needs because a large proportion of the County’s population lives in poverty, has limited English proficiency, and has limited education. Immigration and border crossings have a large impact on County demographics. Agricultural work accounts for more that 30 percent of all employment and it is the main employment opportunity for people who cross the border for work. Some of the main health problems in Imperial County are communicable diseases such as hepatitis, tuberculosis, and AIDS; chronic diseases such as asthma, coronary heart disease, cerebrovascular disease, cancer, and diabetes; motor vehicle crash deaths; unintentional injury deaths and mental health. An estimated 30% to
40% of Imperial County’s population is uninsured or underinsured. In a 1998 Health Risk Assessment Survey, 31% of respondents reported that primary care was difficult to access or not accessible at all.

Cancer N/A
Program A
Description
Results, Impact, Outcome
Continued Needs, Challenges, and Opportunities

Diabetes N/A
Program A
Description
Results, Impact, Outcome
Continued Needs, Challenges, and Opportunities

Environmental Health N/A
Program A
Results, Impact, Outcome:
Continued Needs, Challenges and Opportunities:

HIV/AIDS, Access Health Care, Immunization and Infectious Diseases, Injury Prevention, Substance abuse:

Binational Health Committees (BHC) Project
Description: This project will support the work of the Binational Health Committees (BHCs) in the California/Baja California region. There are eight Binational Health Committees working in the California-Baja California border region that are affiliated with the U.S.-Mexico Border Health Association (USMBHA) addressing issues of substance abuse, HIV/AIDS/STDs, tuberculosis, emergency services, and immunizations. The USMBHC recognizes the significant contribution that binational committees make to border health. The committees, collaborative and voluntary in composition, are in a unique position to lead efforts to improve health services in the US-Mexico border region. Funding provided by the COO for the Binational Health Committees will be used to provide mini-grants and a limited number of larger grants to the committees in order to revitalize the work of the committees and support the continued sustainability of the committees in the California/Baja California border region.

Results, Impact, Outcome:
· Objective 1: Collaborative meetings with the eight BHC’s in the California-Baja California border area in order to avoid repetition of activities and promote stronger activities with greater impact in the area. Conduct rapid assessment of binational committee needs.
Objective 2: Participate in conferences, trainings, and special events (plan and host two conferences in coordination with a local committee and the Binational Health Council).

Objective 3: Produce binational health instruments specific to the region and topics addressed in order to improve health, for example, health education materials. Compile and disseminate model templates for a sustainability package.

Objective 4: Social Marketing and Advocacy to create social change and promote healthy behavior.

Objective 5: Provide three large awards (to participate in an annual conference or a planning session) to the most active committees in the region and solicit, promote, and review requests for $500 mini-grants.

Objective 6: Compile and complete comprehensive outcomes report.

Continued Needs, Challenges and Opportunities:
The Binational Health Committees operate on a voluntary basis, through affiliation with the U.S.-Mexico Border Health Association. While most of the committees remain active, a few have recently become inactive due to lack of funding. Funding provided by the COO will help to revitalize committees that have lacked funding resources, and support the work of active committees that need funding assistance for specific purposes. The committees will address critical HB2010 healthy border goals and the USMBHC recognizes the important role of the committees throughout the U.S.-Mexico border region.

Immunizations and Infectious Disease Control

TB DOT Project
Description: This project will support promotora outreach with TB patients in the California/Baja California border region. Project Concern International is managing a USAID funded TB and multi-drug resistant TB control and prevention program in the Baja California border region. Funding provided by the COO will complement this work by providing additional support to fund two health workers to increase access to TB control among 30 active cases and 120 individuals (four contacts per person) in Tijuana and Mexicali, as well as supporting the San Diego County Binational TB project.

Results, Impact, Outcome:

Objective 1: Train and deploy two community-based directly-observed therapy (DOTS) workers in order to increase access to DOTS for TB patients.

