

**The Border that Divides and Unites:  
Addressing Border Health in California**

October 2004



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Konane M. Martínez  
October 2004

## EXECUTIVE SUMMARY

Six months of research informed the findings presented in this report on the pressing organizational and system-wide needs in border health in California. The study found that agencies, both public and private, advocate a particular approach to health in the border region. Due to distinctive demographic, ecological, social and cultural factors in the border region, a set of special health indicators has emerged that require a binational approach.



The research project involved thirty-two participants in seventeen agencies and organizations on the U.S. side of the California – Mexico border. Participants in this research were asked to provide feedback on the most urgent border health issues; organizational capacity needs in the border region; and system-wide needs in border health. Among the most pressing health issues in the region were public health emergencies; access to health care; environmental health; infectious diseases; HIV and AIDS; substance abuse; mental health; and migrant and agricultural worker health. The research revealed that isolated and uncoordinated efforts in border health, lack of organizational infrastructure, lack of a best practices in border health/binational collaboration, and sustainability play key roles in the capacity of agencies working in the border region.

The research also uncovered pressing issues specific to Imperial County, a historically underserved county in southern California. Health professionals see a great need for more local investment in health organizations working along the border. Findings point to the need for more research, local data and documentation on best practices that can be applied to local health concerns for the creation of new programs. The study also revealed the need for improved access to services as well as, community driven approaches to program development and implementation. Lastly, respondents cited capacity building for regional leadership and coalition efforts in border health.

The research points to a set of recommendations to address these challenges. The NLRC recommends future research and data collection on border health; technical assistance and capacity building within organizations; funding and support of a border health vision and mission that will include a broad range of agencies; and equity in philanthropy in the border region.

Specifically, the NLRC recommends future research in the Imperial/Mexicali region that will focus on particular capacity issues of agencies in Imperial through the implementation of a survey. Another suggestion for future research is to seek the perspectives of agencies on the Mexican side of the border as well as in North County San Diego and Riverside County.

## INTRODUCTION

*Residents living along the U.S.-Mexico Border experience greater rates of communicable illnesses such as tuberculosis and vaccine-preventable illnesses than other groups of people across the nation. High rates of hepatitis and other intestinal infections, due to a lack of clean water and proper sewage disposal, are also a concern. Frequent movement between both countries and within the U.S. compromises continuity of health care for residents of this area. Additionally, the four states in the border area have some of the highest rates of poverty, unemployment, and uninsured people in the nation.*

*-HRSA Health Resources Service Administration*

In the 156 years since the Treaty of Guadalupe (1848), the U.S-Mexico border has experienced a continuous flow of people, images, and products. It is here where two sovereign nation states come into direct contact through the sharing of a common geographic space, the exchange of economic goods, and cross border flow of people. While the border represents the division between two nation states, the area has evolved into a truly binational region, not only because it is the largest port of entry along the border but because it has become an increasingly integrated and co-existent economic and social space.

*Most commonly considered "border health" issues include those that are shared due to common geographic, social, demographic, economic and cultural realities in the region.*

The California-Mexico border region is especially illustrative of the binational region that has developed over time. The California-Mexico border region is home to 40% of the total U.S.-Mexico border population on the U.S. side. Intense urban development and the continuous flow of people and products have transformed border communities into a distinctive region with unique social, political, and economic relationships and interactions. As can be expected, these characteristics have a tremendous impact on the region's physical and social development.

Environmental challenges, health disparities and health indicators along the border indicate that the region requires strategically targeted interventions that are culturally appropriate, well integrated, and binational in scope. As both nations and the states of California and Baja California seek strategies to address the special needs of the border region, the importance of binational collaboration and cooperation has become more critical. While a binational approach appears to be a necessary means to address the environmental and human needs of the region, binational work has and continues to be extraordinarily challenging.

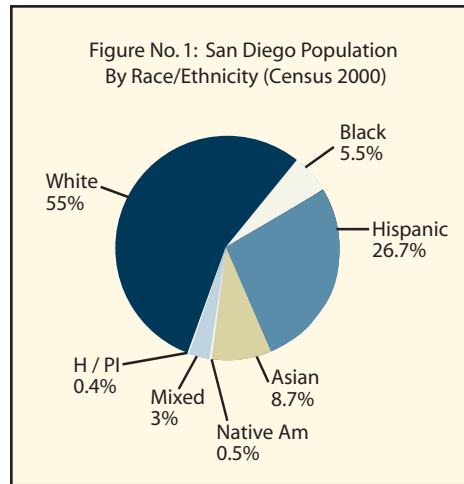
This report presents the results of a six-month study of the most pressing issues in border health. The research has specifically focused on the capacity needs of organizations working on the U.S. side of the border as well as system-wide needs among agencies in the border region. A comprehensive set of interviews and convenings informs the results of the assessment that sought to highlight key health issues as well as needs and assets of the border region.

