



# STRATEGY

## VENTANILLAS DE SALUD

75  
AÑOS  
1943-2018

SALUD  
SECRETARÍA DE SALUD



SRE  
SECRETARÍA DE  
RELACIONES EXTERIORES





## Las Ventanillas de Salud (VDS)

Improve access to basic and preventive health services, increase the coverage of public insurance and establish a medical home, through information, education, counseling, health screenings and health referrals, in a safe and friendly environment.

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This document reports the advances of the Ventanillas de Salud (VDS) Strategy in order to highlight the impact it has made, thanks to the joint work of various institutions that has facilitated the development of different programs, projects and actions that directly benefit the Hispanic/Mexican population that lives and works in the United States and experiences difficulty in accessing health services; the strategy ultimately contributing to the improvement of their quality of life.

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# SOCIODEMOGRAPHIC INFORMATION OF THE MEXICAN POPULATION LIVING IN THE UNITED STATES<sup>1</sup>

- **11.9 million Mexican Immigrants** reside in the United States.<sup>2</sup>
- Between 2006 and 2010, the number of Mexican immigrants increased by 200,000 compared to the more than **2 million who arrived in the 5 years prior.**
- **31%** of Mexican immigrants work in the services industry and 26% construction and maintenance occupations.
- Age: the median age is 41 years compared to 44 of the foreign born and 30 for the US population.
- **28% of Mexican immigrants live in poverty** compared to 18% of all immigrant families and 10% of native born families.

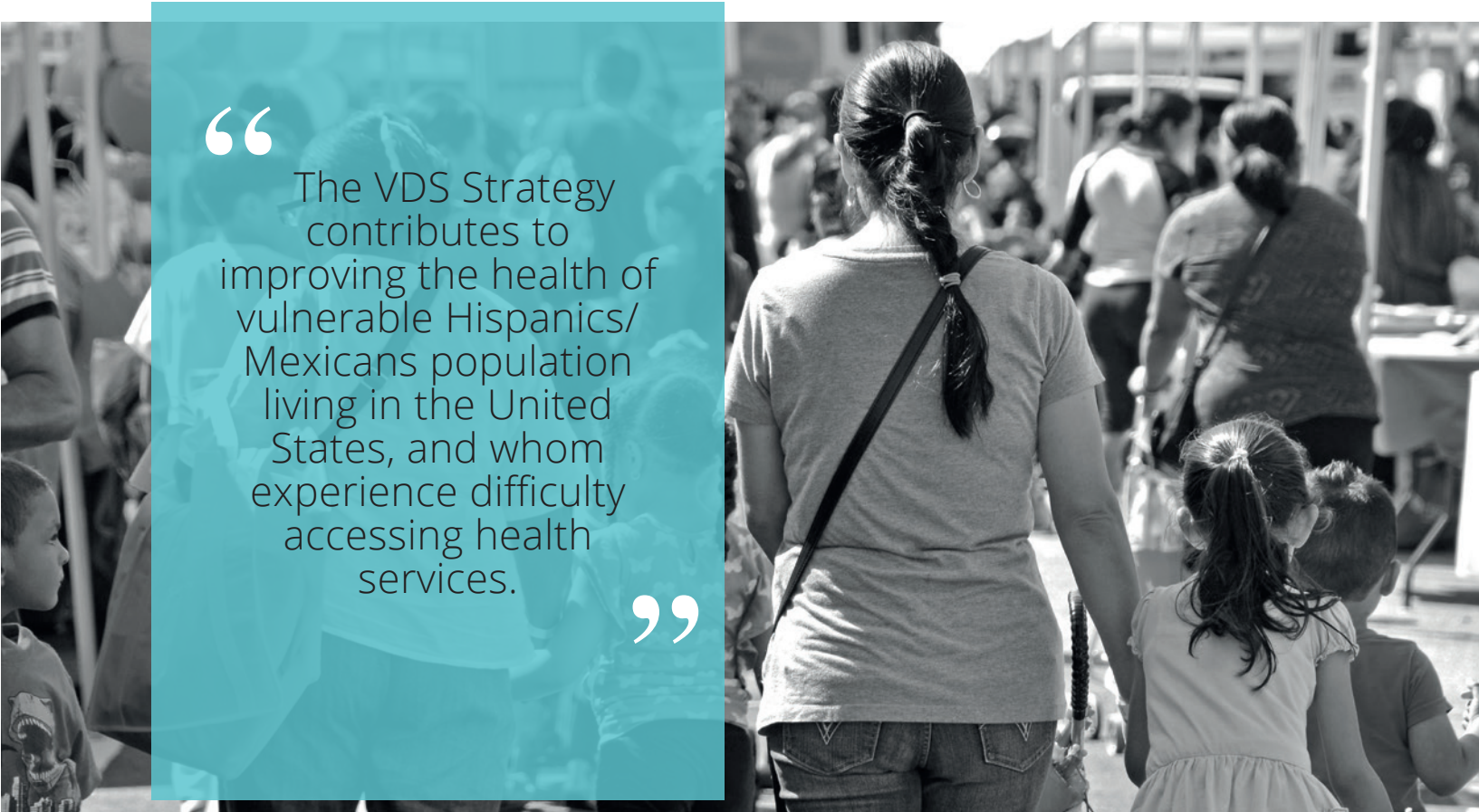


- In 2014, **47% of Mexican immigrants were uninsured.**
- Economic status, **limited English language proficiency**, and limited access to health care services are among the most prevalent barriers to health care and directly impact the state of health of Mexicans in the US.

