Binational Health Councils (BHCs)
Strategic Planning Meeting & Leadership, Information Technologies and Communication Workshop
June 25-27, 2008

SUMMARY REPORT

[Map of the United States and Mexico]

SUMMARY REPORT
SUMMARY REPORT:
Binational Health Council Planning Workshop
San Antonio, Texas
June 25-27, 2008

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>ii</td>
</tr>
<tr>
<td>Summary Report</td>
<td>1</td>
</tr>
<tr>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td></td>
</tr>
<tr>
<td>Methodology</td>
<td></td>
</tr>
<tr>
<td>Report of the Workshop on “Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health”</td>
<td>4</td>
</tr>
<tr>
<td>Binational Health Council Presentations</td>
<td>6</td>
</tr>
<tr>
<td>Presentation 1: Columbus/Luna County/Palomas</td>
<td>8</td>
</tr>
<tr>
<td>Presentation 2: El Paso/Las Cruces/Ciudad Juárez</td>
<td>8</td>
</tr>
<tr>
<td>Presentation 3: Presidio/Ojinaga</td>
<td>8</td>
</tr>
<tr>
<td>Presentation 4: Amistad (Del Rio/Ciudad Acuña)</td>
<td>8</td>
</tr>
<tr>
<td>Presentation 5: HOPE-K (Eagle Pass/Piedras Negras/Kickapoo)</td>
<td>9</td>
</tr>
<tr>
<td>Presentation 6: Los Dos Laredos (Laredo/Nuevo Laredo/Nuevo León)</td>
<td>10</td>
</tr>
<tr>
<td>Presentation 7: SMAC (Starr County/Miguel Alemán/Camargo)</td>
<td>10</td>
</tr>
<tr>
<td>Presentation 8: Hidalgo/Reynosa (Tamaulipas)</td>
<td>11</td>
</tr>
<tr>
<td>Presentation 9: Brownsville/Matamoros</td>
<td>12</td>
</tr>
<tr>
<td>Presentation 10: Arizona/Sonora (3)</td>
<td>12</td>
</tr>
<tr>
<td>Summary of Priority Issues &amp; Objectives</td>
<td>14</td>
</tr>
<tr>
<td>Summary of Binational Health Council Priorities and Recommendations</td>
<td>15</td>
</tr>
<tr>
<td>Panel of Organizations with Mandates for Border Health</td>
<td>16</td>
</tr>
<tr>
<td>Discussion – Next Steps</td>
<td>21</td>
</tr>
</tbody>
</table>

Appendices

| Appendix A: Bilingual Index of Organizations with Mandates for Border Health | 22 |
| Appendix B: Map of U.S.-Mexico Border Region | 23 |
| Appendix C: List of BHC Planning Workshop Invitees and Participants | 25 |
| Appendix D: Presentations of the Workshop on “Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health” | 29 |
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Special recognition and gratitude for outstanding contributions to the success of the Workshop is expressed to: Dr. Maria T. Cerqueira (Chief, PAHO/WHO U.S.-Mexico Border Office), Ms. Piedad Huerta (PAHO/WHO U.S.-Mexico Border Office), Dr. Fernando González Maese (Executive Director, USMBHA), and Mr. Paul Dulin, Director, Office of Border Health, New Mexico Department of Health.

Finally, appreciation is also extended to the Co-Presidents and representatives of the Binational Health Councils along the U.S.-Mexico Border for their dedication over the past six months to produce the work products leading up to this Workshop and the results that constitute this report.
Binational Health Council Planning Workshop  
San Antonio, Texas  
June 25-27, 2008  

Executive Summary

The Binational Health Council Planning Workshop was convened by the Texas Department of State Health Services, Office of Border Health at El Tropicano Hotel in San Antonio, Texas on June 25-27, 2008.

On June 25th, the Pan American Health organization sponsored a day of training for BHCs on the use of information and communication technologies.

The main order of business on June 26th was the presentation of nine (9) Binational Health Councils’ results of their strategic planning processes initiated over the past six months and the border health priorities identified in their respective regions. Three Arizona-Mexico binational health councils also shared information. The presentations were loosely structured as follows: background information on the region, BHC vision and mission, strategic planning process/results, local health priorities and work plans.

The objective on June 27th was to synthesize the information provided by the individual BHCs and to link these with border-wide organizations’ strategic planning and actions. Greater communication, coordination, and collaboration (the 3 C’s) among BHCs and state and federal organizations were emphasized.

The following Binational Health Councils were represented (in alphabetical order):
- Amistad (Del Rio/Acuña);
- Arizona/Sonora (3);
- Brownsville/Matamoros;
- Columbus/Luna County/Palomas;
- El Paso/Las Cruces/Ciudad Juárez;
- Hidalgo/Reynosa;
- HOPE-K (Eagle Pass/Piedras Negras/Kickapoo);
- Los Dos Laredos (Laredo/Nuevo Laredo/Nuevo León);
- Presidio/Ojinaga; Amistad (Del Rio/Ciudad Acuña); and
- SMAC (Starr County/Miguel Alemán/Camargo).

The following organizations were represented (in alphabetical order):
- BGC—Border Governors’ Conference Health Table;
- Texas DSHS—Department of State Health Services;
- OBH—Office of Border Health;
- PAHO—Pan American Health Organization;
- USMBHA—US Mexico Border Health Association; and

Binational Health Council (BHC) Planning Workshop Outcomes:

- The binational public health priority areas borderwide were defined.
  - The “Tier 1” priorities for all of the councils included:
    - Diabetes/obesity/nutrition (9 BHCs)
    - Tuberculosis (8 BHCs)
  - The “Tier 2” priorities (may be more regional or sub-regional) included:
    - Dengue fever (5 BHCs)
    - EWIDS/EPI (5 BHCs)
    - Mental health/substance abuse/domestic violence (4 BHCs)
    - HIV/AIDS, STDs (4 BHCs)

1 The Binational Health Councils (BHCs) are known broadly by their Spanish term as “cobinas”, consejos binacionales de salud.
The BHCs successfully positioned themselves as the regional voice and actors for public health along the border to representatives of the participating state, national and international organizations. Workshop organizers and participants emphasized the desire for greater communication, coordination, and collaboration (the 3 C’s).

The common thread among the binational health councils’ vision and mission statements was a collaborative approach to address public health issues as one community with shared priorities, information, resources and action steps to improve quality of life on both sides of the border.

There was consensus by workshop participants that the BHC Planning Workshop is an essential framework for developing local border health priorities and subsequently linking them to major border health organizations (i.e., USMBHC, USMBHA, and PAHO) through a 3 C’s process. By unanimous consent it was recommended that the Workshop framework be repeated at least once per calendar year and that the USMBHC Annual Meeting should be considered as the focal point for reporting outcomes.
June 25, 2008

The main order of business on June 25th was the Workshop on “Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health”

PAHO’s USMBO delivered the workshop Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health in accordance with its technical cooperation project that began in February 2007. Its purpose was to strengthen the USMBHA’s institutional capacity, leadership, and the communication and information mechanisms of the BHCs and its governing bodies. The workshop was intended for the BHC’s Co-Presidents, the Executive Committee, and other USMBHA’s partners and collaborators.