In 1983, the La Paz agreement defined the “border region” as being 62 miles (100km) on either side of the U.S.-Mexico border. In California, this definition would include the counties of San Diego and Imperial as border region communities.

**California's Border Regions**

**San Diego County:** The County of San Diego is located in the southwest corner of the State of California and is bordered by the Pacific Ocean to the west, Imperial County to the east, the U.S.-Mexico border to the south, and Orange and Riverside counties to the north.

**Population Characteristics:** The population of San Diego County reveals considerable racial and ethnic diversity. Approximately 55% of San Diego's population is White, followed by 27% Hispanic, 8.7% Asian, 5.5% Black, and 0.5% Native American. Currently 27% of the total county population is foreign born, 52% of which is from Latin America. For San Diego County, it is forecasted that in the year 2030 37% of the total population will be Hispanic, rising from the current 27% of the population.<sup>1</sup>



The San Diego/Tijuana region is the largest among the U.S.-Mexico border regions with a combined population of 4 million people. The San Ysidro and Tijuana port of entry is the busiest in the world, with over 55 million crossings in 1999.<sup>2</sup>

The median income for families in San Diego in 1999 was \$54,438, compared to a median income of \$33,433 for Latinos in the county. Economic disparities are also evident when examining poverty levels in the county. As a whole, the county has a poverty rate of 12%; for Latinos, this percentage jumps to 22%.<sup>3</sup>

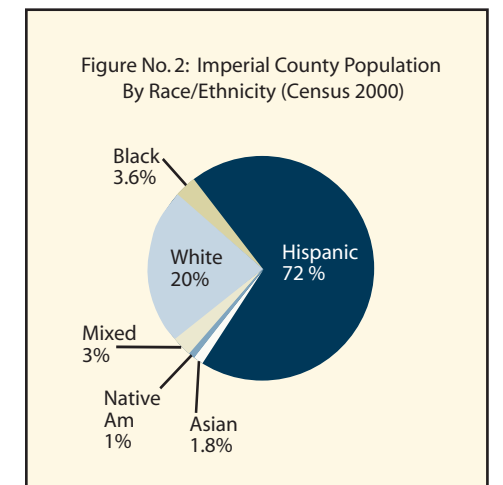
The political environment in the San Diego-Tijuana border region is at times highly contentious. Anti-immigrant sentiments waxes and wanes in the region, yet inevitably work to negatively impact the health and well-being of the Mexican residents residing on the U.S. side. Operation Gatekeeper has militarized the border region forcing migrants who cross without documents to pay high prices for being smuggled across or forces them to cross in the rugged mountains east of the city of San Diego or in the desert of Imperial County.

<sup>1</sup> SANDAG 2003  
<sup>2</sup> Annual Border Health Status Report, 2000. California Office of Binational Border Health.  
<sup>3</sup> U.S. Census Bureau, 2000

On a daily basis, the port of entry at San Diego-Tijuana sees an enormous concentration of cross border commuters. Tijuana is home to many binational families with members who work in the U.S. and live in Tijuana because of the lower cost of living and/or the mixed nationality of their families. Alongside this intense “south to north” daily migration exists a reciprocal south-bound flow of Mexican nationals living north of the border who travel to Baja California for goods and services as well as to maintain familial and neighborly ties. Subsequently, the health indicators and outcomes in the region are equally as intense and integrated.

**Imperial County:** The County of Imperial is located in the southeast corner of the State of California and is bordered by San Diego County to the west, the state of Arizona to the east, the U.S.-Mexico border to the south, and Riverside County to the north.

According to the 2000 Census, Imperial County is the 9th largest county in California with approximately 142,000 people. Seventy-seven percent of the population lives in the incorporated cities of Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial and Westmorland. The remaining 23% live in unincorporated rural areas. The largest municipality is El Centro (with 37,835 residents) followed by Calexico (with 27,109 residents). Approximately 72% of Imperial County residents are of Hispanic/Latino origin (compared to 32.4% for California). In the border city of Calexico, 95% of the population is Latino. Currently 32.2% of the total population is foreign born, of which 95% is from Latin America.



