

2014

Proceedings Report of the Border Reproductive Health Summit

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Final Draft



For additional information, please visit the BHC website at www.borderhealth.org.

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Summit Organizers: Avelina Acosta, Dr. Adalberto Peña, April Fernández, and Connie Lafuente

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EXECUTIVE SUMMARY

The United States-México Border Health Commission (BHC) held the first U.S.-México Border Reproductive Health Summit on March 19, 2014, in San Diego, California, in conjunction with the Symposium on Gender Equity and Global Reproductive Health, an annual event hosted by the University of California, San Diego. The BHC California Outreach Office of the California Department of Public Health, Office of Binational Border Health, in partnership with the BHC Coahuila Outreach Office, hosted this event, bringing together federal, state, local government, and non-governmental organizations from the United States and México.

The purpose of this summit was to capitalize on the current interest in reproductive health, family planning, and gender equity to elevate the border region within the collective global reproductive health discourse. Key objectives included the following:

- Convene researchers, practitioners, and policy leaders who work in the intersecting areas of gender equity and reproductive health and family planning.
- Advance evidence-based reproductive health practice and policies that support the safety and choices of women and girls, globally.
- Clearly document mutual problems and seek the best solutions to address those problems via the development of short- and long-term plans toward increasing capacity-building and information-sharing between states and countries.

The summit included presentations from U.S. and México border health professionals and researchers who shared mutual goals, successes, and challenges in reproductive health, emphasizing the importance of gathering experts to discuss how to inform public health policies and address reproductive health issues. Speakers shared mutual issues and best solutions to improve community health outcomes with the support of leaders, public health and health care professionals, and researchers.

Over 100 participants attended the Border Reproductive Health Summit, with an additional 90 individuals participating via live-stream.

Next steps include establishing a technical work group composed of key border stakeholders to develop a border strategy that addresses reproductive health inequities and related issues impacting the U.S.-México border region with the larger goal of increasing the visibility of the U.S.-México border region within the global reproductive health discourse.

OVERVIEW OF EVENT

The U.S.-México Border Health Commission (BHC) convened the Border Reproductive Health Summit through its California and Coahuila Outreach Offices in collaboration with the University of California, San Diego, Center for Gender and Health Equity, on March 19, 2014, in San Diego, California. Public health officials and health care professionals from all 10 U.S. and México border states, representing academia, government, and non-government organizations attended the event.

Summit objectives included the following:

- Convene researchers, practitioners, and policy leaders who work in the intersecting areas of gender equity and reproductive health and family planning.
- Advance evidence-based reproductive health practice and policies that support the safety and choices of women and girls, globally.
- Clearly document mutual problems and seek the best solutions to address those problems via the development of short- and long-term plans toward increasing capacity-building and information-sharing between states and countries.

Welcoming Remarks

April Fernández, Chief of the California Department of Public Health, Office of Binational Border Health, and Dr. Adalberto Peña, State Coordinator, BHC Coahuila Outreach Office, who served as masters of ceremonies, welcomed participants, provided opening remarks, and reviewed the agenda.

Dr. Peña stressed the importance of gathering experts with the purpose of improving reproductive health outcomes in the border region. As such, he emphasized two main points: (1) the importance of increasing knowledge of reproductive health issues to, ultimately, impact public health policies and (2) the need to seek the best solutions via the development of short-term and long-term goals to improve community health outcomes with the support of leaders, public health and health care professionals, and researchers.

Dr. Gudelia Rangel, Acting Executive Secretary, BHC-México Section, stated that reproductive health is an important topic that the BHC has not addressed. Additionally, she stressed the importance of prevention and education noting that if these issues are not addressed, they can lead to other health issues, such as sexually transmitted infections (STIs) and teen pregnancy. She also expressed her appreciation to Dr. Peña, Dr. Jose Lauro Cortés Hernández, Avelina Acosta, and the University of California, San Diego, for their assistance with the summit and her commitment to bring community awareness about the work of the BHC.

José Luis Velasco, Executive Director, BHC-U.S. Section, recognized the presence of various health professionals, participants, and special guests in attendance. He also expressed his support to expand reproductive health and maternal and child health research in support of Healthy Border 2020, the BHC's agenda for health promotion and disease prevention.