Workshop Objective
To strengthen the capacity for using information and communication technologies, the Virtual Border Health Library (VBHL); leadership, negotiation, strategic planning and development of binational border collaboration between the Binational Health Councils.

Instructors:
- Maria Teresa Cerqueira, Chief, PAHO/WHO, USMBO
- Lorely Ambriz, Information and Knowledge Management Advisor/ Librarian, PAHO/OMS, OFMEU
- Luis Gutiérrez, Information Systems Analyst, PAHO/WHO, USMBO
- Ixhel Escamilla, Healthy Border Alliance Advisor, PAHO/WHO, USMBO
- Ross Corral, Information and Electronic Systems Specialist, USMBHA
- Piedad Huerta, Health Promotion and Social Communication Advisor, PAHO/WHO, USMBO

Workshop Introduction
Ms. Piedad Huerta introduced the workshop (introduction attached). The introduction included PAHO’s and USMBHA’s historical context, the workshop’s and the initiative’s technical cooperation objectives, the main activities that had taken place and those yet to be done, the proposed methodology, and the pre- and post-evaluation as well as follow-up to the project.

Topic: Leadership and Negotiation Strategies and Tools
Dr. Maria Teresa Cerqueira facilitated this session (presentation attached), which covered the following topics:
- Leadership competencies and abilities
- Skills and strategies for negotiation
- Strategic Planning and analysis of key players (stakeholders) strengths, opportunities, weaknesses and threats (SOWT)

Topic: Information and Use Search Strategies for the Border Health Virtual Library –BVSF-
Ms. Lorely Ambriz facilitated this session (presentation attached) that described various information searching strategies:
- Refined searches using the controlled vocabulary developed by BIREME, Health Sciences Describers.
- Reverse searches using the scientific journals portal
The contents of the BHVL were also reviewed and their relevance to the border (www.borderinfo.org)
- Structure of the BHVL site
Bibliographic databases, directories of events, institutions, projects and researchers.

- Advisory Committee Structure, Executive Secretariat, Working Groups and the BHVL’s information flow
- BHVL’s use to index, archive and disseminate scientific production and gray literature regarding US-Mexico border health
- Using BHVL to avoid duplication of efforts in US-Mexico border health research
- BHVL as part of the global and regional initiatives (Americas)

**Topic: Geographic Information Systems/Tables**

Mr. Luis Gutiérrez presented PAHO’s Basic Health Data of the Regional Initiative and the components that are being developed for the border region. Additionally, the Geographic Information System was presented as a tool to support the analysis of the health status (presentation attached).

**Information and Communication Technologies Workshop:**

**Elluminate and Collaboration Site SharePoint**

For this workshop, the participants were transported to the Computer Lab of UT San Antonio’s Science Center. The participants were divided in two groups. A group was directed by Ms. Lorely Ambriz supported by Ross Corral, the second group was led by Mr. Luis Gutiérrez along with Ms. Ixhel Escamilla’s help. In these groups, the participants explored the different tools provided by Elluminate’s virtual meetings and practiced the different functions of the Share Site designed specifically for the BHCs Co-Presidents.

PAHO/WHP, USMBO has made available to the USMBHA, the BHCs, the members, and governing bodies Elluminate to facilitate virtual meetings as well as a ShareSite so they can exchange information and communication with their members. At the same time PAHO offers assistance to facilitate meetings, to build capacity and to strengthen institutional capacity. Since the USMBHA is an active partner of the BHVL, it already has a virtual site in the Library that allows it to promote its projects and studies as well as getting instruction for learning its use.

**Follow-up and evaluation**

Two surveys were administered prior to the meeting to obtain a base line regarding the knowledge and experience the participants had about the different methodologies and technologies. The materials and the session’s contents were adjusted as much as possible to advance and strengthen the participant’s prior knowledge. The use of the shared BHC site will be monitored to evaluate the implementation of the skills and knowledge acquired. An evaluation will also be conducted at the end (2008) to assess the retention of competencies and knowledge regarding leadership, negotiation, and strategic planning.

**Strategic planning sessions**

The PAHO/WHO, USMBO team participated in the strategic planning sessions organized and coordinated by the Texas Department of Health’s Office of Border Health and the USMBHC. The BHC Co-Presidents presented their recommendations obtained from the analysis of their priorities and work plans for 2008. The representatives from the participating agencies formed a panel. They took notes and suggested ways to improve the BHC’s plans.
Conclusions

The BHCs are the USMBHA’s operating entities. It is in their meetings and activities where public health professionals from both sides of the border get together in the different sister cities. It is thus imperative that their capacity be strengthened in different ways and that avenues be open to allow them to address the agencies that are in charge of defining priorities at the binational level, the mobilization of resources, and of the implementation of technical cooperation and advocacy regarding the health of border communities.

Without a doubt, the workshop Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health and the BHC's Strategic Work Plan Meeting: Convening with decision makers (representatives of agencies in charge of making decisions for public health along the border), are undertakings that contribute to the empowerment of local efforts. Such empowerment requires the commitment of the stakeholders: the BHC Co-Presidents and the members who now have the opportunity to improve their communication and dissemination of information using the technological tools that were placed at their disposal. The agencies that convened the meeting have the obligation to follow-up and procure the mechanisms that will sustain this initiative. The decision-making agencies have the obligation to listen and articulate the felt and spoken priorities expressed by local and state public health workers along the border.

June 26, 2008

Binational Health Council Presentations

The main order of business on June 26th was the presentation of nine (9) U.S.-Mexico Binational Health Councils' (BHCs') results of their strategic planning processes conducted over the past six months and the health priorities in their respective regions. Three Arizona-Mexico binational health councils also shared information. The following represents a synopsis of these proceedings, focusing on the vision, mission, health priorities and comments in brief.

Welcome and Introduction: Dr. Ronald J. (RJ) Dutton, Director, Office of Border Health, Texas Department of State Health Services (DSHS), welcomed the workshop attendees. Dr. Dutton recalled that the Texas DSHS had supported the Binational Health Councils for ten years through a conference in Laredo, Texas called “Los Dos Laredos Health Conference”. Dr. Hector González, Co-President of Los Dos Laredos and Director of the City of Laredo Health Department, was recognized for his leadership in sustaining that effort.

