United States-Mexico Border Health Commission

Our mission is to provide international leadership to optimize health and quality of life along the United States-Mexico Border.

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United States-México Border Health Commission (BHC)
2005 Annual Report

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I. Letter from the Commissioners

To Our Colleagues in Border Health:

We are pleased to present to you the 2005 Annual Report of the United States-México Border Health Commission (hereafter "the Commission"). Five years have passed since the Governments of the United States of America and the United Mexican States signed the binational agreement to establish the Commission. We would like to recognize the efforts of numerous individuals, communities, organizations, the research community and other stakeholders on both sides of the border whose hard work, dedication, and commitment these past five years built and solidified the foundations of the Commission. Their contributions exemplify the spirit of binational cooperation essential to address the public health challenges that affect the health and well-being of people on both sides of the United States-México border.

Since 2000, the Border Health Commission has shown exemplary leadership. For shared solutions to border health problems to be effective and sustainable, they require binational cooperation, close coordination, and open communication. The Commission’s vision and direction have assisted efforts at the local, State, and Federal levels on both sides of the border to improve the health of people along the border. In coming years, the Commission will continue to work in partnership and collaboration with public and private stakeholders in México and the United States to raise awareness about the unique health challenges of the border and serve as a catalyst for change.

As we move forward, both of our Governments remain steadfast in our commitment to the Commission and to improving the health of a population that lives in one of the most dynamic shared environments in the world. We are confident the United States-México Health Commission will continue to provide the necessary leadership to optimize the quality of life along our border.

The Honorable Michael O. Leavitt
Secretary of Health and Human Services
United States of America

The Honorable Julio Frenk Mora, M.D., Ph.D.
Secretary of Health
United Mexican States
II. United States-México Border Health Commission Composition

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<td>The Honorable Michael O. Leavitt</td>
<td>The Honorable Julio Frenk Mora, M.D., Ph.D., M.P.H.</td>
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<td>Mary Lou Valdez, M.S. (Delegate)</td>
<td>Gabriel García Pérez, M.D. (Delegate)</td>
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<td>Susan Gerard</td>
<td>Francisco Vera González, M.D.</td>
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<td>Emma Torres</td>
<td>Alfonso Valenzuela Espinoza, M.D.</td>
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<td>Sandra Shewry, M.P.H., M.S.W.</td>
<td>Javier Lozano Herrera, M.D.</td>
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<td>Rosemarie Marshall Johnson, M.D.</td>
<td>Carlos Carrera Robles</td>
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<td>New Mexico</td>
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<td>Michelle Lujan Grisham, J.D.</td>
<td>Raymundo Verduzco Rosán, M.D.</td>
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<td>Catherine Torres, M.D.</td>
<td>Jorge Durón Martínez, M.D.</td>
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<td>Gilberto Montiel Amoroso, M.D.</td>
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<td>Eduardo J. Sanchez, M.D., M.P.H.</td>
<td>Dora Elia Cortés Hernández, M.D.</td>
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<td>Paul Villas, D.Ed., C.H.E.S.</td>
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<td>Jose Manuel de la Rosa, M.D.</td>
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<td>Rodolfo Torre Cantú, M.D.</td>
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<td>Luis Fernando Garza Frausto, M.D.</td>
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III. Executive Summary

The United States-México Border Health Commission (BHC) took the lead on many efforts and accomplishments during 2004-2005. The composition of the BHC membership provides a wealth of expertise and engagement. The leadership, commitment, and vision of the U.S. and Mexican Section members were visible and appreciated by State, local officials, and many communities along the U.S.-México Border. For 2004-2005, key elements for BHC action included internal capacity building to better support community actions, partnerships and linkages, and support for specific programs that impact the health of border populations.

The BHC’s focus on internal capacity building continued with the strengthening of the Outreach Offices (OROs), which are strategically located in key border sites in the ten Border States. A significant portion of BHC resources is invested annually in the administration and programming of the OROs. OROs provide leadership at the local level, enable opportunities for community action to address border health challenges and support BHC Section members in their respective membership roles.

Capacity building also continued through the BHC’s office in El Paso, Texas, which is shared by the U.S. and Mexican Sections and comprised of U.S. and Mexican federal staff and federally-supported contractors. The Mexican Section Office is led by an Executive Secretary, and a General Manager supports the U.S. Section Office. Thanks to the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS), an epidemiologist was assigned in El Paso to support border surveillance efforts. Overall, the BHC El Paso office works to provide a focus on the unique challenges of border populations and serves as an information resource for the border through such activities as participation in meetings and workshops, a quarterly newsletter and a website, www.borderhealth.org.
Partnerships are an essential element of the BHC’s effectiveness. Partnerships help to leverage resources and maximize the BHC’s efforts to better address border health challenges in effective and sustainable ways. New partnerships were developed when the BHC coordinated the events of the first ever Border Binational Health Week in October 2004. The inauguration at the port of entry connecting Nogales, Arizona and Nogales, Sonora underscored the binational commitment to health. Most importantly, it brought together the Secretaries of Health and senior federal officials of the U.S. Department of Health and Human Services and the Secretariat of Health of México (SSA), leadership from the ten State Health Secretaries, and local health departments, community based organizations, and border residents. The BHC continued to strengthen its partnerships and collaboration with organizations such as the Pan American Health Organization (PAHO), policymakers, public universities, and other stakeholders on the border.

Federal and state collaboration enabled technical and financial assistance for a number of specific programs that enjoy the BHC’s support. These included the ongoing development for Early Warning Infectious Disease Surveillance (EWIDS), active participation in National Infant Immunization Week/Vaccination Week in the Americas (NIIW/VWA), and the provision of technical cooperation for Healthy Border 2010, the Binational Tuberculosis Referral and Case Management Project, and a Behavioral Risk Factor Surveillance Survey. These collaborative efforts help to expand the resources for border health overall and engage, in a focused way, on health issues of binational significance at the border.

The United States-México Border Health Commission remains a viable catalyst to improve public health and health care at the border.
III. Commission at a Glance


The BHC’s mission is to provide international leadership to optimize health and quality of life along the United States-México border. Its primary goals are to (1) institutionalize a domestic focus on border health that can transcend political changes, and; (2) create an effective venue for binational discussion to address the public health issues and problems affecting the United States-México border populations. To accomplish these goals, the BHC facilitates identification of public health issues; supports studies and research on border health; and brings together effective federal, state and local public/private resources by forming dynamic partnerships and alliances to improve the health of the border populations through creative, multi-sectoral approaches.

The BHC is a critical catalyst to raise awareness about public health issues and challenges faced by border populations, help create the necessary venues and partnerships to mobilize the actions needed to improve health status, and serve as a reliable information portal about border health issues.

The Mexican Section of the BHC is composed of the Secretary of Health or the Secretary’s delegate as commissioner and two members from each of the six Border States, who are designated by the Secretary of Health for the Government of the United Mexican States. They include the Secretaries of Health of Baja California Norte, Sonora, Chihuahua, Coahuila, Tamaulipas, and Nuevo Leon.

Membership of the United States Section of the BHC includes the U.S. Secretary of Health and Human Services, or his delegate, as Commissioner; the Commissioner of Health or Chief Health Officer from the States of Arizona, California, New Mexico and Texas, or their respective delegates; and two individuals from each of the border states, who are nominated by their respective Governor and appointed by the President of the United States.