Dr. Anita Raj, Director, Center on Gender Equity and Health, University of California, San Diego (UCSD), provided opening remarks and welcomed attendees. She shared that live streaming was taking place to reach a broader audience on both sides of the border.

Dr. José Lauro Cortés Hernández, Secretary of Health for the State of Coahuila and BHC member, stressed that the purpose of the summit was to improve quality of life and increase life expectancy for U.S.-México border residents and reiterated the BHC's mission and goals, including current priorities. He also presented an overview of several activities and initiatives the BHC has achieved since it was established. He also expressed confidence that the BHC will continue to provide the needed leadership to improve the health and quality of life for border residents.

Dr. Gilberto Chávez, Deputy Director for the Center of Infectious Diseases and State Epidemiologist, California Department of Public Health, provided welcoming remarks on behalf of Secretary Diane Dooley, California Health and Human Services Agency, stating that she recognizes the importance of binational collaborations. Dr. Chávez noted that California has done a tremendous job addressing issues related to maternal and child health and emphasized that reproductive health in Latinos is of the utmost importance. In closing, he challenged participants to think about reproductive health from a binational perspective.

AGENDA DISCUSSION ITEMS

The Border Reproductive Health Summit consisted of a series of plenary sessions and panel presentations. The panels included "lightning talks," 10-minute presentations, and a question and answer session.

Various topics were addressed that included the following:

- Border Reproductive Health Policy
- Teen Reproductive Health
- Sex Tourism
- Sex Workers
- Border and Binational Reproductive Health Programs
- Partnerships and Capacity-Building

Plenary Session on Border Reproductive Health Policy

Dr. Yolanda Palma, Researcher, Department of Population Studies at *El Colegio de la Frontera Norte*, provided an overview of laws that influence reproductive health and policy development in México, citing several programs spanning over three decades. This included the 1994 International Conference on Population and Development in Cairo (commonly referred to as the Cairo Conference), in which a 20-year Programme of Action was developed that focused on individual needs and rights. Goals included providing universal education, reducing infant, child, and maternal mortality, and ensuring universal access by 2015 to reproductive health care.

Dr. Palma then discussed programs established after the Cairo Conference and their role throughout México. She concluded by stating that reproductive health policies are well supported in México, and the current structure of birth control is supported by government health agencies and laws. However, addressing conservative attitudes that hinder effective programs to address sexual health and HIV/AIDS is of great importance.

Dr. Steffanie A. Strathdee, Harold Simon Professor, Associate Dean of Global Health Sciences; Chief, Division of Global Public Health; Director, UCSD Global Health Initiative, Co-director, GloCal Fellows Program, University of California San Diego School of Medicine, presented on Healthier Women, a binational project examining the impacts of sex tourism in Tijuana, Baja California, and Ciudad Juárez, Chihuahua. She noted that sex work is quasi-legal in México and sex tourism is common in the U.S.–México border cities with approximately 9,000 female sex workers in Tijuana and 4,000 in Ciudad Juárez. She also noted that Tijuana and Juárez are large cities situated on major drug trafficking routes, so it is common for sex workers to also be drug users. Female sex workers who are drug users have special needs and experience many adverse conditions including the following:

- Poverty and lack of economic alternatives
- Addiction and lack of drug treatment
- Lack of reproductive health services
- Rising prevalence and incidence of HIV and other sexually transmitted infections (STIs)
- Multiple forms of violence

Regarding violence, a majority of sex workers in both cities reported experiencing childhood abuse. In addition, over 32% of drug-injecting sex workers in both cities were solicited for sexual favors by police and over 60% reported that police confiscated their syringes in exchange for not being arrested.

The project also examined contraceptive practices among this population and found that more than half reported their first pregnancy before age 18 and not using contraception, other than a condom, in the past six months. Douching was also found to be a common practice due in part to the belief it prevents pregnancy.

Dr. Strathdee also discussed the impacts of sex work and drug use on children and second-generation sex work. She concluded with the following recommendations: (1) provide support for pregnant women and women with children; (2) provide harm reduction, reproductive health, HIV/STI prevention and drug treatment services in a culturally sensitive and non-judgmental environments; and (3) focus interventions on strengthening the ability of women to achieve autonomy over their bodies and protect themselves from acts of violence.