Purpose: Ms. Kassie Rogers, DSHS Office of Border Health (DSHS-OBH), facilitated the day’s workshop. Ms. Rogers explained that work on the conference began in January 2008, when the Office of Border Health (OBH) designed a strategic planning process and invited the health councils to participate. Interest spread from Texas to New Mexico, Arizona, and California. The product of the workshop will be a report to the Priority Setting Committee of the U.S.-Mexico Border Health Commission (USMBHC). The report will contain, as a single voice, the top five health priorities on the border from the perspective of the local binational health councils. The second goal of the workshop is to position the BHCs as the local voice and action on border health issues with the state and federal agencies. The third goal of the workshop is to continue the “3 C’s”: Communication, Coordination, and Collaboration, planning and actions among all the entities working on Border Health.3

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2 The Binational Health Councils (BHCs) are broadly known by their name is Spanish as “cobinas”, consejos binacionales de salud.
3 The “3 C’s” initiative began in October 2005.
Methodology: In January 2008, the Texas Outreach Office (TORO) developed a Strategic Planning Process to be used by the local Binational Health Councils for the creation of Local Binational 1-3 year Workplans. The New Mexico Outreach Office had begun work on a similar process with the Columbus/Luna County/Palomas BHC. Using the New Mexico process and experience as a starting point (special thanks to Mr. Paul Dulin, Director, Office of Border Health, New Mexico Department of Health for his invaluable assistance), TORO developed an expanded process which was used by all 8 Texas BHCs. Key steps in the process are described below:

1. Letters were sent to the Co-Presidents of each of the 8 BHCs, inviting them to participate in the process.
2. A Strategic Planning Workbook was developed by TORO to guide the BHCs through the process.
3. TORO/OBH staff and contractor facilitators assisted the BHCs with defining Vision, Mission and Priorities for their region. After public health priorities were defined, the groups identified gaps, root causes and/or other areas for work within the priority areas. A key tool for this step was a Gap Analysis Matrix to review the Ten Essential Public Health Services coverage for each of the Priority Areas within the local region. They then developed 1-3 year work plans using either the Management by Objective Format or the Logic Model format.
4. Co-Presidents and two other Council representatives were invited to present the results of the Strategic Planning process during the final workshop. Presentation templates were developed by TORO and sent to each of the BHCs to assure similarity and comparability among the presentations. Travel support for the participants was provided.

For copies of the Workbook and other tools used in this process, go to: http://www.dshs.state.tx.us/borderhealth/BHC.shtm

Presentation 1: Columbus/Luna County/Palomas, represented by Ms. Kathryn Ritterbusch

The goal of the strategic planning process was to develop a comprehensive plan that considers public health in a binational setting, providing guidance for future public health programming involving all relevant stakeholders, and a basis for obtaining additional resources to finance public health services on both sides of the border.

Nine priority binational health areas were identified:

1. Remodeling the Palomas Centro de Salud (Health Care Center) to increase their capacity to see people.
2. Epidemiology surveillance and control of infectious/communicable diseases (TB, STDs, influenza)
3. Improving collection and exchange of epidemiological information
4. Developing binational “promotora” (community health workers) corps in Palomas, Chihuahua
5. The development/expansion of binational health education and promotion addressing:
   a. Information and access to health services in the binational corridor
   b. Prenatal care
   c. Immunization coverage
   d. Family planning and teen pregnancy prevention
   e. Obesity and diabetes
   f. Substance abuse and behavioral/mental health. (Crystal methadone was mentioned in particular.)
6. Coordination of health services and referral protocols
7. Improvement and sustainability of emergency management services to strengthen capacity of first responders
8. Preparedness for and response to regional health emergencies, such as pandemic influenza
9. Protocols to regulate Mexican nationals entering the US Port of Entry in Columbus to seek health/medical services

Ms. Ritterbusch stressed the importance of including mental health among border health priorities and planning. She cited fifty (50) cases of suicide in Luna County (New Mexico) that she considered preventable over the last six years.

Paul Dulin, New Mexico Department of Health/Office of Border Health, explained that this BHC identified nine (9) priorities, as opposed to the five (5) asked of the Texas-Mexico BHCs, in order to include the mandates specific to the New Mexico Department of Health and 20+ organizations involved.
**Presentation 2:** El Paso/Las Cruces/Ciudad Juárez, represented by Dr. Alejandro Suárez Pérez

**Vision:** Health without borders and without barriers.

**The five (5) priority binational health issues identified were:**
1. Diabetes
2. Obesity
3. Tuberculosis
4. Sexually Transmitted Disease (STDs)
5. Addiction & Substance Abuse

Dr. Suarez stressed the importance of not losing sight of their mission: to always work for health.

Drug-resistant forms of TB are appearing in the region, in part due to interrupted treatments and the lack of patient awareness of the need to continue treatment. It is important to track the epidemiology and to connect patients with the services needed. On the Mexican side, there is a need to inform and immunize the public and to expand programs for immunization, such as the National Program for Tuberculosis.

**Presentation 3:** Presidio/Ojinaga, represented by Dr. Jesus Manuel Acosta

**Vision:** A united border population with their health problems resolved through shared responsibility.

**Mission:** To work together responsibly to help maintain the well-being of the border population in Presidio and Ojinaga through identifying health problems in order to implement problem-solving strategies.

**The five (5) priority binational health issues identified were:**
1. Adolescent Health
2. Diabetes/Obesity
3. Respiratory Problems
4. Tuberculosis
5. Problems related to environmental sanitation

Presidio-Ojinaga identified environmental conditions contributing to health concerns, including: poor air quality linked to respiratory problems; lack of access to potable water; and the need to improve refuse collection and recycling services. Dengue is a common problem linked to (the lack of) sanitation.4

Kassie Rogers, DSHS-OBH, observed that a common theme was beginning to emerge in that the public health priorities identified are not data-based. Another common theme in the presentations was requests for funding.

Ms. Rogers suggested the BHCs and OBH could seek funding to begin data collection. She encouraged each of the workshop participants to identify two or three indicators per theme (public health priority). If the group were to establish a concrete set of indicators, they would be in a much better position to look for funds to collect data, or, if data were already collected, then to seek funds for activities addressing public health concerns.

**Presentation 4:** Amistad (Del Rio/Ciudad Acuña), represented by Dr. Héctor Mario Guerra and Dr. Gerardo Medina Flores

**Vision:** Del Rio and Ciudad Acuña, united for health.

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4 Discarded materials [cans, tires, etc.] can hold standing water where carrier mosquitoes breed.
**Mission:** To assure that the community and the systems of public health are informed, prepared and can adequately respond to any public health event.

**The five (5) priority binational health issues identified were:**
- Strengthening the Organizational and Fiscal Capacity of the BHC
- Obesity and its Consequences
- Tuberculosis
- Dengue Fever
- Early Warning Infectious Disease Surveillance System (EWIDS)

Dr. Medina mentioned domestic violence as another serious health problem. He noted the strong support of non-governmental organizations (NGOs) as well as initiatives at the three levels of government: municipal, state, and federal.

