California Conference of Local Health Officers
Health Officers Association of California
October 16th, 2015

Perspectives on Collaboration and Challenges on the US Mexico Border Region

Bi-national Partnering to Improve Health Equity

Larry Kline, DO California Member, USMBHC
Pulmonary, Critical Care & Sleep , Scripps Clinic

Focus on the Border Region – La Paz
Explain the role of the USMBHC
Overview of some of what we do

Border States Population

Texas	**26,960,000**
New Mexico	**2,082,000**
Arizona	**6,731,000**
California	**38,800,000**
US – 74,573,000 (318.9 M) 23.3%	

Baja	**3,155,000**
Sonora	**4,808,000**
Chihuahua	**809,232**
Coahuila	**2,748,200**
Nuevo Leon	**4,653,000**
Tamaulipas	**3,269,000**
Mexico – 19, 442,432 (122.3 M) 15.9%	

Total Border States = **74,573,000**; **Border Region** 15,000,000

350 Million Legal crossings per year 47 locations.
(6 in california – 50 M)

Mexico is our 3rd largest trading partner

There are 26 U.S. federally-recognized **Native American tribes** in the border region.

Tribe members range from 9 to 17,000 .

Some share extensive family and cultural ties to indigenous peoples in the border region of Mexico.

- **Barona Band of Mission Indians**
- **Campo Band of Kumeyaay Indians**
- **Capitan Grande Band of Mission Indians**
- **Cocopah Indian Tribe**
- **Cuyapaipe Band of Kumeyaay Indians**
- **Quechan Indian Tribe**
- **Inaja Band of Diegueno Mission Indians**
- **Jamul Indian Village**
- **Kickapoo Traditional Tribe of Texas**
- **Inaja and Cosmit Reservations of La Jolla Indians**
- **La Jolla Band of Luiseño Indians**
- **La Posta Band of Mission Indians**
- **Los Coyotes Band of Cahuilla Mission Indians**
- **Manzanita Band of Kumeyaay Nation**
- **Mesa Grande Band of Mission Indians**
- **Pala Band of Mission Indians**
- **Pascua Yaqui Tribe**
- **Pauma Band of Mission Indians**

•Temecula Band of Luiseño Mission Indians,
•Pechanga Reservation
•Rincon Band of Luiseño Mission Indians
•San Pasqual Band of Mission Indians
•Santa Ysabel Band of Diegueno Indians
•Sycuan Band of Kumeyaay Nation
•Tohono O'odham Nation
•Torres-Martinez Desert Cahuilla Indians
•Viejas Group of Capitan Grande Band of Mission Indians
•Ysleta del Sur Pueblo

Challenge of Border Health

- Geography and Jurisdiction
- Health Challenges
- Hundreds of individuals and groups working on border health – not **coordinated**
- There has not been a **collaborative** structure that integrates jurisdictions and organizations

Some Health Challenges/Social determinants

Last in access to health care;

Second in death rates due to hepatitis;

Third in deaths related to diabetes;

Increasing childhood, adolescent and adult obesity;

First in the number of cases of TB;

First in school children living in poverty; and

Last in per capita income

Rates of injury and death in workplace twice non immigrants.

Formation of the USMBHC

1988 Texas Med Association, AMA, Texas Congressional delegation **USMBHA**, and Council on Public Health chaired by **Laurance Nickey MD** recommended the formation of a permanent Commission.

AMA Scientific Affairs reported current solutions to border health problems **"inadequate" fragmentary and not coordinated** by the two nations.

1992 AMA Drafted a bill

1994 Dr. Laurance Nicky testified Congress before **Henry Waxman's** subcommittee on Health and Environment

Formation of the USMBHC

- 1994 S1225 Introduced **Senator Jeff Bingaman NM & Senator Kay Bailey Hutchison cosponsored** legislation that passed the 103rd congress. Public law 103-400. Authorized the President to enter into an agreement with Mexico;

- **Senator Denise Moreno Ducheny** was chair of the California State Assembly from 1994-2000. Supported the formation of the Commission made enormous contributions to border health.

July 2000-Signing of the International Agreement creates the Commission;

- November 2000-Commission held its 1st Binational Meeting.

