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

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## TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................................................................................... i

EXECUTIVE SUMMARY .......................................................................................................................... 1

OVERVIEW OF WORKSHOP III – “ORGANIZING FOR SUCCESS” ................................................... 3

  Purpose .................................................................................................................................................... 3

  Objectives and Methodology ................................................................................................................. 3

  Welcoming Remarks .............................................................................................................................. 4

DISCUSSION ITEMS .................................................................................................................................. 4

  A Historical Review of COBINAS ........................................................................................................ 4

  Perspectives from the Commission ....................................................................................................... 5

  Summary of COBINA Reports and Discussions ................................................................................. 5

KEYNOTE PRESENTATIONS ................................................................................................................. 16

WORK TABLE ACKNOWLEDGEMENTS ............................................................................................. 17

SUMMARY OF PRIORITY ISSUES, OBJECTIVES, AND RECOMMENDATIONS ............................. 18

DISCUSSION AND NEXT STEPS ........................................................................................................... 19

APPENDICES ............................................................................................................................................ 19

  Appendix A: Meeting Agenda ........................................................................................................... A-1

  Appendix B: List of Participants ........................................................................................................ B-1

  Appendix C: Presentations .................................................................................................................. C-1

  Appendix D: Workshop III Evaluation Report ................................................................................. D-1
EXECUTIVE SUMMARY

The U.S.-México Border Health Commission (BHC) sponsored the Binational Health Councils’ Strategic Planning Workshop III on April 6 and 7, 2011, in El Paso, Texas. The Texas Office of Border Health (OBH) and the BHC Texas Outreach Office hosted the workshop in partnership with the BHC Chihuahua Outreach Office and the Arizona, California, and New Mexico Offices of Border Health. Workshop III included fifteen binational health councils in the ten border states.

Workshop III’s purpose was to ensure binational community input on existing BHC initiatives and priorities and to identify proposed interventions to address those priorities.

Workshop I, which took place in June 2008 in San Antonio, Texas, was the initial effort to enhance the organizational capacity of binational health councils (hereafter referred to by the more commonly used Spanish acronym “COBINAS,” meaning Consejos Binacionales de Salud or the singular form “COBINA” for Consejo Binacional de Salud), and to analyze strategic planning and actions for the U.S.-México border, with special emphasis on the need for more effective communication, coordination, and collaboration (the 3 Cs) among COBINAS and other border regional state and federal public health agencies. The workshop defined borderwide priority areas, which included obesity, diabetes, and tuberculosis.

Workshop II took place in El Paso, Texas, in April 2010, and was intended to build on COBINAS’ Workshop I results by revisiting and reaffirming Tier I and II strategic priorities and the COBINAS’ direction at the local and regional level. Developing operational work plans to facilitate the communication, coordination, and collaboration (the 3 Cs) between COBINAS’ leaders and representatives from Pan American Health Organization (PAHO), the National Rural Health Association (NRHA), the Border Legislative Conference (BLC), and the Health Resources and Services Administration (HRSA), among others, was another Workshop II focal point.

Workshop III’s theme was “Organizing for Success,” and its objectives included the following:

- Review COBINAS’ history to appreciate their historic public service record.
- Reevaluate Workshop I and II results.
- Evaluate individual COBINA reports to determine organizational structure, strategic priorities, common needs, and organizational type.
- Participate in special lecture series provided by invited guest speakers.
- Collaborate with other participants in a facilitated breakout session to address organizational structure, planning and evaluation, resource development, and marketing and communication.

Key outcomes and agreements generated by work groups included the following:

- Align individual COBINA strategies, operational plans, and objectives with those of the BHC.
- Recognize individual council functions at different internal organizational stages and levels.
- Implement necessary institutional interventions to improve the COBINAS’ internal and external operations.
- Uphold communication, coordination, and collaboration (3 Cs) as guiding principles among COBINAS as well as federal, state, and local health authorities.
- Continue COBINA efforts, previously identified during Workshop I, to address Tier I disease prevention strategic priorities and selected Tier II priorities.
• Validate previous workshop recommendations to implement organizational mechanisms that facilitate individual and collective opportunities to fund border public health projects by generating technical assistance and funding sources, taking care to avoid unnecessary competition for resources.

• Convene conferences to update and evaluate strategic and operational plans.

These councils are critical to the BHC because they serve as the essential framework for acting on binational health issues and priorities and are positioned as the local and regional voices for public health along the entire border region.
OVERVIEW OF WORKSHOP III – “ORGANIZING FOR SUCCESS”

Purpose
The purpose of the third Binational Health Councils’ Strategic Planning Workshop, sponsored by the U.S.-México Border Health Commission (BHC), was to provide a venue for binational health council (hereafter referred to by the more commonly used Spanish acronym “COBINAS,” meaning Consejos Binacionales de Salud or the singular form “COBINA” for Consejo Binacional de Salud) co-presidents and representatives to assess individual COBINAS’ internal and external organization to determine if the current structure can overcome current and future border health challenges. Workshop III was hosted by the Texas Office of Border Health (OBH) and the BHC Outreach Office of the Texas Department of State Health Services (DSHS), in partnership with the BHC Chihuahua Outreach Office and the Arizona, California, and New Mexico Offices of Border Health.

Objectives and Methodology
Workshop III objectives included the following:

- Review COBINAS’ history to appreciate their historic public service record.
- Reevaluate Workshop I and II results.
- Evaluate individual COBINA reports to determine organizational structure, strategic priorities, common needs, and organizational type.
- Participate in special lecture series provided by invited guest speakers.
- Collaborate with other participants in a facilitated breakout session to address organizational structure, planning and evaluation, resource development, and marketing and communication.