Individual members — whether practicing health care professionals or members of the academic/research community — contribute a range and depth of experiences, expertise, and viewpoints. Together with other members of the U.S. and Mexican Sections, these individual members reflect an important cross-section of border population health needs and experiences at the local level and link with a multitude of stakeholders within a given community.

As ex-officio members, the ten state health officers from the Border States address current and emerging public health challenges, enable States’ health policymakers and technical experts to share experiences and lessons learned, and implement changes within their respective states in a more coordinated approach regarding border health issues. The State health officers and the health departments they represent have extensive contacts and networks with multi-community stakeholders from the public and private sectors that enable dialogue and information exchange at the local level.
The federal component of the BHC completes the membership. In their leadership roles as Commissioners of the U.S. and Mexican Sections of the BHC, the U.S. Secretary of Health and Human Services and the Secretary of Health of México are essential for the BHC’s effectiveness and sustainability. The BHC receives federal appropriations and support through the HHS and SSA. With firm footing in these respective federal agencies, the BHC has access to a wide array of technical agencies and policymakers to help implement its vision and action. The Office of Global Health Affairs within the Office of the Secretary, HHS, Washington D.C., and the General Directorate for International Relations of the SSA in México, D.F., serve as the federal points of coordination for the BHC.
IV. Outreach Offices

Since 2000, the BHC has invested its vision and resources to develop a network of critical resource points for border communities and enable binational engagement at the local levels to address public health issues of mutual concern effectively. Known as Outreach Offices or OROs, these resource points are strategically located along the border in each of the ten U.S. and Mexican States. The OROs serve as a binational resource for border communities in terms of public health activities, community awareness, information dissemination, and links to other stakeholders at the border. They also work with their respective U.S. or Mexican Section members in their role(s) as BHC representatives. The U.S. border health offices work closely with the OROs through their respective state health departments. The Arizona and Texas OROs are organizationally located within the State Health Departments and the California and New Mexico OROs are linked to their border health offices through the University of San Diego and New Mexico State University, respectively. For México, the OROs are fully integrated into the six state-level Secretariats of Health. The ORO in Nuevo Leon, the last of the six Mexican OROs, was established in 2005.
Arizona

The Arizona Outreach Office (Arizona/ORO) and the Arizona Department of Health Services (ADHS) Office of Border Health have jointly advanced the mission with a comprehensive and diligent approach. The Arizona/ORO’s efforts enable the border communities to increase health promotion and disease prevention activities and community knowledge of the Healthy Gente/Healthy Border 2010 objectives. Initiatives and activities include the Binational Tuberculosis Conference for Health Care Providers, Border Binational Health Week 2004, Healthy Gente/Healthy Border 2010 mini-grants, and a “teen maze” addressing adolescent pregnancy, substance abuse and healthy behaviors. The “teen maze” now serves as a model to help guide adolescents within school settings to make educated decisions and healthier choices in the area or Hermosillo, Sonora and Cochise Counties, Arizona.

The Arizona BHC members established an advisory board to provide them feedback on local border health issues through annual statewide border health community meetings. Through this mechanism, members of the U.S. Section/BHC gained access to the knowledge and experiences of community representatives on border health issues.

The following reflects some of the Arizona/ORO activities and accomplishments over the past year.

Access to Care

- Better Vision Project

  The Project provides education and service referrals for vision care to uninsured farm workers. Farm worker service organizations in Yuma County, Arizona are quantitatively documenting vision problems at the community level through health screenings and vision tests for glaucoma and cataracts.

Diabetes

- Ajo Cardiovascular Education Project

  The Desert Senita Community Health Center (DSCHC), originally known as the Ajo Community Health Center, implemented a comprehensive education, screening, and follow-up program targeting cardiovascular disease, a common complication developed by people with diabetes, and the leading cause of death in persons with Type II diabetes. The Education Project integrated the “Salud Para Su Corazon” (Health for your Heart) curriculum, to include classes on controlling cholesterol and triglycerides, enhancing physical activity, and managing weight problems.

- A Family Approach to Preventing Cardiovascular Disease

  A curriculum and evaluation component was designed to develop a module to train promotoras on a family approach to prevent cardiovascular disease and diabetes in the community of Douglas, Arizona.
• Cochise County Special Action Group

The University of Arizona’s (UA’s) Cooperative Extension partnered in 2004 with the UA Mel and Enid Zuckerman Arizona College of Public Health UA/MEZCOPH to bring together community leaders of Douglas, Arizona as a Cochise County Special Action Group. The group facilitates and improves linkages among organizations from the social service sectors, the academic community, and other private/public entities.

• *Saber Como Vivir con Diabetes* (Learning how to live with Diabetes)

A bilingual nurse-educator provides diabetes education and community referrals to patients on the Medical-Surgical unit of Holy Cross Hospital in Nogales, Arizona. Patients hospitalized with a diagnosis of diabetes or experiencing diabetes complication(s) are taught survival skills and provided referrals to appropriate education and monitoring programs.

**Environmental Health**

• Engaging Youth in Environmental Health Issues on the Arizona-Sonora Border

This Project engages youth in the exploration of environmental health issues in Santa Cruz County, Arizona and Nogales, Sonora, and builds upon the success of a 2004 pilot program. Students and community health advocates from both sides of the border came together to develop a framework to better integrate environmental health concerns into existing health education programs.

• Youth Outreach on Environmental Health

The Outreach brings together student groups in Nogales, Sonora and Arizona to collaborate on asthma outreach activities, including a cross-training component and focus on peer education to deliver a more comprehensive asthma outreach program. This involves an “Asthma Research Camp” for the students, which will form the basis of future joint asthma outreach activities, including the development of a peer-to-peer asthma outreach kit.

**HIV/AIDS**

• *Promotoras Sin Fronteras* (Community Health Workers without Borders)

Strongly rooted in the community health workers/promotoras de salud model, this Project addresses the unmet needs in HIV/AIDS prevention programs at the community level through the provision of promotoras-based outreach and education services for HIV/AIDS prevention, counseling and testing to the residents of Douglas, Arizona.

**Immunizations and Infectious Disease Control**

• Ajo Immunization Project

The DSCHC initiated the implementation of the Ajo Immunization Project, a comprehensive, community-based case management project targeting immunization compliance for all children aged five and under in the community. The Project proposes to expand its use of the statewide database system, known as the Arizona State Immunization Information System (ASIIS), to incorporate a collaborative model approach of chart review, routine
appointment scheduling for children, patient follow-up, and regular updating of the ASIIS to better reflect case management efforts.

Injury Prevention

• Binational Injury Prevention Campaign

The Campaign held in Sonoyta, Sonora in March 2005 provided information on injury prevention, education, and safety. It included a parade, health fair, mobile health unit, car accident rescue simulation, and vehicle checkpoints that targeted residents and tourists traveling through Sonoyta en route to the beaches of Puerto Peñasco, Sonora. Approximately 500 community members and tourists participated in the Campaign.

Oral Health

• Community Oral Health Mobile Action Partnership (COHMAP)

The COHMAP was initiated by Arizona’s Mobile Health Program as an innovative project to develop a culturally adapted system of oral health in an underserved area in Tucson, Arizona. It improves the availability of oral health care for uninsured and underinsured families, provides oral health education for providers of at-risk families, and includes effective and affordable oral health prevention plans for families.

Other

• Border Women’s Health Institute

Mariposa Community Health Center, in partnership with the UA/MEZCOPH, is developing an educational program to foster and enhance leadership and advocacy capabilities of female lay health workers/promotoras within the ten Border States. The promotoras identified to participate in the Institute will support and manage local projects that are aligned with the goals of Healthy Gente/Healthy Border 2010.