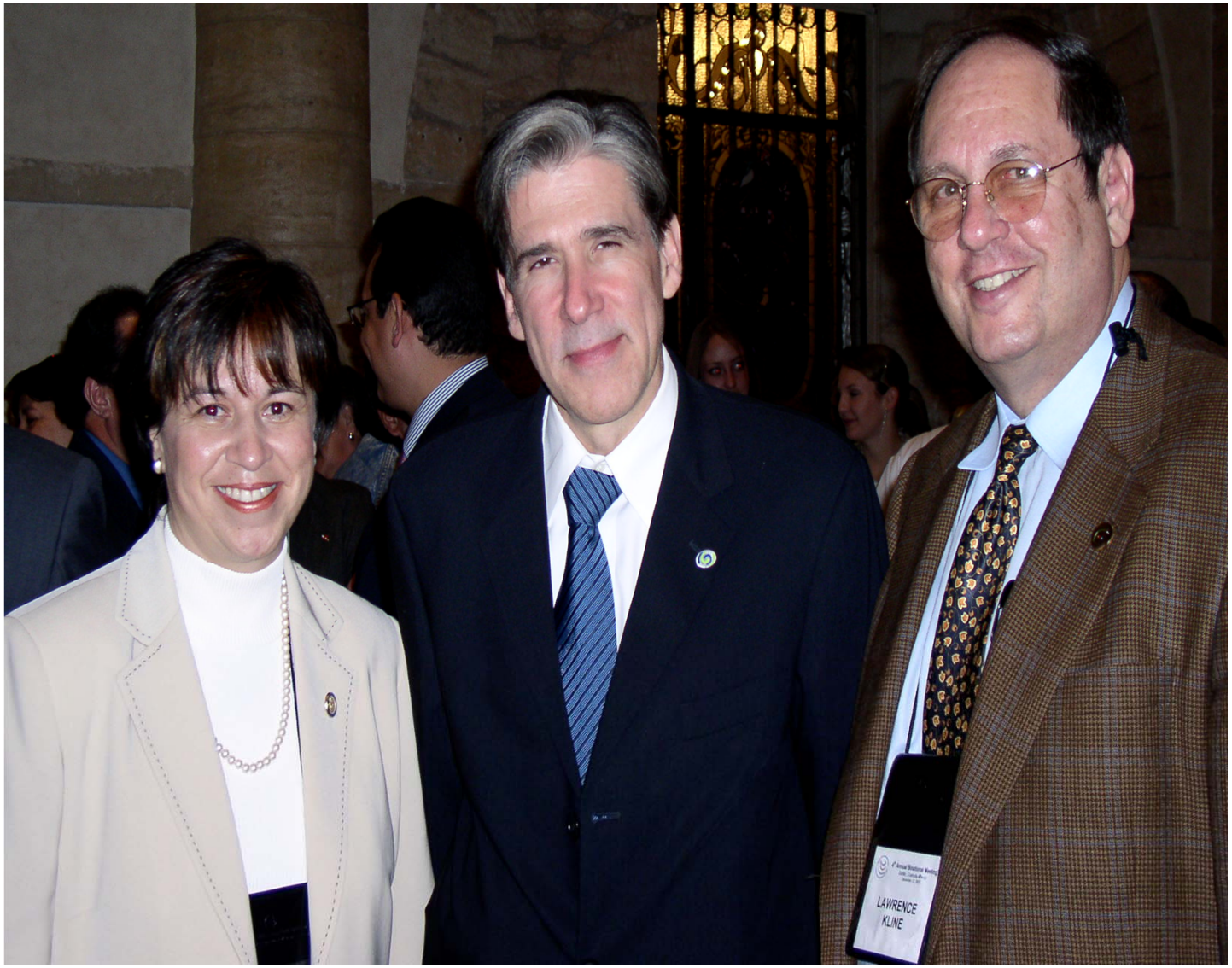
- **December 21, 2004** - Executive Order by President George W. Bush designating the BHC as a Public International Organization

- Mission - To provide international **leadership** to optimize health and quality of life along the United States – Mexico border.

- Primary BHC goals:
  - Institutionalize a domestic focus on border health that can transcend political changes, and
  - Create an effective venue for binational discussion to address the public health issues and problems affecting the United States-México border populations.