<sup>1</sup> Migration Policy Institute, Migration Information Source, Mexican Immigrants in the United States, March 2016.  
<sup>2</sup> U.S. Census Bureau, American Community Survey, 2015.

# BACKGROUND

- ❖ The VDS strategy arises from the experiences of the Binational Health Week, an annual preventive health event that provides preventative health and educational services to the Hispanic/Mexican community in the United States whom often experience difficulty in accessing health services. Given the success and acceptance of this event, community leaders and local organizations urged the permanence of these activities.
- ❖ In 2003, the VDS Strategy was implemented as a pilot project in the Consulates of Mexico in San Diego and Los Angeles, California, with the support of the United States-Mexico Border Health Commission and the United States-Mexico Health Initiative (today known as Health Initiative of the Americas), University of California and The California Endowment.<sup>1</sup>
- ❖ In 2004, the VDS Strategy was formally launched that subsequently led to the expansion in other consulates.



“ The VDS Strategy contributes to improving the health of vulnerable Hispanics/ Mexicans population living in the United States, and whom experience difficulty accessing health services. ”

<sup>1</sup> Secretaría de Salud, 2012. Documento Rector de las Ventanillas de Salud, México, Secretaría de Salud, p. 19.




# VENTANILLAS DE SALUD (VDS): A HEALTH STRATEGY

The VDS Strategy is an initiative of the Government of Mexico implemented by the Ministry of Health and the Ministry of Foreign Affairs, through the Institute of Mexicans Abroad, coordinated by the consular network of Mexico in the United States and operated by local agencies. Additionally, the support of strategic allies in the United States, such as government organizations, health institutions and academic and community organizations, make up the VDS Network of services and access.




- The Ventanillas de Salud **offer the Hispanic/Mexican population** in a situation of vulnerability and living in the United States, **comprehensive preventive care and culturally sensitive information**, through health screenings and referrals to specialized health services.
- **Objective:** To facilitate access to health services and to contribute to the development of a culture of self-care among the Hispanic/Mexican population living in the United States, targeting and impacting the prevention and control of diseases.

## SERVICES PROVIDED INCLUDE:




**PERSONAL COUNSELING**

on preventative health and healthy lifestyle choices.




**HEALTH SCREENINGS**

on HIV/AIDS, BMI, Cholesterol; Blood, Sugar, Glucose, and Blood Pressure, among others.



**REFERRALS**

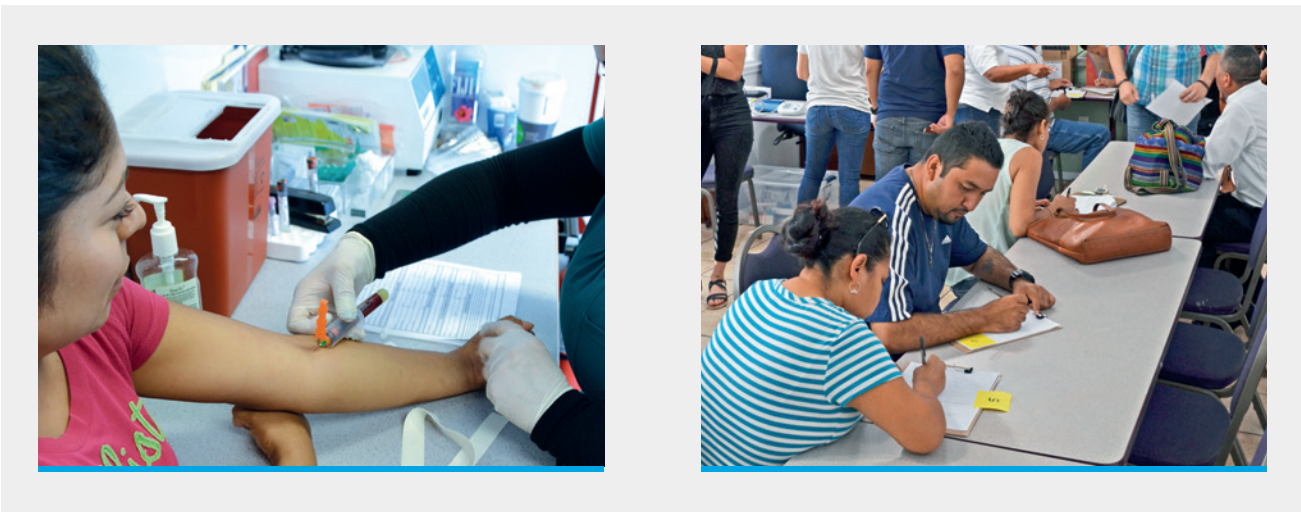
to health services (local health clinics) in efforts to establish a medical home and/or when specialized medical care is needed as a result screenings.



**PERSONALIZED NAVIGATION**

of health insurance programs and the health care system in the US.

 *The VDS Strategy is a comprehensive preventative outreach model for Hispanic/Mexican communities experiencing difficulty accessing preventative health services while living in the United States.*





## LOCATION OF THE VDS

Currently there are 50 active VDS and two mobile VDS Strategies operating in 50 Mexican Consulates Across the US.