• Mariposa Community Health Center Summer Youth Institute

The Summer Youth Institute in Nogales, Arizona provides adolescents with a training opportunity to become teen health facilitators through a multidisciplinary approach to enhance self-efficacy, leadership, health knowledge, media literacy, and vocational preparation. Training components include HIV/AIDS and sexually transmitted infections (STIs), reproductive health, tobacco use prevention, injury prevention, nutrition, and physical activity.
Specific BHC-Influenced Actions

• Increase and Improve Access to Quality Preventive Care
  
  o Through BHC leadership and the frontline interventions of the Arizona and Sonoran OROs, area patients with multi-drug resistant tuberculosis (MDR-TB) were able to obtain second-line antibiotics to treat and control the spread of MDR-TB.

  o With the Arizona and Sonora OROs as the impetus, the BHC was able to help secure funding from the U.S. Agency for International Development (USAID) for a grant to support the expansion of the Triage and Stabilization Unit Expansion to Agua Prieta, Sonora.

• Enhanced Disease Prevention/Control Efforts and Health Education Delivery
  
  Working with community health care providers, the Arizona/ORO helped to increase health care opportunities for women through expanding screenings, treatments, and training opportunities at two colposcopy clinics; one in Nogales, Sonora, and one in San Luis Rio Colorado, Sonora.

• Improve Health Workforce Development, Training, Placement, and Retention
  
  The Arizona/ORO supported the participation of Arizona/Sonora community health workers to the Seventh National Community Health Workers Conference in Phoenix, Arizona by providing health educational training and information on Healthy Gente/Healthy Border 2010 objectives.

• The Sixth Conference of “Information for Action Border Health,” October 27-28, 2005
  
  The Arizona/ORO provided 200 attendees from border communities an opportunity to exchange valuable information about the BHC and community-based projects and research conducted along the Arizona-Sonora region.

• Improve Public Health Infrastructure
  
  The UA/MEZCOPH and El Colegio de Sonora (COLSON) are working collaboratively on a Project known as “Trans-border Collaboration to Strengthen the Public Health Infrastructure and Increase the Health and Competitiveness of Arizona-Sonora Border Workforce.” The Project addresses the complex economic, social, educational, and developmental issues facing the public health work force; strengthens public health infrastructure, and works to increase the health and competitiveness of the Arizona-Sonora Border Workforce. The COLSON and the UA/MEZCOPH developed a public health diplomado to bring Arizona and Sonora healthcare workers together to study public health issues of mutual importance and the Arizona ORO provided scholarships to enable participation. This innovative partnership also seeks to increase access to care for border residents and strengthen the capacity of institutions to conduct training, research and community service.
Activities or Initiatives that Establish or Strengthen Binational Linkages between Public Health and Border Communities

- The Arizona and Sonora OROs coordinated 2004 U.S.-México Border Binational Health Week (BBHW) events to promote healthy lifestyles and disease prevention awareness. These events engaged a number of key stakeholders, including the AZDHS, SSA of Sonora, the BHC, the Health Resources and Services Administration, HHS (HHS/HRSA), and community-based organizations. Arizona hosted eleven events along the Arizona/Sonora border with 7,348 participants, binational health fairs, walking events and teen health mazes and opportunities for community members to receive health educational information, immunizations, and health screenings.

- The OROs continue to support and participate in the activities of the U.S.-México Border Health Association’s three Binational Health Councils located in the sister cities of Ambos Nogales, Noreste de Sonora/Cochise County, Arizona; and Yuma, Arizona/San Luis Rio Colorada de Sonora. In partnership with these Binational Health Councils, the OROs coordinated the 2004 Binational Tuberculosis Conference in their respective communities, with 300 healthcare providers in attendance and continuing education credits offered. Principal topics included the epidemiology of tuberculosis; diagnosis and treatment of TB; TB and HIV patient case management; and new treatment for pediatric TB cases.

- The BHC provided financial support to develop and maintain the Arizona-Sonora Binational Health Alert Network (SIREN) On-line Disease Reporting, which strengthens and improves binational communications between state health officials. The binational system of telecommunication addresses concerns of mutual interest and supports technology advancement to enable: (1) binational patient case follow-up; (2) communication of critical health alerts; (3) online disease reporting; and (4) access to surveillance data, advisories, emergency response information, diagnostic and treatment guidelines and other data critical to minimizing the impact of public health emergencies. Technology is needed to better monitor projects such as the Border Infectious Disease Surveillance (funded by the HHS Centers for Disease Control and Prevention), and the Binational TB Program, a component under the responsibility of the U.S. Citizenship and Immigration Service.

- Arizona-Sonora Health Resource Directory Guide compact discs were produced and distributed to county health departments, libraries, government agencies, non-government organizations, school districts, hospitals, and health centers. As an effort to educate and reach out to the various communities along the Arizona-Sonora border about the Healthy Gente/Healthy Border 2010 objectives. This guide can also be accessed via the BHC website at www.borderhealth.org.

- The Arizona/ORO and AZDHS Border Office provide administrative and technical support to the Arizona members of the BHC. Arizona members actively participate in BHC binational meetings, committee meetings, and the Arizona Delegation Advisory Board Meetings.
The California Outreach Office (C/ORO) awarded funds in 2005 to support community-based projects that benefit residents of the California/Baja California border region and address the Healthy Border 2010 goals, including improving access to healthcare, reducing the incidence of infectious diseases, increasing immunization coverage, reducing the incidence of respiratory diseases, and injury prevention. The C/ORO also works collaboratively with a range of partners to manage border-wide initiatives, including Border Binational Health Week, National Infant Immunization Week, Vaccination Week of the Americas, the Early Warning Infectious Disease Surveillance Project, the development and the application of a Binational Risk Factor Surveillance Survey, and the Ten Against TB Program. During 2005, the C/ORO improved its mechanisms for selecting and evaluating projects that support Healthy Border 2010 goals. The C/ORO is finalizing a Request for Proposals instrument and evaluation methodology that will be used to evaluate fiscal year (FY) 2005 projects and, better identify and evaluate FY 2006 projects.

Access to Care

- **Ventanillas de Salud (Health Stations) Project**

  The *Ventanillas de Salud* Project (VDS) aims to improve access to healthcare in the California border region, primarily through education, referral, and case management. Expected accomplishments during a one-year period will include:

  - health needs assessments for 600 individuals and follow up on 80 percent of these assessments;
  - distribution of health insurance information to 10,000 persons;
  - provision of health insurance enrollment referral and follow-up to 300 eligible children and to adults who may qualify for a public benefit health insurance program;
  - enrollment for at least 20 percent of eligible children and adults into a public benefit health insurance program;
  - referral to an appropriate clinic and follow-up for 300 individuals;
  - provision of general health education sessions for 10,000 individuals who visit the Mexican Consulate in San Diego.

- **Migrant Health Services Project**

  This project supports outreach with communities in Imperial County, California to improve access to healthcare information and services in the region. This year, the California-México Health Initiative (CMHI) hired a regional coordinator in Imperial County to establish and coordinate countywide health education and promotion activities and establish linkages with health institutions, local stakeholders, hometown associations, and nonprofit organizations. The coordinator’s efforts resulted in:

  - increased collaboration between relevant service providers;
  - expanded access for migrant/immigrant families to information on local health resources and local services;
  - better dissemination of research findings;
  - expanded visibility for a variety of culturally specific health-promotion models; and
increased numbers of promotoras/es trained to better address the binational migration issues that affect agricultural workers’ health status, healthier behaviors, and personal risk reduction.

