



THE DEVELOPMENT OF A 5 YEAR BINATIONAL PUBLIC HEALTH STRATEGIC PLAN

COUNTY OF SAN DIEGO – AUDACIOUS GOAL

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PRESENTATION OVERVIEW



- Background
- Initial Proposal
- Work Plan & Timeline
- Data Collection
- Analysis
- Preliminary findings
- Next Steps



OFFICE OF BORDER HEALTH:

- Established in 1993 – celebrating 22 years!
- Office of two staff with the help of student workers and interns
- Facilitates communication, collaboration, and coordination to address public health issues in the California – Baja California border region
- Partners with Federal, State, and Local Government as well as CBO's





CALIFORNIA – BAJA CALIFORNIA: BORDER HEALTH OVERVIEW



LIVE WELL
SAN DIEGO

BORDER XXI GEOGRAPHIC REGIONS

US-Mexico Border Region:

Total Length:
~3,000 km
(1,863 miles)

North/South:
100 km (62 miles)

CA/Baja CA:
322 km (200 miles)



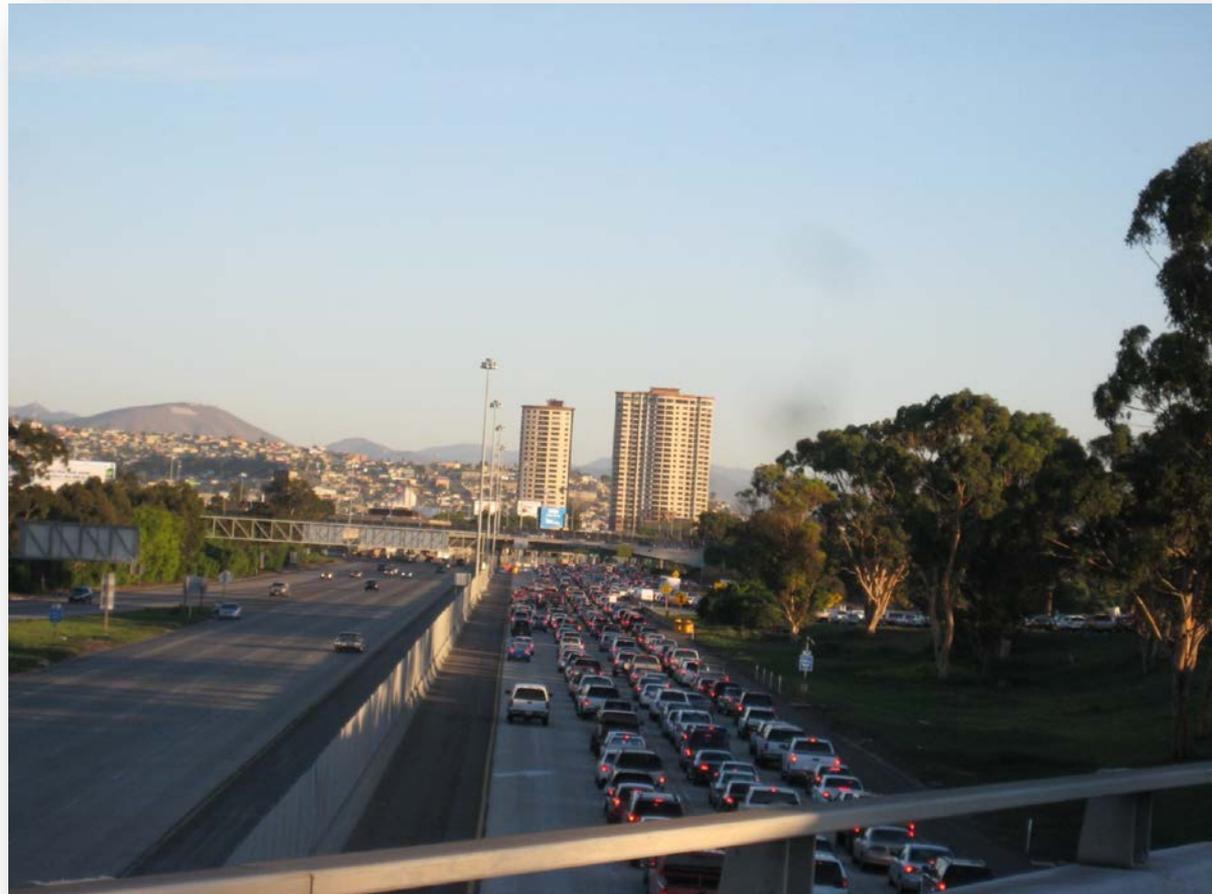
Source:
Pan American Health
Organization



CALIFORNIA – BAJA CALIFORNIA: BORDER HEALTH OVERVIEW



- San Ysidro/Mexico point of entry is the busiest international border crossing in the world.
- ~35,000 Northbound Cars each day
- ~25,000 Northbound Pedestrians each day



Sources: US Department of Transportation, SANDAG



THE BORDER REGION – WHY THIS WORK IS IMPORTANT



- Fluid and connected region – we share a region, a population and health concerns
- Health disparities in the border region: heart disease, obesity, HIV, TB and cancer
- Latinos comprise nearly 54% of San Diego County's Central and South Suburban population and over 90% of all Latino residents in San Diego County are of Mexican origin
- Public health issues are not contained by the physical border and it is critical for bi-national leaders to effectively collaborate on endeavors to address the needs of this shared community



THE HELEN ROBBINS-MEYER CHALLENGE



AUDACIOUS GOALS

- Strategic planning starts with audacious visions, which are bold statements detailing the impact the County wants to make in the community.
- December 2013 – Leadership within Public Health Services adopted the following goal:
 - To develop and implement a 5-year Binational Public Health Strategic Plan to support cross-border collaboration to improve health outcomes in the California-Baja California border region.
- The idea is to focus on our Public Health programs and services and how we can adopt a binational/border health lens in all we do.