Mr. Guerra mentioned that the BHC will sponsor at least three educational activities to address TB and one of these programs will be getting some funds. While these funds may be used on the U.S. side, it is unclear whether they can be used on the Mexican side.

Dr. R.J. Dutton, DSHS-OBH, commented that the levels of obesity are higher on both sides of the border than in the interior of either the U.S. or Mexico. The DSHS Office of Border Health is applying for resources for the BHCs to undertake projects in health priority areas, such as obesity/diabetes.

Dr. Brian Smith, DSHS Region 11, Harlingen, said that the states of Nuevo León, Tamaulipas and Texas have jointly developed a list of EWIDS conditions that was approved at state and local levels. He offered to share the list with the BHCs. He directed interested parties to contact Dr. Allison Abel Banicki (DSHS-OBH).

**Presentation 5:** HOPE-K (Eagle Pass/Piedras Negras/Kickapoo), represented by Chief Roy De La Cruz

**Vision:** Committed to effective coordination, collaboration and communication among the local public health systems.

**Mission:** To promote good health, welfare and quality of life by providing to our community: information, education, and access to public health systems.

**The six (6) priority binational health issues identified were:**
- Strengthening the Organizational and Fiscal Capacity of the BHC
- Dengue Fever
- Diabetes/Obesity/Nutrition
- Tuberculosis
- Mental Health
- Early Warning Infectious Disease Surveillance System (EWIDS)

Mr. De La Cruz explained that the HOPE-K presentation was "exactly like" that of the Amistad BHC. He explained that the BHCs are located near each other and they utilize the same people. The Amistad and HOPE-K BHCs were together until 2001 when they split into individual councils. The Kickapoo Traditional Tribe of Texas, a sovereign nation, joined HOPE-K in 2001, making it a tri-national health council.

For dengue prevention and control, the BHC will use the data collected in Piedras Negras. They plan to do joint spraying/abatement. Piedras Negras has offered to test suspect patients for dengue for the U.S., because the U.S. doctors are reluctant to pass along the expenses of testing to patients. HOPE-K considers substance abuse as part of mental health. In their region, substance abuse mostly refers to alcohol.
**Presentation 6:** Los Dos Laredos (Laredo/Nuevo Laredo/Nuevo León), represented by Dr. Héctor González and Dr. Fernando González Rubalcava

**Vision:** To promote bi-national coordination, communication and joint activities between the U.S. and Mexico to foster a better understanding and response to public health threats and health care needs through mutual and fraternal assistance.

**Mission:** To coordinate and jointly work on public health needs, disease control, wellness, surveillance and preparedness to improve the quality of life for Los Dos Laredos.

The BHC created five (5) permanent sub-committees and added environmental health in 2007 as one of their new priorities.

**The five (5) priority binational health issues identified were:**
- HIV/AIDS
- EWIDS
- Nutrition/Obesity
- Tuberculosis
- Environmental Health

With HIV, the committee is working with Nuevo León. They are testing truckers for HIV in Nuevo Laredo, Laredo, Anahuac, and Monterrey. Citing an example of the severity of the problem with HIV in Laredo, Dr. Gonzalez reported that in 2007 they had 17 new HIV-positive cases; eight (8) in women of fifteen (15) to thirty (30) years of age. The BHC has decided to work on this issue jointly to do testing and health promotion.

Dr. Fernando González Rubalcava spoke for Nuevo León, the newest member of the BHC. He affirmed that the incidence of diabetes/hypertension in the region is among the highest indices in Mexico. Dr. F. González mentioned that they have a very important challenge with mental health in the form of domestic violence.

The three projects that Nuevo León had identified as priority areas were:
- HIV/AIDS
- Tuberculosis
- Dengue

Dr. F. González discussed the relationship between TB and diabetes. Twenty percent (20%) of their TB patients also have diabetes. In addition, twenty-five to thirty percent (25-30%) of their HIV patients also have TB.

**Presentation 7:** SMAC (Starr County/Miguel Alemán/Camargo), represented by Ms. Nancy Keene, Ms. Toni Botello and Dr. Juan Joel Barrientos Duque.

**Vision:** To facilitate a healthy environment for citizens on both sides of the border.

**Mission:** To promote the health and living conditions of the people living alongside the border of the United States and Mexico.

**The top five (5) health priority areas identified were:**
- Diabetes/Obesity
- Domestic violence
- Cardiovascular disease
- Uninsured
- Mental health
On the U.S. side of the border, they have the issue of the uninsured. Starr County is the poorest county in Texas, with a median annual income of fourteen-thousand dollars ($14,000) per household. By comparison, the median annual income in Texas is thirty-four thousand dollars ($34,000). On the Mexican side, the uninsured are not an issue [in Mexico, medical care is guaranteed to all citizens by the federal government]. Many Starr County residents cross the border into Mexico for health, dental and mental health care.

When the BHC refers to mental health among the priorities, they are referring to addictions. They have worked on domestic violence as a priority issue for more than 10 years, but list the two issues separately.

The region has limited resources. Starr County works closely with Miguel Alemán and Camargo. Ms. Botello considers that this close collaboration is the only way they can afford public health services for the community.

Presentation 8: Hidalgo/Reynosa (Texas-Tamaulipas), represented by Mr. Eduardo Olivarez and Dr. Gloria Leticia Doria

Vision: To facilitate a safer, healthier living and working environment for citizens on both sides of the border.

Mission: A bi-national public health committee that will work with both the Texas and the Tamaulipas border to promote the improvement of the health and living conditions of the people in public health issues.

The top five (5) health priorities identified were:

- Dengue fever
- Food-born illnesses (Hepatitis A, Salmonella, etc.)
- Infectious diseases (Varicela, Hepatitis C, Pertussis)
- Diabetes
- Tuberculosis

Hidalgo is the second fastest growing region in the United States at a rate of thirty-two percent (32%) annually. The BHC includes the Mexican cities of Rio Bravo, Diaz Ordaz and Reynosa.

In 2005, an outbreak of dengue in Tamaulipas resulted in 7,000 confirmed cases and 23 deaths. Mr. Olivarez observed the Texas public and private health care systems do not test for dengue. There are no reported cases in Texas, but he considers that this is because there is no testing. The BHC is working with the Texas private medical sector to begin testing.

Mr. Olivarez stated that, in Hidalgo County, there were over 75 confirmed cases of TB in 2007, and he expects there to be over 100 cases this year. They currently have ten cases of multi-drug resistant TB, including one that is most likely super-drug resistant. They are seeing many more drug resistant cases of TB. Dr. Doria said that in her jurisdiction they have around 300 TB cases per year.

A main problem contributing to dengue is the abandoned flat/shredded tires left behind by truckers. These collect standing water where mosquitoes can breed. They are working to create a program to reward people for collecting and properly disposing of tires.

Dr. Guillermo García of the Amistad BHC offered the following information: In Ciudad Acuña, CEMEX has a program that has recycled around 60,000 tires, but they still have an estimated 100,000 tires remaining. Customs has prohibited importation of used tires, but they still get through the border.