Objective 2: Increase access to DOTS among a selected number of TB patients, with the goal of drug therapy completion rates of at least 85% of patients by the end of the project.

Objective 3: Develop and implement strategies for reaching high-risk TB target groups, document, and effectively share model approaches for hard-to-reach TB patients.

Continued Needs, Challenges and Opportunities: The most recent data indicates that the TB morbidity rate in Baja California is higher than in all of Mexico. The objective of the project is to decrease TB morbidity and mortality by expanding implementation of
community-based prevention and control efforts. The project will also support collaboration between public health agencies in California and Baja California to treat TB patients and reduce the incidence of multi-drug resistant TB.

Injury Prevention
Capacity Building and Technical Assistance Project:
Description: El Patronato General del Hospital de Tijuana (Tijuana General Hospital Foundation) will contract a technical assistant to develop and implement a capacity building and development strategy to improve the hospital’s infrastructure including medical equipment and supplies. The Hospital General de Tijuana provides services for indigent patients in the greater Tijuana border region. Patients from both sides of the border receive services at the hospital.

Results, Impact, Outcome: The project aims to improve the health and well being of children, families, and individuals who request services at the Tijuana General Hospital. The Patronato (Foundation) will develop a capacity building strategy to increase the hospital’s access to equipment and medical supplies. Currently, a lack of adequate equipment and medical supplies results in unnecessary deaths among the population serviced by the hospital. The capacity building strategy is expected to result in the following deliverables:
· Develop a 501c3 international status for the Patronato
· Determine organizational needs and match those needs with funding sources
· Grant writing proposal development
· Development of a strategic-capacity building plan
· Research grant programs and plans
· Development of donor-cultivation strategies

Continued Needs, Challenges and Opportunities: The Tijuana General Hospital was inaugurated in August 1982, designed to provide services primarily for patients with no health insurance. Since 1982, the population in Tijuana has increased from 750,000, to more than 2,000,000 presently. The service capacity of the hospital has not changed and the demand for services (at the hospital) is overwhelming. The Tijuana General Hospital is a public institution with a scarce budget and receives patients from Tijuana, Tecate, Rosarito, Ensenada, and the United States. These patients are the most unprotected of the region, including the thousands of migrants who arrive daily. According to the National Institute of Statistics, Geography and Computer Science (INEGI), more than 82,000 new people migrate annually to the region.

Maternal, Infant and Child Health N/A
Program A
Description
Results, Impact, Outcome
Continued Needs, Challenges and Opportunities
Respiratory Diseases
Adult Asthma Project
Description: The Imperial County Health Department will manage this program to improve adult asthma self-management skills through education and outreach in the Imperial County/Mexicali area.

Results, Impact, Outcome:
· Objective 1: A minimum of 40 local healthcare professionals (physicians, nurse practitioners, nurses, and physician assistants) will participate in an evening asthma workshop focusing on asthma management and treatment guidelines as outlined by the AAAAI guidelines, and as measured by sign-in sheets and completed evaluation forms.
· Objective 2: At least 50 Imperial and Mexicali Valley families will participate in a half-day family-focused informational and skill development workshop on the topic of asthma triggers, self-management, and medication as measured by sign-in sheets and evaluation forms.
· Objective 3: A minimum of 125 adult asthmatics will receive one-on-one client centered and/or group asthma education sessions from Promotoras recorded with completed physician referral forms and sign-in sheets.