The following methodology was used to review and clarify foundational elements inherent to the COBINAS’ development and their future sustainability:

- Recognize and appreciate current budgetary reductions affecting the continuous operation and implementation of border binational projects.
- Answer the following five questions pertaining to each COBINA during the break-out sessions:
  - What is the responsibility of COBINA leaders and members?
  - What business image do COBINA leaders and members want to project within the communities they serve?
  - Do COBINA leaders and members have the necessary organizational skills to plan and evaluate operations objectively?
  - Can COBINA leaders and members execute operational plans effectively?
  - How can COBINA leaders and members secure funding to enable successful operations?
- Present and discuss COBINAS’ operational plans based on strategic plans presented in Workshop I including the following two Workshop I key outcomes:
  - Establishment of Tier I and Tier II, the first systematic prioritization of public health concerns along the border.
  - Adjustment of the COBINAS’ border health priorities influenced by Tier I and II developments.
• Present and discuss the COBINAS’ operational plans based on strategic plans presented in Workshop II, including the following two Workshop II key outcomes:
  o Recognition of the need for increased funding to implement and execute border health priorities, as well as the need to strengthen the COBINAS’ organizational capacity to manage potential sizeable funding increases geared toward achieving individual operational plans.
  o Development of operational work plans to facilitate the communication, coordination, and collaboration (the 3 Cs) between COBINA leaders and representatives from the BHC, the Pan American Health Organization (PAHO), the National Rural Health Association (NRHA), the Border Legislative Conference (BLC), and the Health Resources and Services Administration (HRSA), among other public and private partners.

Welcoming Remarks
Paul Dulin, Director, Office of Border Health, New Mexico Department of Health, opened the workshop by providing a brief overview before welcoming remarks.

Dr. R. J. Dutton, Director, Office of Border Health, Texas Department of State Health Services (DSHS), welcomed workshop attendees and briefly explained the workshop structure, emphasizing the role of the 3 Cs in the COBINAS’ planning scheme of public health initiatives along the U.S.–México border region.

Dr. Maria Teresa Zorrilla Carcaño, Executive Secretary, BHC-México Section, thanked organizers and welcomed representatives from the various U.S. and México outreach offices and other border organizations for participating in the workshop and acknowledged the important role each plays in supporting the COBINAS. Dr. Zorrilla articulated that COBINAS should align their priorities with BHC priorities and urged COBINAS to strengthen border organization ties by employing the 3 Cs to voice the public health concerns, priorities, and needs of border communities.

Dr. Elisa Aguilar Jiménez, Coordinator, BHC Chihuahua Outreach Office, welcomed participants, thanked COBINA members for their participation and commended the COBINA co-presidents and delegates for their time and effort invested in developing workshop presentations.

DISCUSSION ITEMS

A Historical Review of COBINAS
Dr. Dutton reviewed the conceptual development of the COBINAS along the U.S.-México border, beginning in 1943, and the organizational character of today’s COBINAS, indicating that in 1963, during the annual meeting of the U.S.-Mexico Border Health Association (USMBHA) in Nogales, Arizona, the USMBHA formally recognized COBINAS as a valuable resource. By 1975, COBINAS were organized in the Texas Lower Rio Grande region, including the sister-cities of Eagle Pass-Piedras Negras, Ciudad Acuña-Del Rio, and Ciudad Juárez-El Paso, as well as in the Arizona-Sonora border area and California’s Imperial Valley-Mexicali and San Diego-Tijuana locales.

In 2008, the BHC convened planning workshop to assist COBINAS in attaining and maintaining efficient organizational practices. In June 2008, the COBINAS’ Workshop I was held in San Antonio, Texas, providing members an opportunity to share strategic organizational methodologies to address localized health priorities. During Workshop I, participants identified two levels of interrelated border health priorities applicable to the border region as a whole: Tier 1 priorities (diabetes, obesity, and tuberculosis), comprising borderwide health challenges requiring all COBINAS take specific actions, and Tier II
priorities (HIV/AIDS, STDs, dengue, mental health, substance abuse, domestic violence, and epidemiological surveillance) constituting primary, regional, or sub-regional health challenges that allow individual COBINAS to make localized, discretionary interventions.

Dr. Dutton identified that one critical outcome from Workshop I was the systematic analysis of the inability to meet binational border health needs and the potential impact of this on border communities. Workshop I participants proposed COBINAS develop three-year operational plans to solicit funding for COBINA activities. He clarified that the collective COBINAS’ strategic plans represented the entire border region’s public health conditions and should be used as guides in border health planning and resource allocation.

In April 2010, the U.S.-México COBINAS’ Strategic Planning Workshop II was convened in El Paso, Texas, and sought to augment COBINAS’ Workshop I results by encouraging COBINAS’ representatives to validate their Tier I and Tier II strategic priorities, as well as to reassess the direction of individual COBINAS. Workshop II’s main objective was to assist COBINAS in developing operational work plans to promote the 3 Cs between COBINA leaders and representatives of BHC, PAHO, NRHA, BLC, and HRSA, among others.

To conclude, Dr. Dutton declared that COBINAS’ Workshop III “Organizing for Success” represented a substantial BHC effort to conjoin valuable lessons garnered from prior workshops to aid COBINA leaders as they continue to build professional border alliances and implement higher-quality, cost-effective organizational methods.

Perspectives from the Commission

Dan Reyna, General Manager, BHC, U.S. Section, recognized the 10-year effort taken to fortify the COBINAS’ organizational structure. In spite of the current economic resource limitations and political change, D. Reyna pronounced the COBINAS, in conjunction with their border partners, must prevail as “the commission of the community,” a future outlook that demands the COBINAS determine effective ways to align with organizations that can augment combined COBINA border efforts to foster improved results.