Mr. Olivarez noted that Mexico has a program to get rid of tires in Nuevo Laredo, where the municipality is buying tires. There have been similar programs on the Mexican side of the border. CEMEX incinerates tires for fuel. The
Hidalgo/Reynosa BHC had a meeting with the U.S. Environmental Protection Agency (EPA), but was told that it is illegal to burn tires for fuel in the United States.

**Presentation 9: Brownsville/Matamoros, represented by Mr. Arturo Rodriguez and Dr. José Luis Robles López**

**Vision:** To have the Brownsville-Matamoros sister cities collaborate in public health issues that benefit the region.

**Mission:** To positively impact the living conditions of the people of the Brownsville-Matamoros region by improving the quality of life through health promotion, health education, and disease prevention.

**The top five (5) binational health priorities identified were:**
- Obesity
- Diabetes
- Dengue
- Teen Pregnancy
- HIV

Brownsville/Matamoros stressed the need for greater communication and collaboration between the BHCs and state and federal agencies like the OBH and the USMBHC. They also observed a need for assistance in capacity building from agencies such as PAHO.

Dr. Jorge Sebastián Hernández Rodríguez, USMBHC, Mexico Section, offered comments on behalf of the state of Tamaulipas. He expressed his approval of developing a strategic model based on scientific methods. Securing the funding for implementing these various strategies continues to be an issue. The resources are limited and it is best to define the priorities.

The BHC is looking at testing for dengue in Texas suspect patients on the Matamoros side of the border. There is a reluctance to test on the U.S. side because the majority of insurance plans do not cover the cost.

**Presentation 10: Arizona/Sonora**

Three BHCs from the Arizona-Mexico border gave brief presentations. They followed a slightly different format, as these BHCs did not go through the same strategic planning process as did those of New Mexico- and Texas-Mexico.

**Yuma – San Luís, Arizona / San Luís Río Colorado, Sonora (AKA Yuma – SLRC COBINA)— represented by Dr. Jose Luis Muñoz, and Dr. Joel Godinez López**

This BHC for San Luís/Río Colorado Sonora and Yuma, Arizona has been working for the past eighteen (18) years and meets every three months. The BHC created sub-committees assigned to each of their health priorities. The environmental sub-committee had a program to study environmental problems and to work on the “Patio Limpio” program for mosquito prevention. Mosquito prevention efforts include cleaning up discarded plastics and tires. The committee for adolescents includes work on teen pregnancies. The sub-committee for children has a binational project for vaccines.

The BHC performed a study of people with chronic illnesses. They are in the first phase of training for a EWIDS program. The sub-committee on epidemiology works on TB. They seek out TB patients by going into the communities and homes. They track TB patients and treat them. This BHC has held an annual symposium on TB for fourteen (14) years. They invite doctors from Baja California, Sonora, Arizona and the Federal District.
- **Nogales, AZ-Nogales, Sonora, represented by Mr. Jesus Kataura y Dr. Vicente Soto Acosta**

The sub-committees focusing on public health priorities are:

- Chronic Illnesses
- EWIDS
- Adolescent Health
- Domestic Violence

They also added a sub-committee for domestic violence.

- **Southeast Cochise County / Northeast Sonora  (AKA Douglas/Agua Prieta COBINA), represented by Susan B. Peru and Dr. Cesar Torres Camacho**

The sub-committees focusing on health priorities are:

- Adolescent and maternal health
- Chronic and communicable diseases
- Epidemiology, which encompasses the EWIDS program
- Mental health

Ms. Peru described their experience with the Teen Maze. The teens have to play out a scenario “like the game of life”. As a result of the game, the BHC has reported a decline in teen pregnancies. The Maze has stations for: substance abuse, mental health, self-image, nutrition, pregnancy. The program has cooperation from different agencies, including the fire department, the police department, and the police explorers. They started with about 200 teens participating in a Maze and they now have 600 teens at a time. They have completed about six or seven Mazes to date. Ms. Peru was asked to write up their experience with the Maze to share broadly with the BHCs via the Association’s website.

**Dr. Cesar Torres Camacho**, Mexican co-president of Northeast Sonora/Cochise County, highlighted the program called “casas saludables” (healthy homes) in Sonora. The strategy is to go into the community with health workers and disseminate information to people on the streets and in their homes. This program has improved all the health indicators. They look at aspects of chronic illnesses as well as birth control and maternal care. Other important issues are child vaccines and the “Patio Limpio” (Clean Patio) program to control mosquitoes and prevent dengue.

The health priorities identified in Sonora were:

- Teen pregnancy
- Child Vaccinations
- Diabetes
Summary of Priority Issue & Objectives

Dr. Brian Smith, DSHS Region 11, Harlingen, noted the importance of improving surveillance to identify root causes and increase data entry in three areas:

1. Tuberculosis. Along the border there is a universal need on both sides for funding and there are higher rates of TB related to poverty and immigration from the South.
2. Teen pregnancy. The BHCs can use the local vital statistics. Teen pregnancy is an indicator of other risks, such as: STDs, teen obesity, and family disintegration.
3. Surveillance with binational data exchange, including EWIDS.

Paul Dulin, NM OBH, confirmed that, in the case of New Mexico, the data is poor. They have a problem with their legislation, such that the exchange of epidemiological information is restricted. They hope to change this in the next legislative session.

The problems along the border are similar in terms of chronic illnesses. Medical and private health care agencies should practice public health through promotion and prevention. But the BHCs need sufficient resources to have an impact.

Kathryn Ritterbusch, Columbus/ Luna County/Palomas, emphasized that substance abuse should continue to be a priority. Mental health is among the Healthy Border 2010 health priorities.

Clemente Villalpando, USMBHC, Mexico Section, proposed that the group come up with something very concrete to begin working to reduce the indices of illnesses along the border. The group should choose one priority issue and focus its efforts and resources in that area.

Dr. R.J. Dutton, DSHS-OBH, emphasized that the BHCs have their priorities, but the BHCs need to see a unified border region in terms of common priorities and to communicate these priorities to agencies at state and federal levels. It is important to have data to support the selection of public health priorities.

Roberto Guerrero, BGC, explained that the four U.S. border states are applying for funding from the U.S.-Mexico Border Health Commission. Fundamental decisions made by the four states were that they would not compete with each other over funding and that they would increase funding to BHCs. They are planning to request funding for the BHCs to be able to focus on an issue for a year, culminating in Border Binational Health Week. They are incorporating the recommendations of the BGC’s health work table, for which one top priority issue is diabetes/obesity.

Dr. Larry Kline, USMBHC, noted that the funding sources want to fund something where there is a closed loop of action with measurable results. He encouraged the BHCs to focus on a few priorities and be clear on the programs they want to implement. BHCs need to take some of these priorities and build in data-driven goals.