Panel Discussion on Border Reproductive Policy

Dr. Patricia Pérez Reyes, Chief, Department of Gender Equity and Reproductive Health for the State of Nuevo León, presented on adolescent pregnancy and reported that (1) teen pregnancy accounts for a third of obstetric events in Nuevo León; (2) thirty-four percent of teens are sexually active with only 1/3 of them using some method of contraception; and (3) teens do not have the physical and emotional maturity to appropriately handle the adverse consequences of sexual activity. She noted that Nuevo León is aware of these issues and is realizing that sex education is needed to reach the teen population ranging from ages 10 to 19 years that includes multiple sectors such as media, faith-based organizations, schools, and the workforce.

Additionally, Dr. Pérez mentioned barriers that need to be addressed as follows: (1) communication between parents and teachers, (2) trust between parents and teens to discuss sexual reproductive health, and (3) embarrassment to obtain contraceptives from community centers. Their Secretary of Health has developed strategies to address adolescent pregnancy by providing venues for youth to discuss sexual and reproductive health issues including partner violence, contraception methods, and parent responsibilities.

Kathy Austin, registered nurse/obstetrician-gynecologist, certified nurse practitioner, *La Clinica de Familia* (The Family Clinic), shared her experience in serving the border community of New Mexico as a registered nurse and how her experience has changed over time, noting that when she first started practicing she provided gynecological exams to women on a desk with minimal medical equipment. She primarily works in rural areas in the southeastern part of the state that is characterized by high poverty rates and large immigrant and farming communities.

K. Austin also discussed several instances where myths and “old wives tales” about reproductive health were still common beliefs. As such, she had to identify how to best address these situations and educate patients. Her family had been involved in healing and folk remedies for generations, mainly as healers so she combined her academic knowledge with these practices to best serve her community. She then provided an overview of the New Mexico clinic, stating that they recently incorporated behavioral health services and work with promotores who provide culturally sensitive outreach to the communities.

Martin Ochoa Zavala, Liaison for Sonora’s Secretariat of Public Health, provided an overview of teenage pregnancy prevention efforts in the Sonora-Arizona border region. He presented adolescent pregnancy data for Sonora, highlighting that rates are highest in the border region with Arizona (23 births per 1,000 people in the border municipalities compared to 22 births per 1,000 people for the state).

M. Ochoa discussed the many factors that can lead to adolescent and unplanned pregnancies including dropping out of school and lack of education. He also reviewed various strategies the state has employed to address and prevent adolescent pregnancy that have included collaborations with local binational health councils and the Sonora-Arizona Commission. In conclusion, he stated that more work needs to be done with schools and developing policies that can reduce teen pregnancy.

Claudia Huerta, Binational Affairs Manager, Planned Parenthood of the Pacific Southwest (PPPSW), provided a presentation on reproductive health access in the California-Baja California region noting that, currently, 19 health centers provide services to 142,863 patients in the border region. She stated that despite the fact that there are fourteen types of birth control, there are still 222 million women worldwide that do not have access to contraceptives.

C. Huerta then provided an overview of PPPSW, noting their mission is to identify key reproductive health issues and initiatives impacting the border region and the binational community by strengthening relationships, collaboration, and partnerships with Baja California to improve sexual health outcomes. Their international global outreach focuses on decreasing STIs, advancing access to reproductive health services, reducing the number of unintended pregnancies, and decreasing maternal deaths.

She also highlighted the partnership with México’s Foundation for Family Planning and *Fronteras Unidas Por Salud* (United Borders for Health) in Tijuana and their promotora program, where they are currently working to identify critical reproductive health care issues impacting the region to improve sexual health outcomes. Achievements of this partnership include convening an annual binational dialogue on the status of women’s reproductive rights in México and the United States, launching the binational teen pregnancy prevention initiative that works toward comprehensive sexual education and access to contraception, and advocating for domestic and international family planning.

C. Huerta concluded by stating that California’s objectives use binational partnerships to provide better services, education, and advocacy, and continue to offer support to non-profits working in the border region. Baja California’s objectives are to continue building innovative partnerships and pilot programs in the border region that can be replicated.