In pointing out border demographic growth and public health needs, D. Reyna encouraged the COBINAS to adapt their vision in response to political shifts and/or adverse economic environments. He emphasized leadership, focus, and venue as three concepts that can assist the COBINAS to meet current and future border public health challenges, stating the BHC is committed to developing international leadership, clarifying border public health needs, and funding venues where binational health issues can be identified, discussed, and resolved. D. Reyna reminded the audience that every adversity is the seed of an equal or greater benefit and advised all participants to become catalysts for change by promoting sustainability and becoming information portals within the border health community.

D. Reyna reiterated the importance of strengthening ties with various organizations involved in related border health priorities, as they represent potential community support. These organizations include the Border Governors Conference (BGC), the BLC, the multiple state offices of border health (OBH), the NRHA, PAHO, and the HRSA Border Health Program in conjunction with prospective community partners, such as U.S. and México medical associations and the many regional academic institutions.

Summary of COBINA Reports and Discussions

In keeping with a principal Workshop II outcome, COBINA co-presidents reported on the common needs and strategic priorities that direct the focus of their individual COBINAS. Co-presidents provided information regarding their respective council’s vision and mission, the size of membership, the formal
rules and regulations frameworks that govern organizational operations, the governing body structure, and the type of work groups organized around particular community projects. Representatives also participated during this section by providing information concerning strategic plans for the 2011 calendar year and outlining the financial support resources assisting them in executing their operational plans. Co-presidents ended this portion by identifying COBINA strengths and weaknesses and specifying priorities considered essential to continuing border community projects.

The final report objective was to identify the type of organizational model that categorizes each health council. Co-presidents based the following organizational models on respectively established COBINA leadership to classify the COBINAS into A, B, or C categories: Model A designated COBINA leadership associated with government entities on both sides of the border; Model B reflected COBINAS that maintained a combined governmental and non-governmental leadership arrangement; and Model C constituted COBINA leadership solely associated with non-governmental or private organizations on both sides of the border.

See COBINA Model Type Listing below:

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<tr>
<th>COBINA Model Type Listing</th>
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<tr>
<td>COBINA</td>
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<td>San Diego/Tijuana</td>
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<td>Imperial County/Mexicali</td>
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<td>Yuma County/San Luis Rio Colorado</td>
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<td>Ambos Nogales</td>
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<td>Cochise County/Northeast Sonora</td>
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<td>Eagle Pass/Piedras Negras/Kickapoo Traditional Tribe</td>
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<td>Hidalgo County/Reynosa</td>
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<td>Starr County/Miguel Aleman/Camargo</td>
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<td>Brownsville/Matamoros</td>
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In total, six COBINA co-presidents reported having established Model A leadership, while ten co-presidents designated Model B leadership. Currently, no COBINAS follow Model C.

**California/Baja California**

Dr. María Remedios Lozada, HIV/AIDS and STD’s Coordinator, Institute of Health Services (ISESALUD) of Mexicali, Baja California, and Dr. Blanca Lomeli, Regional Director for North America, Project Concern International (PCI), presented a joint Tijuana-San Diego and Mexicali-Imperial Valley COBINA report, expressing their shared vision to become a strong organization through the leadership of and collaboration with governmental entities, including academic institutions as well as non-governmental agencies. Both COBINAS focused on regional border public health issues impacting the individual and public well-being in the Baja California/California border region. Dr. Lozada and Dr. Lomeli asserted their mission is to coordinate the participation and leadership of governmental and academic institutions, civil society organizations, and border health professionals to optimize resources and quality of life along the border.
According to the report, the California/Baja California COBINAS include 21 organizations that represent 150 active participants and follow formal bylaws that regulate assistance, participation, and resource application. They are organized into five operational sub-committees: HIV, Tuberculosis (TB), Diabetes and Obesity, Emerging Infectious Diseases, and other integrating groups such as Nursing, Addictions, Emergencies, and Disasters. Important past activities include an inaugural event marking the San Diego-Tijuana COBINA reactivation, HIV/AIDS and STD workshops, TB awareness programming, and an obesity awareness event held in San Diego. Potential future activities include convening meetings to promote sub-committee integration and collaboration, a conference series, continuing education programs, organizational strengthening activities, patient referrals, and epidemiological monitoring.

No formal source of external financial support is available for either organization; however, they receive in-kind support attributable to agencies and volunteers who donate personal resources to assist with sub-committee activities. Although the California/Baja California COBINAS’ strengths exist within the leadership and technical capacity of their co-presidents, Dr. Lozada and Dr. Lomeli affirmed the lack of sufficient resources to implement programs and activities as their greatest weakness.

The organizational priority needs for the Baja California/California COBINA were identified as follows:

1. Marketing and Communication Development
2. Organizational Structure Development
3. Membership Development
4. Planning and Evaluation Development
5. Resource Development

The Baja California/California COBINA organizational category is Model B.

**Yuma County/San Luis Río Colorado**

Dr. José Luis Muñoz, Medical Director, San Luis Walk-in Clinic, San Luis, Arizona, presented the Yuma County/San Luis Río Colorado COBINA report, acknowledging its combined mission and vision is to improve the regional border community quality of life by promoting a healthy lifestyle and by facilitating collaboration among local, state, federal, private, and nonprofit organizations to build a healthier and safer environment within the Arizona-Sonora border region.