Piedad Huerta, PAHO, emphasized that the public health priorities should be defined by the local binational health councils and move up (to the higher level agencies); and not the other way around.

Kassie Rogers, DSHS-OBH, discussed the matrix used for the BHC strategic planning workshops. She felt many of the Ten Essential Services of Public Health include activities that can be done locally with existing resources. For example, Ciudad Acuña discussed weighing and measuring schoolchildren (for diabetes/obesity prevention) – an activity that does not require a great deal of money. The councils need to look at what they can do independently at the local level. If the councils have data, they have the ability to apply for grants at the local level. She discouraged dependence upon the state and federal government for funding.
June 27, 2008

The main objectives of the workshop on June 27th were: (1) to summarize common themes in the binational health council presentations of the previous day; and (2) to link the binational health councils with state and federal organizations with mandates to improve border health.

Summary of Binational Health Council Priorities and Recommendations

Mr. Paul Dulin, New Mexico Office of Border Health, presented a synthesis of the binational health council (BHC) presentations that took place on June 26, 2008. The BHCs presented the results of their respective strategic planning processes and the binational health priorities identified in Spring 2008.

The vision and mission statements of the BHCs each emphasized a binational approach to shared health priorities, actions and solutions.

The public health priorities of New Mexico- and Texas-Mexico BHCs:

<table>
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<th>Issue</th>
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<th>Palom Luna</th>
<th>EPJLC</th>
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<th>Amistad</th>
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<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td>x</td>
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<td>x</td>
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<tr>
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<tr>
<td>Teen Pregnancy and Health</td>
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The “Tier 1” priorities included:
- Diabetes/obesity/nutrition (9 BHCs)
- Tuberculosis (8 BHCs)

The “Tier 2” priorities included:
- Dengue fever (5 BHCs)
- EWIDS/EPI (5 BHCs)
- Mental health/substance abuse/domestic violence (4 BHCs)
- HIV/AIDS, STDs (4 BHCs)

Tier 1 priorities are considered borderwide with actions required by all BHCs. Diabetes/Obesity appeared as a priority for all of the BHCs, and half of them listed this as their number one issue. Tuberculosis appears along nearly the entire border, and there are intentions to continue fighting TB.
Tier 2 priorities may be more regional or sub-regional issues. For example, dengue is not yet an issue in California or New Mexico, but it is a priority along the Texas-Mexico border.

Mr. Dulin emphasized the need to focus on specific health priorities, rather than trying to resolve all health issues with the same intensity. There are not enough resources. On the other hand, certain priorities are mandated by law, such as infectious diseases. Mr. Dulin observed an overarching strategic focus in the BHC presentations, including an emphasis on: chronic illnesses and their co-morbidities; child and adolescent health; infectious diseases; and increasing access (to health services) and health promotion.

The strategic plans of the BHCs collectively represent a strategic plan for the entire border, and this should be recognized by the USMBHC, USMBHA, PAHO and others.

Several structural issues were mentioned consistently by BHCs, such as: poverty, violence, and the lack of a comprehensive and equitable immigration policy. Government priorities for funding (i.e. treatment over prevention) and top-down priority setting also present barriers. BHCs face exploding population growth and increasing demand for health services in their regions, but they have static or diminishing resources. In addition, the binational health councils need to build organizational capacity and require support for: planning and evaluation; administration; fundraising; data collection and analysis; and communication protocols and systems.

The challenge to the municipal, state, binational and international organizations (USMBHC, USMBHA, PAHO and Offices of Border Health, and local governments) is to embrace the strategic priorities of the BHCs and integrate these into their institutional strategies. Another challenge is to advocate for funding for border health and all the activities here proposed.

Mr. Dulin believes the Commission (USMBHC) should focus its priorities on those of the binational health councils. The Commission should develop binational policies and seek sustainable funding to facilitate the implementation of the activities proposed. USMBHA should serve to convene the BHCs, facilitate organizational strengthening, and act as an administrative entity to facilitate the implementation of activities of the councils on both sides of the border. The Association can also support the exchange of best practices. PAHO should provide a high level of technical assistance, support research, and undertake data collection and management to strengthen the capacity of the BHCs in areas of planning, management and evaluation. State and local health authorities should validate the vision and mission of the councils, and support the BHCs as formal organizations.

The Offices of Border Health in the U.S. and State Health Services of Mexico should develop policies and facilitate coordination between the councils and other actors in the region to ensure the impact and effectiveness of BHC-coordinated activities and ensure compliance with state public health mandates.

Panel of Organizations with mandates for Border Health

Eight panel members convened on the final day of the workshop to represent the state, national and international organizations with mandates for border health. The objective was to consider how to bring the health priorities of the local binational councils into the strategic plans of these agencies and to identify concrete actions for greater communication, collaboration and cooperation. The panel was presented with four questions prepared by the workshop coordinators and each panel member was asked to respond. Piedad Huerta, PAHO, facilitated the discussion. A summation of the discussion follows.
The panel members included:

- Mr. Eduardo Olivarez, (Director, Hidalgo County Health Department) President, U.S.-Mexico Border Health Association (USMBHA)
- Mr. Robert Guerrero, (Director, Arizona Office of Border Health) US Co-Chair, Border Governors’ Conference (BGC) Health Work Table
- Dr. Fernando González, Executive Director, U.S.-Mexico Border Health Association (USMBHA)
- Dr. Maria Teresa Cerqueira, Chief of the Border Office, Pan American Health Organization (PAHO)
- Dr. Antonio Falcón, Texas Member, U.S.-Mexico Border Health Commission (USMBHC)
- Mr. Clemente Villalpando, Executive Secretary of the Mexico Section, U.S.-Mexico Border Health Commission (USMBHC)
- Dr. Larry Kline, California Member and Co-Chair of the Priority Setting Committee, U.S.-Mexico Border Health Commission (USMBHC)
- Dr. Abelardo García-Cantú, Nuevo Leon Member and Co-Chair of the Priority Setting Committee, U.S.-Mexico Border Health Commission (USMBHC)

Question #1: Having heard the summary of the results of the Strategic Planning Workshops at the local level with the Binational Health Councils, what opportunities can you see to use these Priorities in your agencies’ own Priority Setting Process?

Robert Guerrero, BGC, explained that the Border Governors’ Conference Health Work Table develops joint resolutions that all ten border states will agree on. Normally these are recommendations or action items asked of the federal government. This year the BGC is addressing both of the Tier 1 priorities: Diabetes/Obesity and Tuberculosis. They have a resolution for the development of protocols for sharing epidemiological information and another that is more EWIDS specific.

This is an opportunity for the BGC to make these recommendations or joint resolutions (based on the BHCs’ priorities) to the state governments. The BGC takes an issue that is local and raises it up so it can be dealt with along the entire border.