USMBHC – 26 Members

- Co Chair - Secretaries of Health both countries
- US Section – 4 states
  - 4 members chief state health officers
  - 8 members nominated by governor and appointed by POTUS
- Mexico Section – 6 states
  - 2 members appointed by Mexico Secretary of Health


LAWRENCE
KLINE

COMISIÓN DE SALUD FRONTERIZA MÉXICO - ESTADOS UNIDOS
4ª Reunión Anual Binacional

United States-México Border Health Commission
Comisión de Salud Fronteriza México - Estados Unidos
Reunión Anual 2008 Annual Meeting

DEPARTMENT OF HEALTH & HUMAN SERVICES

2010
ANNUAL MEETING
REUNIÓN ANUAL
2010
United States-Mexico Border Health Commission
SALUD

US Secretary of Health Kathleen Sebelius
Mexican Secretary of Health Jose Angel Cordova Villalobos

Dan Reyna, Executive Director

Sylvia Mathews Burwell
HHS Secretary

Jimmy Kolker
Assistant Secretary for Global Affairs (ASGA)

José Luis Velasco
Executive Director

Dr. Cristina Rabadán-Diehl

Director of the Office of the Americas in the Office of Global Affairs, Office of the Secretary, at the United States Department of Health and Human Services (HHS).

In this role, she is involved with coordinating US Government policy and functions related to HHS international activities in the Americas region. She also serves as the HHS Secretary's Representative to the US-Mexico Border Health Commission.

California Delegation

Rosemarie M. Johnson, M.D.
Lawrence E. Kline, M.D.
Sandra Shewry, M.P.H., M.S.W

Karen Smith, MD, MPHDirector and State Public Health Officer

Horacio Rodiles, M.D.

Resources

- Provides **Cooperative Agreements** with the U.S. Border State Health Offices in California, Arizona, New Mexico and Texas) and deliverables include:
  - Border Binational Health Week (border wide health promotion event held annually in October).
  - Community-based contracts (planning, trainings, health education).
  - Organize and/or participate in border binational venues to mobilize actions needed to improve border health bringing together government and NGOs, academic institutions, and public and private stakeholders.

Selected Examples of Successes

- Bi-national Border Health Week
- Borders Models of Excellence – HB 2010 and promatoras
- Ventanilla de Salud – pilot project San Diego Los Angeles - expanded to all 50 states – now second generation
- Leaders Across Borders – California Consortium
- Healthy Border 2010 and now 2020
- Research Work group
- Bi-national strategic plan

Call for Applications

Beginning October 1st 2002 and ending December 15, 2002

Focusing on Community Health Workers/Promotores(as) Approaches

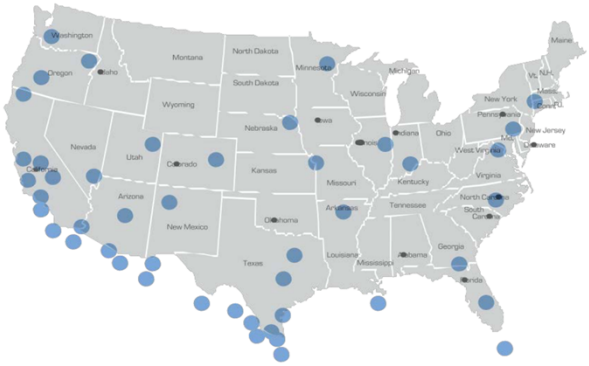
United States-Mexico Border Health Commission

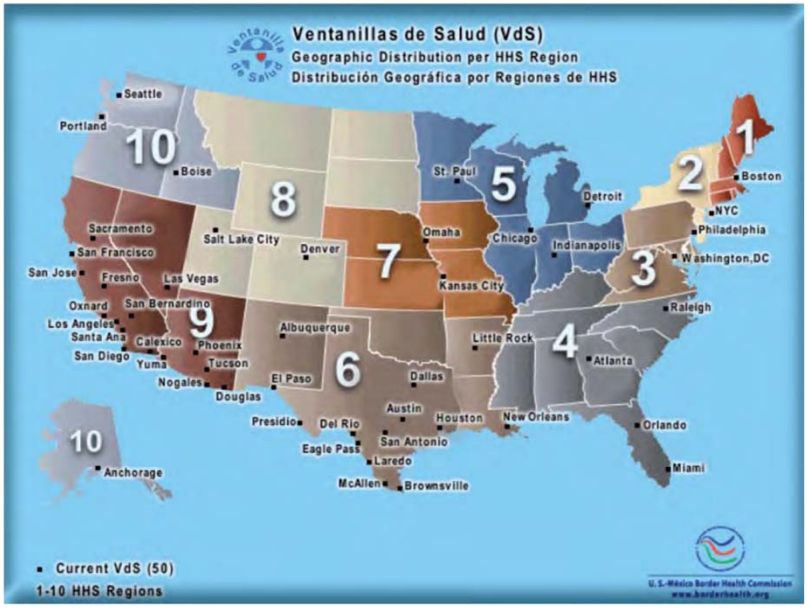
Border Models of Excellence Initiative

Mission:

Identify best practices, model programs/projects, to transfer experiences and successful strategies across states and throughout the border region.