Active since 1991, the COBINA collaborates with 35 active binational organizations and adheres to rules and regulations established by the PAHO/USMBHA sister cities’ protocol. Its governing body includes a co-president and co-vice president as well as co-chairs who plan, organize, and execute activities for the following eight sub-committees: Maternal and Child Health, Adolescent Health, Communicable Diseases, Women’s Health, Environmental Health, Mental Health, Chronic Illnesses Prevention, and Emergency Medical Services. The organization’s strategic plan was presented at Workshop II and includes the TB Symposium, an immunization campaign, an annual binational Clean Air Calendar, the No Contamine/Don’t Trash La Frontera campaign, an asthma camp, and the CAPAZ-MEX medical insurance program.

Dr. Muñoz noted the Yuma County/San Luis Río Colorado COBINA provided financial support for many San Luis Río Colorado, Sonora, and Yuma County, Arizona, organizations, including the cities of San Luis, Somerton, and Yuma, Arizona, and the Cocopah Indian Tribe as well as the Arizona State University (ASU) Asthma study and the Arizona Department of Environmental Quality (ADEQ) Clean Air Calendar, among others. He emphasized the COBINA’s primary strength is its efficient use of
financial and human resources, but its greatest weakness is personnel turnover among the agencies that assist subcommittees.

The organizational priority needs for the Yuma County/San Luis Río Colorado COBINA were identified as follows:

1. Membership Development
2. Resource Development
3. Planning and Evaluation Development
4. Marketing and Communication Development
5. Organizational Structure Development

The Yuma County/San Luis Río COBINA organizational category is Model B.

**Tohono O’odham/Puerto Peñasco/Sonoyta**

Co-President Andrew Lorentine, Assistant Manager, Community Health Division, Tohono O’odham Nation Department of Health and Human Services, began this tri-national health council (hereafter referred to by the Spanish acronym COTRINA meaning *Consejos Trinacional de Salud*) presentation by referring to the effects of Arizona’s SB1070 and México’s increased border violence, the latter of which prevents Tohono O’odham nation members from traveling to COBINA-related meetings in México.

A. Lorentine noted he was the only member present to represent the COTRINA, contending this fact reflected the Sonora delegation’s lack of commitment. He subsequently suggested commitment be added as a fourth C in the BHC’s 3 Cs principles and asserted the lack of appropriate trinational representation directly conflicted with the July 2003 Sonoyta meeting agreement that stipulated Sonora counterparts continue working with all members. At that time, COTRINA members identified the need to address three long-standing organizational challenges: 1) ineffective communication with Spanish-speaking COTRINA members, 2) inadequate resources, and 3) insufficient training and technical assistance.

A. Lorentine elaborated on the COTRINA’s lack of resources by reporting that it did solicit additional resources, but were informed by various state and federal representatives that it was still an organization “in diapers,” which he considered a vague statement and one which was never clearly explained to COTRINA leaders.

A. Lorentine explained the Tohono O’odham/Puerto Peñasco/Sonoyta COTRINA’s mission and vision statements have not been written, nor have they been formally discussed with COTRINA members; however, sub-committees have been organized to work on practical public health concerns, such as epidemiology, communicable diseases, health promotion, and disease prevention. An *ad hoc* committee was also formed to manage livestock issues. A. Lorentine concluded by reiterating the COTRINA’s biggest strength is its willingness to participate in public health initiatives along the border, while its greatest weakness is the lack of adequate resources by which to do so.

The Tohono O’odham/Puerto Peñasco/Sonoyta COTRINA organizational category is Model A.

**Ambos Nogales**

Co-Presidents Jesús Kataura, Santa Cruz Council on Aging, Nogales, Arizona, and Dr. José Salvador Mercado Gutiérrez, Director of the Center for Urban Health of Nogales, Sonora, presented the Ambos Nogales COBINA report and stated its mission is to promote health in the Ambos Nogales border region by facilitating collaboration among local, state, federal, and nonprofit agencies.
The Ambos Nogales COBINA adheres to formal organizational guidelines and comprises a governing body that actively collaborates with 10 other local organizations. The COBINA manages sub-committees focused on chronic diseases, epidemiology surveillance, and adolescent health and promotes the following three public health priorities within its strategic plan: diabetes and obesity, emerging infectious diseases, and teen pregnancy. Dr. Kataura and Dr. Mercado also noted that the General Consulate of México in Nogales, Arizona, obtained financial support to help address metabolic syndrome, a primary chronic disease subcommittee concern, and its objectives.

Dr. Kataura and Dr. Mercado contended the Ambos Nogales COBINA’s major strength is its ability to communicate, coordinate, and collaborate, while its greatest weakness is the lack of a stable annual budget.

The organizational priority needs for the Ambos Nogales COBINA were identified as follows:

1. Resource Development
2. Marketing and Communication Development
3. Membership Development
4. Planning and Evaluation Development
5. Organizational Structure Development

The Ambos Nogales COBINA organizational category is Model B.

Cochise County/Northeast Sonora

Co-President Susie B. Peru, Border Bional Health Program Coordinator, Cochise County Health Department, served as presenter and stated the Cochise County/Northeast Sonora COBINA’s organizational vision is to contribute to a healthy and safe environment for border area citizens, while its mission is to promote an active, integrated health system through communication and collaboration with respect to laws and customs of each country.

S. Peru stated the COBINA’s governing body includes two co-presidents and a member-ex-officio; she further explained COBINA officials would be selected in the May 2011Sonoran election, while Cochise County had yet to identify an election date. S. Peru also remarked that 14 organizations actively participate in the council, but noted that, as a result of unexpected state political issues, council members were unable to meet regularly. The COBINA did experience a renewal period, however, producing a stronger organizational structure that averages 20-30 members in bi-monthly meetings.