## PRIMARY CHARACTERISTICS OF THE VDS

- The services provided by the VDS are based on the health conditions that most affect the Hispanic/Mexican population.
- The strategy generates a relationship based on trust and empathy for the community served, focused on the personalized needs of each user.
- Has culturally and linguistically appropriate information developed to provide information in your language.
- Is operated by trained personnel on preventative health and preventative diseases providing resources and options for accessing health services from ally institutions and medical health centers.
- It works to improve the physical and mental health conditions of the Hispanic/Mexican population in the United States, as well as creating a healthy environment driven by local and binational collaborations.

*The services provided by the VDS strategy target health issues with highest priority and incidence in the Hispanic/Mexican population living in the United States, for example, health issues that include chronic noncommunicable diseases derived from risk factors such as obesity caused by metabolic disorders due to change in lifestyle and diet.*

## ADVISORY BOARD

The VDS Strategy has an advisory board made up of **9 members, all specialists and leaders in health care and migrant health**, representing different government, academic, and private sectors, international organizations and who offer their expertise and vision in public health contributing to the continuous development of the VDS model.

**The board's main objective is to advise the VDS Strategy** in advancing program development, innovative management, and strengthening of bi-national collaborations with an effort to advance financial sustainability and the homologation of services as part of the continuous efforts to strengthen and grow the VDS Strategy.



### Advisory Board Background

- The Advisory Board was formed in September 2012 in Washington, DC.
- All members were chosen for their trajectory and work with the VDS, and officially invited by the Secretary of Health of Mexico and the Embassy of Mexico in the United States.

### Advisory Board Contributions

- The Advisory Board, alongside the Government of Mexico, contributes to the strengthening of the VDS Strategy objectives that guarantee better access to preventative services, so that migrants and their families are provided with options for a better quality of life in the US.

Every year they hold a Strategic Planning meeting for the Sustainability of the VDS Strategy, in order to delineate the priorities and make recommendations for actions to implement that will contribute to the strengthening and the sustainability of the strategy.

ADVISORY BOARD CONTRIBUTIONS



■ Development and implementation of a financial model for the VDS Strategy.



■ Bolstering lead agency profiles and the effectiveness of the agency network.



■ Development and implementation of the VDS Second Phase, that aimed to strengthen the VDS services via target screenings with an effort to reduce emergency room visits and establish a medical home.



■ Innovation and growth beyond the base line operation services.

■ Strengthen alliances.

■ Communication Strategy. Development of webpage and social media in efforts to give generate greater dissemination of programs and services.

■ Increase visibility. Development of educational material for preventative health.



■ Evidence based publications that reference VDS Strategy.

• María Gudelia Rangel Gómez, Rogelio Zapata Garibay, Jesús Eduardo González Fagoaga, Josana Tonda Salcedo and Patricia Cortés Guadarrama (September 2016), “Ventanillas de Salud: a program designed to improve the health of mexican immigrants living in the United States”, Migration and health, Perspectives on the immigrant population, 95-102

• Rangel Gomez MG, Tonda J, Zapata GR, Rynn M, Gany F, Lara J, Shapiro I and Rosales CB (2017) Ventanillas de Salud: A Collaborative and Binational Health Access and Preventive Care Program. Front. Public Health 5:151. doi: 10.3389/fpubh.2017.00151



■ Spearhead the coordination and identification of funding opportunities so that the VDS can compete for federal and national grants.



Advice on the process of aligning the VDS network with national health



■ campaigns, such as the National Prevention Strategy, in order to continue recognizing the VDS as partner of said campaigns.

ADVISORY BOARD IMPACT

This joint work has allowed the development of different programs, projects and actions that directly benefit the migrant population and their families, that live and work in the United States, and experience difficulty in accessing health services, by contributing to improve their quality of life. Among these activities are:

- ✓ Mental Health Initiative,
- ✓ Immunization Campaigns,
- ✓ COMIDA Intervention Project, and
- ✓ HPV Vaccine Intervention Project, among others.
- ✓ Increase in screenings administered as part of the VDS Strategy services.
- ✓ Training in mental health to the VDS network in efforts to strengthen screening and referrals on the prevention of mental disorders.
- ✓ Expansion of informational campaigns on border VDS for the prevention of chronic diseases.





# INTERVENTION PROJECTS

- ❖ Greater opportunity to implement projects based on health needs and priorities of communities served by VDS program.
- ❖ Staff capacity building on specific health issues.
- ❖ Adds to the sustainability of the VDS program when additional funds are awarded for intervention activities.
- ❖ Generates greater status on health status of community as well as success stories and testimonials.

“ Current Intervention Projects of great impact include Nutrition, Cancer Awareness and Screenings, HPV Vaccines and Obesity, and most recently Mental Health, among others. ”



# COLLABORATION CAMPAIGNS

## OBJECTIVES:

- Join national efforts to promote preventative care through existing campaigns.
- Strengthen VDS participation in National Campaigns during local events such as health fairs, physical activities, screenings, etc.
- Utilize and disseminate promotional material, tools and online resources to raise awareness, link participants to resources and promote public health.