Continued Needs, Challenges and Opportunities: Imperial County has a high incidence rate of asthma as compared to other regions of the U.S. and Mexico.
Continued Needs, Challenges, and Opportunities

2. For the following areas, describe any specific governmental actions, funding increases or progress as a result of Commission’s recommendation to the governments.

a. Increase and Improve Access to Quality Preventive Care

i. Federal funding provided to the USMBHC by HRSA, other DHS agencies, and the CDC for the Border Binational Health Week (BBHW) activities in the border region allowed our COO office to assist with the planning of many access-to-care outreach programs that took place during the Border Binational Health Week (October 11-17, 2004). In total, $40,000 in funds were provided by the Commission for BBHW activities in the California/Baja California region, and these funds helped local groups to leverage additional funds from private and public sources.

ii. During the USMBHC’s 11th Binational Meeting in Mexico City, members of the Mexican Senate and Chamber of Deputies agreed in principle to support Mexican federal government funding increases for the USMBHC.

b. Improve Disease Prevention Efforts, Health Education Delivery and Disease Control Procedures

i. The Border Health Initiative of Project Concern, which has managed a COO office subcontract for a Directly-Observed Therapy TB project in Tijuana has received $2 million in funding from the U.S. Agency for International Development (USAID) for a TB project grant in Baja California.

ii. The California/Mexico Binational Immunization Guide being produced by the Binational Immunization Initiative supported by the USMBHC could prove to be a powerful tool in assisting immunization service providers working on both sides of the border. When it is distributed widely, this guide will significantly improve the protection of children, adolescents, and adult populations in the border area.

c. Improve Health Workforce Development, Training, Placement, and Retention

i. The COO office is partnering with the HETC and AHEC programs in the San Diego border (funded by HRSA) to improve workforce development, training and retention of healthcare professionals throughout the California/Baja California border region, thereby creating synergy and enhanced benefits for the region.

ii. Funding has been provided to establish a binational education HIV/AIDS program university consortium in the California/Baja California region. The project, “A Cross-Border HIV/AIDS Prevention Training Program in the Northwest Mexican Border Region,” was selected to receive approximately $500,000 over three-years through a USAID U.S.-Mexico Training, Internships, Exchanges and Scholarships (TIES) grant. The objective is to strengthen the capacity of Mexican public health practitioners,
outreach workers, and policy makers to prevent and manage HIV/AIDS and co-occurring epidemics, such as tuberculosis and to translate ongoing research into policy and practice.

d. Improve Public Health Infrastructure

i. Funding provided by the U.S. Department of Health Services and the Centers for Disease Control for the Early Warning of Infectious Diseases (EWIDS) initiative is resulting in critically needed improvements in cross-border emergency preparedness communication and the development of plans for improvements in telecommunications, laboratory and healthcare facility infrastructure on both sides of the border. The COO office is supporting work conducted by the California Office of Binational Border Health (COBBH) to develop an Early Warning Infectious Diseases Surveillance (EWIDS) program strategy in the California/Baja California border region through application for EWIDS funds provided by the CDC and support provided by the Commission’s $5.4 million fund for the Mexican border states provided by the U.S. Department of Health Services, in collaboration with Mexican counterpart agencies. The COBBH has received approval from the CDC for $1.4 million in EWIDS funds to be utilized during the current fiscal year and $1.5 million to be utilized in FY06.

3. For the following areas, describe any activities or initiatives that:

a. Establish or strengthen binational linkages between public health and border communities

l. Border Binational Health Week

During October 11-17, the COO worked with local agency partners including the California Mexico Health Initiative, the California Office of Binational Border Health, the County of San Diego, the County of Imperial, the San Diego Border HETC, the San Diego HETC, with partner federal agencies including HRSA, PAHO and the CDC to organize Border Binational Health Week events in the San Diego/Baja California and Imperial County/Mexicali regions.

In the California/Baja California Border Region (including San Diego and Imperial Counties), 41 events took place with 160 agencies and 6,188 individuals participating. More detailed information about all BBHW activities is available on the USMBHC website. On a border-wide basis, approximately 61,510 individuals participated in BBHW events. Work has commenced for the planning of the 2005 BBHW.