The Arizona section is currently drafting formal guidelines while its Sonora counterpart follows established guidelines. The COBINA maintains sub-committees in epidemiology and disease surveillance, chronic disease, teen pregnancy prevention, and behavioral health. S. Peru also noted the council participated in a strategic planning workshop, co-sponsored by the Southeast Arizona Area Health Education Center (SEAHEC) through the Arizona Border Communities Health Network grant, on January 26, 2011.

S. Peru designated effective project collaboration as the Cochise County/Northeast Sonora COBINA’s greatest strength and insufficient funding as its greatest weakness.
The organizational priority needs for the Cochise County/Northeast Sonora COBINA were identified as follows:

1. Resource Development
2. Membership Development
3. Marketing and Communication Development
4. Planning and Evaluation Development
5. Organizational Structure Development

The Cochise County/Northeast Sonora COBINA organizational category is Model B.

**Columbus/Luna County/Palomas**

COBINA Co-President Dr. Rafael Magaña, Epidemiologist, Sanitary Jurisdiction V, Nuevo Casas Grandes, Chihuahua, presented the Columbus/Luna County/Palomas COBINA’s report and asserted the vision is to perform cooperative actions to solve and prevent health-related issues within a shared border catchment area. The mission is to design, promote, and execute strategies to positively impact and improve Columbus/Luna County/Palomas regional public health.

The COBINA actively cooperates with 26 organizations and is currently in the process of drafting and adopting formal rules and regulations. The council does not have formal committees or work groups; however, its current work plans reflect binational National Infant Immunization Week (NIIW) and Border Binational Health Week (BBHW) activities, TB surveillance and control, infectious disease surveillance and control, diabetes detection, obesity and hypertension, binational promotor training, and the teen outreach program (TOP). The Chihuahua State Government, the Ben Archer Health Foundation, the Luna County TOP Program, and the BHC provided financial support for strategic and work plan implementation.

Dr. Magaña disclosed that while the council’s governing body is in place, two former U.S. co-presidents resigned due to work-related restrictions. He also related the COBINA’s greatest strength is the ability to function despite limited funds, while the reluctance of U.S. residents to serve as COBINA officers represented its greatest weakness.

The organizational priority needs for the Columbus/Luna County/Palomas COBINA were identified as follows:

1. Organizational Structure Development
2. Membership Development
3. Resource Development
4. Planning and Evaluation Development
5. Marketing and Communication Development

The Columbus/Luna County/Palomas COBINA organizational category is Model B.

**El Paso/Ciudad Juárez/Las Cruces (Paso del Norte)**

Bea Martínez, Early Warning Infectious Disease Surveillance (EWIDS) Coordinator, Office of Border Health, Texas Department of State Health Services, delivered the El Paso/Ciudad Juárez/Las Cruces COBINA report and asserted its vision is to provide good health for all, without barriers and without
borders. Its mission is to unite efforts to gather and share information and combine resources to create a healthy environment in the Paso Del Norte Region.

The Paso del Norte COBINA adheres to established bylaws and includes 20 participating member entities. Obesity and Diabetes, TB, HIV, Substance Abuse, and Maternal and Child Health make up its five sub-committees, which follow strategic work plan activities, including HIV/AIDS walks, binational red ribbon rallies, a diabetes awareness campaign, and participation in HIV World Day, World Diabetes Day, and World TB Day.

B. Martínez reported the Paso del Norte COBINA generated financial support from Geronimos’s Design, the Texas and New Mexico Offices of Border Health, the Drug Enforcement Agency, Frontera Fuels, and Fort Bliss. She noted its greatest strength is its organization and structure, and its greatest weakness is managing communication mediums and funding provided by the Texas and New Mexico Offices of Border Health.

The organizational priority needs for the Paso del Norte COBINA were identified as follows:

1. Resource Development
2. Planning and Evaluation Development
3. Membership Development in New Mexico and Ciudad Juárez
4. Marketing and Communication Development
5. Organizational Development

The El Paso/Ciudad Juárez/Las Cruces COBINA organizational category is Model B.

**Presidio/Ojinaga**

Ojinaga Co-President Dr. Manuel Jesús Acosta Muñoz, Chief, Sanitary Jurisdiction III, presented on behalf of the Presidio/Ojinaga COBINA and described its vision and mission as encompassing a binational responsibility to unite border communities by identifying shared health-related issues and implementing strategies and solutions that promote the well-being of border populations.

The Presidio/Ojinaga COBINA abides by formal rules and regulations and collaborates with 15 organizations. Its sub-committees include the Binational Diabetes Committee and a Mini-Border Epidemiology Surveillance Team (BEST). Strategic priorities include adolescent health, diabetes and obesity, air quality issues, TB, and environmental health.

Dr. Muñoz asserted effective communication as the Presidio/Ojinaga COBINA’s major strength and insufficient funds as its greatest weakness.

The organizational priority needs for the Presidio/Ojinaga COBINA were identified as follows:

1. Organizational Structure Development
2. Resource Development
3. Membership Development
4. Planning and Evaluation Development
5. Marketing and Communication Development

The Presidio/Ojinaga COBINA organizational category is Model B.
**Del Rio/Ciudad Acuña (AMISTAD)**

Co-President Héctor Mario Guerra, Eagle Pass/Del Rio Regional Coordinator, Office of Border Affairs, Texas Health and Human Services Commission, served as presenter. The Amistad COBINA’s vision is to promote the well-being of the Ciudad Acuña/Del Rio community and to attend to their health needs. Its mission is to maintain epidemiological surveillance and to implement actions aimed at the physical, mental, and social well-being of the border population.