We currently have 50 Ventanillas de Salud operating; one in every Mexican consular office in the U.S. Additionally, two mobile units located in Kansas City and another in New Jersey, providing information on disease prevention and health promotion in rural communities throughout the region.

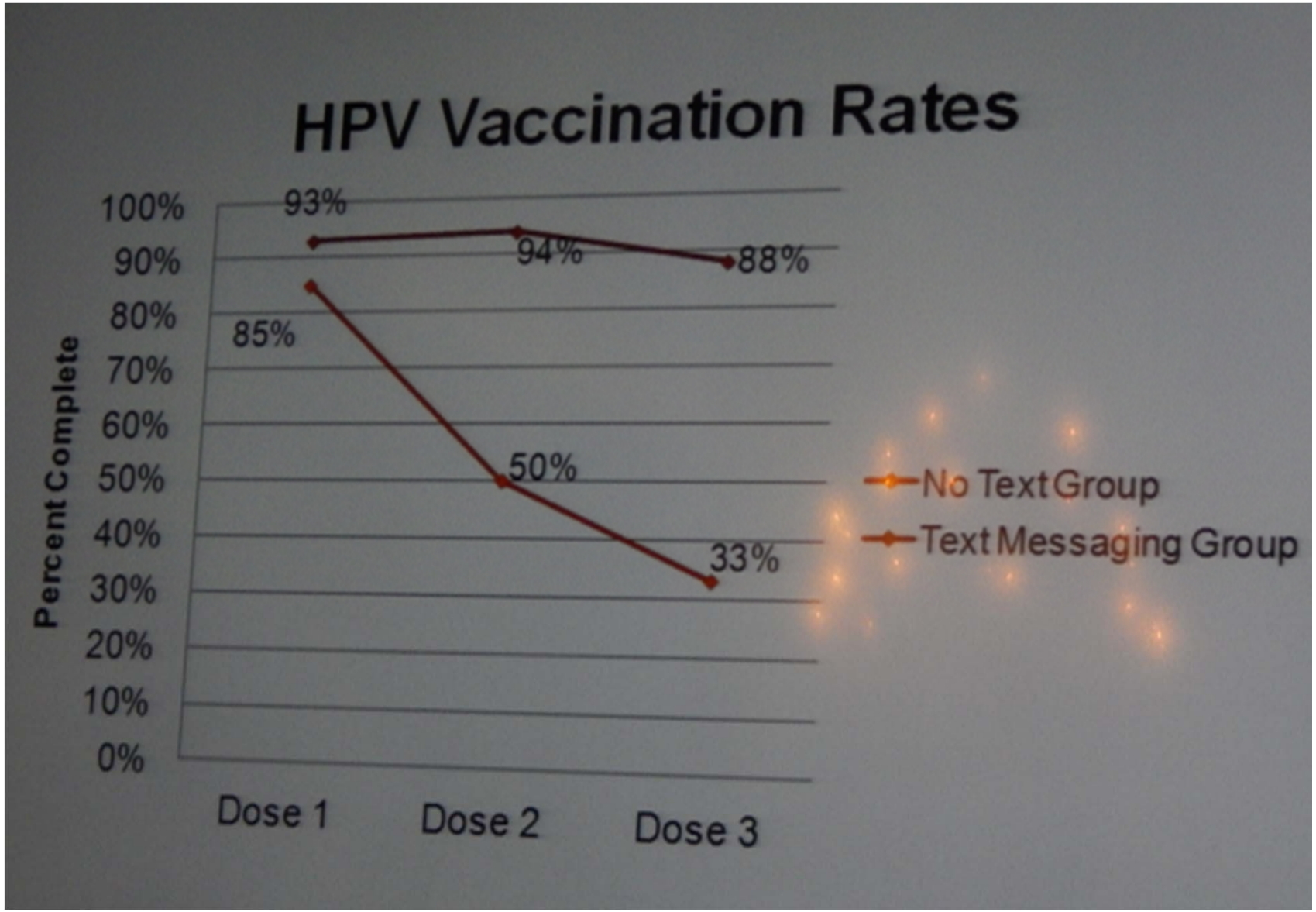




HPV Study (Aragones) NY VDS

- Compare educational program vs educational plus text messaging remiders to increase HPV vaccination among eligible children in the VDS. 23 vs 43