With some of the highest poverty and unemployment rates in the state, Imperial County ranks among the poorest counties in California. According to the 2000 Census, approximately 23% of the total population lives below the national poverty level and 43.8% of children under seventeen live in poverty. In 1999, the median household income in Imperial County was \$31,870 compared to \$47,493 for the state. Unemployment rates are exceptionally high and frequently range between 20% and 30%. Agriculture and government are the primary employers in Imperial County. In March 2002, approximately 25% of the labor force was engaged in agriculture, and 32% was employed in government positions. The remaining 43% of the labor force was employed in service and manufacturing jobs.

Nearly a quarter (23.8%) of the population, 25 years and older, in Imperial County has an elementary education, 59% have a high school education and 10.3% have bachelor's degree or higher. Close to 68% of the population speaks a language other than English in the home.<sup>4</sup>

<sup>4</sup> U.S. Census Bureau, 2000

While the overall population of Imperial County is dwarfed by that of San Diego, the border region is as equally complex. The county is bordered to the south by Mexicali, a Mexican border city of over one million people. Here it is clearly evident that there exists a binational region requiring dynamic and integrated public health strategies and interventions. In Mexico, data is collected for persons 15 years and older. Forty-one percent of the Mexicali Baja California population 15 years and older has attained an elementary education, nearly 26% have high school education and approximately 32% have a bachelor's or advanced degree.<sup>5</sup>

Between January and July of 2004, the NLRC gathered preliminary qualitative data through a series of key informant interviews and focus groups with health and human service agencies in both San Diego and Imperial Counties.

The NLRC created a database of organizations working on border health issues and binational projects in San Diego and El Centro in order to gather an overall picture of agencies working on the border. This initial inventory revealed at least a dozen agencies actively engaged in border health work. These organizations include the following:

- United States-Mexico Border Health Commission, California Outreach Office
- United States-Mexico Border Health Association
- Health Resources Service Administration, Department of Health and Human Services
- Environmental Protection Agency
- Western Center for Applied Prevention Technology-University of Reno
- California-Mexico Health Initiative
- California Office of Binational Border Health
- Office of Border Health, County of San Diego
- Los Niños
- Border Health Initiative, Project Concern International
- San Diego-Tijuana Border Initiative
- Public Health Departments of San Diego and Imperial Counties
- Clean Air Initiative-American Lung Association

Following the initial assessments, the NLRC contacted professionals from many of these key agencies. Key informant interviews and group discussions were conducted to uncover common challenges and strengths of agencies working in border health. The interviews and inquiries consisted of predominately open-ended questions. Participants were asked for input on three key areas regarding border health:

1. Most urgent health issues
2. Pressing organizational capacity needs, and
3. Factors affecting regional and binational cooperation and collaboration.

<sup>5</sup> Instituto Nacional de Estadística, Geografía e Informática (INEGI), 2000

The results of these meetings were analyzed to understand the most common and urgent needs of agencies working in border health. The relatively small number of public and private agencies working in this area allowed for further key informant interviews and a focus group, revealing key issues shared by agencies in the region.

Throughout the research process, participants openly shared their opinions and experience and readily made themselves available for follow-up questions. The level of participation was open and flexible. For example, some participants were interviewed on several occasions in person while others provided feedback over the phone or through e-mail by responding to a general questionnaire.

Across the board, participants expressed their hopes to receive the results of this research. Participants expressed frustration that many agencies conducting needs assessments rarely make the results available or use the results to create meaningful change.

Thirty one health professionals in seventeen key agencies participated in the research. Participants include a broad range of agencies:

1. Project Concern International
2. California Office of Binational Border Health
3. Border Health Education Network
4. Public Health Services, County of San Diego
5. Clinicas de Salud Del Pueblo, Inc.
6. American Lung Association of San Diego and Imperial Counties
7. El Centro Elementary School District
8. Imperial County Behavioral Health Services
9. Imperial Valley Office of Education-Migrant Education
10. Imperial Valley Public Health Department
11. San Diego County Border Health
12. San Diego-Tijuana Border Initiative
13. Imperial Valley Community Health Organization
14. Imperial County Children and Families First Commission
15. Imperial Valley Center for New Frontiers
16. March of Dimes, San Diego and Imperial Counties
17. Pioneers Hospital

The following section discusses the most pressing border health needs and the most common issues impacting the development of border and binational health interventions. Following these general findings, needs specific to Imperial County are presented.

