

HEALTHY BORDER
FRONTERA SALUDABLE 2020



HEALTHY BORDER 2020 INITIATIVE

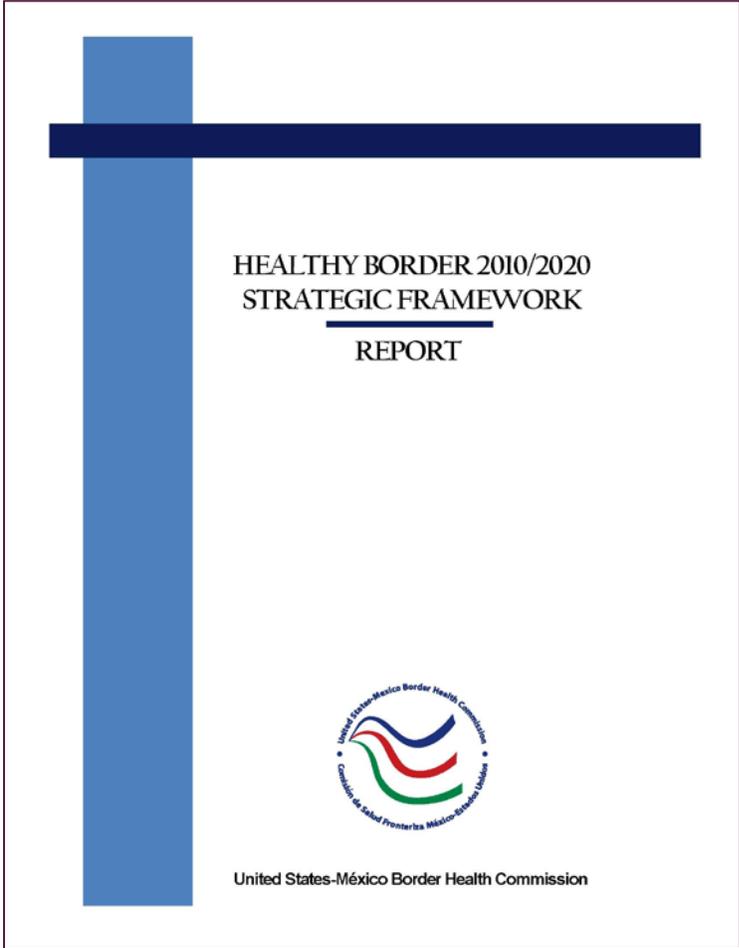
HEALTHY BORDER 2020 INITIATIVE BACKGROUND

- Health problems are similar on both sides of the border; affecting populations and communities that straddle the border region. In turn, the main causes of death are also similar in both countries (cardiovascular disease, cancer, unintentional injuries, diabetes mellitus, cerebrovascular disease, pneumonia and influenza, chronic liver disease and cirrhosis, chronic obstructive pulmonary disease). Communicable disease rates are also high on both sides of the border.

HEALTHY BORDER 2020 INITIATIVE BACKGROUND

- Both the U.S. Department of Health and Human Services and the Ministry of Health of Mexico, through their participation in the U.S.-Mexico Border Health Commission, are involved in eliminating health disparities and improving quality of life on the border.
- In this context, the Commission created the Healthy Border 2010/2020 Strategic Framework, a report that mapped out the process and timeline for the development of Healthy Border 2020.

HEALTHY BORDER 2010/2020 STRATEGIC FRAMEWORK



HB 2010/2020 Strategic Framework Timeline

Phases	2009	2010	2011	2012	2013	2014
Phase I: Conduct Initial Planning and Publish Reports						
Phase II: Establish the Technical Work Group and Update the HB 2010-2020 Strategic Framework						
Phase III: Draft Initial Joint Healthy Border 2010 Crosscut Report and Plan						
Phase IV: Complete Healthy Border 2010-2020 Reports						
Phase V: Publish Healthy Border 2010-2020 Reports and Launch Healthy Border 2020 Initiative						

Phase I: 2009-2010

Phase	Completion Date	Task
Phase I	July 2009	Present the HB 2010-2020 Strategic Framework
Phase II	December 2010	Establish and convene the HB 2010-2020 Strategic Framework
Phase III	January 2011	Present the HB 2010-2020 Strategic Framework
Phase IV	March 2011	Convene the Technical Work Group
Phase V	May 2011	Update the HB 2010-2020 Strategic Framework
Phase VI	June 2011	Present the Research Report
Phase VII	June 2011	Present the Research Report