- HPV knowledge – 26% of 167 knew of vaccine
- Prior vaccine rates – 20 or 12% initiated or completed vaccine.
- 126 (92%) cell and text
- 11 (8%) cell but no text
- 0 did not have cell


HPV Vaccination Rates
Percent Complete
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
94%
88%
85%
50%
33%
Dose 1
Dose 2
Dose 3
No Text Group
Text Messaging Group

Leaders Across Borders

- Introduction to Epidemiology in the México-U.S. Border Region (10 hours)
- Health Diplomacy (10 hours)
- Management and Leadership for Regional Health Policies and Programs (40 hours)
- Analysis and Improvement of Health Care Processes in the Border Region (30 hours)

1. Started 2010, now entering 5th class
2. Total 100 students for program total.

U.S. Applicants

Christine Cervantez, Coordinator
U.S.-México Border Health Commission
Arizona Outreach Office
Office of Border Health
Arizona Department of Health Services

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México Applicants

Lic. Gabriela Escalante González, Coordinadora de Relaciones Institucionales
Oficina de Alcance en Baja California
Comisión de Salud Fronteriza México-Estados Unidos

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Gaby.escalante.g@hotmail.com
Tel: (01-664) 634-6511

The California border health collaborative: a strategy for leading the border to better health

Charles Edwards Matthews III[1,2], Wilma Wooten[3], María Gudelia Rangel Gomez[4], Justine Kozo[3], April Fernandez[5] and Victoria D. Ojeda[6]*

[1] Health and Human Services Agency, County of San Diego, San Diego, CA, USA, [2] Joint Doctoral Program, Global Health, San Diego State/University of California San Diego, San Diego, CA, USA, [3] Public Health, Health and Human Services Agency, County of San Diego, San Diego, CA, USA, [4] U.S.-Mexico Border Health Commission, Mexico Section-Secretary of Health, Tijuana, Mexico, [5] California Department of Public Health, Office of Binational Border Health, San Diego, CA, USA, [6] School of Medicine, University of California San Diego, San Diego, CA, USA

frontiers in Public Health

REVIEWS IN MEDICINE
published: 26 May 2015
doi: 10.3389/fpubh.2015.00141

Collaborative- – Chuck Matthew – LAB graduate

HEALTHY BORDER 2010/2020 STRATEGIC FRAMEWORK REPORT

- 20 General health indicators in 11 focus areas
  - Access to Care, Environmental Health, Oral Health
  - Maternal, Infant & Child Health, Mental Health
  - Cancer, Diabetes, Respiratory Diseases
  - Immunization & Infectious Disease, HIV/AIDS
  - Injury Prevention

HB 2020

- Measurable and relevant goals that support policy changes with evidence based interventions; 5 priorities
- Chronic and degenerative diseases
- Infectious Disease
- Maternal and child health
- Mental Health and addiction
- Injury prevention

U.S.-México Border Health Commission
Healthy Border 2020 Launch

Wednesday, June 24, 2015
Embassy of México
Mexican Cultural Institute
Room: Azulejos
2829 16th St. NW
Washington, D.C.

AGENDA

7:00 PM **Welcome**
Ambassador Alejandro Estivill, Business Manager,
Mexican Embassy in Washington, D. C.

7:10 PM **Executive Presentation on Healthy Border 2020**
Dr. Cristina Rabadán-Diehl, Representative, Office of Global Affairs,
U.S. Department of Health and Human Services

Hilda Dávila Chávez, Delegate for the Commissioner, Dr. Mercedes Juan López,
Secretary of México Secretariat of Health

Proceedings Report of the Fourth United States-México Border Health Research Forum