In the first phase, participants were specifically asked questions regarding the following three areas:

1. **Most urgent health issues:** Participants discussed the most pressing needs in the development and sustainability of prevention and treatment programs.
2. **Pressing organizational capacity needs:** Participants spoke of the strengths and limitations of their particular agencies in regards to working in the border region.
3. **Factors that impact regional and binational cooperation and collaboration:** Participants expressed what they view as successful and unsuccessful factors impacting interagency, regional, and binational collaboration.

When asked to define “border health” participants overwhelmingly agreed that border health is a range of shared public health issues that span the international border and require binational collaboration to be effectively addressed. These health issues share common geographic, demographic, social and cultural characteristics. For example, air quality and water are of considerable concern given that the geographic region shares the same air basin and water shed; cross-border migration and binational families that work and live in the region contribute to a demographic and social reality that characterizes the region; and culture and economics influence health beliefs and practices that span the border.

Despite the differing political, social, economic and cultural characteristics that define the United States and Mexico, Southern California's proximity to the border makes “border” and “binational” health almost synonymous in the eyes of many health care professionals. Participants continually stressed the dire importance for binational cooperation and collaboration on issues of border health, specifically the need for agencies across all health sectors to approach health from a binational border region approach rather than one exclusive to San Diego or Imperial County. Participants in public health departments emphasized the need and desire that their colleagues incorporate a mission and vision of health and program development from a regional and binational perspective. A binational approach could span a range of activities including an epidemiological surveillance system that entails public health institutions collaborating on both sides of the border as well as binational coalitions of agencies networking, sharing information, and developing common strategies to better serve the populations in the border region. The development of culturally appropriate training is also another potential positive outcome from cross border dialogue and collaboration.

*Border health is a range of shared public health issues that span the international border and necessitate binational collaboration to be effectively addressed.*

## A. Pressing Border Health Issues and Topics

The following public health issues were found to be of greatest concern in the border region among research participants. These issues are not presented in order of priority.

### Public Health Emergencies

The current political climate in the United States has prompted an intense interest in developing infrastructure in the area of public health emergencies along the border. Many participants expressed the need for a cross-border system of communication in the event of an emergency or crisis situation. Bioterrorism is an urgent priority among the public health departments. As a whole, participants felt that the region is ill prepared for any potential bio-terrorist disaster. The California wildfires in 2003 further stressed the need to better equip the region to handle public health emergencies. Recent news reports of “West Nile virus” are indications of the need for binational approaches to disease.

In the course of one interview, a participant expressed the large bureaucratic difficulties in transporting birds suspected to be carrying the West Nile virus to U.S. laboratories for testing. Food safety issues, particularly lead in candy imported from Mexico, has also become a concern for public health experts.

### Access to Health Care

Limited access to health care in the border region was of significant concern. Poverty, undocumented status and marginalization of the Latino population in the region were cited as main contributors to limited and inadequate access to health and human services. Health care bureaucracy in the U.S., transportation issues, lack of appropriate outreach efforts by health care agencies, and language barriers also impact access to needed health care. For many Latino families, seeking health care services frequently means crossing the international border. Low cost, less bureaucracy, and a common language make seeking health care in Tijuana or Mexicali the preferred option for many. This binational health care strategy makes cooperation even more imperative.

*“It’s interesting in a sad way that people seem to place the blame on Latinos since the barriers they face are becoming even more difficult to overcome. As our safety net continues to disintegrate, it will be even easier to ‘blame the victim’ for not overcoming these barriers.”*

*-Border Health Research Participant*

#### At a glance: Pressing Border Health Issues/Topics

- Public Health Emergencies
- Access to Health Care
- Environmental Health
- Infectious Diseases
- HIV and AIDS
- Substance Abuse and Mental Health
- Migrant and Agricultural Worker Health

Immunizations are one example of how access is impacted by the lack of binational cooperation. Health care agencies are struggling to work out a common strategy in documenting children's immunization records so that they are transferable and understood in both countries. Differing requirements regarding immunizations and different forms to document immunizations has made this effort difficult.