In San Diego, an “Oaxacan Community Workshop” was organized to provide Oaxacan migrants with an opportunity to talk about their healthcare needs, including their physical and mental well-being needs and challenges. Additionally, several community health clinics including Vista Community Clinic, the Logan Heights Family Health Center, the La Maestra Family Clinic, the Logan Heights Family Health Center, and the San Ysidro Health Center set up BBHW health booths or organized health fairs at their clinics for their patients and communities. Two BBHW closing events were held in San Marcos and San Ysidro, drawing the participation of hundreds of individuals.
In Imperial Valley, BBHW events included a press conference and inauguration, a children’s fair, healthcare workshops, a Women’s Health Fair, and a Farmworker Health Fair held at 2:30 a.m. for predominantly male migrant farmworkers. Some of these events provided direct healthcare services including HIV tests and mammograms.

During the 2004 BBHW, people had opportunities to attend health fairs to receive basic health services including diabetes, blood pressure, and HIV/AIDS screenings. Furthermore, they were provided with information about healthcare services provided by community clinics, hospitals, NGO’s, and governmental agencies. Training sessions were also held for promotoras, including a training program on “TB and Immunizations at the Border Region”, which commemorated the Vaccination Week in the Americas.

ii. Vaccination Week in the Americas (VWA): In celebration of the National Infant Immunization Week (NIIW) and the Vaccination Week in the Americas, the USMBHC has joined with the Centers for Disease Control (CDC) and the Pan American Health Organization (PAHO) to celebrate these weeks in the U.S.-Mexico border region. Locally, the COO is working with the San Diego County Immunization Program, the San Diego County Office of Border Health, the California Office of Binational Border Health (COBBH), the California Department of Health Services, the Baja California Outreach Office of the USMBHC, the Baja California State health department, and with other partner agencies to organize Vaccination Week of the Americas events in 2005. The local group also known as the Binational Immunization Initiative (BII) is producing a binational immunization guide for San Diego and Tijuana that will be updated periodically.

One of the local NIIW/VWA events organized this year was titled, “New Developments in Immunization and Vaccine Issues”. This CME training took place on April 28, at the Schaetzel Center in Scripps Hospital, where more than one hundred healthcare professionals from both sides of the border participated. The Forum was jointly presented by the American Academy of Pediatrics, the California Distance Learning Health Network (CDLHN), the County of San Diego’s Immunization Branch, Scripps Memorial Hospital, and the U.S.-Mexico Border Health Commission. Moderated by Mark Sawyer, MD, Medical Director of the San Diego Immunization Partnership, the Forum featured the following speakers: Melinda Wharton, MD, MPH, Acting Deputy Director, National Immunization Program, Centers for Disease Control and Prevention; John Leake, MD, MPH, Children’s Hospital and Health Center; and Allen Schwartz, MD, FAAP, Children’s Healthcare Medical Associates.

Another NIIW/VWA event took place on May 12th. This was a binational training for nurses held in Tijuana. The event was organized by the Baja California state health department, and the Jurisdicción de Servicios de Salud in Tijuana, and co-sponsored by the COO and the Binational Immunization Initiative. A Binational Immunization Guide was introduced to more than seventy nurses during the event. The San Diego County Immunization Program worked closely with the COO and several other partners including the California Department of Health Services, and the California Office of Binational Border Health to develop this Binational Immunization Guide. The guide
provides information about vaccine equivalencies used for children in California and Mexico, and it is expected to improve vaccination coverage, as well as strengthen collaboration among immunization public health agencies in California and Baja California.

b. Enhance health data analysis or surveillance

i. EWIDS: The California Office of Binational Border Health (COBBH) is developing a California/Baja California EWIDS strategy and program, working with partner agencies throughout the border region including the COO. Current outcomes include work on the drafting of a California EWIDS Coordination Plan and Communications Protocol; epidemiologic surveillance; and education and training. Activities include conferences, training programs, table top exercises, surveillance research and data collection, coordination with laboratories in Baja California, and the development of enhanced reporting systems.