Phase II: 2010-2011

Phase	Completion Date	Task
Phase I	September 2012	Present the HB 2010-2020 Strategic Framework
Phase II	March 2013	Draft the HB 2010-2020 Strategic Framework
Phase III	June 2013	Present the HB 2010-2020 Strategic Framework
Phase IV	July 2013	Convene the Technical Work Group

Phase III: 2011-2012 - Draft Healthy Border 2010-2020 Strategic Framework

Phase	Completion Date	Task
Phase I	October 2013	Present the HB 2010-2020 Strategic Framework
Phase II	December 2013	Draft the HB 2010-2020 Strategic Framework
Phase III	February 2014	Present the HB 2010-2020 Strategic Framework
Phase IV	March 2014	Convene the Technical Work Group
Phase V	June 2014	Update the HB 2010-2020 Strategic Framework

Phase IV: 2012-2013 - Complete Healthy Border 2010-2020 Reports

Phase	Completion Date	Task
Phase I	December 2011	Present the HB 2010-2020 Strategic Framework
Phase II	March 2012	Convene the Technical Work Group
Phase III	May 2012	Update the HB 2010-2020 Strategic Framework
Phase IV	June 2012	Present the Research Report

Phase V: 2013-2014 - Publish Border 2020 Initiative Reports

Phase	Completion Date	Task
Phase I	July 2010	Present the HB 2010-2020 Strategic Framework
Phase II	December 2010	Establish and convene the HB 2010-2020 Strategic Framework
Phase III	January 2011	Present the HB 2010-2020 Strategic Framework
Phase IV	March 2011	Convene the Technical Work Group
Phase V	May 2011	Update the HB 2010-2020 Strategic Framework
Phase VI	June 2011	Present the Research Report
Phase VII	June 2011	Present the Research Report

HEALTHY BORDER 2020 INITIATIVE BACKGROUND

- As an outcome of the Strategic Framework a Border Binational Technical Working Group was created to develop Healthy Border 2020, an initiative focused on prevention and health promotion in the U.S.-Mexico Border Region, which has as a fundamental background the Healthy Border 2010 Agenda.
- The Border Binational Technical Work Group was characterized by its multidisciplinary, interagency and cross-border composition. Thus, the members provided their expertise in epidemiology, health promotion and disease prevention as well as in program planning and evaluation.

BORDER BINATIONAL TECHNICAL WORKGROUP

México Members

- United States– Mexico Border Health Commission - Mexico Section
María Gudelia Rangel Gómez, Rogelio Zapata Garibay, Irma Ortiz Soto
- Ministry of Public Health of the State of Sonora
 - Francisco Navarro Gálvez
- Ministry of Health of Mexico
 - Gabriela Ortiz Solís, National Center for Disease Control & Prevention Programs (Centro Nacional de Programas Preventivos y Control de Enfermedades)
 - Héctor Sucilla, National Center for Control & Prevention of HIV/AIDS (Centro Nacional para la Prevención y el Control del VIH/SIDA;)
 - Jorge Alfredo Ochoa Moreno, Director of Determinants, Competencies, and Social Participation (Director de Determinantes, Competencias y Participación Social)
 - Mario Gómez Zepeda, National Center for Gender Equity and Reproductive Health (Centro Nacional Equidad de Género y Salud Reproductiva)
 - Martha Angélica García, National Center for Disease Control & Prevention Programs (Centro Nacional de Programas Preventivos y Control de Enfermedades)
 - Laura Rangel Hernández, Migrant Health (Salud del Migrante)
- Consultores
 - Eduardo González Fagoaga, Mercedes Gameros Mercado, Ana María López Jaramillo

BORDER BINATIONAL TECHNICAL WORKGROUP

United States Members

- Texas Department of State Health Services:
 - Allison Banicki, Michelle Cook, and Jennifer Haussler Garing
- New Mexico Department of Health Services:
 - Vicky Howell, Larry Nielsen, and David Selvage
- Arizona Department of Health Services:
 - Khaleel Hussaini , Robert Guerrero
- California Department of Public Health/Public Health Institute:
 - Marta Induni
- Centers for Disease Control and Prevention:
 - Jill McDonald, Lina Balluz, and Stephen Waterman
- U.S.-México Border Health Commission:
 - Lorraine Navarrete - U.S. Section
- University of Arizona Mel & Enid Zuckerman College of Public: Health
 - Cecilia Rosales

BORDER BINATIONAL TECHNICAL WORKGROUP

Pan American Health Organization

U.S.-Mexico Field Office

- Maria Teresa Cerqueira
- Marcelo Korc

HEALTHY BORDER 2020 INITIATIVE BACKGROUND

- The primary objective of the Healthy Border 2020 Initiative is to provide a framework to present the public health goals and the necessary actions to achieve the objectives related to improving health on both sides of the border, which are aligned with the overall mission of the U.S.-Mexico Border Health Commission, "...to provide international leadership to optimize health and quality of life along the U.S.-México border."