The Amistad COBINA’s governing body includes two co-presidents, committee members, and a fiscal agent; however, it elects not to adopt bylaws, nor do members follow any formal rules or regulations. It actively participates with 19 organizations, and its current sub-committees include Mental Health/Family Violence/Substance Abuse, Tuberculosis/Sexually Transmitted Diseases/HIV/AIDS, Diabetes/Obesity/Cancer, EWIDS, Environmental Health/Rabies, and Immigrant Health. Each committee is responsible for developing and outlining yearly activities or work plans.

H. Guerra reported the COBINA provided financial support to various organizations, such as the Quad counties’ drug and alcohol abuse programs, the Community Health Improvement Coalition, the Val Verde Diabetes Task Force, the Val Verde Cancer Task Force, and the Health Jurisdiction of Ciudad Acuña. He acknowledged the COBINA’s dedication to team work as its major strength and insufficient financial resources as its greatest weakness.

The organizational priority needs for the Amistad COBINA were identified as follows:

1. Resource Development
2. Marketing and Communication Development
3. Membership Development
4. Planning and Evaluation Development
5. Organizational Structure Development

The Amistad COBINA organizational category is Model B.

**Eagle Pass/Piedras Negras/Kickapoo Traditional Tribe (HOPE-K)**

Calixto Seca, Manager, Office of Border Health, Texas Health and Human Services Commission, presented on behalf of the HOPE-K COTRINA. C. Seca announced the COTRINA’s vision is to sustain tri-national collaboration and contribution to promote a healthy and unified Texas-México border, while its mission is to promote border health by identifying and addressing community health issues and encouraging community advocacy.

HOPE-K collaborates with over 20 binational member organizations. Its governing body abides by no formal rules or regulations; however, members are currently developing bylaws. HOPE-K divided its sub-committees into Mental Health/Family Violence/Substance Abuse, Tuberculosis/Sexually Transmitted Diseases/HIV, Diabetes/Obesity/Cancer, EWIDS/Preparedness and Response, and Environmental Health/Rabies/Dengue.

C. Seca noted a key COTRINA strategic plan has been outlined with activities, goals, evaluation methods, and key target populations and also highlighted an end-of-year quality assurance review designed to evaluate activity impact and effectiveness. He affirmed the COTRINA financially supports such organizations as the Maverick County Hospital District, the Mexican Consulate, the Kickapoo Traditional Tribe of Texas, Texas DSHS, Health Jurisdiction Piedras Negras, and the Eagle Pass Women’s Shelter, among others.
C. Seca listed the COTRINA’s cooperative spirit as its major strength and its inability to convene meetings in Piedras Negras as its major weakness.

The organizational priority needs for the HOPE-K COTRINA were identified as follows:

1. Planning and Evaluation Development
2. Resource Development
3. Organizational Structure Development
4. Membership Development
5. Marketing and Communication Development

The HOPE-K COTRINA organizational category is Model B.

**Laredo/Nuevo Laredo/Nuevo León (TNT)**

Co-President Dr. Héctor F. González, Health Director, City of Laredo Health Department, delivered this presentation and announced the COBINA’s vision is to promote binational coordination and communication as well as joint disease control, surveillance, prevention, and response activities between the United States and México. He related its mission is to work with binational partners on public health needs to improve the quality of life for Los Dos Laredos-Nuevo León, primarily Sabinas, Anahuac, and Monterrey.

The TNT COBINA actively collaborates with more than 24 binational member organizations. Dr. González reported the COBINA does not abide by formal rules or regulations, as the Laredo city government does not require them; however, he mentioned that México’s National Secretariat of Health maintains an established binational public health agreement.

The COBINA’s governing body includes one co-chair from the City of Laredo Health Department, one from the Tamaulipas Secretary of Health, and one from the BHC Outreach Office in Nuevo León. Its sub-committees include HIV/AIDS, TB, EWIDS, Environmental Health, and Nutrition/Obesity. Dr. González asserted the COBINA’s major strength is its capacity to work on numerous binational projects, while its main weakness is insufficient funding.

The organizational priority needs for the TNT COBINA were identified as follows:

1. Resource Development
2. Planning and Evaluation Development
3. Organizational Structure Development
4. Membership Development
5. Marketing and Communication Development

Initially, the TNT COBINA was designated as Model B; however, after audience members requested clarification regarding its leadership, Dr. González reclassified the COBINA as Model A.

**Hidalgo County/Reynosa**

Dr. Pablo Gilberto López Rodríguez, Sanitary Jurisdiction No. IV, Reynosa, and Edith de la Fuente, Program Specialist III, Texas Department of State Health Services, jointly presented the Hidalgo County/Reynosa COBINA report, stating the council’s vision is to facilitate a safer, healthier living and
working environment for binational border citizens. Its mission is to sustain a binational public health committee to promote the improvement of Texas and Tamaulipas border community health.

This COBINA consists of a Core Team and a Virtual Team, each comprising various binational agencies and organizations. The COBINA maintains a governing body consisting of binational co-chairs, and although bylaws have been drafted, they have not yet been formally adopted. Sub-committees include Diabetes/Obesity, Immunization and Infectious Diseases, and Environmental Health.

Dr. López indicated the Hidalgo County/Reynosa COBINA does not financially support any organizations to accomplish goals within the COBINA work plan. In response to a lack of funding, the Hidalgo County COBINA created a position to locate grant opportunities that have the potential to increase financial support for the COBINA’s regional programs and activities.