c. Assess or evaluate health services or research, health care technologies and/or delivery systems

i. The COO has participated with the USMBHC, border health offices and federal agencies including the CDC National Center for Health Statistics to develop a border Behavior Risk Factor Surveillance Survey (BRFSS) to assess health behavior in the border region. It is anticipated that the survey will be implemented during the last quarter of 1995 and the first quarter of 2006. The BRFSS survey includes information about behaviors (such as smoking, eating, consumption of alcoholic beverages, health check-ups, etc.) that affect health outcomes.

d. Support or advance USMBHC Commission and/or Commission Members

Event Featuring Dr. David Warner, Professor, University of Texas, Austin
On December 16th, USMBHC, Scripps Health and COBBH hosted an event featuring Dr. David Warner, Professor of Public Affairs, Lyndon B. Johnson School of Public Affairs, University of Texas, Austin, hosted by Commission Delegation Member Dr. Lawrence Kline. Dr. Warner spoke on the topic, “Cross-Border Health Insurance and Other Initiatives to Integrate the Delivery of Health Services between the U.S. and Mexico.” Approximately 50 individuals attended from the border region including San Diego, Tijuana, Mexicali and Los Angeles.

i. Border-Wide Substance Abuse Prevention:
The USMBHC California Outreach Office provided sponsorship support for representatives from Baja California to attend a Border-Wide Substance Abuse Prevention Conference held in El Paso, Texas, March 9-10. The objectives of the conference were to: 1) learn about each nation’s strategic approaches to substance abuse prevention in general and their relevance to the border in particular; 2) learn about the regional realities of substance abuse along the U.S.- Mexico border, and 3) to draft broad strategic concepts for binational collaboration and identify specific short-term activities.
Disaster and Emergency Preparedness:

On June 15th, Scripps Health partnered with the COO and the California Office of Binational Border Health to organize an event at Scripps Memorial Hospital featuring a bio-terrorism preparedness specialist, Dr. Boaz Tadmor, MD from Israel. The event was hosted by Dr. Lawrence Kline, USMBHC Commission Member. Dr. Tadmor, the former head of the Medical Division Home Front Command in Israel and Visiting Professor in the Mailman School of Public Health, Columbia University and National Center for Disaster Preparedness presented “The U.S. and Israeli Approaches to Borders and Preparedness for Mass Casualty Events- Where We Are and Where We Need to Be.” Dr. Tadmor shared information about his experience managing disaster preparedness systems in Israel, and discussed how the Israeli experience may serve as a model for the development of improved emergency response systems in the U.S., and particularly, in international border areas. Emergency response personnel and healthcare specialists from California and Baja California attended the event.

4. Describe the value that your Outreach Office adds to the overall health of the border region. (Limit to 150 words.)

The California Outreach Office addresses the HB2010 goals to improve access to healthcare, reduce the incidence of infectious diseases (such as TB and HIV/AIDS), increase immunization coverage, reduce the incidence of respiratory diseases, and injury prevention. The COO has awarded a total of $196,059 in funding for projects that address these needs. These projects benefit residents of the California/Baja California border region in San Diego, Tijuana, Imperial Valley, and Mexicali. Furthermore, the COO has worked collaboratively with numerous partners throughout the border on the management of border-wide initiatives to address Healthy Border 2010 goals. These border-wide initiatives include the Border Binational Health Week, National Infant Immunization Week, Vaccination Week of the Americas activities, work on EWIDS, the BRFSS border-wide survey, and the Ten Against TB Program. During the past year, the COO has improved its mechanisms for selecting and evaluating HB2010 programs. An RFP instrument and evaluation methodology are being finalized, and will be utilized to evaluate FY05 projects, and to select and evaluate FY06 projects. During the next year, the COO will work on establishing greater collaboration with the California Department of Health Services, the California Office of Binational Border Health, and with the Baja California Delegation of the USMBHC in order to make sure that work that is conducted by the COO complements the work conducted by these other public health partner agencies in the California/Baja California border region.