HEALTHY BORDER 2020 INITIATIVE BACKGROUND

- The Healthy Border 2020 Initiative raises objectives for each of the health problems, stated in terms of reducing mortality and morbidity, improving access to services, promoting prevention and early detection.
- In the case of some priorities and topics, the objectives are different for the United States and for Mexico due to differences in the type of information and data generation systems between the two countries.

PRINCIPLE HEALTH PROBLEMS AT THE BORDER

Category	Primary Health Problem at the Border	Causes and/or Determinants
Chronic and Degenerative Disease	<ul style="list-style-type: none"> • Obesity • Diabetes • Heart Disease • Asthma 	<ul style="list-style-type: none"> • Physical inactivity • Poor diet (high caloric intake) • Poverty • Genetic (non-modifiable determinants) • Lack of breastfeeding • Education / access to information
Infectious Disease	<ul style="list-style-type: none"> • Tuberculosis • HIV-AIDS-STI • Acute Respiratory Infections • Acute Diarrheal Disease • Vaccine Preventable Diseases 	<ul style="list-style-type: none"> • Poverty • Inadequate nutrition / poor nutrition • Internal / external migration • Poor living conditions / poor hygiene (personal, housing) • Environmental health (water, sewer services) • Access to health education/information • Access to health care and delivery

PRINCIPLE HEALTH PROBLEMS AT THE BORDER

Category	Primary Health Problem at the Border	Causes and/or Determinants
Maternal & Child Health	<ul style="list-style-type: none"> • Teen Pregnancy • Neural Tube Defects • Maternal Mortality 	<ul style="list-style-type: none"> • Access and quality of medical care • Education/information on prenatal and postpartum care • Poverty • Unnecessary Cesarean section / quality of care • Personal hygiene • Prenatal care • Lack of health education/counseling
Mental Health Disorders	<ul style="list-style-type: none"> • Addiction • Depression • Violence (all types) 	<ul style="list-style-type: none"> • Poverty • Genetic/biological • Family dysfunction • Addiction • Disability • Lack of social support • Education/information

PRINCIPLE HEALTH PROBLEMS AT THE BORDER

Category	Primary Health Problem at the Border	Causes and/or Determinants
Injury Prevention	<ul style="list-style-type: none">• Increase Urgent Care Services• Disability• Mortality• Mental Health	<ul style="list-style-type: none">• Education/information (seat belt use / child car seats)• Built environment / lack of infrastructure• Alcohol use and abuse• Other substance abuse

HEALTHY BORDER 2020 INITIATIVE

- The objectives of the Healthy Border 2020 Initiative are measurable and binationally relevant. The Initiative seeks to bring together key players in the region to develop and promote public policies based on evidence-based interventions and in the context of the social factors impacting health in the region.
- Therefore, this initiative is an effort that seeks to generate greater awareness of the health priorities in the region and the associated social determinants, as well as opportunities for binational cooperation and collaboration. It also seeks the creation of strategies for health promotion.

HEALTHY BORDER 2020 OBJECTIVES AND STRATEGIES

EXAMPLE I of Priority-Health Issue-Objective & Strategies

PRIORITY	HEALTH ISSUE	OBJECTIVES	STRATEGIES
Chronic & Degenerative Disease	Obesity	<ul style="list-style-type: none"> • Increase fruit and vegetable intake (baseline-BRFSS 2011, ENSANUT 2012) • Increase physical activity (baseline-BRFSS 2011, ENSANUT 2012) • Increase breastfeeding (baseline 2011-PRAMS, birth certificates; ENSANUT 2006, 2012) • BMI for women of reproductive age (20 years and older); ENSANUT • BMI for older adults-age adjusted • Oversampling of proposed border BRFSS in two consecutive years 	<p>Establish/advance health promotion and disease prevention activities and promote health lifestyles.</p> <p>Integrate BHC activities with national and state prevention programs that promote healthy lifestyles.</p> <p>Identify and implement evidenced-based interventions that promote healthy lifestyles, such as:</p> <ul style="list-style-type: none"> • Pasos Adelante • Meta Salud • Cinco Pasos