HIV/AIDS, Immunization and Infectious Diseases, Injury Prevention, Substance Abuse

- Binational Health Councils (BHC) Project

Like the Arizona/ORO, the C/ORO collaborates closely at the California/Baja California Norte border with the Binational Health Councils of the U.S.-México Border Health Association. The Binational Health Council creates space for U.S.-México sister city communities to raises awareness about border health issues and play a role in leading efforts to improve the delivery of health care and better address shared public health challenges. Through eight specialized committees, the Council addresses such issues of substance abuse, HIV/AIDS/STIs, tuberculosis, emergency services, and immunizations. The C/ORO provided the Council funding in 2005 for mini-grants with the following outcomes:

- meetings with the eight Committees of the Council to avoid replication of activities and promote stronger activities with greater impact in the area, and the conduct of a rapid assessment of the Council’s needs;
- participation in conferences and special training events;
- production of region-specific and topic-specific binational health instruments;
- social marketing and advocacy materials to promote healthy behaviors;
- awards to the most productive Councils along the border;
- support to the Councils to solicit, promote, and review requests for mini-grants; and
- the provision of a comprehensive outcomes report.

Immunizations and Infectious Disease Control

- Binational Immunization Guide

- The BHC provides support for the California/México Binational Immunization Guide that is produced by the Binational Immunization Initiative. The Guide can serve as a powerful tool in assisting immunization service providers working on both sides of the border. When distributed widely, this Guide will significantly improve immunization coverage to protect children, adolescents, and adult populations in the border area.

- Tuberculosis Directly Observed Therapy (DOT) Project

This Project will support promotora outreach with TB patients. Project Concern International is managing a USAID funded TB and multi-drug resistant TB control and prevention program in the Baja California Border Region. To complement these efforts, the C/ORO provided additional funding for support of two health workers to increase access to TB control among 30 active cases and 120 individuals in Tijuana and Mexicali, Baja California, and support for the San Diego County Binational TB Project. Outcomes include:

- training and deployment of two community-based Directly Observed Therapy (DOT) workers in order to increase public access to DOTs;
increased access to DOTs among a selected number of patients, with the goal of drug therapy completion rates of at least 85 percent of patients by the end of the project; and

strategies developed, shared, and implemented to reach high-risk TB target groups and hard-to-reach patients.

Injury Prevention

- Capacity Building and Technical Assistance Project

Through a contractor, *El Patronato del Hospital General de Tijuana* (Tijuana General Hospital Foundation) will develop and implement a capacity-building and development strategy to improve the hospital’s infrastructure, including its medical equipment and supplies. The *Hospital General de Tijuana* provides services for indigent patients in the greater Tijuana border region with children, families and individual from both sides of the border receiving care. The Foundation will develop a capacity-building strategy that should result in the ability to:

- develop and obtain a U.S. 501(c)(3) nonprofit status for the Foundation;
- determine organizational needs for the Hospital and match these needs with funding sources;
- develop grant proposals and donor-cultivation strategies; and
- develop overall capacity building strategies and plans for the Hospital.

Respiratory Diseases

- Adult Asthma Project

The Imperial County Health Department manages this program to improve adult asthma self-management skills through education and outreach in the Imperial County, California/Mexicali area. Results for 2005 include:

- More than 40 local healthcare professionals participated in a workshop focusing on asthma management and treatment guidelines as outlined by the American Academy of Allergy, Asthma, and Immunology (AAAAI) guidelines.
- At least 50 families participated in a family-focused informational and skill development workshop on topics including asthma triggers, self-management, and appropriate treatment approaches.
- More than 125 adult asthmatics received one-on-one client-centered and/or group asthma education sessions from promotoras, which were recorded with completed physician referral forms.

Specific BHC-influenced Actions

- Increasing and Improving Access to Quality Preventive Care

- The C/ORO assisted in the planning of many access-to-care outreach events for the 2004 Border Binational Health Week, including the provision of $40,000 in funding for
activities to enable local groups to leverage additional funds from private and public sources.

- During the BHC’s Eleventh Binational Meeting in Mexico City in March 2005, members of the Mexican Senate and Chamber of Deputies agreed, in principle, to support Mexican federal government funding increases for the BHC.

**Improving Health Workforce Development, Training, Placement, and Retention**

- The C/ORO is partnering with the Health Education Training Centers (HETC) and Area Health Education Centers (AHEC) programs in San Diego to improve workforce development, training and retention of healthcare professionals, and to increase the quality of health education throughout the Border.

- USAID provided funding to establish a binational education HIV/AIDS program university consortium. USAID awarded the project entitled “A Cross-Border HIV/AIDS Prevention Training Program in the Northwest Mexican Border Region” with approximately $500,000 over three years through a U.S.-México training events, internships, exchanges and scholarships grant. The objective is to strengthen the capacity of Mexican public health practitioners, outreach workers, and policy makers to prevent and treat HIV/AIDS and co-occurring epidemics, such as tuberculosis, as well as to better translate research into policy and practice.

**Activities or Initiatives that Establish or Strengthen Binational Linkages between Public Health and Border Communities**

**Border Binational Health Week (BBHW)**

During the 2004 BBHW, border populations had multiple opportunities to attend health fairs, where they could receive basic health screenings for diabetes, blood pressure, HIV/AIDS, and other preventive care. At the California/Baja California Norte BBHW, 41 events took place with 160 agencies and 6,188 individuals participating.

The C/ORO worked with a number of local agency partners for the organization of these events, including the California-México Health Initiative, the California Office of Binational Border Health, San Diego County, Imperial County, the San Diego Border HETC, the San Diego HETC, PAHO and U.S. federal agencies including HHS/HRSA, and HHS/CDC.

Local organizers shared information regarding healthcare services provided by community clinics, hospitals, non-government organizations, and governmental agencies. In San Diego, an “Oaxacan Community Workshop” was organized to provide Oaxacan migrants with an opportunity to talk about their healthcare needs, including their physical and mental well-being needs and challenges. Several community health clinics sponsored health booths or organized health fairs at their clinics for their patients and communities. These included the Vista Community Clinic, the Logan Heights Family Health Center, the La Maestra Family Clinic, the Logan Heights Family Health Center, and the San Ysidro Health Center. In Imperial Valley, BBHW events included a press conference and inauguration, children’s fair, healthcare workshops, a Women’s Health Fair, and a Farmworker Health Fair. Two closing events were held in San Marcos and San Ysidro, California, drawing several hundred participants.
• Vaccination Week in the Americas (VWA)

The BHC joined with the HHS/CDC and PAHO to celebrate National Infant Immunization Week (NIIW) and the Vaccination Week in the Americas (VWA), along the U.S.-México Border. To organize VWA events in 2005, the C/ORO collaborated within a local Binational Immunization Initiative with the San Diego County Immunization Program, the San Diego County Office of Border Health, the California Office of Binational Border Health (COBBH), the California Department of Health Services, the Baja California Outreach Office of the USMBHC, the Baja California State Health Department, and other partner agencies.

The California/Baja California-based Binational Immunization Initiative produced a binational Immunization Guide for San Diego and Tijuana, which will be updated periodically. The Guide provides information about vaccine equivalencies used for children in California and Tijuana, BC, and is expected to improve vaccination coverage and strengthen collaboration among public health agencies that oversee immunization programs.