### Environmental Health

Air and water quality represent significant public health challenges for the region and necessitate a binational approach. Air quality was cited frequently as the most important and critical environmental health issue in the border region. In Imperial County, air quality issues are especially acute. Asthma was cited as a major cause of concern in this area and participants cited tremendous difficulty in addressing the issue on a regional and binational level. Currently there are multiple groups and coalitions in the Imperial Valley addressing issues related to air quality. However, collaboration has at times been hampered by differing agendas and tensions between agencies, preventing a combined and unified approach to the problem.

### Infectious Diseases

Tuberculosis and Hepatitis A are two areas of concern in the border region and have been a major area of concentration for the California Office of Binational Border Health (COBBH). Tuberculosis has been of considerable concern to public health departments that observe disproportionate levels of infection in the border region. For the last 10 years, tuberculosis rates in Imperial County have been among the highest in the state. In addition, drug-resistant TB has challenged health providers due to the lack of a continuum of treatment for people with TB.<sup>6</sup>

### HIV and AIDS

As in other regions of the world, HIV and AIDS continue to be of great concern in the border region. Despite numerous examples of coordinated regional and cross-border efforts in San Diego, the challenge of managing the disease and controlling the spread of HIV remains an uphill battle. Due to the fact that there is a highly mobile population in the border region, interventions and surveillance of HIV and AIDS is especially difficult. There are currently several binational studies of HIV infection among migrant populations. HIV and AIDS are top priority issues for both the COBBH and the Project Concern International. In Imperial County, there is interest in forming a binational committee to address HIV and AIDS, but organizations have had trouble securing support to build infrastructure to become self-sustaining.

<sup>6</sup> COBBH Annual Border Health Status Report, 2000



## Substance Abuse and Mental Health

For many participants, substance abuse was an important issue that contributes to a whole gamut of health issues including domestic violence, mental health, and maternal and child health. There are several well known and established cross-border coalitions that have made important strides in addressing substance abuse using a binational approach, but many coalition members openly admit there is still a great need for improving and expanding these efforts. In Imperial County, the cross-border substance abuse and mental health collaborative is cited as being an example of a successful binational effort. The success of the collaborative can in part be attributed to initial funding that helped build a solid infrastructure as well as a membership of committed agencies. Despite the current lack of funding, the group remains active and strong. In an area where there are limited agencies working on these issues, this type of collaboration is especially important. Imperial County in particular has limited resources in mental health, with the public health department as the main provider of services.



## Migrant and Agricultural Worker Health

The many needs of this population include access to health, especially dental services. In Imperial County, agricultural industry reaps approximately \$1.2 billion annually. The needs of farm workers in Imperial are generally overshadowed by a very strong interest in protecting the farm owners in the region. Future research in border health should include North County San Diego, a border region that has an equally valuable agricultural industry. Portions of Riverside County also have many

communities of agricultural workers, many of whom live in Mexicali and regularly migrate to the region. While North San Diego County and Riverside were not included in this study, these areas warrant further examination.

## B. Greatest Challenges in Addressing Border Health Issues

Following the general discussion of border health issues, participants were asked to reflect upon the most pressing issues in addressing health in the region. Participants shared their experiences regarding needs and assets within their organization as well as among agencies regionally and binationally. The following four issues were found to be the most critical challenges for organizations and are indicative of both organizational and systemic issues in border health.

### Isolated and Uncoordinated Efforts

Participants felt that many border health projects work in isolation, a practice that often leads to duplication as well as poor coordination and communication. This is especially the case in binational projects. Isolated efforts often cause confusion for Mexican healthcare agencies

unclear about what each group is doing. While there are numerous agencies that have formed coalitions and initiatives that are binational in scope, there still remains heavy competition for funds among agencies. This competition and continuous quest for sustainability leads to groups not openly sharing information or resources. Working out the dynamics of cross agency collaboration is not an easy process despite the potential benefits and progress that has been made. Participants readily agreed that the road to long-term and successful collaboration is wrought with challenges.

## Organizational Capacity and Infrastructure in Border Health

Most participants felt that there is a general lack of knowledge and few efforts among agencies to address regional health issues as “border health issues” that require a binational perspective and approach. Moreover, there are very few agencies that incorporate a border-binational approach into their own operations. Participants expressed a lack of support and a systemic inability to integrate binational and regional approaches into the local and organizational infrastructure. The lack of a functioning collaborative network forces organizations to continually seek support for border health issues. Respondents reported that it was difficult to find colleagues who were committed to approaching health from a “border and binational” perspective, and staff turn-over often frustrated their attempts to cultivate relationships and support within and among organizations. Participants identified education and training as means to spread awareness regarding border health issues in order to integrate border and binational approaches into regional health care organizational structures.

