Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

SITE VISIT REPORT: CALIFORNIA SAN DIEGO/IMPERIAL COUNTIES – BAJA CALIFORNIA REGION

INTRODUCTION

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of San Diego/Imperial Counties and Baja California Region on Sept. 26–27, 2013. This *Site Visit Report* documents the activities from the site visit as well as some of the Center's observations at the time of the site visit.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 4.

BACKGROUND

About the Center

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

Building Evidence: One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

Producing and disseminating tools, methods and models: The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

About San Diego/Imperial Counties – Baja California region

San Diego County has an estimated population of 3,177,063, with 22.7% of the population living in poverty according to the California Poverty Measure (CPM) developed by the Public Policy Institute of California (PPIC) and the Stanford Center on Poverty and Inequality[1]. There are 735.8 people per square mile. Imperial County has an estimated population of 176,948, with 23.3% of the population living below

[1] http://www.stanford.edu/group/scspi/poverty/cpm/CPMBrief_CPI.pdf

the poverty level. There are 41.8 people per square mile in Imperial County with 22.1% of the population living in poverty based on the CPM index.
The Tijuana metropolitan area, which is adjacent to San Diego County, is the fifth-largest in Mexico with a population of 1,784,034. Poverty is widespread in the area and there is a high level of violent crime related to gang violence, in part derived from the Mexican drug war and human trafficking. Mexicali is situated on the U.S.-Mexico border adjacent to Imperial County. It has a population of 689,775 and is the capital of the Mexican state of Baja California. It is considered among the most prosperous cities in Mexico, but still has a large population of poor people.

About the San Diego/Imperial Counties – Baja California Project

Project Director Richard Kiy, president and CEO of the International Community Foundation, is leading this particular effort, which is looking at sharing approaches to multidrug-resistant tuberculosis (MDR-TB) care and prevention among two California counties, the state of California, and Baja California in Mexico.

In 2010, San Diego County's overall incidence of tuberculosis (TB) was 6.9 cases per 100,000 people, which was almost twice as high as the U.S. average of 3.6 but far below Baja California's rate of 42.4. The elevated incidence of TB in Baja California contributes to increased TB risks for neighboring California.

People typically develop resistance to tuberculosis drugs after not following through on an initial course of treatment, a process that lasts for six months and requires rigorous compliance. Patients in the U.S. who refuse treatment for TB can be jailed, but Mexico by law can't compel patients to take their drugs. About 30 percent of patients in Mexico don't complete their TB treatment.

Only a handful of tuberculosis cases turn out to be drug-resistant: About 50 cases have been identified during the past five years in Baja California. In San Diego, California, there were 44 cases of MDR-TB over the past decade, two thirds having been born in or having close ties to Mexico. MDR-TB can be fatal, and the treatment for drug-resistant patients is expensive and lengthy, requiring up to two years or more of medication and potentially months of isolation.

To fight MDR-TB, San Diego County and Baja California formed a cross-border partnership in 2006, Puentes de Esperanza, with government and private funding. The partnership treats patients at clinics in Mexicali and Tijuana, paying for drugs, lab work and close supervision of patients to be sure they stick with their treatment. Samples are often taken across the border and tested in San Diego. American doctors often cross the border to supervise patients, however, due to the violence they are starting to supervise more patients using video technology. The Puentes program has cured 90 percent of the MDR-TB cases it has accepted.

U.S. federal funding for the Puentes program recently ended. The International Community Foundation stepped in and took over funding and provided programmatic support for Puentes at the rest of the

County of San Diego. Their hope is to establish Puentes de Esperanza as a nonprofit in Tijuana so it can be expanded to care for more patients.