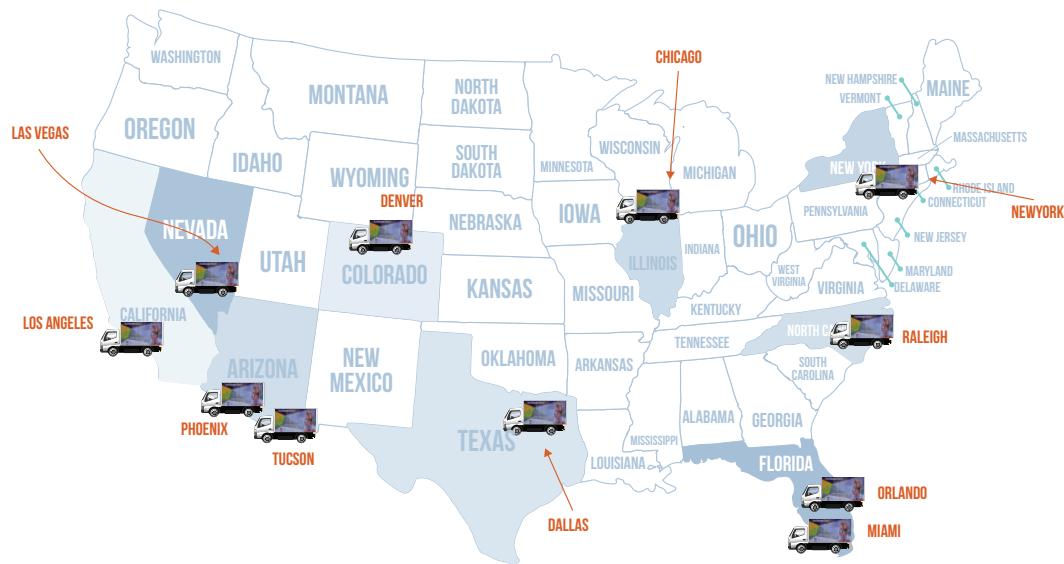
# STRATEGIC PROJECTS

## MOBILE HEALTH UNITS

In 2016, in efforts to strengthen the VDS Strategy, the Mobile Health Units (MU) are launched **to provide preventative health services to communities with difficulty in accessing health services.**



Currently there are **11 Mobile Health Units** located in Chicago, Dallas, Denver, Las Vegas, Los Angeles, Miami, New York, Orlando, Phoenix, Raleigh y Tucson.

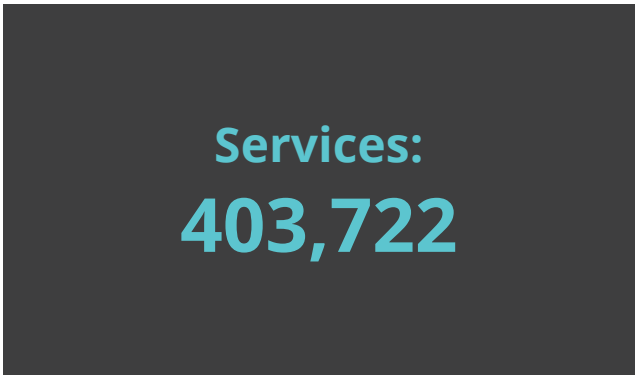
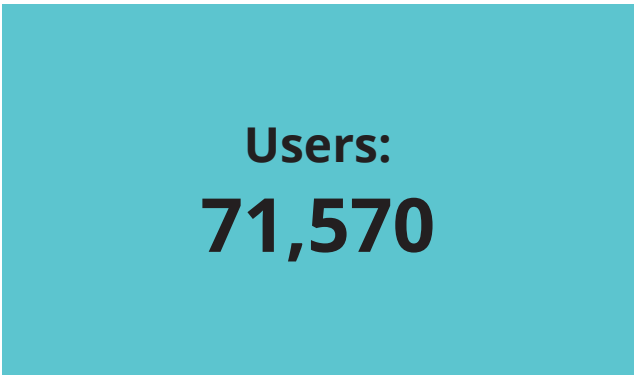


# GUIDANCE AND COUNSELING SERVICES

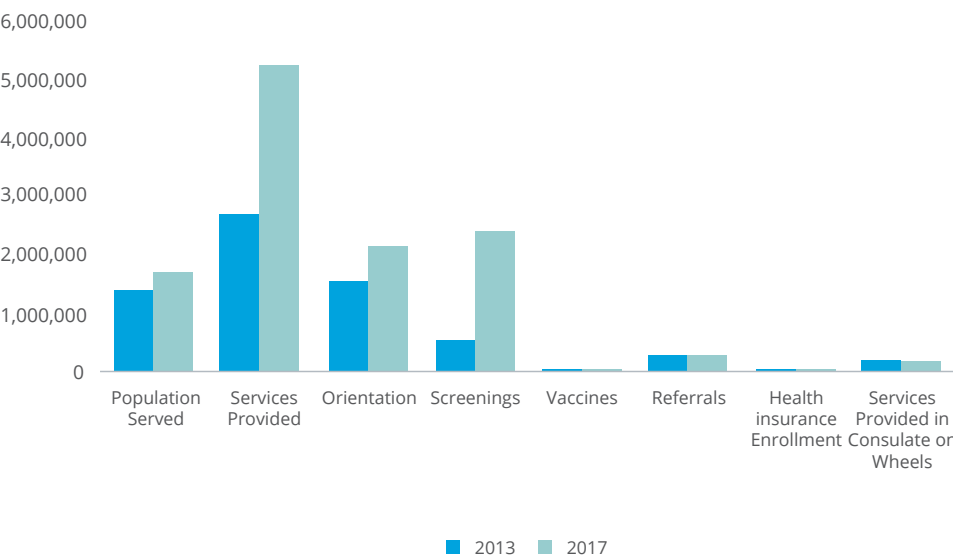
**SERVICES PROVIDED:** orientation and counseling, screenings, referrals, as well as immunizations and information on other health issues.