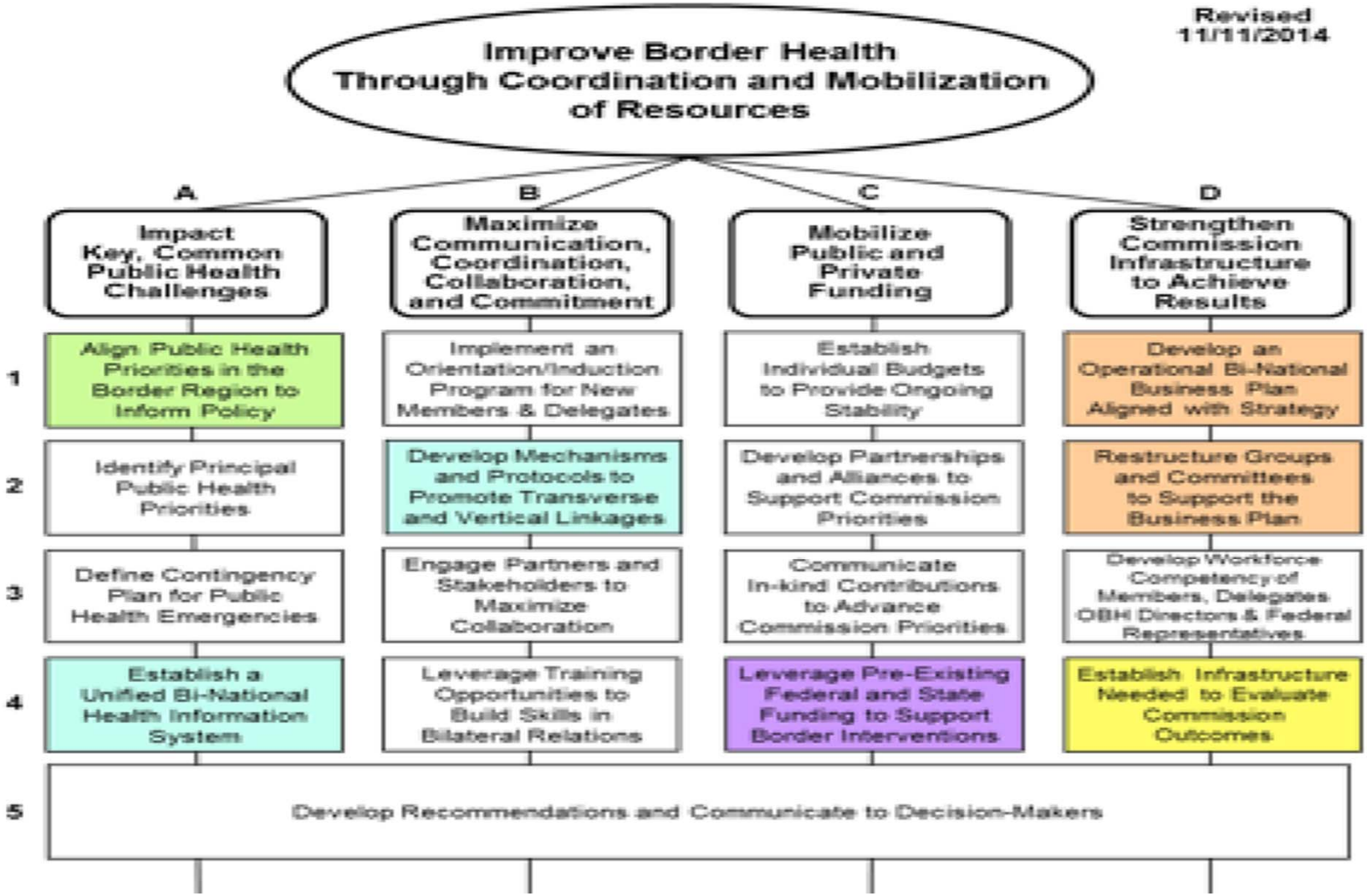
June 5, 2012
San Diego, California

This year the forum addressed the following objectives:

- Identify opportunities and mechanisms to establish guidelines for a binational institutional review board (IRB) process.
- Identify processes for collaborative cross-border research that can be replicated.
- Provide an update on establishing a journal of border health.
- Promote resource sharing and collaborative partnerships.

US-Mexico Border Health Commission
Strategic Map: 2014-2017

Revised
11/11/2014



1) Team 1:

a. ***B2: Develop Mechanisms and Protocols to Promote Transverse and Vertical Linkages***

b. ***A4: Establish a Unified Binational Health Information System.***

• Hector Zepeda (Baja California) • Alfonso Valenzuela (Baja California) • Jaime Pineda (Coahuila) • Hector Mario Zapata (Coahuila) • Abelardo García (Nuevo León). • Jaime León Varela (Sonora) • Hector Zapata (Coahuila) • Jaime Pineda (Coahuila)	• Emma Torres (Arizona) • Retta Ward (Arizona) • April Fernandez (California) • Freida Adams (Nuevo México) • RJ Dutton (Texas) • Nicole Montoya (BHC)