METHODS



WORK PLAN & TIMELINE

- Identify Stakeholders – October 2014
- Document Health Priorities (Federal, State & Local – US/Mexico) – December 2014
 - US-Mexico Border Health Commission – Healthy Border 2010/2020 documents
 - CDPH Health Status Report to the Legislature 2013
 - PAHO Health in the Americas 2012
 - HHS Healthy People 2020
 - EPA Border 2020
- Draft Key Informant Interview Guide – January 2015
- Conduct Key Informant Interviews – February to July 2015
- Analyze Data & Prepare Summary Tables - August 2015



METHODS CONT.



- The Office of Border Health staff conducted 17 Key Informant Interviews (February-July 2015)
 - Sample questions:
 - What is your vision of border health?
 - Please describe any project or goal that you think should be considered for the PHS 5 year Binational Strategic plan.
- Key points were documented (Interviews were not audio recorded)



KEY INFORMANTS



County of San Diego (12 interviews)

- PHS Branch Chiefs
- County Regional Directors
- HHS Director of Behavioral Health
- County Directors of the Office of Emergency Services and Environmental Health

State of California (1 interview)

- CDPH Chief, Office of Binational Border Health

Federal Partner (1 interview)

- Lead for Centers for Disease Control, Division of Global Migration and Quarantine

Baja California (2 interviews/focus groups)

- Executive Secretary, US-Mexico Border Health Commission (Mexico section)
- Deputy Director and Division Directors, ISESALUD (Institute for Public Health Services)

Other (1 interview)

- Deputy Director, UC Berkeley Health Initiative of the Americas



ANALYSIS



QUALITATIVE DATA ANALYSIS

- Reviewed notes from each meeting
- Identified common themes among responses
- Identified key input and project ideas & rephrased into goal language (once selected, will be refined as SMART objectives)
- Created summaries for each interview and sent to interviewee for final review
- Created tables to organize data



PRELIMINARY FINDINGS



COMMON THEMES:

4 Themes emerged across all interviews:

1. Desire for improved communication/coordination (mentioned in all 17 interviews)
 - Sub themes: desire to know each other's counterparts, share resources, understand each other's public health/medical systems, & improved political awareness
2. Obesity as a shared health priority (mentioned in 7 interviews)
3. Emergency preparedness as a shared concern (mentioned in 8 interviews)
4. Mirrored public health education efforts/Consistent messaging (mentioned in 10 interviews)



SAMPLE TABLE

#	Program/Division/Agency	Person(s) interviewed	Meeting date	Desire for improved communication/coordination	Obesity as a shared health priority	Emergency Preparedness as a shared concern	Mirrored health promotion/education efforts/consistent messaging
1	Epidemiology and Immunization Services	Karen Waters-Montijo, Chief; Dr. Michael Lancaster, Laboratory Director; Dr. Eric McDonald, Medical Director; Dr. Annie Kao, Senior Epidemiologist; Sonia Montiel, Laboratory Coordinator, DGMQ/US-Mexico Unit; *Whitney Pinto, Public Health Nurse Supervisor, later provided a suggested goal*	10-Feb-15	X		X	X
2	Tuberculosis and Refugee Health	Dr. Kathleen Moser, Chief of TB Control and Refugee Health	18-Feb-15	X			
3	Centers for Disease Control and Prevention, Division of Global Migration and Quarantine's (DGMQ) U.S.-Mexico Unit	Dr. Steve Waterman, Team Lead, U.S.-México Unit, DGMQ, CDC	20-Feb-15	X	X		X
4	CDPH Office of Binational Border Health	April Fernandez, Chief	20-Feb-15	X	X	X	



PRELIMINARY FINDINGS



QUOTES

- *A healthy border region is one in which we have identified specific and ongoing measures that indicate the health of the region and that we have mechanisms in place for sharing information across the border.*
 - Patrick Loose, Chief, HIV, STD and Hepatitis
- *The challenge for all of our organizations (academic, government, NGOs) is that we need to see border health as one region, one country, even though we have a border...If we don't see it as one region, we won't be able to have effective impact. We'll continue with many challenges and problems.*
 - Dr. Gudelia Rangel, Executive Secretary, Mexico Section, US-Mexico Border Health Commission



PRELIMINARY FINDINGS



POTENTIAL OBJECTIVES / ACTIVITIES

- Conduct every other emergency drill in partnership with Baja California.
 - ***Holly Crawford, Director, Office of Emergency Services***
- Create an MOU or some type of agreement that would allow San Diego and Tijuana public health departments to share confidential information regarding binational cases.
 - ***Epidemiology***
- Create an opportunity for behavioral practitioners and leaders to meet and share information about each other's systems, medication approach, recovery model in alcohol and behavioral health, and available programs and resources.
 - ***Michael Krelstein, Clinical Director, Behavioral Health***
- Create a binational document that will include a medical/clinical summary for HIV binational patients that will facilitate treatment continuity.
 - ***ISESALUD***



NEXT STEPS



- Review data summaries at next Public Health Leaders meeting on October 19, 2015
 - Review proposed goals/objectives
 - Prioritize goals/objectives to implement
- Draft Strategic Plan – November 2015
- Finalize and adopt Strategic Plan – January 2016
- Begin Implementation – January/February 2016



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