According to the Online Database System, the MUs recorded results from February 2016 to September 2018:



The **demographic profile** of Mobile Health Unit users, according to the Online Database System, indicates that 36% of users are women between the ages of 31 and 50 years of age.





**78% report their country of origin as Mexico**, 30% work in construction, maintenance, and restaurants. Only 27% of users consider having an advance knowledge of the English language.

**85% of users do not have health insurance.**

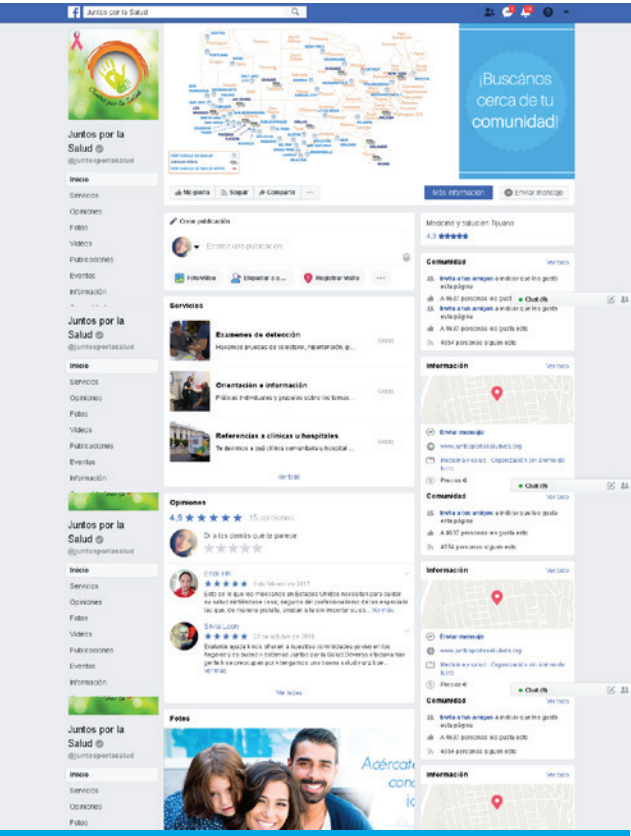
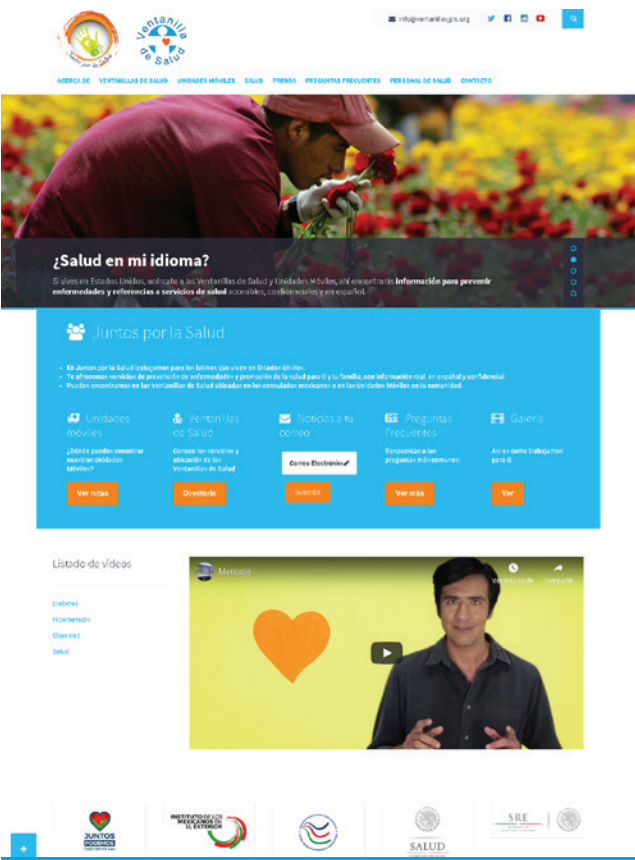


*The Mobile Health Units provide the Hispanic/Mexican population in the US. with access to preventative health information and preventative health services, minimizing the possibility of visiting an emergency room.*

INTEGRAL COMMUNICATION STRATEGY

In 2016, efforts to increase visibility and communication of VDS yielded the VDS Website Information Portal, with the goal to facilitate the dissemination of information on disease prevention and health promotion, by sharing the location of the Ventanillas de Salud and the routes of the mobile health units in real time, news, events, photographs, educational material, best practices and success stories, among other information, as well as a platform to facilitating communication between the VDS sites across the US.

The information portal came online in 2017 and continues to be updated and developed.