2) Team 2:

a. ***C2/C4: Leverage Pre-Existing Federal and State Funding to Support Border Interventions.***

• Gudelia Rangel (México) • Adalberto Peña (Coahuila) • Daniela Nuñez (México) • Jorge Sebastian (Tamaulipas)	• Jose Luis (Estados Unidos) • Lawrence Kline (California) • Juan Tayco ( ) • Megan Oberst ( ) • Aparna Gomes (BHC) • Allison O´Donnell ( )

Nota: As both have common implementation plan actions, the Strategic Objective **C2: Develop Partnerships and Alliances to Support Commission, was also discussed in this team.*

3) Team 3:

a. ***D1: Develop an Operational Bi National Business Plan Aligned with Strategy.***

b. ***D2: Restructure Groups and Committees to Support the Business Plan.***

• Hilda Dávila (México) • Fatima Muñoz (Baja California) • Eduardo Gonzalez (Baja California)	• Robert Guerrero (Arizona) • Bruce San Filippo (Nuevo México) • Lucinda Vargas (BHC) • Mike Maples (Estados Unidos)

Washington DC – US and Mexico Section regarding strategic planning

Other Initiatives

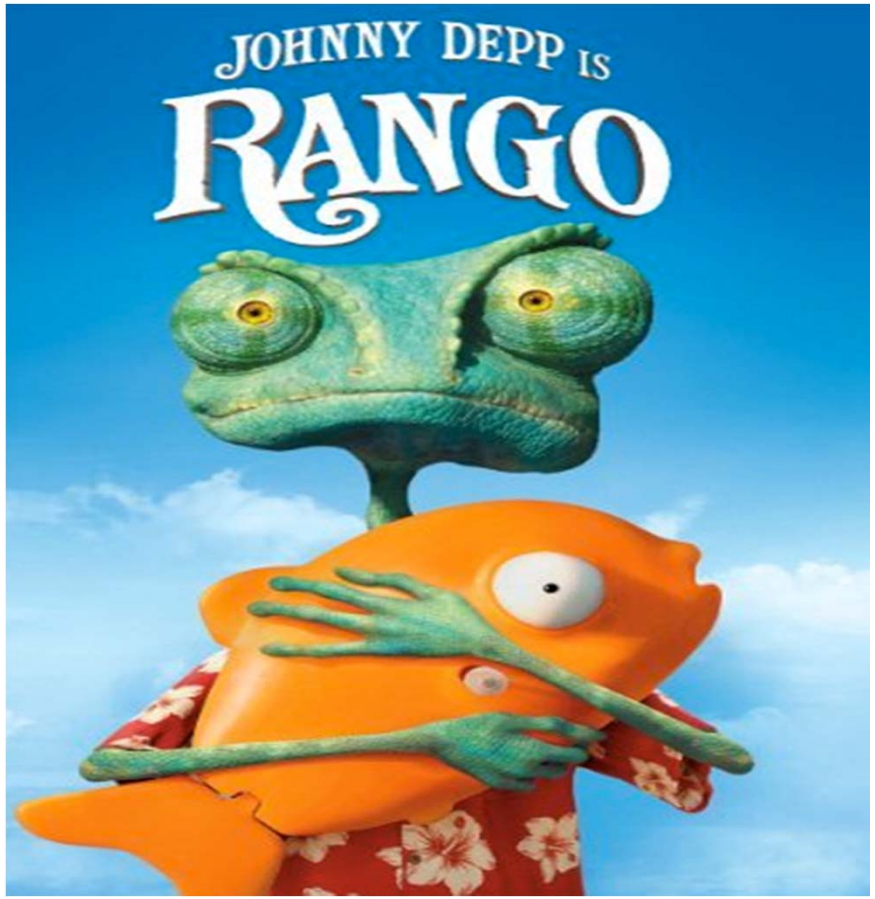
- Border Reproductive Health Work Group
- Border Tuberculosis Forum
- Border Teen Pregnancy
- Child and Adolescent Overweight and Obesity prevention

Challenges

- Change
- Leadership – everyone's duty
- Commitment – showing up
- Partnership – mutual bi-national synergy
- Relationships
- Resources matter but they are not the most important.