The Baja California State Health Department, the Jurisdicción de Servicios de Salud in Tijuana, BCN, the C/ORO, and the Binational Immunization Initiative organized a binational training for nurses in Tijuana in May 2005, which highlighted the Immunization Guide to more than 70 nurses.

As part of NIIW/VWA, the Schaetzel Center in Scripps Hospital hosted a Continuing Medical Education (CME) event, “New Developments in Immunization and Vaccine Issues,” where more than one hundred healthcare professionals from both sides of the border participated.

Several organizations sponsored training sessions for promotoras, including a training program on “TB and Immunizations at the Border Region,” to commemorate the Vaccination Week in the Americas.

Health Data Analysis and Surveillance

• Early Warning Infectious Disease Surveillance (EWIDS)

Through funding from HHS, Early Warning Infectious Diseases Surveillance (EWIDS) is being supported for critically needed improvements in cross-border emergency preparedness communication and binational development of plans for improvements in telecommunications, laboratory, and healthcare facility infrastructure on both sides of the border. The California Office of Binational Border Health is developing a California/Baja California EWIDS strategy and program in collaboration with partner agencies throughout the Border Region, including the C/ORO. Outcomes include work on drafting a California EWIDS coordination plan and communications protocol, improved epidemiologic surveillance, and increased education and training.

Activities or Initiatives to Support or Advance U.S.-México Border Health Commission and Commission Members

• Event Featuring Dr. David Warner, Professor of the University of Texas (Austin)

In December 2004, the BHC, through Dr. Lawrence Kline, a California member of the U.S. Section, Scripps Health, and the COBBH hosted an event featuring Dr. David Warner, Professor of Public Affairs, Lyndon B. Johnson School of Public Affairs, and University of
Texas, in Austin, Texas. Dr. Warner presented on “Cross-Border Health Insurance and Other Initiatives to Integrate the Delivery of Health Services between the United States and México.”

- Border-Wide Substance Abuse Prevention Conference, El Paso, Texas

The C/ORO provided sponsorship support for representatives from Baja California to attend a Border-Wide Substance Abuse Prevention Conference held in El Paso in March 2005.

- Disaster and Emergency Preparedness Meeting, San Diego, California

On June 15, 2005 Scripps Health partnered with the C/ORO and the COBBH to organize a lecture at Scripps Memorial Hospital featuring a bio-terrorism preparedness specialist, Boaz Tadmor, M.D., from Israel. Dr. Lawrence Kline, hosted the event which included a presentation on “The U.S. and Israeli Approaches to Borders and Preparedness for Mass Casualty Events- Where We Are and Where We Need to Be.”
New Mexico

Through partnerships with the ten Border States and a range of binational communities, the New Mexico/ORO has worked to improve the health of the border population. The New Mexico/ORO is currently located at the New Mexico State University (NMSU) in Las Cruces, New Mexico. It focuses on outcome-based results and effective community and infrastructure development to support community programs, information dissemination, technical assistance, and the provision of data. The New Mexico/ORO supports a range of border health organizations by identifying and prioritizing border health issues and providing technical assistance to track key health indicators. The New Mexico/ORO collaborated to increase additional resources to the Border Region through support for local health organizations in grant-writing skills development and the provision of information on funding opportunities for border health. In promoting replication of successful border initiatives on a statewide level, the New Mexico/ORO has helped to align and integrate its efforts with the New Mexico Office of Border Health and the priorities of the New Mexico Department of Health (NMDH).

Access to Care

- Border Health Information and Education Network! (BIEN!).

The Border Health Information and Education Network (BIEN!) (www.bienhealth.org) provides up-to-date health information through a web-based approach which uses multiple media sources and general outreach strategies. BIEN! offers free Internet access to the general public through the placement of computers in remote sites in southern New Mexico. The community-based network has 22 partners, including local libraries, clinics, hospitals, public health clinics, universities, and other organizations. BIEN! expanded services by 23 percent in 2005 (with five new sites in operation). The website includes more than 60 health topics in English and 50 in Spanish. Continuing challenges include the need to increase Internet access points in rural communities and for improved computer literacy among promotoras/outreach workers.

Diabetes

- School-Based America on the Move Campaign

In partnership with the Nutrition Department of the Las Cruces Independent School District (LC/ISD), the New Mexico/ORO supported the America on the Move/New Mexico on the Move campaign by providing 300 pedometers for LC/ISD faculty and staff. The health promotion campaign promotes increased exercise and aims to decrease the incidence of obesity and diabetes among campaign participants. During the first three months of the campaign, the LC/ISD staff walked more than one million steps. The campaign continues in southern New Mexico with a challenge to integrate the effort with improved health-based curricula and a comprehensive health education campaign.

HIV/AIDS

- Binational Espejo Project

Espejo is a binational HIV/Sexually Transmitted Infections (STI) intervention and health promotion project focused on reducing the incidence of HIV/STI among the high-risk population in Palomas, Chihuahua and Luna County, New Mexico. It helps area clinicians
to better diagnose and treat STIs, while educating high-risk populations about health risks and the need for healthy behavioral changes. In coordination with the Health Departments of Chihuahua and New Mexico, the project is developing a health education and health promotion plan to reach pregnant women. In partnership with Rural Opportunities Inc. and the NMSU Border Epidemiology and Environmental Health Center, the New Mexico/ORO has developed a health education-training curriculum available in Spanish and English.

**Immunizations and Infectious Disease Control**

- **Tri-State/Binational Nuestros Niños (Our Children) Immunization Campaign**

  The *Nuestros Niños* Campaign supports the continuation and expansion of immunization activities in southern New Mexico, west Texas, and northern Chihuahua. The Doña Ana County, New Mexico and El Paso, Texas Immunization Coalitions formally adopted the “Nuestros Niños” logo during the 2005 program year for use in all future campaign-marketing materials. The New Mexico/ORO provided technical equipment to enhance a recording studio in Las Cruces, New Mexico for better, easier production of public service announcements (PSAs). This partnership helped to provide 17 percent more radio PSAs at lower production costs (25-30 percent reduced costs). Demand has increased as other public agencies and organizations along the border are requesting support from the public recording studio.

- **¡VACUNAME! (Immunize Me)!**

  The ¡VACUNAME! pilot project promotes the “Done by One” State Immunization Campaign in coordination with local and state Immunization coalitions, aimed to underscore the importance of on-time vaccination and parents’ role in keeping appointments. The pilot project equipped 17 border-area clinics with digital cameras, photo printers, paper, magnetic picture frames, and baby books that are provided to parents who bring their child’s immunization records and follow the “Done by One” recommended immunization schedule. Health provider partners have taken 1,444 photos of vaccinated kids from January to June 2005. Preliminary reports indicate increased on-time vaccination rates at all participating clinics. There is strong local demand for expansion of this pilot.

- **Binational Mosquito Health Education and Promotion Campaign**

  The Binational Vector Control Working Group includes professionals from Chihuahua, New Mexico, and west Texas to prevent and reduce the risk of vector-borne diseases through health education, better surveillance, and more effective control of mosquito populations at the community level. The New Mexico/ORO was instrumental in the development of the regional Binational Vector-Control Health Education Plan and supported the launch of the Third Annual Binational Mosquito Control Program in 2005 by providing 200 educational radio spots dedicated to mosquito-borne disease prevention. The New Mexico/ORO provided global positioning system units to area vector control departments to assist in binational surveillance and control of mosquito populations.