Plenary Session on Border and Binational Reproductive Health Programs

This plenary session on border and binational reproductive health programs was a joint presentation between Dr. Jill McDonald, Stan Fulton Endowed Chair in Health Disparities Research, Director, Southwest Institute of Health Disparities Research, New Mexico State University, and Dr. Octavio Mojarro Dávila, Social Economic and Financial Consulting S.C.

Dr. McDonald provided background on the border region and the BHC. She identified that the population is approximately 7.5 million on each side and is a rapidly young, growing population in which most people live in urban areas. She also noted that the BHC has established reproductive health as a priority and even several binational health councils, who have identified adolescent pregnancy, late and/or no prenatal care, and infant mortality as important issues in their geographic region. Current data sources to address these priorities include the following:

- Birth, fetal death, and death certificates
- Surveys, including population-based surveys that collect information on pregnancy history, morbidity, sexual behaviors, and other indicators. Survey examples include the Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), and the Youth Risk Behavior Surveillance System (YRBSS) in the United States and the *Encuesta Nacional de la Dinámica Demográfica* (National Demographic Survey), *Encuesta Nacional de Salud y Nutrición* (National Health and Nutrition Survey, [ENSANUT]) for México
- Administrative registries

Dr. McDonald noted that institutional limitations exist due to little collaboration across state borders, limited staff at local levels, and lack of data sharing between the United States and México. In addition, survey instrument limitations included lack of high-quality data and, notably, the lack of data at the local levels.

Dr. Octavio Mojarro, Director, Social Economic and Financial Consulting S.C., discussed fertility, Cesarean sections (C-sections), and teen pregnancy in three U.S. and México geographic areas. Additionally he explained that adolescent birth rates are higher in the U.S. border counties compared to non-border counties, Mexican border municipalities, and between each country, even though there was an overall decline after 2008.

Dr. Mojarro also discussed low and high birth weights and their impact on maternal and child health highlighting the following points:

- The Mexican border and U.S. non-border areas have higher birth weights compared to other geographic areas.
- California and Sonora experience high birth weights.
- Low birth weight is more significant in Texas.
- Total fertility rates have declined throughout the border region, but more so in México.

Dr. Mojarro then focused on C-sections and adolescent birth rates, stating C-sections are more common on the U.S. side of the border with Texas having the highest rates and Tamaulipas having the highest rates on the Mexican side. In reference to adolescent pregnancies, the data suggests the need for binational interventions for women who may cross the border during pregnancy and when in need of prenatal care.

In response to Dr. McDonald's discussion on utilizing birth certificates to monitor outcomes, Dr. Mojarro noted additional limitations stating the Mexican birth certificate system has not been systematically evaluated for quality. In addition, two revisions of the U.S. birth certificate are currently being used, making it difficult to collect comparable data; however, there has been an evaluation of the comparability of U.S. and Mexican certificates. He also discussed how border county data can be merged and adjusted for comparability (Examples include the BRFSS and ENSANUT). She also noted that the YRBSS and Mexican surveys are school-based, so they can both be evaluated for similar indicators.

Dr. McDonald and Dr. Mojarro then provided an overview of the Border Maternal and Child Health (BorderMACH) initiative as an example of building technical capacity in the border region to address maternal and child health issues. The BHC called attention to reproductive health issues and, in collaboration with México's Secretariat of Health and the Centers for Disease Control and Prevention (CDC), established BorderMACH. Through this initiative, four sister-city teams in San Diego-Tijuana, Nogales-Nogales, Juárez-El Paso-Doña Ana County, and Brownsville-Matamoros, were established composed of local public health policy and data experts who use binational data.

Team members participated in two workshops in which each team developed projects addressing maternal and child health issues in their respective regions. Projects included surveys on sexual behaviors and vaccine coverage among pregnant women, studies on adolescent pregnancy, and a proposal on adolescent pregnancy prevention. Based on the teams' successes and challenges, recommendations and next steps included the following:

- Collaborate across institutions, academia, non-governmental organizations, and CDC
- Work binationally at each level
- Share data among various health authorities
- Evaluate comparability of data sources in each country
- Develop technical teams and strengthen existing ones
- Improve birth registry systems including adding migration information and maternal morbidity
- Create information systems for the border with diverse existing data sources

Dr. McDonald and Dr. Mojarro closed their presentation stating that a lot of work still needs to be done to adequately address the varied reproductive health issues facing the border region.