HEALTHY BORDER 2020 OBJECTIVES AND STRATEGIES

EXAMPLE 2 of Priority-Health Issue-Objective & Strategies

PRIORITY	HEALTH ISSUE	OBJECTIVES	STRATEGIES
Chronic & Degenerative Disease	Diabetes	<ul style="list-style-type: none">• Maintain mortality rate (2011 baseline)• Improve screening in people 20 years of age and older by 10% (2011 baseline)• 50% of patients receive diabetes treatment controlled within normal limits as measured by A1C• Reduce the proportion of diabetic adults with A1C >9% (NHANES)	<p>http://www.implementationscience.com/content/8/1/141</p> <p>http://www.cdc.gov/pcd/issues/2012/11_0324.htm</p> <p>http://www.preventioninstitute.org/services/trainings-and-presentations.html?gclid=CKDI2MbSu70CFSdn7AodIWsaQw</p> <p>http://www.sep.gob.mx/swb/sep1/salud_alimentaria</p>

Preventing Chronic Disease... x

http://www.cdc.gov/pcd/issues/2012/11_0324.htm

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

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TOOLS AND TECHNIQUES

Tools for Implementing an Evidence-Based Approach in Public Health Practice

Julie A. Jacobs, MPH; Ellen Jones, PhD; Barbara A. Gabella, MSPH; Bonnie Spring, PhD; Ross C. Brownson, PhD

Suggested citation for this article: Jacobs JA, Jones E, Gabella BA, Spring B, Brownson RC. Tools for Implementing an Evidence-Based Approach in Public Health Practice. *Prev Chronic Dis* 2012;9:110324. DOI: <http://dx.doi.org/10.5888/pcd9.110324>

PEER REVIEWED

Abstract
Increasing disease rates, limited funding, and the ever-growing scientific basis for intervention demand the use of proven strategies to improve population health. Public health practitioners must be ready to implement an evidence-based approach in their work to meet health goals and sustain necessary resources. We researched easily accessible and time-efficient tools for implementing an evidence-based public health (EBPH) approach to improve population health. Several tools have been developed to meet EBPH needs, including free online resources in the following topic areas: training and planning tools, US health surveillance, policy tracking and surveillance, systematic reviews and evidence-based guidelines, economic evaluation, and gray literature. Key elements of EBPH are engaging the community in assessment and decision making; using data and information systems systematically; making decisions on the basis of the best available peer-reviewed evidence (both quantitative and qualitative); applying program-planning frameworks (often based in health-behavior theory); conducting sound evaluation; and disseminating what is learned.

Introduction
An ever-expanding evidence base, detailing programs and policies that have been scientifically evaluated and proven to work, is available to public health practitioners. The practice of evidence-based public health (EBPH) is an integration of science-based interventions with community preferences for improving population health (1). The concept of EBPH evolved at the same time as discourse on evidence-based practice in the disciplines of medicine, nursing, psychology and social work. Scholars in these related fields seem to agree that the evidence-based decision-making process integrates 1) best available research evidence and practitioner expertise and other available resources, and 2) the characteristics, needs, values, and preferences of those who will be affected by the intervention (Figure) (2-5).

The diagram consists of several overlapping circles. At the top, a circle labeled 'Best available research evidence' overlaps with a circle labeled 'Environment and organizational context'. Below these, a central circle labeled 'Decision-making' overlaps with both. At the bottom, a circle labeled 'Population' overlaps with a circle labeled 'Resources', which in turn overlaps with the 'Decision-making' circle.

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- The Need for Evidence-Based Public Health
- Training Programs
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- Putting Evidence to Work
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http://www.sep.gob.mx/swb/sep1/salud_alimentaria

Secretaría de Educación Pública

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SALUD ALIMENTARIA

SEP SALUD Acuerdo Nacional para la Salud Alimentaria Estrategia contra el Sobrepeso y la Obesidad

PROGRAMAS

- SALUD ALIMENTARIA
- INFORMACIÓN PARA TI
- ALUMNOS
- PADRES DE FAMILIA
- DOCENTES
- INVESTIGADORES

- Acuerdo mediante el cual se establecen los lineamientos generales para el expendio o distribución de alimentos y bebidas en los establecimientos de consumo escolar de los planteles de educación básica
- Programa de Acción en el contexto escolar
- Manual para la preparación e higiene de alimentos y bebidas en los establecimientos de consumo escolar de los planteles de educación básica
- Orientaciones para la regulación del expendio de alimentos y bebidas en las escuelas de educación básica. Guía para directivos y docentes
- Cómo preparar el refrigerio escolar y tener una alimentación correcta. Manual para madres, padres y toda la familia
- Lista de alimentos y bebidas industrializadas que podrán venderse en las tiendas escolares pues cumplen con los criterios establecidos por las Secretarías de Salud y Educación Pública para el ciclo escolar 2010-2011