Abelardo Garcia, USMBHC, emphasized that the BHCs and agencies should work as a whole and raise funds. The Councils and agencies can try to help each other, to collaborate and to speak in one voice so that they are all stronger.

Larry Kline, USMBHC, stated that the key is to understand that what is expected of the agencies is not only money. He opined that, in fact, there is no one voice, no one priority, no one dynamic that speaks for the border. The BHCs and agencies can make a change and have impact if they continually address the focus of what they are doing.

The USMBHC has the challenge of trying to focus their priorities on the 2010 agenda. The Commission’s Priority Setting Committee sent questionnaires to all the stakeholders to hear what they thought was important. They set general categories of priorities for the Border Commission, which were: Access to Care; Research and Data Collection; and Health Education and Promotion. Dr. Kline said that he looked forward to bringing the meeting summary to the Commission and trying to move the BHC priorities forward as much as possible.

Clemente Villalpando, USMBHC, emphasized that action is needed. The Commission wants to look at the possibility of organizing BHC meetings twice a year. The priorities of the most of the BHCs are the same. It is clear that the priorities on the border require action plans generated by the BHCs, so that the public health authorities can implement them.

Antonio Falcon, USMBHC, noted the importance of running parallel tracks as well as taking a horizontal approach. He encouraged the BHCs to continue to ask themselves what can be done at the local level.
**Maria Teresa Cerqueira, PAHO,** observed that being aware of the BHC priorities makes the agencies look at their own strategic plans to see if they are working along the same lines of the priorities, needs, and expectations. PAHO has a role of technical assistance and is a multilateral organization. PAHO will consider how to seek funds and identify the organizational capacities they may bring, from the Washington office and other country offices, to offer technical assistance to the border initiatives. In planning cycles, Dr. Cerqueira hopes to bring the priorities of the BHCs to PAHO as priorities that the organization should assume.

**Fernando González Maese, USMBHA,** explained that the Association can offer their binational administrative structure and promote the exchange of best practices to support the BHCs. In addition to technical support, USMBHA has a proven capacity for the design and presentation of projects and proposals. The Association is strengthening its presence on the Mexican side to get resources from national, international, and financial institutions.

The real interest is that the priorities of the BHCs become the work of the Association. The Association will have its strategic planning meeting and these materials and actions (presented in the workshop) will dictate the directives and resource allocation of the Association.

**Eduardo Olivarez, USMBHA,** encouraged the BHCs and border health organizations to adopt a “we” attitude. He stressed that the workshop participants should leave the workshop with one goal, one message, and one action. The BHCs need to meet with their local legislative delegations to clarify the need for ongoing border health funding and support. A binational border health initiative is needed. The Association should be the conduit. USMBHA can handle financial issues in Mexico and have grant writers to support the BHCs in fundraising.

**Question #2. How can we improve the communication, coordination, and collaboration between the Local Binational Health Councils, the agencies represented on the panel, and the states?**

**Maria Teresa Cerqueira, PAHO,** expressed her belief that the organizations have the ability to improve communication among themselves. The BHCs and agencies need to make a great effort to hold formal meetings and consult on their work plans, because technology is not a substitute. Dr. Cerqueira felt that the BHCs and agencies should get to know each other better and to ask each other for things. She invited the BHCs to send PAHO requests for assistance directly, or via the Association, the Councils or the respective state public health authorities.

The group needs to see how this information will improve coordination and collaboration. PAHO could receive more information about the results of the BHCs’ work, write it up, and make it accessible through SharePoint. Dr. Cerqueira asked the BHCs to tell PAHO how to help share information.

**Clemente Villalpando, USMBHC,** considered SharePoint a very good tool to stay connected. The important thing, in terms of coordination and collaboration, is to be clear on what the group is going to do and how often they are going to meet to see if they are achieving their goals. Cooperation has to be based on the coordination.

**Larry Kline, USMBHC.** For communication, coordination and collaboration at the border, the border health agencies need to think of all of the stakeholders. Dr. Kline observed that a number of stakeholders were not present at the meeting, but that they could be partners in border health. Some stakeholders he mentioned included: Native Americans, hospitals, schools, industry, insurance systems, and non-government organizations. Border health organizations should be open-minded about who the stakeholders are and their goals. This workshop is the beginning for border health agencies to have a stronger cohesive group and greater impact.

**Robert Guerrero, BGC.** “Communication, Coordination and Collaboration” is the work of the Border Governors. With joint resolutions, and working with the Secretaries of Health in Mexico, the BGC coalesces around things that are important to both countries and to all ten states. The BGC representatives can commit to making sure that the BHCs have the ear of the states, and that the BCG delegates are involved in their binational health councils. The co-chairs of the BHCs should make sure that they raise important issues with their BGC delegates.
Eduardo Olivarez, USMBHA, encouraged the BHCs to call the officers of the Association and talk to them directly. The BHCs should also contact the BGC directly. Mr. Olivarez strongly emphasized the need for the help from the Commission.

Paul Dulin, New Mexico OBH, suggested that the agencies—USMBHC, PAHO, and USMBHA—attend one another’s meetings. This might be formalized by naming individuals as "ex-officio" representatives from one agency to another. This could facilitate greater alignment, collaboration and coordination among the organizations.

**Question #3. How can we position the Local Binational Health Councils as the local voice and local action for the border?**

Robert Guerrero, BGC, affirmed that the voice of the BHCs should be used as a platform to identify issues and to present them to the state and national agencies. The timing for resolutions to come out of the BGC’s 2008 meeting was a little too late to be incorporated. If this workshop had been held six or eight months ago, it would have been perfect. The organizations need to look at the timing of the strategic planning of each organization and work smarter. USMBHA’s and others’ recommendations could be made when the timing is right (in terms of other organizations strategic planning), so that ideas can be formulated into action items and resolutions to be presented.

Larry Kline, USMBHC, stressed that the list of goals needs to be evidence-based, so there is verifiable truth that can show that what the BHCs are going to do will make a difference. The strategy is to: first see a target, aim at the target, take a shot, then see where you hit and make adjustments.

Dr. Kline emphasized that Congress on both sides of the border listens to the public. If the organizations speak together and work together, and do not compete with each other, the impact they can make can be huge. Border health can be a major part of the priorities of both countries in a way yet to be seen.

Clemente Villalpando, USMBHC, stated that the BHCs are already the voice and local action on the border, and they are already positioned. From the point of view of the Commission, it is very important that the State Coordinators in the Commission work face-to-face with the Councils. He encouraged the BHCs to invite their State Coordinators in the Commission to participate in the BHC meetings.

Antonio Falcón, USMBHC, also believed that the border health councils were already well aligned with what is happening. He found it interesting that the priorities resembled each other very closely and were formulated with concerns at the local level. The BHCs have common problems and common goals. They are already one and moving together.

Maria Teresa Cerqueira, PAHO, agreed that the councils were already the voice. She felt that the organizations needed to unite themselves so that the voice of the BHCs would be heard at the state and national levels. PAHO could bring this voice to their Council, which has all the ministries of health of the entire region.