## Best Practices in Border Health and Bi-National Collaboration

Participants consistently stated that partnerships involving Mexican agencies and colleagues have been limited. Participants reported that there is limited funding and resources for border health initiatives that support efforts on the Mexican side of the border. This funding inequality leads to the creation of inequitable binational partnerships and interventions. Mexican colleagues often feel neglected and taken advantage of, which has an impact on future collaborative relationships and the success of binational health efforts.

### At a glance: Pressing Organizational and Systems Wide Issues in Border Health

1. Isolated and Uncoordinated Efforts
2. Lack of Organizational Infrastructure
3. Lack of Best Practices in Border Health and Binational Collaboration
4. Sustainability

Another reason for ineffective binational partnerships and collaborations is the lack of protocols or “best practices” in binational work. Agencies and organizations on the U.S. side are often unfamiliar with the bureaucracy of Mexican agencies, hampering their ability to

effectively interact with Mexican colleagues and agencies. As a result, this often leads to failed collaboration and interventions. Many agencies that intend to work binationally are in dire need to improve their capacity for such work. The California Office of Binational Border Health has identified the need for a protocol and is currently drafting a document.

### Sustainability

Sustainability is perhaps the most important factor impacting the success of border health programs. Participants repeatedly expressed their frustration in seeking funds to continue programs that are already in existence. Many feel that there is a tendency among funding agencies to fund “new and innovative programs” which undercuts ongoing projects that need continuity in order to have an impact. After funding is lost or the goal of the project is refocused, the “cause” loses ground and diminishes the gains of the project. In binational projects, lack of sustainability is especially detrimental for the success of a continuous and effective approach to addressing issues.

*“Unfortunately, grants are usually awarded for innovation rather than for maintenance of existing programs. It is difficult to show that one is being ‘innovative’ in a different way year after year.”*

These five key findings all have an impact in the effectiveness of agencies working on the border, especially as they relate to eliminating health disparities and improving access to the large and growing population of Latinos living in the border region. Likewise, issues such as environmental health and public health emergencies affect all residents in the border region. The next section will focus more in depth on Imperial County, where much can be added about pressing issues in the region. While all of the above issues ring true in Imperial, the research also revealed other specific needs of the county.

### C. Imperial County

A special set of key informant interviews and a focus group were conducted in Imperial County as a way to get a more in-depth understanding of the particular needs and challenges of Imperial County's border region.



As discussed in the background section, Imperial County faces many unique challenges. With resource allocation based on a population census of 150,000 people, the impact of the cross-border flow of residents from neighboring Mexicali is difficult to gauge. Migrant workers from Mexicali, the large numbers of retired “snow birds,” and the off-road vehicle campers are not accounted for but clearly have an impact on regional and local resources. For example, immunization resources are allocated to the county based on “official” Census data, a number that does not capture or reflect the many cross border residents that access services.

#### Assets and Strengths

##### Pride and Dedication

Participants in Imperial County consistently expressed pride in their membership and dedication to the health of Imperial County. Many participants are long-term and lifelong residents who are representative of the County's population.

##### Strong Informal Networks

Participants view the fact that Imperial County is a small community as an asset. Due to the small number of health professionals in the region, there is a strong sense of camaraderie and cooperation. Due to limited resources participants cite that they rely on their knowledge and connection to other agencies on a daily basis.

##### Small and Growing Collaborative and Cooperative Efforts

Health care professionals feel that there is great potential in the many collaboratives and coalitions that have formed in the County. Although these efforts are limited in funding and experience, participants overwhelmingly felt that there has been great progress in improving regional collaboration and cooperation.

## Needs and Challenges

The following needs particular to Imperial County were consistent among participants.