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HEALTHY BORDER 2020 OBJECTIVES AND STRATEGIES

EXAMPLE 2 of Priority-Health Issue-Objective & Strategies

PRIORITY	HEALTH ISSUE	OBJECTIVES	STRATEGIES
Chronic & Degenerative Disease	Diabetes	<ul style="list-style-type: none">• Maintain mortality rate (2011 baseline)• Improve screening in people 20 years of age and older by 10% (2011 baseline)• 50% of patients receive diabetes treatment controlled within normal limits as measured by A1C• Reduce the proportion of diabetic adults with A1C >9% (NHANES)	<p>http://www.implementationscience.com/content/8/1/141</p> <p>http://www.cdc.gov/pcd/issues/2012/11_0324.htm</p> <p>http://www.preventioninstitute.org/services/trainings-and-presentations.html?gclid=CKDI2MbSu70CFSdn7AodIWsaQw</p> <p>http://www.sep.gob.mx/swb/sep1/salud_alimentaria</p>

HEALTHY BORDER 2020 INITIATIVE RECOMMENDED ACTIONS

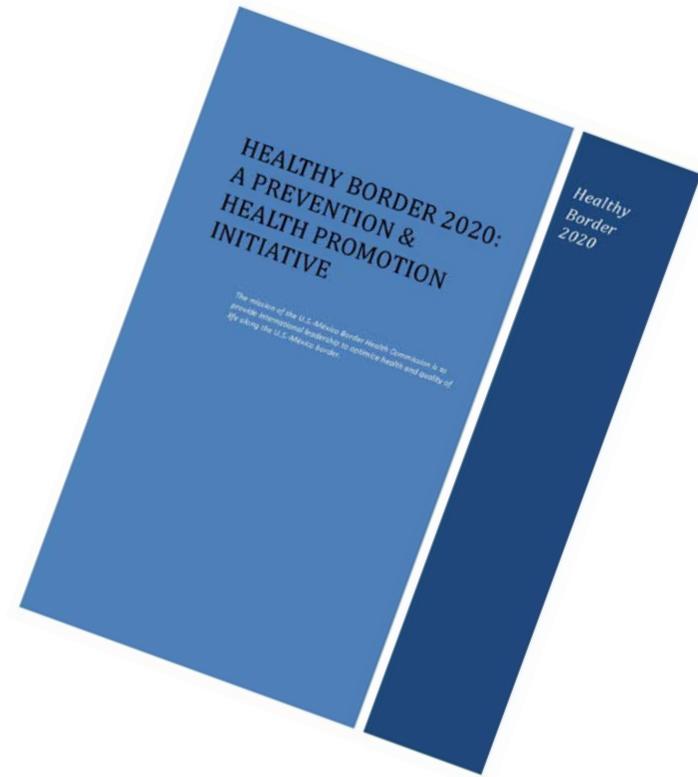
- The Binational Technical Workgroup offers recommended actions that the Commission can undertake in line with its mission and in collaboration with multiple community-based stakeholders. Such recommended actions can be incorporated into existing initiatives:
 - Health promotion
 - Disease prevention
 - Health Research
 - Education and Training
 - Other activities related to Border Binational Health Week and other border wide prevention campaigns.

MEASURING THE IMPACT OF THE HEALTHY BORDER 2020 INITIATIVE

- To assess the progress of actions undertaken by the Commission and measure the impact the goals of Healthy Border 2020 initiative - within the context of the Commission's strategic principles—Leadership, Focus, Venue—a list of indicators and areas was created associated with measuring the Commission's impact towards achieving Healthy Border 2020 objectives. These indicators focus on measuring the activities implemented directly by the Commission under the Healthy Border 2020 Initiative.

MONITORING AND EVALUATION

- One of the greatest challenges for the Healthy Border 2020 Initiative is having the necessary tools to truly integrate, monitor, and evaluate the 2020 goals and objectives using common survey instruments and sound statistical approaches in a binational fashion.
- Therefore, as part of the Healthy Border 2020 Initiative, commit resources for creating a binational surveillance Public Health Observatory that maintains a dedicated binational technical workgroup tasked with developing a survey instrument designed to measure the primary social determinants related to Healthy Border 2020 priorities.
- Within this Observatory, create a Geographic Information System designed to spatially analyze morbidity and mortality trends within the U.S.-México border.



SPANISH VERSION: WWW.SALUDFRONTERIZAMX.ORG
ENGLISH VERSION: WWW.BORDERHEALTH.ORG

THANK YOU!

ROBERT GUERRERO

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HEALTHY BORDER 2020 INITIATIVE