- **Paso del Norte Infectious Disease Collaborative Study**

  This binational, tri-state (New Mexico, Texas, and Chihuahua) collaborative effort measures the prevalence of hepatitis, HIV/AIDS, and TB among intravenous drugs users. The New Mexico/ORO provided technical support and resources to implement the first stage of the
study in Doña Ana County and will coordinate with the Texas ORO (TORO) in support of the Texas phase. The study will allow relevant border health agencies to better understand drug abuse prevalence and its associated risk factors.

**Injury Prevention**

- **Substance Abuse Initiatives**

  Substance abuse and its complexities continue to be a critical focus for action for border communities. The New Mexico/ORO supported the development of the Southwest Regional Substance Abuse Collaborative, which consolidated the Substance Abuse Committee of the New Mexico Border Health Council and the Department of Health’s Behavioral Health Services Region (3) Substance Abuse Committee. In addition, the New Mexico/ORO supported the 2005 Substance Abuse Conference, which brought together over 60 regional professionals.

**Specific BHC-Influenced Actions**

- **Improve Public Health Infrastructure**

  A closely coordinated effort is critical among key New Mexican stakeholders to support Border Infectious Disease Surveillance (BIDS) and Early Warning Infectious Disease Surveillance (EWIDS) initiatives. These initiatives receive significant funding from the HHS/CDC. New Mexico/ORO has encouraged enhanced coordination among the key players including the NMDOH’s Office of Health Emergency Management, which coordinates EWIDS efforts and the NMSU Epidemiology Unit, which coordinates BIDS efforts. The Office of Border Health also plays an important role in the overall coordination of activities.

**Activities or Initiatives that Strengthen Binational Linkages between Public Health and Border Communities**

- **2004 Border Binational Health Week (BBHW)**

  In coordination with the NMDOH and other partners, the New Mexico/ORO, supported and promoted 12 New Mexico activities related to the October 2004 BBHW. The activities included site visits *La Clínica de Familia* in Sunland Park, and the Public Health Clinics of San Miguel and Las Cruces. Participants included Dr. Elizabeth Duke, HRSA/HHS; Windy Hill, Associate Commissioner for Head Start Bureau in the Administration for Children and Families/HHS; Dr. Kenneth Mortisugu, the U.S. Deputy Surgeon General; Dr. Joxel Garcia, PAHO Deputy Director; members of the U.S. and México BHC Sections, and other partners from federal and state agencies from both sides of the border. Memorial Medical Center Hospital of Las Cruces hosted a number of on-site events, where Dr. Catherine Torres, New Mexican member of the U.S. Section of the BHC, was instrumental in coordinating the activities in southern New Mexico.

- **National Infant Immunization Week/Vaccination Week of the Americas**

  The HHS/CDC designated New Mexico as the kick-off State for the 2005 National Infant Immunization Week (NIIW) Vaccination Week of the Americas (VWA) celebration. Under the leadership of the New Mexico Immunization Coalition, the New Mexico/ORO coordinated
local and binational events and activities related to NIIW and VWA. The events included site visits to Ben Archer Health Center in Hatch, New Mexico and the new Las Cruces First Step Center facility; a binational press conference and Grand Rounds luncheon at Memorial Medical Center of Las Cruces that included Dr. Paul Offit (Director of the Vaccine Education Center at Children's Hospital of Philadelphia) and Dr. Stephen Cochi (Director of the National Immunization Program, HHS/CDC) as keynote speakers; an immunization workshop with 136 attendees from the tri-state region held in Sunland Park, New Mexico; and an award dinner recognizing immunization providers from New Mexico, Texas, and México.

- Binational Health Councils

The New Mexico/ORO partnered with two of the U.S.-Mexico Border Health Association's Binational Health Councils (El Paso-Juarez-Las Cruces and Palomas-Luna County) to support, coordinate, and promote border health initiatives; develop programs, train and educate health providers, public health staff and community members, and support local and regional health networks. Over the 2004-2005 period, the Council meetings attracted more than 375 professionals from southern New Mexico, west Texas and northern Chihuahua and discussed such topics as infectious diseases and binational emergency response, HIV/STI Programs, multi-drug resistance TB, and substance abuse. The Binational Health Councils served as an effective tool to bring together health professionals and community members from Mexico and the United States to raise awareness about and work to resolve common health challenges.

- New Mexico Border Health Council

New Mexico’s members of the U.S. Section of the BHC serve as ex-officio members of the New Mexico Border Health Council. The New Mexico/ORO supports the Council’s Promotora Committee in the areas of curriculum development and leadership training and education, and the Environmental Health Committee in the areas of program development and grant submissions.

- Binational Promotion and Communications Mechanisms

The New Mexico/ORO maintains a website that offers links to related websites such as those of the BHC, the New Mexico Department of Health, the Border Health Councils and other local, state, national, and international health sites. The New Mexico/ORO supported a number of publications in 2005, including the eighth edition of the Grant Opportunities Guidebook and the 2005 Public Health Week Insert. The New Mexico/ORO has a toll-free number, accessible from México and the United States, to provide information and technical assistance.

- Enhance Health Data Analysis and Surveillance

The New Mexico/ORO provides technical assistance and data-driven support services to local organizations and programs and continues working with data providers to collect needed data. The New Mexico/ORO has a database with more than 22,000 records to track Healthy Border 2010 indicators. In the future it will include baseline data tables for the six border counties in New Mexico.
Texas

The value and role of the TORO is to implement programs such as EWIDS, Healthy Border 2010, Border Binational Health Week, and Vaccination Week in the Americas (VWA); strengthen local border public health infrastructure and binational cooperation; and support the BHC. The TORO works in partnerships to maximize its contributions expand its impacts and build sustainability at the community level.

Access to Care

- El Paso/Cuidad Juarez/Las Cruces Binational Health Council of the U.S.-México Border Health Association (USMBHA)

  The TORO provided $15,000 for the El Paso/Cuidad Juarez/Las Cruces Binational Health Council to hold meetings, help provide interpretation/translation, and support the travel of the Council’s co-presidents to participate in the June 2005 USMBHA Annual Meeting held in Laredo, Texas.

- Health Promotion and Disease Prevention

  - The TORO partnered with the Fort Stockton Parks and Recreation Department (PRD) to provide a range of physical activities for residents of all age groups. The PRD has developed worksite wellness programs for local schools and community employers.

  - The TORO partnered with the Cactus Clinic in Sanderson, Texas (Terrell County) to implement a wellness program, which included:
    - diabetes education and support groups for local diabetic residents and their families;
    - six-week education program for diabetic patients in a group setting;
    - *La Cocina Alegre* (“The Happy Kitchen”) Cooking Program—a six-week cooking and food education program focusing on healthier cooking methods;
    - Health Fair at Sanderson Jr. High School health and dental screenings, nutrition education, and tobacco and drug prevention education;
    - walking program for residents;
    - aerobic exercise classes;
    - water aerobic classes for elderly residents; and
    - a volleyball program.

Immunizations and Infectious Disease Control

- Immunization Project

  The TORO partnered with the El Paso City/County Health and Environmental District to complete an Immunization Project that was initiated in 2004 to increase awareness of the importance of childhood immunizations through an ongoing health promotion and media campaign in the City of El Paso. The Project also worked with local vaccine providers to update their databases to more accurately reflect area immunization rates.