Dr. López claimed the COBINA’s commitment and willingness to jointly provide the community with adequate health care access and education as its main strength and noted that adequate funding remains the greatest weakness in implementing council priorities.

The organizational priority needs for the Hidalgo County/Reynosa COBINA were identified as follows:

1. Resource Development
2. Planning and Evaluation Development
3. Organizational Structure Development
4. Membership Development
5. Marketing and Communication Development

The Hidalgo County/Reynosa COBINA organizational category is Model A.

**Starr County/Miguel Alemán/Camargo (SMAC)**

Edith de la Fuente, Program Specialist III, Texas Department of State Health Services, delivered the presentation and was supported by Co-President Dr. Juan Joel Barrientos Duque, Director, Hospital Integral Miguel Alemán, Tamaulipas Secretary of Health, Health Jurisdiction V, and Co-President Dr. Carmen Alice Peña Morales, City of Camargo Health Center, Health Jurisdiction V, Tamaulipas, México’s Secretariat of Health, regarding the council’s Mexican section. The SMAC COBINA vision is to facilitate a healthy binational environment and its mission is to promote border community health, coordinate actions, and incorporate input from its binational members.

This SMAC COBINA actively collaborates with 14 organizations, and although the COBINA has followed established rules and regulations since 2007, they have not been formally adopted. The COBINA sub-committees include the Diabetes Support Group, Domestic Violence Task Force, Emergency Preparedness Committee, and the Special Projects Committee. Presenters explained that the COBINA also maintained two strategic plans: Strategic Plan I work plans focused on determining health priorities regarding diabetes, domestic violence, cardiovascular disease, the uninsured, and mental health, and Strategic Plan II work plans addressed childhood obesity, Border Binational Health Week, and increased border fitness via a walking trail.

The SMAC COBINA’s greatest strength is its shared vision to serve binational citizens; its major weakness is operating amid U.S.-México border violence that prevents U.S. counterparts from entering México.
The organizational priority needs for the SMAC COBINA were identified as follows:

1. Organizational Structure Development
2. Membership Development
3. Planning and Evaluation Development
4. Resource Development
5. Other: Communication
6. Marketing and Communication Development

The SMAC COBINA organizational category is Model A.

**Brownsville/Matamoros**

Co-President Art Rodríguez, Public Health Director, City of Brownsville, served as presenter for the Brownsville/Matamoros COBINA and stated its vision is to ensure the Brownsville-Matamoros sister cities collaborate on public health issues that benefit the region. Its mission is to positively impact Brownsville-Matamoros regional living conditions by improving the quality of life through health promotion, health education, and disease prevention.

The Brownsville/Matamoros COBINA includes eight binational member organizations, although formal bylaws have not yet been formally adopted, they have been drafted. The COBINA maintains no official committees or work groups but forms them when required by specific tasks or activities.

A. Rodríguez indicated the COBINA follows two strategic plans: Strategic Plan I focuses on determining COBINA health priorities, including dengue, obesity, diabetes, teenage pregnancy, and HIV, and Strategic I work plans include a 5-year dengue plan focusing on health promotion/education activities, control measures, surveillance, and epidemiology. Strategic Plan II focuses on childhood obesity that includes Border Binational Health Week 2010 inaugural event and includes a 5-year childhood obesity intervention plan developed to target 6-8 year olds.

A. Rodríguez distinguished the COBINA’s ability to tackle significant health priorities by developing adequate interventions as its major strength and stated insufficient funding is its greatest weakness.

The organizational priority needs for the Brownsville/Matamoros COBINA were identified as follows:

1. Resource Development
2. Planning and Evaluation Development
3. Other: Communication
4. Organizational Structure Development
5. Membership Development
6. Marketing and Communication Development

The Brownsville/Matamoros COBINA organizational category is Model A.

In total, six COBINA co-presidents reported having established Model A leadership, while ten co-presidents designated Model B leadership. Currently, no COBINAS follow Model C.
KEYNOTE PRESENTATIONS

Andy Carey, Executive Director, U.S.-México Border Philanthropy Partnership (BPP)

A. Carey presented on the U.S.-México Border Philanthropy Partnership (BPP), a binational organization established in 2001 to improve the quality of life for residents in the US-México border region by 2020. BPP is dedicated to strengthening the capacity of community foundations by promoting leadership, collaboration, and a greater philanthropic investment in the border region. It follows a unique model of philanthropic binational partnership, having invested $20 million towards the institutional strengthening of member foundations.

Recognizing that border residents and communities are inextricably linked to one another, A. Carey asserted the border region’s needs, assets, and potential far transcend polarized political discussions of the day. He emphasized border residents, institutions, and communities have the potential to generate a strong, unified voice when working together as opposed to operating individually and creating weaker, isolated voices.

A. Carey concluded by praising the U.S.-México Border Health Commission’s contributions to both countries, expressing a BPP desire to discover new ways for both organizations to work more closely with border communities.

Eduardo Indjeian, Director, Aura Consultores S.C.

Mexican motivational speaker Eduardo Indjeian delivered a presentation entitled “Value of Opportunities” intended to help the audience recognize, manage, and take advantage of personal and professional opportunities.

E. Indjeian stipulated there are three main elements to consider when identifying opportunities. Recognizing situations that offer potential opportunities constitutes the first element; however, E. Indjeian warned a purely internal focus often obstructs or excludes viable external opportunities. Secondly, potential opportunities can be fully realized when a person assumes an attitude of personal responsibility. E. Indjeian claimed the third element is taking action by not only planning projects, but by executing projected plans as well.