The public health organizations on the border want to continue working as neighbors, cousins, brothers, because families are on both sides of the border. The health agencies want more bridges and not more walls on the border. Dr. Cerqueira believed that the Commission could take the voice of the BHCs to federal levels in both countries and could make clear how issues like migration affect public health. PAHO could share some of the experiences they have had along border regions in other countries.

Dr. Fernando González, USMBHA, confirmed that the BHCs were positioned as the voice of the border. He believed that they could be strengthened through their members and by having the representation of all the sectors in the binational health councils. Dr. Gonzalez pointed out that sometimes the BHCs become exclusively health councils, comprised only of doctors and nurses. The participation of NGOs, municipal health commissions, universities, graduate students of all disciplines, and others would improve the positioning of BHCs.
Eduardo Olivarez, USMBHA, emphasized that the Association is the voice of the BHCs. He advised that BHCs meet with the office of border health in their states. He also recommended that border officials and advocates go to their governor’s office to assure the ongoing existence of the border health office in their state.

Piedad Huerta, PAHO, added two additional “C’s”. The “c” of confianza (trust), and the “c” of commitment.

Hector González, Los Dos Laredos, expressed his concern upon hearing from the Commission members that the problem is not the funding and the resources, but that it is having indicators, performance measures, and statistics. He noted that the Office of Global Health in the CDC as well as the Department of State Health Services already had the statistics and evaluation plans. He believed that the problem was that the border has never had an equitable share of the resources. He asked the organizations with policy-making authority, especially the Commission and Border Governors, to take that message to the proper authorities.

**Question #4. What do you consider the role of your organization in advancing the strategic plans of the BHCs? And what actions can your organization take in the next six to twelve months based on the results of the workshop?**

Clemente Villalpando, USMBHC, acknowledged the importance of supporting the BHCs and funding some projects. He felt it important to fund the network of the BHCs. He stated that he would make a concrete proposal to bring the BHCs together again for the March meeting of the Commission.

Antonio Falcón, USMBHC, noted that latest administration in Mexico brought with it an enormous amount of energy and willingness to proceed with health care along the border. However, he pointed out the uncertainty that comes with the pending change in the U.S. administration (referring to the 2008 Presidential elections). He believed that his job as a member of the Commission would involve keeping the energy of the BHC workshop going in the U.S. until the Commission has a clearer vision (of the incoming administration) in the next few months.

Larry Kline, USMBHC, reiterated that the public has a major effect on decision makers. He urged the BHCs to make a difference by communicating locally and with local lawmakers. He also suggested that local health departments generate meeting reports that could be shared with BHCs on the occasions they could not attend a meeting. He felt a methodology to enrich communication and to share meeting reports could be developed among all the organizations.

Robert Guerrero, BGC, said that the Health Work Table could discuss their role in advancing the BHCs’ strategic plans. The representatives could check the priorities of the BHCs against the joint resolutions the Border Governors are developing. August is the next meeting of the BGC in California. If this group continues, the BGC would want to incorporate the findings of the Councils into the discussions of the Health Work Table.

Maria Teresa Cerqueira, PAHO, offered her organization’s commitment to help improve the BHCs’ strategic plans and to help with monitoring and evaluation. She suggested establishing a dialogue to clarify what the BHCs want from PAHO and to determine if this is within PAHO’s technical and financial means.

PAHO could check its bi-annual plan for coincidence in the projects with the BHCs. PAHO might commit part of their budget, to the degree possible, to add to the resources to support project development and future meetings. All of PAHO’s information, such as the regional guides for pandemics and chronic illnesses, are at the BHCs’ disposal.

Fernando González, USMBHA, affirmed that the Association could play a critical role in elaborating a document collecting all the work, results, and specific proposals of the BHCs. This document could then be distributed locally and to different sectors that may reach higher levels.

Eduardo Olivarez, USMBHA, stated that the Association would make sure that the border issues enter in next year’s legislative session (referring to the 2009 Texas Legislative Session).
Discussion – Next Steps

Brian Smith, DSHS Region 11, Harlingen, summarized that the first priority in border health has to be a culture that overcomes obesity. He mentioned some simple, measurable actions the Councils could take, such as asking the federal governments for TB funding on both sides of the border. The group could begin EWIDS data exchange at the level of each BHC and state. He noted that the BHCs could also track and compare rates on teen pregnancy, dengue, and STDs to begin to solidify the evidence base.

Kassie Rogers, DSHS-OBH, suggested that the Health Work Table draft a set of 2020 health indicators based on the priorities given during the workshop to be presented at the March meeting of the Commission. She explained that the BHCs need to begin to work on a unified set of indicators that would entail two or three indicators for each of the five or six border health priorities identified. This would also include some sort of Public Health System evaluation to be the indicators for the performance measures that were initially proposed to the Commission.

R.J. Dutton, DSHS-OBH, noted that DSHS planned to have a bilingual document of the workshop proceedings and a summary directed to the Commission. The Commission, the Priority Setting Committees and the administrative leadership had participated in the workshop. He felt it important to prepare a way to collectively represent the BHCs, and believed that the workshop was the first step to doing so.

Paul Dulin, NM OBH, pointed out that the New Mexico Office of Border Health now has half the budget they did in 2006. To raise awareness of their dwindling resources, they are planning a forum in late October. Senator Bingaman, legislators from Southwestern NM and Bill Richardson will be invited.

Mr. Dulin suggested that PAHO and the Commission take the proceedings of the workshop to their Boards. The Commission could incorporate the health priorities identified into their planning. PAHO could incorporate details from the proceedings into their two-year work plan. USMBHA should consider the proceedings as the basis for their next planning cycle.

The value of this forum, in Mr. Dulin’s opinion, was to provide the foundation for horizontal coordination among local border health organizations and agencies at the binational, federal, and international levels.

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Close.

Dr. R.J. Dutton, Texas Department of State Health Services, Office of Border Health, closed the workshop by thanking the organizations that sponsored the conference: the Pan-American Health Organization; the U.S.-Mexico Border Health Association; the U.S.-Mexico Border Health Commission; the State Offices of Border Health; and the Texas Department of State Health Services.

Kassie Rogers, Maria Teresa Cerqueira, Piedad Huerta and Paul Dulin were personally thanked for their coordination and contributions to the workshop.
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Apéndice B / Appendix B

MAP OF US MEXICO SISTER CITIES
MAPA DE LAS CIUDADES HERMANAS DE MX/EEUU
## Invited/Invitados

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**Strategic Planning Binational Health Council Workshop**
**Taller de Planeación de los Consejos Binacionales de Salud**

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Apéndice D / Appendix D
Presentations of the Workshop on “Strengthening Capacity and Leadership in the Use of Information and Communication Technologies regarding Border Health”