- Study of Infectious Disease Burden Among Intravenous Drug Users
The TORO partnered with the Migrant Clinicians Network and the Paso del Norte Collaborative to implement the final stage of a study of infectious disease burden among intravenous drug users in the Border Region. Study elements included screening and testing for infectious diseases, administration of a behavioral risk and mobility survey; provision of test results for respondents with full counseling and appropriate referrals; and as appropriate, the provision of hepatitis A and B vaccines.

Injury Prevention

- Basic Trauma Life Support Instructor Course, Mach 2005

Using a “train the trainers” model, the TORO partnered with the Health Education Training Center Alliance of Texas (HETCAT) to provide a basic trauma life support instructor course for Unidad de Rescate del Gobierno del Estado (State Government Rescue Unit) in Chihuahua, México. Participants throughout the State of Chihuahua were trained to serve as instructors for emergency care providers. Certified instructors taught the course and provided internationally recognized certification for new instructors and the providers they will subsequently teach.

- Presidio/Ojinaga Binational Health Council, USMBHA

The TORO supported the USMBHA Presidio/Ojinaga Binational Health Council (POBHC) throughout the 2004-2005 period. Through TORO support, POBHC members participated in the USMBHA Annual Meeting in Laredo, Texas. TORO support also enabled the POBHC to sponsor several local youth-oriented activities and a Seniors Physical Fitness Program, which provide seniors access to aerobic and fitness classes daily at a senior citizens center. The POBHC also helped the cities of Presidio, Texas and Ojinaga, Chihuahua to establish local procedures related to preparedness and response for emergencies in these communities. In partnership with the POBHC, TORO funding provided two defibrillators to local ambulances.

- Domestic Violence Prevention and Mental Health

The TORO partnered with the Family Crisis Center of the Big Bend to provide additional domestic violence prevention and mental health services to residents of Reeves, Jeff Davis, Brewster and Presidio Counties. The Center provided 67 counseling sessions to 411 clients and 31 educational presentations to 628 participants.

- The Amistad Binational Health Council, USMBHA (area of Del Rio and Val Verde County, Texas and Ciudad Acuña, Coahuila).

The USMBHA’s Amistad Binational Health Council (ABHC) conducted monthly forums to draw public health experts with diverse perspectives to focus on key public health themes. The Council also participated in the annual USMBHA Meeting in Laredo, and developed a web page to display ABHC data and activities. The website serves as a user-friendly point of entry for the communities served by the ABHC. The ABHC was also a key sponsor of the Binational Youth Rally for Substance Abuse Prevention held in Del Rio, Texas in December 2004.

- The Quad Counties’ Council on Alcohol and Drug Abuse
The TORO partnered with the Quad Counties’ Council on Alcohol and Drug Abuse to sponsor the 700-participant Del Rio youth rally in 2005.

- **Hope-K Trinational Health Council**

The TORO supported the following activities of the HOPE-K Trinational Health Council (Eagle Pass, Maverick County, Kickapoo Nation, and Piedras Negras, Coahuila):

- a three-day binational diabetes training at Garner State Park for area residents who are diabetes patients, educators, and health care providers;
- the provision of dental services for children living in Maverick County, in partnership with the Texas Health and Human Services Colonias Initiative; and
- the hosting of a Kickapoo Drug-Free Day in June 2005 to promote healthy choices and responsible behavior among Kickapoo youth.

**Activities or Initiatives that Strengthen Binational Linkages between Public Health and Border Communities**

- Collaborated with the City of Eagle Pass and Maverick County, Texas to dispose of old tires, which often serve as breeding sites for mosquitoes. Reduction in mosquito breeding sites helps to reduce transmission of West Nile Virus and Dengue Fever. County employees and local residents have collected and disposed of almost 12,000 tires to date.

- Helped to sponsor a border-wide conference for all Texas Binational Health Councils organized by the USMBHA’s *Los Dos Laredos* Binational Health Council.

- Provided $20,000 to support its partnership with the Laredo City/County Health Department (LC/CHD) for its *Buena Vida* (“Good Life”) program. *Buena Vida* promotes health awareness and management of diabetes, cardiovascular diseases, and cancer through small group educational presentations and behavior modification clinics. Specific program components include health screenings, behavior assessments, and exercise sessions. Each month, the LC/CHD enrolls an average of 800 new clients.

- Partnered with the City of El Cenizo, Texas (Webb County) and Duval, Jim Hogg, and Starr Counties to establish a committee for its Local Public Health Advisory Council for the purpose of identifying local health priorities, developing a work plan to address these health priorities, and implementing the plan to address those priorities. The committee is currently implementing vector control activities and community cleanups for the prevention of infectious diseases spread by mosquitoes.

- The TORO is working with “Dentists Who Care” to provide dental services to 340 children of colonias residents in Cameron and Hidalgo Counties.

- In partnership with the Healthy Communities Brownsville, Inc., a non-profit organization based in Cameron County, the TORO hosted six focus-group discussions with parents of adolescents to identify factors that assist parents in talking with their children about sexual health issues and healthy behaviors.

- In collaboration with the City of McAllen, the TORO provided 20 food-handler training classes in English and Spanish (with 20 participants each) that targeted food handlers from surrounding cities and counties that do not regularly have such training available.
• TORO partnered with La Union Del Pueblo Entero, a non-profit organization located in Cameron and Hidalgo Counties Texas, to clean up discarded appliances, old tires, and other debris to reduce community health hazards such as infectious disease spread by mosquitoes, suffocation, and injuries. Resident communities selected three sites in Cameron County for the community clean-up events.

• The TORO partnered with Hidalgo County to establish a Regional Binational Public Health Committee, which included representatives of public health agencies from Reynosa and Matamoros, Tamaulipas, México and Hidalgo and Cameron Counties. The Committee developed a strategic health improvement plan to identify the area’s public health problems, and implement the plan in a binational way.

• In partnership with the Rensellaerville Institute to improve the public health of border communities, the TORO provided technical assistance for several community-based public health projects.
  
  o To date in FY 2005, the Institute has initiated five community-based water and wastewater self-help projects in colonias in Hidalgo, Cameron, and Starr Counties.

  o The Institute has identified local resident “sparkplug” leaders for 23 ongoing mini-projects in support of safe and healthy communities. Examples include the “Blind Birders” project, where volunteers train visually impaired individuals to identify birds by sound (physical activity promotion) and a biking program to create bike paths atop the Rio Grande River flood control levee.
Baja California

The BHC’s Outreach Office in Baja California (BC/ORO) played a key role to achieve significant progress in the areas of disease prevention and health promotion, primarily in priorities identified by the Baja California Institute of Health Services (ISESALUD) and the BHC.

BC/ORO has supported the ISESALUD throughout 2005 by providing resources to established programs to help achieve the objectives of Healthy Border 2010. The state office, located in Tijuana, BC, has served as an important liaison between governmental and non-governmental health service providers on both sides of the border.

Access to Health Care

- Training and Workshops
  - The BC/ORO hosted and provided logistical support for meetings and training sessions that were carried out by the Jurisdicción Sanitaria II (Local Health Department) and the General Hospital of Tijuana. These sessions provided continuing education courses to ISESALUD doctors and other health professionals to improve patient care.
  - The Vete Sano, Regresa Sano (Leave Healthy, Return Healthy) program held a training session for professionals in migrant-health related occupations. Attendees included non-governmental, municipal, state and national representatives.