### Local and Long-Term Investment

Health care professionals as a whole feel excluded from defining funding priorities and feel that there is a lack of long-term investment in the region. Several participants stated that money is “thrown” at the County because of its high rates of poverty and health disparities. A “poverty party” was used on more than one occasion to describe how health care programs have been based upon the availability of funding in the region. Another interesting phenomenon described by professionals was the tendency of neighboring regions, such as Riverside and San Diego counties, to use Census and epidemiological data from Imperial to help them strengthen their own proposals. Participants stated that these groups write Imperial County into their work plan because the poor health and poverty indicators help their proposals look more urgent. Once funded, however, these agencies do little sustainable work in the region and show little interest in building local capacity. Imperial County agencies thus view outside research and health interventions with suspicion and mistrust. Participants stated a big need for funders to invest in local agencies rather than ones that come from outside the county.

### Data

Participants repeatedly stressed the limitations of not having quality, local data on health indicators. They state that they have difficulty developing effective program proposals because there is a lack of reliable data. In the focus group, one participant stressed the need for a research center in the county that would provide for better data and research activities.

### Evaluation and Documentation of Best Practices

In addition to data on health indicators participants also stressed the need for data and documentation of best practices in Imperial County that will give visibility to the region's efforts to address border health needs. Strong research based evaluations of current programs were also discussed as lacking in the region.

### Access

In Imperial County, access was overwhelmingly the biggest concern among health care professionals. Legal status, lack of insurance, and poverty are important factors for understanding the disparities in access for Mexican families in the Imperial County border region. Due to the high mobility of the region's population, providing a continuum of care and collecting information is very difficult. Participants stated that a considerable amount of information

regarding disease indicators is not captured due to the number of people seeking health services on both sides of the border.

### Organizational Capacity

Many health care professionals feel that there is a lack of capable health professionals to meet the needs of both public and private agencies. Many agencies have small numbers of personnel to cover a geographically large area with a population dispersed throughout the county. Participants stressed the frustration of having limited funding and a small work force struggling to meet growing needs. Participants often felt overwhelmed by the multiple roles they play. In addition to their jobs, many feel like “social workers” trying to connect clients to the multiple services. The health

professionals stated that they have a very important “informal network” in the valley where one person may know another at a local agency they can connect or refer clients to. These informal referral networks and personal ties among health care professionals play an important role in providing services. Participants stated that their involvement in local coalitions and collaborations depends upon their supervisor's approval and commitment to their participation.

### Improved Collaboration and Coordination

Participants discussed some of the challenges coalitions face in the Imperial Valley region. There was an overwhelming consensus that productive and effective coalitions require strong leadership and need to have a goal that is relevant to their own work or organization's scope of service. Overall, participants stressed that it was difficult to stay involved in coalitions that lacked these qualities.

### Systemic Capacity

Participants felt that there should be more system-wide interventions to help reduce barriers to access for the communities of Imperial, better access and sharing of data and health indicators among agencies, and more training on the importance of border and binational health issues and approaches. Sustainability was also discussed as a major need for maintaining cross systems coalitions and collaboration. At the focus group, participants stressed that “funding” and “sustainability” should be the number one need of health care agencies in Imperial County.

#### At a glance: Asthma Health Disparities in the Imperial County Border Region

- Imperial County has the highest asthma hospitalization rates in the state of California
- Poor air quality in the County is attributed to agricultural burning and pesticides, idling vehicles at the border, and electrical power plants.
- While several clean air and asthma coalitions exist in the county, efforts are divided, uncoordinated and politically tense



### Community Involvement

Community involvement in health care interventions and programs has been disappointingly low. Many organizations stated that there is a great need to involve the community in their programs. Some participants were quick to “blame the victim” in these cases, stating that culture acts as a significant barrier to the community's involvement. At the same time, most participants recognized the large and growing number of barriers that the community faces when it comes to accessing and utilizing health care services. Promising approaches in the region include programs that proactively “bring” information and resources to target communities such as local promotora (health promoter) groups and a local employment agency that holds health fairs at 3:00 in the morning as a way to reach their target population. Coalitions in particular tend to lack community members and active resident involvement. Leaders within coalitions state that they have not been able to involve the community as much as they would like.