E. Indjeian listed the following five elements necessary for success:

1. Develop and maintain a constructive attitude.
2. Cultivate proper planning.
3. Adapt bad habits into good ones.
4. Ensure task completion.
5. Visualize personal benefits associated with taking action.

E. Indjeian elaborated on the above five elements and their future application in the COBINAS’ organizational development for the remainder of his presentation.

Gail Emerick, Executive Director, Southeast Arizona Area Health Education Center (SEAHEC) Nogales, Arizona

G. Emerick related her experiences working with the Arizona Office of Border Health on the Arizona Border Communities Health Network (ABC Health Network, known as Red Sin Paredes in Spanish) pilot program, which was financed under HRSA’s Network Planning grant. She explained SEAHEC’s mission
is to pursue health and education projects as well as the recruitment, placement, and retention of health providers along rural and underserved Arizona-Sonora border communities.

G. Emerick acknowledged the Network Planning grant sought to build on the COBINAS’ collaborative history within the Arizona-Sonora border communities. Grant objectives included the following:

1. Create a sustainable health network to improve health service and delivery in Arizona’s border communities by composing deliverables contracts between SEAHEC and funded partners, creating individual binational health council member inventories, and increasing organization attendance.
2. Improve access to health needs and health services information by developing a virtual health resource library (with technical assistant from the State Rural Health Office).
3. Assess local capacity by conducting I-STAR assessments for ABC Network and each binational health council to promote ABC Network sustainability, contributing to Network and COBINAS’ strategic and operational planning process, and by developing Memoranda of Understanding (MoU).

The duration of G. Emerick’s presentation included a detailed discussion of the grant’s three objectives.

WORK TABLE ACKNOWLEDGEMENTS

Participants were divided into four worktable groups that evaluated a series of thematically-related questions.

Organizational Structure

1. What is the ideal organizational structure for a COBINA?
2. What type of written framework is best suited to guide a COBINA?
3. How should COBINA co-presidents be appointed/elected?
4. What mechanism should be adopted to recruit/approve COBINA members?
5. How often should the guidelines be reviewed or amended?

Planning and Evaluation

1. Do COBINAS follow a development cycle, which clearly identifies the definition, development, and evaluation phases?
2. Do COBINAS have well-defined short, medium, and long range goals and objectives?
3. What is the best process to plan and evaluate COBINA operations?
4. Are tasks evaluated against specific operational conditions and standards?

Resource Development

1. What are the mechanisms to determine financial, staffing, and logistical operational requirements for a COBINA?
2. How can COBINAS identify and obtain epidemiologic indicators and information relevant to binational health?
3. Are COBINAS capable of managing funds once received?
4. Is there an internal and external mechanism to guide COBINA efforts to build partnerships with other agencies or organizations involved in border health initiatives?

5. What resources are available that COBINAS can use to find financing sources?

6. How much time can and/or should COBINAS devote to finding additional resources?

**Marketing and Communication**

1. Identify mechanisms to promote the organization’s mission and objectives within the service community.

2. List the potential sources of media support within COBINA communities.

3. What are the three main communication strategies that will help advance COBINA organization’s mission and activities?

4. Which types of media are the best alternatives for communicating health literacy messages for decision makers (local, state and federal legislators) and public and private funding entities and the COBINAS target population?

**SUMMARY OF PRIORITY ISSUES, OBJECTIVES, AND RECOMMENDATIONS**

Based on evaluation forms and verbal reports submitted at Workshop III’s conclusion, the general consensus among participants indicate it was a highly successful workshop that helped COBINA leaders identify organizational needs and appreciate the realignment process necessary to prevail in an era of economic uncertainty. The occasion assisted individual COBINA co-presidents and representatives to begin implementing effective organizational-level initiatives. The results can help COBINAS achieve their individual and collective binational border health objectives, consistent with Tier I and Tier II priorities.

Recommendations and follow-up items generated by work groups include the following:

1. Align individual COBINA strategies, operational plans, and objectives with those of the BHC.

2. Recognize individual COBINA function at different internal organizational stages and levels.

3. Implement necessary institutional interventions to improve COBINA internal and external operations.

4. Uphold the 3 Cs as guiding principles among COBINAS as well as federal, state, and local health authorities.

5. Continue COBINA efforts, previously identified during Workshop I, to address Tier I disease prevention strategic priorities and selected Tier II priorities.

6. Validate previous workshop recommendations to implement organizational mechanisms that facilitate individual and collective opportunities to fund border public health projects by generating technical assistance and funding sources, taking care to avoid unnecessary competition for resources.

7. Convene frequent conferences to update and evaluate strategic and operational plans.

**Closing Remarks**

Dr. Dutton and Dr. Elisa Aguilar thanked workshop organizers for their efforts as well as the participants for the collaboration and input that contributed to a successful Workshop III. D. Reyna concluded by
mentioning important BHC-sponsored events, such as Binational Border Health Week and the Binational Border Infectious Disease Conference and related the BHC’s representation at the National Rural Health Association (NRHA) conference in Austin, Texas, disclosing the NRHA was instrumental in introducing a U.S. Congressional resolution on behalf of the BHC’s efforts along the U.S.-México border. D. Reyna reminded participants that information for these and other border health-related events is accessible on the commission’s web page and suggested it should be consulted frequently.

**DISCUSSION AND NEXT STEPS**

Workshop participants acknowledged future steps should endorse the organizational development principles discussed during the workshop and should continue to enhance COBINA individual and collective efficiency by using the 3 Cs.

**APPENDICES**

Appendix A: [Meeting Agenda](#)

Appendix B: [List of Participants](#)

Appendix C: [Presentations](#)

Appendix D: [Workshop III Evaluation Report](#)