Additionally, spaces were opened on social media, such as Facebook, Twitter and Instagram, to increase the visibility of the VDS strategy, as well as to provide information on priority health topics with a focus on preventive health

Each social network is aimed at a specific target audience according to their age and interests. Currently, work is being done to increase its reach.



In efforts to strengthen the dissemination of information, the technical content and design of educational materials on health issues was developed, with a focus on health promotion and disease prevention.

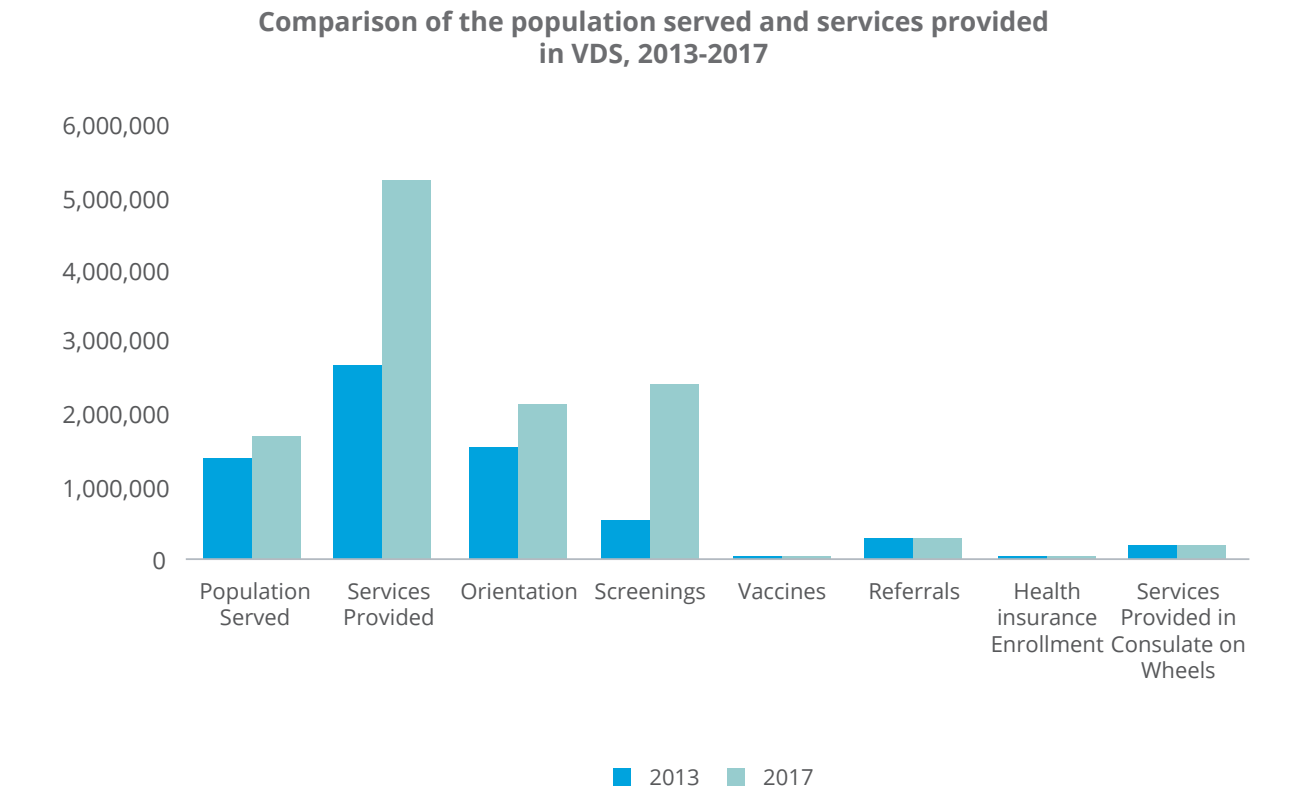
Currently there are 6 pamphlets, 6 triptychs, 5 short video spots, 4 audio spots for radio and 10 health topic videos.



VDS RESULTS  
BETWEEN 2013-2017



The graph below shows the comparison of activities between 2013 and 2017, that highlight the growth that the VDS Strategy has had over the years demonstrates the positive impact and greater preventive health benefits for migrants in the United States.



Source: Estimates based on internal agency quarterly reporting of VDS indicators. Period from 2013 - 2017



During the same period, the percentage growth of the number of people served was 22.98% and 93.36% in services provided, of which 336.7% corresponds to timely detection; the number of inscriptions to health insurance in the United States increased by 106.25%.

Percentage growth in the number of population served and services provided in VDS, 2013-2017	
Population served	22.98
Services provided	96.36
Orientation	37.82
Screenings	336.96
Vaccines	
Referrals	
Health insurance enrollment	106.25
Services provided in consulate on wheels	34.43

Source: Estimates based on internal agency quarterly reporting of VDS indicators. Period from 2013 - 2017