Border Health is About Relationships

IT IS ABOUT THEM NOT ABOUT US



Hope that gives you a federal perspective

SAN DIEGO COUNTY

Los Angeles T

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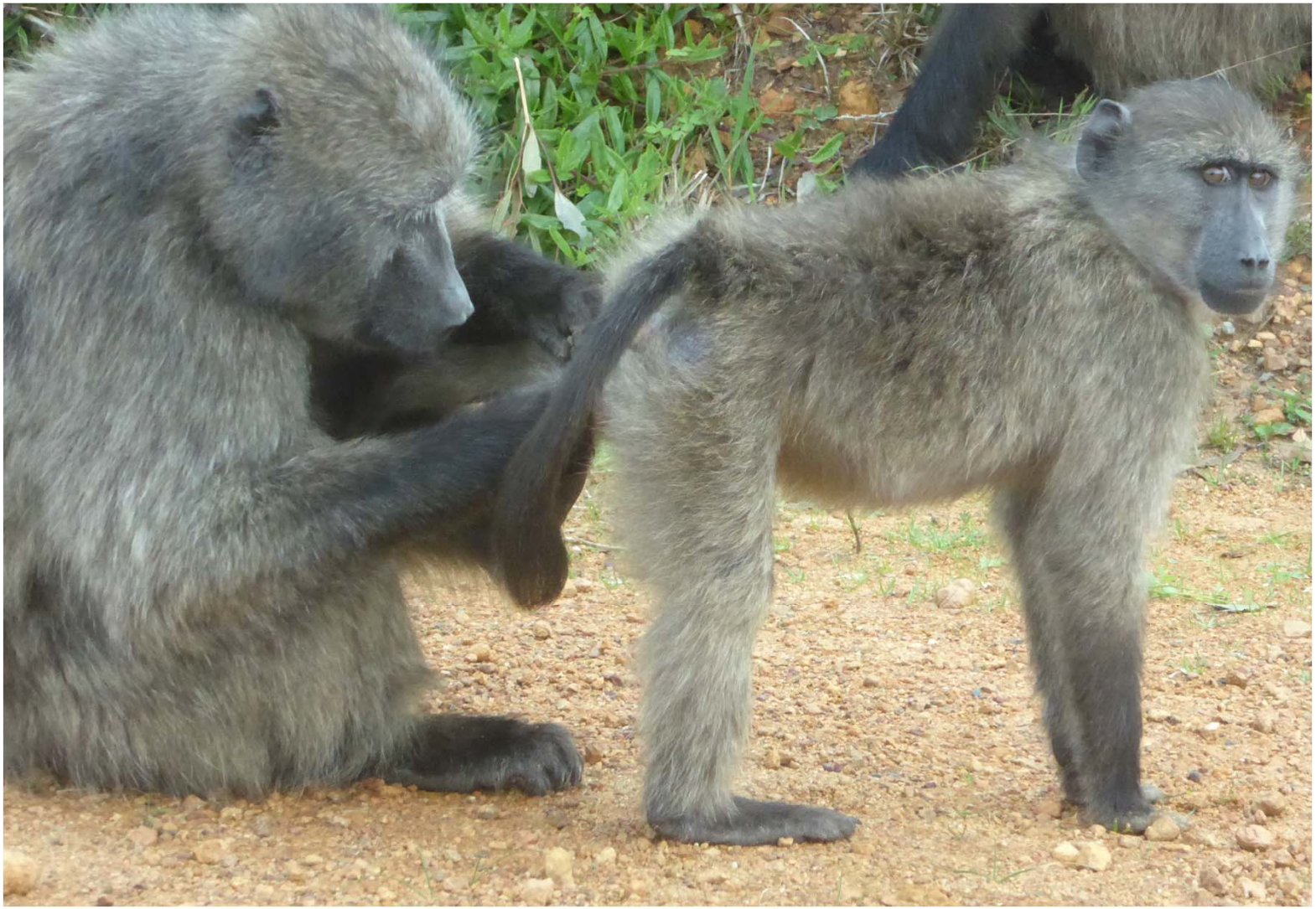
Out and About

DON BARTLETTI / Los Angeles Times

Mother Teresa leaves Scripps Clinic in La Jolla on Wednesday after 20 days of care for heart and lung problems. She is guided by her three physicians: Dr. Lawrence Kline, left, Dr. Patricia Aubanel, rear, and Dr. Paul Teirstein. "We were all touched by her," Kline said. Story, **B1.**

Nobody can really do great things.
Only small things with great love

We Help Each Other