SITE VISIT

Participants

The host team included:

- Richard Kiy, President and CEO, International Community Foundation
- Irma Gigli, M.D., Immediate Past-Board Chair, International Community Foundation
- Lisa Moctezuma, Communications Manager, International Community Foundation
- Hector Perez, M.D., M.P.H., Project Coordinator, Puentes Program, International Community Foundation

In addition to the stakeholders listed under *Site Visit Activities,* the following stakeholders also participated in the site visit:

- Kathleen S. Moser, M.D., M.P.H., Director of Tuberculosis and Refugee Health Branch, County of San Diego
- Paula Kriner, M.P.H., Epidemiology Division Manager Imperial County
- Rosa M. Herrera, M.D., Director of Tuberculosis State Department, Baja California

One representative from the Robert Wood Johnson Foundation attended the site visit:

- Kathryn Wehr, Program Officer, Robert Wood Johnson Foundation

Two representatives from the Center for Sharing Public Health Services facilitated the site visit:

- Pat Libbey, Co-Director, Center for Sharing Public Health Services
- Gianfranco Pezzino, Co-Director, Center for Sharing Public Health Services

Site Visit Activities

Center and RWJF representatives were briefed on Sept. 26, 2013, by Richard Kiy and other International Community Foundation representatives and members of the planning team regarding demographics of the project area, overall history and background issues associated with the project, as well as current issues and work.

Taking advantage of the coincidental presence of CDC and California Tuberculosis Control and Prevention leadership in San Diego, the representatives participated in a briefing regarding cross-border tuberculosis control, including a discussion of the CJS initiative through the Center. The briefing included: **Rear Admiral Kenneth Castro**, M.D., director of the Division of Tuberculosis (TB) Elimination,

Centers for Disease Control and Prevention; **Steve Waterman**, border representative, Centers for Disease Control and Prevention; and **Jennifer Flood, M.D., M.P.H.**, chief of the TB Control Branch, Division of Communicable Diseases Control, Center for Infectious Diseases, California Department of Public Health. Partway through the meeting, they were joined by **Greg Cox**, the chairman of the San Diego County Board of Supervisors, his staff, and **Dr. Wilma Wooten**, public health officer, County of San Diego.

The following morning, the representatives had a briefing and current issues discussion with San Diego County Public Health officials and key Puentes de Esperanza staff.

The briefing was followed by a tour of the Tijuana MDR TB laboratory. The tour was followed by a briefing and discussion with the lab's director, **Dr. Rafael Laniado-Laborin** and his key staff, Puentes de Esperanza leadership, and Baja California Secretary of Health **Dr. Jose Bustamante**.

On Saturday morning, Center and RWJF representatives had a breakfast debrief with team leader Richard Kiy.

OBSERVATIONS

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit follow.

This is an indirect CJS arrangement.

This CJS arrangement is unique among the demonstration sites because it is not a direct arrangement between two or more jurisdictions and their public health agencies. Instead, ICF acts as an intermediary between the jurisdictions in order to support the Puentes de Esperanza program.

The international border plays a role in this arrangement.

San Diego County and Imperial County make up the Southern California border region. The San Ysidro Port of Entry near San Diego is the world's busiest border crossing. The entire area is particularly vulnerable to the growing threat of MDR-TB.

There is a strong sense of regional identity.

There is a strong sense of regional identity between all jurisdictions in this sharing arrangement, especially San Diego County and Tijuana, which is apparent when speaking with both public health administrators and policymakers. They have a long history of working together.

This arrangement involves jurisdictions of different sizes.

San Diego County has a large, dense population base. Imperial County has a relatively smaller population base that is spread over more area. Imperial County has higher incidence of TB than San Diego County. However, because they have fewer public health resources, they may perceive the sharing arrangement as too costly in terms of both dollars and staff time.

There is also a big discrepancy in financial resources between the governments of the U.S. counties and Baja California. The patients helped by Puentes de Esperanza represent only a small proportion of the MDR-TB cases in Baja California. Because of under-reporting of actual MDR-TB cases by the State of Baja California, it is difficult to obtain adequate funding from the Mexican Federal government for second line drugs for all MDR-TB patients.

The team is considering a more formal sharing arrangement.

The current sharing arrangement is informal and relies on established relationships and verbal agreements. The stability of the partnership, especially during a change period, may be enhanced by formalizing the sharing arrangement in writing.

LESSONS LEARNED

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

There are pros and cons of having both informal and formal arrangements

It appears that informal arrangements are great to get projects started and can serve well in the beginning of a CJS arrangement. However, ICF experienced at least two limitations with its current informal arrangement.

First, it is based almost exclusively on interpersonal relationships and handshake agreements. The team has a good working relationship with the current secretary of health of Baja California. However, when a new governor was elected who would bring in a new secretary of health, they became concerned that the stability of the agreement could be compromised and they began work to formalize it.