*In the last five years, health screenings increased by 336%.*

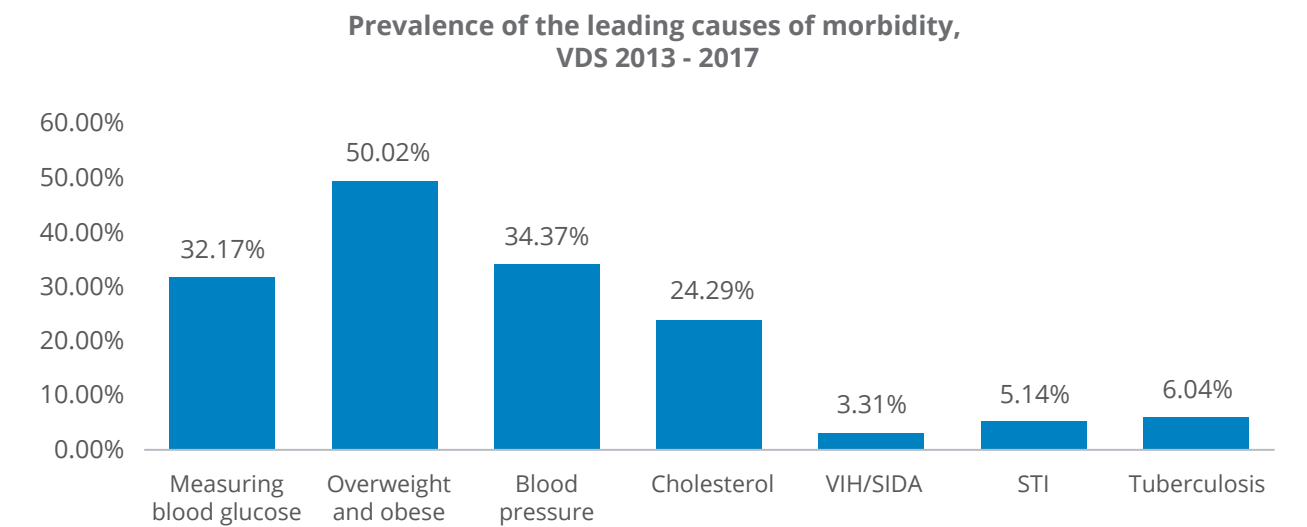
The above reflects the evolution of VDS Strategy and how these developments contribute to facilitating access to health care services for the Hispanic/Mexican population living in the United States, establishing a medical home for those who need it most and, through timely detection, contributing to the reduction of the number of visits to an emergency room.





*The results of the VDS Strategy demonstrate greater preventative health benefits for Hispanic/Mexican population living in the US.*

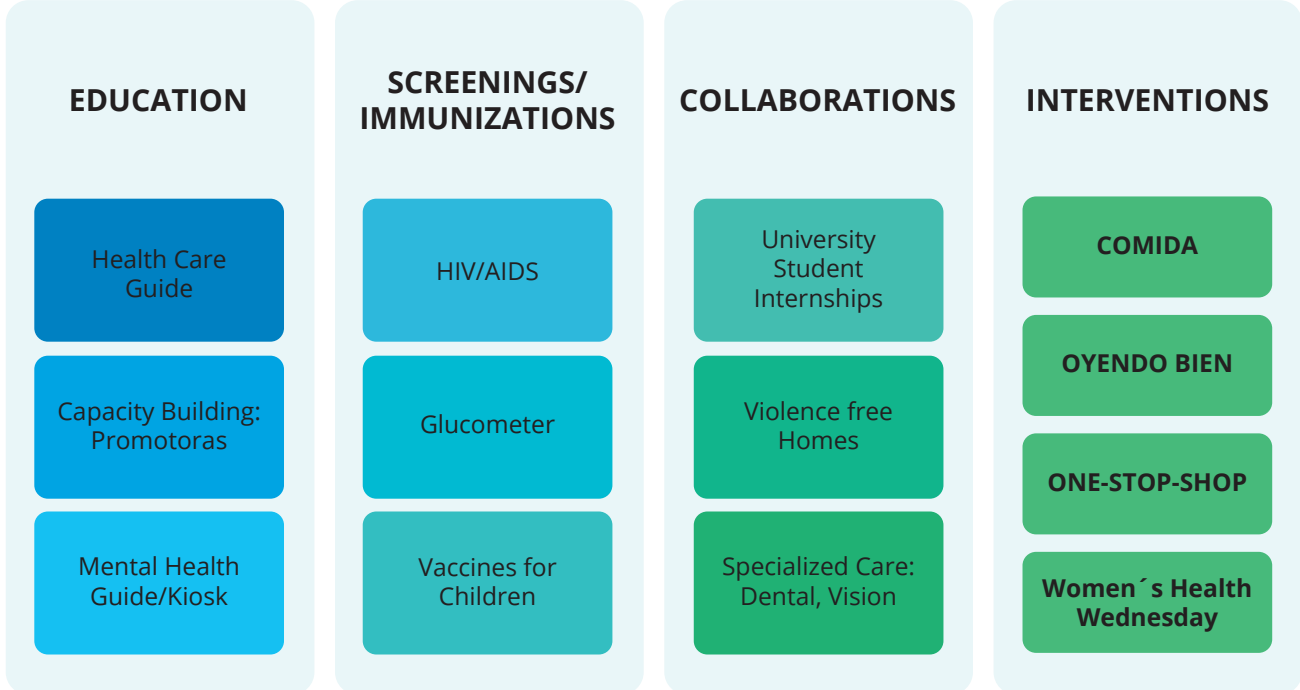
During this same period, among the prevalence of the main causes of morbidity treated in VDS are overweight and obesity (50%), high blood pressure levels (34.37%) and high glucose levels (32.17%).