Panel Discussion on Border and Binational Reproductive Health Programs

Dr. Maria de Lourdes Quintanilla Rodriguez, consultant, presented on an outreach strategy, known as the *Labyrinth of Life*, for adolescents in Coahuila to inform adolescent decision making and attitudes before they become sexually active with three themes emphasized: (1) early pregnancy prevention, (2) negative relationships that affect mental health and emotions, and (3) STIs. She noted several factors contributing to the program's success, including utilizing hands-on activities and the youth's creativity and talents to express messages by having them act as "promotores" to peers.

The program incorporated four components to serve as learning tools: 1) the same experience, 2) reflection, 3) generalization, and 4) application. She also described different activities incorporated into the program including games, art contests, and role playing.

Dr. Mary I. Campa, Research Scientist III Epidemiology, Assessment and Program Development Branch Maternal, Child and Adolescent Health (MCAH) Program, California Department of Public Health (CDPH), shared demographic information about the Hispanic/Latino population in California and in the San Diego and Imperial border counties focusing on two main topic areas: (1) maternal and infant health and (2) adolescent childbearing. Data highlights included the following:

- In San Diego County about 50% of Latina births are to mothers born in México. In Imperial County, about 45% of Latina births are to mothers born in México.
- Approximately 9.4% of births in San Diego and 9.7% of births in Imperial County were preterm in 2010, compared to 10% for all of California.
- Latinas aged 15-19 years had the highest number of births (42.7 per 1,000 females) compared to African-American (34.1) and White (11.2) adolescents in 2011.
- Adolescent females aged 15-19 years in Imperial County had a higher birth rate (51.5 per 1,000 females) compared to adolescents in San Diego County (25.6 per 1,000 females) and California (28 per 1,000 females) in 2011.

In closing, Dr. Campa provided information about services CDPH offers to support health outcomes among children, youth, and families through programs on the following topics: (1) parents and expected parents, (2) adolescent sexual health, and (3) local MCAH programs throughout the state.

Dr. Sergia Juárez Delgado, Director of Reproductive Health, Tamaulipas Secretariat of Health, presented teen pregnancy data and efforts to address it in Tamaulipas. Between 2005 and 2013, an average of 43,495 births was reported with an average of 12,627 births to females under 20 years of age during this same time period, noting a slight decrease between 2012 and 2013. Additionally, she provided data from the 2012 ENSANUT on sexual behaviors and condom use to reduce adolescent pregnancy and decrease maternal mortality. This data shows that behaviors, including condom use and initiation of sexual activity, were similar for the state and the nation with a few exceptions.

Dr. Juárez then described an intervention designed to reduce adolescent pregnancy and decrease maternal mortality in adolescents that includes coordination with schools, parents, and government agencies by providing workshops, trainings for teachers, and health fairs. She concluded by sharing that the key to success is a combination of commitment, sensibility, teamwork, and political support.

Susan Kunz, Chief of Health and Wellness, *Platicamos Salud Programa* (Let's Talk Health Program), Mariposa Community Health Center, Arizona, provided a presentation about the Mariposa Clinic. She explained that the clinic relies heavily on promotores to conduct home visits. She concurred that the term "family planning" should be changed to "life planning" to work with children, teens, fathers, and mothers across the life span. The clinic screens all clients for depression and partner violence since many have experienced trauma in their lifetime. In addition, the clinic takes a comprehensive look at their clients by learning about their overall life goals, including family planning. As a result, the Family Learning Center was created to address the client's needs including English as a second language, citizenship, and general education development classes.

Dr. Christian Ariadna Ristori Milla, Chief, Department of Reproductive Health, Coahuila Secretariat of Health, discussed the *Angeles de la Guarda* (Guardina Angels) program to develop a culture that educates women on maternal and child health issues and pregnancy. The program's overall vision is to form community networks and integrate health care services to increase prenatal care. Women, especially single women, adolescents, and others who do not have support, are encouraged to enroll in the program

where they can access services. She stated that Coahuila is working towards prenatal care improvements to reduce maternal mortality.