### RECOMMENDATIONS

Based upon the issues revealed during the research process, the NLRC recommends the following steps be taken to improve the capacity of agencies working on the border:

Challenges	Recommendations
1. Isolated and Uncoordinated Efforts	<ul style="list-style-type: none"> <li>• <b>Fund and Support the Creation of a Border Health Vision and Mission</b> This effort should be expanded from the few larger border/binational health agencies to include all sectors of agencies and professionals working in the border region.</li> </ul>
2. Lack of Organizational Infrastructure	<ul style="list-style-type: none"> <li>• <b>Support Capacity Building and Training</b> Capacity building and training are needed to raise awareness on border and binational health issues.</li> <li>• <b>Promote Organizational Commitment to Border Health</b> Agencies should incorporate policies and practices to better integrate a border binational approach to health issues.</li> <li>• <b>Support Technical Assistance Activities</b> Support for agencies on establishing partnerships, setting goals, strategic planning, and creating a sustainability plan.</li> </ul>
3. Lack of Best Practices in Border Health and Binational Collaboration	<ul style="list-style-type: none"> <li>• <b>Support the Development of “Guiding Principles” and Protocols in Binational Cooperation</b> The creation of guiding principles will ensure that binational partnerships are equitable. A protocol is also necessary to help agencies forge better and more equitable cross-border collaborations.</li> <li>• <b>Research Border Health and Document Best Practices in Border and Binational health</b> Data is needed to document health indicators in the region as well as promising approaches in addressing them.</li> <li>• <b>Hold Regional and Regular Conferences and Updates</b> Regional forums are needed where agencies can share best practices as well as sustainability and capacity issues in border health.</li> </ul>
4. Sustainability	<ul style="list-style-type: none"> <li>• <b>Support Technical Assistance Activities</b> Support for agencies on establishing partnerships, setting goals, strategic planning, and creating a sustainability plan is especially needed in border health.</li> <li>• <b>Data Collection</b> Data collection is needed for research and policy purposes. As a way to sustain border health efforts, it is critically important to have accurate and scientific data on the region.</li> <li>• <b>Develop Partnerships in Philanthropy</b> Foundations should partner to address border health issues as a way to support regional and binational groups, thereby ensuring equitable, sustainable, and long-term programs.</li> </ul>

Based on this initial phase of research into the needs of agencies working on the border, the NLRC recommends the following future research be conducted in the border region.

### Mexico

- The opinions of participants in the research thus far are primarily one-sided. That is, most of the participants are working on the U.S. side of the border region. It is equally important to gain the perspective of public and private health care agencies on the Mexico side. Mexican agencies have much to add to this conversation and can equally benefit from the results of such an assessment.



### Imperial County

- More in-depth organizational capacity issues in Imperial County through the implementation of a survey instrument can provide an important quantitative analysis of capacity issues in a region that has been overlooked for quite some time.
- Research should be expanded to more areas of Imperial County. The NLRC has identified many organizations in Calexico and in unincorporated areas that have yet to participate in this research. Their perspective can add to our understanding of the dynamic needs of the County.

### North County San Diego

- North County San Diego is of utmost importance in understanding border health. Specific issues of urgency in the region include farm worker and day laborer health as well as human trafficking. These issues should be assessed and considered in both research and grant-making. Organizations working with day laborers in the region represent one of few groups addressing the needs of this hidden and marginalized population. The work of groups that are addressing the trafficking of young girls and women into the sex worker industry is gaining local, national and international attention.

### Counties North of San Diego and Imperial Counties

- Riverside County, to the north of Imperial County, faces issues that are affected by the closeness of the border. Thousands of agricultural workers commute from Mexicali to the southern towns in the county. Towns such as Coachella and Mecca deserve special attention in understanding the complexity of the border and its impact on people's health.

- Los Angeles and Orange Counties have offices of border health, the existence of which is an indication that these counties acknowledge the impact that the border has on the region's health. Assessing and integrating the needs of these two counties and understanding the inter-county dynamics can add to our understanding of how to better border health collaboration.

**San Diego and Tijuana Region Binational Committees and Coalitions**

Environmental Health Coalition  
Binational Immunization Initiative  
Drug Free Border Coalition  
SD/Tijuana HIV/STD Committee  
SD/Tijuana Ensenada Tuberculosis Committee (not presently active)  
Binational Domestic Violence Committee  
Binational Emergency Care Committee

**Imperial Valley and Mexicali Region Committees and Coalitions**

Binational Substance Abuse and Mental Health Committee  
Youth Well-being Committee  
Imperial/Mexicali Border Health Alliance (IMBHA)  
Tuberculosis Committee  
Asthma Initiative  
Imperial Valley Asthma Coalition (CAFA) Community Action to Fight Asthma  
Clean Air Initiative Coalition  
EPA 2012 Border Task Force for Imperial and Mexicali Region  
Calexico New River Committee

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