Source: Estimates based on internal agency quarterly reporting of VDS indicators. Period from 2013 - 2017  
(<sub>1</sub>) includes counseling and orientation on prevention of Obesity/Metabolic Syndrome/Cholesterol  
(<sub>2</sub>) includes counseling and orientation on prevention of HIV/AIDS and STIs.



# BEST PRACTICES



# SUCSESSES



“Ventanillas de Salud: A Collaborative and Binational Health Access and Preventive Care Program” -June, 2017

## A UNIQUE STRATEGY

- ✓ The VDS are a multi-collaborative (SRE—SSA) and systemic practice created to meet the need to facilitate health care access and establish a medical home for the Hispanic/Mexican community in the United States.
- ✓ Represent permanent spaces in the consular network dedicated to the health of Mexican immigrants and their families.
- ✓ There is a support network made up of institutions and agencies specialized in health for each consular district.
- ✓ Mental health screenings and referrals as part of VDS services.
- ✓ VDS Strategy has become the main disseminator of preventative health programs in the United States, with the purpose of guaranteeing the right to health to all Hispanics/Mexicans, regardless of the territory where they are located.

**INSTITUTIONAL LEVEL:**

- ✓ Concrete results on the impact of VDS strategy.
- ✓ Development of key interventions based on community needs and urgency.
- ✓ Strengthening National Alliances.
- ✓ Key publications on the impact and analysis of VDS activities and programming.

## MULTISECTORAL COLLABORATIONS

- ✓ The VDS operate through multisectoral collaborations involving the network of consulates of Mexico, specialized agencies and more than 500 local partners that provide specialized services adapted to each consular district.
- ✓ VDS are one of the most successful models in influenza vaccination campaigns.
- ✓ The VDS Strategy increased screenings as part of its key services.
- ✓ Training in mental health services and screenings to the VDS network to strengthen attention and referrals for the prevention of mental disorders.
- ✓ Expansion of information campaigns with the VDS border sites, for the prevention of chronic diseases.




## VDS STRATEGY RECIPIENT OF THE INTER-AMERICAN AWARD ON INNOVATION FOR EFFECTIVE PUBLIC MANAGEMENT

On December 14, 2017, the Ventanillas de Salud Strategy was awarded the Inter-American Award on Innovation for Effective Public Management, by the Organization of American States (OAS).



## COMMUNITY IMPACT

The VDS strategy responds to the need of the Hispanic/Mexican population in the United States, by providing comprehensive health services, through culturally adapted preventative health and education, and health screenings in efforts to control the spread of diseases and reduce the use of emergency room services in lieu of a medical home.



*The VDS Strategy initially targeted the needs of Mexican Migrants living in the U.S., however, the VDS Strategy since its inception has continuously provided services to the Hispanic/Mexican community regardless of country of origin.*

The VDS strategy has made a positive impact on the health of the Hispanic/Mexican community in the United States through preventive services that allow identifying possible illnesses and raising awareness around the health status of the users.



Additionally, it contributes to the control of diseases and reduces the use of emergency room services (for non-emergency services) through health screenings, navigation on the public health system and the establishment of a medical home.



# VDS STRATEGY CHALLENGES

## OPERATION AND MANAGEMENT

- ✓ Implementation and trainings on the new Online Database System as part of the VDS operation.
- ✓ Increase the number of referrals and follow-up services to Hispanic/Mexican in the United States.
- ✓ Maintain and strengthen activities in efforts to reduce the prevalence to the main causes of morbidity treated in VDS (through screenings and in partnership with community health allies).



*VDS Strategy contributes to the control of diseases through health screenings and reduces the use of emergency room services while promoting and assisting in establishing a medical home through referrals and follow-up services.*



## USER HEALTH PROFILE

- ✓ High prevalence of overweight or obese users, high blood pressure, high glucose levels, and substance abuse, among others.
- ✓ Limited access to health insurance or free/low cost medical care, and limited income users.
- ✓ Consular circumscriptions with a high concentration of rural communities that are far from health services and at risk.

## SECRETARÍA DE SALUD

**Hilda Dávila**

[hilda.davila@salud.gob.mx](mailto:hilda.davila@salud.gob.mx)

**Gudelia Rangel**

[gudelia.rangel@saludfronteriza.mx.org](mailto:gudelia.rangel@saludfronteriza.mx.org)

**Juanita Lara**

[juani.lara@gmail.com](mailto:juani.lara@gmail.com)

**Angélica Lira**

[iangelica.lira@gmail.com](mailto:iangelica.lira@gmail.com)

## SECRETARÍA DE RELACIONES EXTERIORES

**Juan Carlos Mendoza**

[jmendozas@sre.gob.mx](mailto:jmendozas@sre.gob.mx)

**Vanessa Calva**

[vcalva@sre.gob.mx](mailto:vcalva@sre.gob.mx)

**Javier Maupomé**

[jmaupome@sre.gob.mx](mailto:jmaupome@sre.gob.mx)

**Josana Tonda**

[jtonda@sre.gob.mx](mailto:jtonda@sre.gob.mx)

**Leslie Martínez**

[lmartinez@consulmexny.mx](mailto:lmartinez@consulmexny.mx)



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## Ventanillas de Salud

