



The Latino Coalition for a Healthy California is the leading organized voice for policies, services, and conditions to improve the health of Latinos.

INSIDE THIS ISSUE

- 1** Governor's Proposal
- 2** Potential Impact – Human Cost
- 3** Potential Impact – No Fiscal Savings

Eliminating the California Office of Binational Border Health – the Governor's Proposal

The California Office of Binational Border Health (COBBH) was created to protect and improve the health of all Californian communities affected by border or binational conditions. Its mission is to “protect and improve the health of communities throughout California by facilitating cooperation between California and Mexico officials and health professionals.” Some of the COBBH efforts have included:

- Assessing public health status of border and binational communities;
- Coordinating environmental health issues such as air and water quality, food safety, and lead exposures;
- Mitigating the spread of infectious disease, and
- Promoting health policy and program development for binational cooperation.

The proposed budget for FY 2005-06 includes the elimination all General Funds (\$694,000) for the support of COBBH out of a total Department of Health Services annual budget of \$37.6 billion – or approximately 0.0015% of the total budget. An analysis of the implications of this decision, discussed below, suggests that eliminating COBBH would not result in any savings, but, rather, would actually be costly to Californians.

Potential Impact – Human Cost

The counties of San Diego and Imperial share the border with the Mexican State of Baja California and have a high population of Latinos and continuous crossings between borders. In 2000, Imperial County had the highest percentage of Hispanic/Latino residents in the state at 70%, and San Diego County had the second largest increase in Latino residents in the state. In 2001, the California and Baja California region housed the busiest border with over 90 million crossings.

The border encounters unique health challenges and emerging issues. Diseases within the border region tend to be higher than throughout the state. This is best demonstrated with tuberculosis (TB), which continues to be a serious public health hazard in California. California has the highest number and the second highest rate of TB cases in the United States. Each year more than 300 patients died before completing TB treatment. It is estimated that 3.4 million Californians (10%) are infected with TB bacteria. With each having a 5% risk of active TB during his/her lifetime, this would result in 3,000 new active TB cases per year for the next 60 years, each of which can spread TB to others. Most alarmingly is the percentage of TB cases significantly increasing in foreign-born persons over the last five years. Of the 3,608 total reported cases in California in 1999, 37% were Latino and 61% of these were born in Mexico.¹ Without any treatment, surveillance, or prevention this can lead to a catastrophic epidemic.

1225 Eighth Street, Suite 500
 Sacramento, CA 95814
 (916) 448-3234 phone
 (916) 448-3248 fax
 www.LCHC.org

Human Cost from page 1

COBBH is strategically located 20 miles from the border with Mexico, and has developed expertise and contacts critical to rapid and effective binational infectious disease monitoring and response. This expertise has enabled COBBH to play a key role in facilitating communication and coordination between U.S. federal, state, and local agencies and Mexico on public health issues of mutual concern, and to protect the public health and safety of all Californians. These issues include West Nile Virus (WNV), Tuberculosis (TB), HIV/AIDS, and contaminated food products that could potentially affect all state residents.

“I can attest to the measurable contributions of COBBH to international health diplomacy, cross-cultural education of health professionals, enhanced communications for tracking persons with highly contagious diseases and bringing them to treatment, facilitate efforts to immunize children, and provide health education to parents, youth, and promotores (community health workers.)”

–Dr. George R. Flores, MD,
MPH

former Public Health Officer
in San Diego and Sonoma
Counties and Chairperson of
the Binational Health
Committee of the California
Conference of Local Health
Officers

Without state funding, California – home to 40% of the population of the entire US-Mexico border region – will be the only U.S.-Mexico border state without a state-funded Border Health Office. Relationships and partnerships established within the past years with federal, state, and local health authorities and experts in Mexico will disappear sending a clear message to Mexico and the border region as a whole that California does not give a high priority to border or binational health issues. Many contagious diseases are more common along the border regions of California than the rest of the country. Yet, California will again defer to others, such as Arizona, New Mexico, and Texas, to provide public health leadership in the border region. Now is not the time to eliminate state funding for this program given the unique health needs of the border region.