The second limitation is that informal agreements seem to work on a small scale, but may not work as well on a larger scale. With future growth planned for the MDR-TB program at Puentes de Esperanza,

they are concerned that some infrequent tasks that are occurring informally at no costs, like bringing samples across the border to test in San Diego, may become more difficult and will require reimbursement for direct costs.

Because of these possible limitations, the team requested technical assistance from the Center. They wanted help formalizing the agreement. The Center responded by providing several examples of comparable cross-boundary public health preparedness agreements that could be used as a template for a written agreement. The Center also secured direct legal technical assistance for the team by linking them with Clifford M. Rees, J.D., practice director of the Western Region of the Network for Public Health Law and an expert on cross-jurisdictional issues involving TB cases. He is currently working with the California site to meet their needs for a more formal agreement.

There are also downsides to formalizing agreements. For example, sometimes they can fail when brought to a vote. The California team should weigh this risk when moving forward on a more formal agreement.

When formalizing agreements, it is often important to circle back to the *Explore Stage*, examine relationships and fully explain why the agreement is needed to policymakers who may not be familiar with the project. It is also important to remember that as a CJS arrangement moves on the spectrum from an informal to formal, it is crucial to maintain good working relationships between the jurisdictions.

Entering into a formal agreement across jurisdictions takes time.

Developing and executing a cross-jurisdictional sharing arrangement across participating jurisdictions is time consuming and cannot be effectively rushed. Time must be taken to ensure the legal and financial interests of all parties are adequately addressed in the agreement. Attempting to rush the process to completion for a specific tactical reason was ultimately seen as likely to be counterproductive.

Building a value proposition is important.

The project team plans to involve Imperial County in the sharing arrangement because they, too, will benefit from reduced incidents of MDR-TB. Additionally, the new Secretary of Health for Baja California has required that the agreement include both the Counties of San Diego and Imperial at the time of signing. However, they are waiting until the second year of their project to do so.

While there was initial concern that it may be difficult to convince Imperial County public health leadership to participate because they may perceive that they cannot afford the additional work or cost, the County of Imperial has recently committed to be an active part of the sharing arrangement together with the other partners.

To ensure success, the Center team suggested that ICF should communicate to the policymakers in Imperial County first. Doing so could bring a higher level of involvement from the top, allowing the effects to trickle down to the public health level.

The Center also suggested that the project team communicate a value proposition that resonates with Imperial County policymakers. For example, their message could focus on how their involvement in the arrangement could bring more stability to the agriculture workforce. Because the value proposition may be different in each jurisdiction, the tactics and strategies used to finalize a sharing arrangement may also be different.

The need for different value propositions in different jurisdictions is not unique to this project. It is very much in line with the Center's *Roadmap* that shows each partner needs to find value in the arrangement.

Engaging policymakers through existing forums can be effective.

It seems to be more effective to engage policymakers at their existing regional meetings as opposed to initiating new regional meetings or forums focused solely on CJS arrangements for public health. Using venues where policymakers already convene to work on issues of regional interest also has the potential effect of raising their awareness of public health issues to the same level as other issues they already discuss, like transportation, regional planning, etc. In addition, it means that public health officials spend less time and effort coordinating meetings with policymakers.

There is an existing ongoing binational forum of County elected officials, called the Borders Committee, dealing with issues other than public health involving Imperial County, San Diego County, Mexicali and Tijuana. A policymaker that regularly attends that meeting offered to bring the issue of a TB sharing arrangement to that forum.

Policymakers have multiple roles.

It is important to involve policymakers because they have authority to make decisions. However, they can play other roles also, like removing barriers and hesitations about CJS arrangements.

SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS

Soon after the visit, the Center sent out an electronic evaluation. The comments below came from the site team and the site visitors via the evaluations.

"The Center has more resources to assist, including legal consultation and models of other agreements. I also learned from my own leadership of their scope of interest in border relationships."

"I was very appreciative to see the partners gather to observe the process. All team members seem to have gotten a more in-depth understanding of our program."

"Site visits always help focus team members on best ways to communicate successes and challenges."

"Great appreciation to the Center and RWJ for their support and interest. Our program is very challenging and we deeply appreciate the support!"