U.S. Federal Partners on Reproductive Health Programs

Dr. Charlan D. Kroelinger, Team Leader, Maternal and Child Health Epidemiology Program Field Support Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, provided a historical overview of CDC's Division of Reproductive Health and identified that the mission is to promote optimal and equitable health in women and infants through surveillance, research, leadership, and partnerships to move science to practice. Priority areas include women's reproductive health, infant health, and pregnancy health. Additionally, each priority has a strategic focus area including chronic disease prevention; teen pregnancy prevention; family planning methods, services, and utilization; maternal mortality and pregnancy complications; infant morbidity and mortality; global reproductive health; strategic partnerships; and science to practice.

Dr. Kroelinger acknowledged the work and support of the BHC and others to build capacity in the border region including supporting the BorderMACH project, convening Title V state directors to develop border region indicators, implementing a binational analysis of U.S. and México birth records, and developing methodology to research maternal and child health indicators using U.S. and México surveillance systems.

Commander Rebecca Meece, Regional Program Consultant, U.S. Department of Health and Human Services, Region IX, provided an overview of Title X Family Planning Program. She explained that the Title X Family Planning Program refers to the section of the Public Health Service Act that awards grants to public and private non-profit organizations, providing clinical family planning and related services. Priorities are given to low-income households and clients with incomes under 100% of the federal poverty level. She shared data on service sites and the number of recipient of services in the border states as follows: (1) California Family Health Council—340 service sites; 66 sub-recipients, (2) Arizona Family Planning Partnership—20 service sites; 9 sub-recipients, (3) New Mexico Department of Health—67 service sites; no data on sub-recipients, and (4) Women's Health and Family Planning Association of Texas with over 90 service sites and 28 sub-recipients.

In addition, Commander Meece discussed provisions of the Affordable Care Act and immigrant status, highlighting that federal and state marketplaces, as well as state Medicaid and Children's Health Insurance Programs, cannot require applicants to provide information about citizenship status. Furthermore, Commander Meece mentioned the partnerships with the Office on Women's Health and Office of Minority Health. She closed her presentation with an overview of the National Standards for Culturally and Linguistically Appropriate Services and how they are applied to federal programs.

Closing Remarks

The summit closed with comments from Dr. Lawrence Kline, BHC Member-California, who thanked the organizers of this event, in particular the California Office of Binational Border Health, the BHC-Coahuila Outreach Office, and the University of California-San Diego, for their commitment to elevating the U.S.-México border in the global discussion on reproductive health.

Dr. Cortés Hernández, BHC Member-Coahuila affirmed his commitment towards improvement of health outcomes along the U.S.-México border and expressed his hope that this summit will help stimulate the work that needs to be done in reproductive health and the significant role the BHC can play in this regard.

Avelina Acosta, BHC California Outreach Office, concluded by noting that this summit served as an opportunity for the BHC to raise the level of the border in the global reproductive health discussion, especially as the BHC moves forward with developing a work group to address these issues.

Presenters from the United States and México were represented in all discussion areas and were instrumental in increasing the visibility of health disparities and needs along the U.S.-México border on gender equity and reproductive health.

DISCUSSION AND NEXT STEPS

Next steps include establishing a technical work group composed of key border stakeholders to develop a border strategy that addresses reproductive health inequities and related issues impacting the U.S.-México border region with the larger goal of increasing the visibility of the U.S.-México border region within the global reproductive health discourse.

APPENDICES

Appendix A: [Agenda](#)

Appendix B: Presentations

Border Reproductive Health Policy

- [Dr. Yolanda Palma](#)
- [Dr. Steffanie A. Strathdee](#)
- [Dr. Patricia Pérez Reyes](#)
- [Martín Ochoa Zavala](#)
- [Claudia Huerta](#)

Border and Binational Reproductive Health Programs

- [Dr. Jill A. McDonald](#)
- [Dr. María de Lourdes Quintanilla Rodriguez](#)
- [Dr. Mary I. Campa](#)
- [Dr. Sergia Juárez Delgado](#)
- [Dr. Christian Ariadna Ristori Milla](#)

Federal Reproductive Health Programs

- [Dr. Charlan D. Kroelinger](#)
- [Commander Rebecca Meece](#)

Appendix C: [Participants List](#)

Appendix D: [Acronyms List](#)