Potential Impact – No Fiscal Savings

There are no fiscal savings associated with this proposal. The costs to the state will outweigh current general funds due to no mechanism monitoring and responding to the spreading of infectious diseases. While COBBH may receive federal funds, these funds are specifically for bioterrorism activities and cannot be used to support its mission.

Potential loss of millions of dollars in federal funds for the border: Without State general fund support, California will find it more difficult to leverage federal funding for border health activities in the future. In partnership with federal staff, the office has attracted millions of dollars in federal funds for the border region including:

- a \$25 million allocation from the U.S. Department of Health and Human Services for bioterrorism preparedness planning in the border region
- a \$2.24 million grant to conduct bioterrorism -related activities in the California-Baja California border region, and
- several million dollars to public health departments, hospitals, poison controls centers, and emergency responders in both counties for BT preparedness planning and coordination.

Please see *Fiscal Savings* on page 3

Fiscal Savings from page 2

Increased cost of infectious disease outbreaks: without a border health office to monitor and address infectious diseases, there will be increased costs associated with infectious disease outbreaks. The following are examples of COBBH's successes to date in addressing infectious disease outbreaks:

- COBBH staff assisted Baja California staff with training and mosquito traps to monitor the spread of West Nile Virus and to implement a mosquito eradication effort. As a result, in 2004, while there were hundreds of cases in Southern California, only one human case was reported in Imperial County and none in San Diego County or Baja California, and
- COBBH investigated disease outbreaks of vaccine preventable diseases including measles (2000), rubella (2000) and food-borne illness due to salmonella and hepatitis (2003, 2004). These collaborative efforts with Baja California health authorities have resulted in the prevention of further spread of disease to Californians.

Based on the cost for dispersed and un-coordinated state DHS staff to provide the services currently provided by COBBH, the potential loss of federal funds currently generated by COBBH for the border region, and the increased costs that local health departments would incur to continue COBBH's prevention efforts in California's border and binational communities, the Governor's budget proposal would not save money but, instead, may end up costing California many millions of dollars every year, and significantly diminish the public health and safety protection of all Californians.

Latino Coalition for a Healthy California

The Latino Coalition for a Healthy California – the only statewide organization with a specific emphasis on Latino health – was founded in 1992 by health care providers, consumers and advocates to impact Latino health through enhanced information, policy development and community involvement. Three major functions provide essential focus to the organization's work: public policy and advocacy; community education and research. These functions complement LCHC's work in three key strategic areas: access to health care, health disparities, and community health. Through its Rapid Response Network of 1,700 community-based organizations and its Regional Networks in San Diego, Los Angeles and the Bay Area, LCHC affiliates stand ready to be mobilized to impact public policies, services and conditions that affect Latino health.

1225 Eighth Street, Suite 500 | Sacramento, CA 95814
(916) 448-3234 phone | (916) 448-3248 fax
www.LCHC.org

Board of Directors

Ms. Carmela Castellano
CEO, California Primary Care Association

Mr. Castulo De La Rocha, JD
President & CEO, AltaMed Health Services Corporation

Dr. Adela De La Torre
Director and Professor,
Chicana/o Studies Program
UC Davis

Richard Figueroa
Legislative Director, Office of Insurance Commissioner John Garamendi

Dr. George R. Flores, MD, MPH
Senior Program Officer, The California Endowment

Dr. David Hayes-Bautista, PhD
Director, Center for the Study of Latino Health & Culture

Dr. Carmen Nevárez, MD, MPH
VP, External Relations, Public Health Institute

Mr. Gilbert Ojeda
Program Director, California Program on Access to Care

Dr. Michael A. Rodriguez, MD, MPH
Associate Professor, David Geffen School of Medicine at UCLA

Robert O. Valdez, Ph.D
Senior Health Scientist, RAND Health Sciences Program

Staff

Lupe Alonzo-Diaz, MPA
Executive Director

Patricia Diaz, MSW
Policy Director

Ayde Perez
Office Manager