Cancer

- Breast and Cervical Cancer
  
  Breast and cervical cancer mortality reduction are among the main goals of the State of Baja California. The BC/ORO coordinated with the State’s Reproductive Health Program and conducted two well-attended workshops. More than 10,000 pamphlets and other educational materials on early detection of cervical and breast cancer and other general health information were produced and distributed.

Diabetes

- Diabetes Treatment and Prevention
  
  Many workshops were held on the topic of diabetes mellitus throughout the State: two state workshops were held to train coordinators and health workers from the various municipalities and jurisdictions of BC, and two were held in Tijuana and Mexicali for local healthcare personnel. These workshops for local healthcare personnel, along with similar workshops across the state, were designed to provide updates on proper care techniques for patients with diabetes and to provide accurate advice for diabetes prevention. Educational materials on diabetes prevention, care, and management were also produced and distributed.
Environmental Health Meetings

- Environmental Health

A binational forum was held on border environmental issues in Rosarito, BC. Attendance and participation surpassed expectations. A number of meetings were held after the forum to continue planning and discussion on environmental issues.

HIV/AIDS

- Workshops on HIV/AIDS

BC/ORO coordinated with the Baja California HIV/AIDS and Sexually Transmitted Disease (STD) Prevention Program to hold two training workshops on “stigma and discrimination,” two workshops on “training the trainer,” and one workshop on “HIV/AIDS and STD counseling.” Over 200 people participated in these five workshops.

Immunization and Communicable Diseases

- Workshops on Communicable Diseases

  - The BHC held a training workshop for health professionals in various sectors and institutions in Tijuana during México’s second National Health Week of 2005, and was jointly coordinated with State and local/jurisdictional stakeholders. Due to its success, the BHC again supported these workshops during the third National Health Week and the first Border Binational Health Week.

  - In coordination with the State TB program, five training courses on DOTS were held at the State and local levels. Other activities included a TB symposium in Ensenada, BC, a health quality indicators meeting with Jurisdicciones in Sanitarias, BC, and TB program evaluation activities with participation from the World Health Organization (WHO), PAHO and the Mexican National TB Program. Binational meetings were organized to prepare a joint TB project between the U.S. San Diego County TB Control Program, the Baja California State TB Program, and other non-governmental organizations, such as Project Concern.

  - A binational training was facilitated by the Francis J. Curry National TB Center in Tijuana, BC.

Injury Prevention

- Media Campaign

  The BC/ORO coordinated with the Baja California Accident and Injury Prevention Program to launch a local radio and TV campaign in Mexicali, BC. Educational materials and flyers were also produced and disseminated.

Maternal and Infant Health

- BC/ORO provided support to produce educational materials for the border population within various jurisdictions.
The BC/ORO participated in the maternal and infant health event during the 2005 World Health Day, celebrated in Brownsville, Texas and Matamoros, Tamaulipas.

In coordination with the State’s Health Promotion Program, two training sessions were organized and materials were reproduced for the Estrategias Arranque Parejo en la Vida (Strategies for a Fair Start in Life) and Línea de Vida (Life Line) programs. These materials were distributed in the Mexicali and Tijuana Jurisdictions.

**Oral Health**

- BC/ORO supported the development of educational materials (an Oral-Dental Health Guide).

**Respiratory Diseases**

- Training for Health Professionals

  The BC/ORO in Tijuana served as the location to train health personnel on the management of patients, particularly children, with respiratory infections, as well as prevention of complications of upper respiratory tract infections by better recognizing warning signs.

**Substance Abuse/Tobacco Use**

- The BC/ORO coordinated with the Technical Secretary of the State Council Against Addictions to provide support to a graduate course on addiction prevention in Mexicali.

- BC/ORO provided educational materials on tobacco’s effects on health-to-health promotion programs in Tijuana and Mexicali, BC.
Chihuahua

The Chihuahua Outreach Office (CH/ORO) serves as a link between community organizations; border health offices both sides of the Border, and Mexican federal, state, regional and local entities. Chihuahua continues to progress steadily to achieve the objectives of the Healthy Border 2010 Program. The BHC through its CH/ORO is recognized for its leadership and its ability to convene and coordinate individual participation and form partnerships with various organizations, government entities, and other stakeholders in the Border Region.

Access to Health Care

- The CH/ORO supported a workshop hosted by the Mexican Institute of Social Security with multidisciplinary technical teams to implement the prevention program *Prevenimss*.

Cancer

- With support from the CH/ORO, the Chihuahua Health Services program, *PROGRESA*, gave a presentation to women with breast cancer and organizations that work with women diagnosed with cancer.
- A strategic planning workshop on cervical cancer was held in 2005, with CH/ORO support.

Diabetes

- The CH/ORO provided ten six-month scholarships to health professionals in Chihuahua’s Health Jurisdiction II for training on the prevention and control of chronic diseases.

Environmental Health

- The CH/ORO held a meeting with local and state environmental health authorities to learn about the Mexican Federal Report (PROFEPA) on soil lead contamination.
- The CH/ORO held an environmental health workgroup and border environmental indicators team meeting to discuss topics of environmental contamination in Ciudad Juárez, Chihuahua.
- An emergency preparedness and response work group meeting was held to discuss the topic of chemical spilling and appropriate response and coordination mechanisms between the U.S. and Mexican States of Chihuahua, Texas and New Mexico.

HIV/AIDS, Immunization and Communicable Diseases

- The CH/ORO participated in monthly meetings on HIV/AIDS and Addictions. Liaisons were identified for the “International Day of the Fight Against HIV/AIDS”.
- The CH/ORO organized a course to “Prevent Prenatal HIV and Pediatric AIDS”.
- The CH/ORO participated in State health office programs to control the West Nile Virus.

Injury Prevention
• The CH/ORO participated in accident prevention training workshops for health professionals in Jurisdiction II. The state health office of Chihuahua hosted this workshop.

Maternal, Infant and Child Health

• CH/ORO supported a reproductive health continuing education course for the Chihuahua State health services staff.

Mental Health

• Mental Health Workshops and Courses
  o A CH/ORO meeting was held in Ciudad Juárez, Chihuahua to discuss and coordinate related activities on eliminating violence against women.
  o A course was provided to family members of patients with mental disabilities.
  o CH/ORO provided travel and financial support to the jurisdictional mental health coordinator to attend the National Alliance on Mental Illness (NAMI) Conference on Mental Health in Austin, Texas.
  o The CH/ORO participated in a workshop entitled, “Violence Against Pregnant Women” conducted by the Chihuahua State health services and Jurisdiction II. Banners and mental health promotional materials were provided.
  o Seven awardees of the health jurisdictions in Ciudad Juárez and Ojinaga received scholarships for a course on thanatology.

Oral Health

• Oral Health Initiatives

  With the participation of community based organizations and public health institutions, several health fairs took place during the Border Binational Health Week in Chihuahua. Many presentations were given on oral health and dental caries prevention including distributions of promotional items such as toothbrushes and toothpaste.

Respiratory Diseases

• Activities on Respiratory Diseases
  o A meeting of the Ten Against Tuberculosis (TATB) sub-regional group from Texas, Chihuahua and New Mexico was held in 2005.
  o The CH/ORO supported the pediatric TB training to the health services staff in Chihuahua to assist in the coordination of the World TB Day celebration in El Paso, Texas.
  o Several TB efforts were supported, including a binational teleconference to improve mechanisms and flow of patient information on TB, and a Binational TB Card workshop with the Health Jurisdiction in Ciudad Juárez, Chihuahua.
Substance Abuse

- Substance Abuse Prevention Activities
  - The CH/ORO assisted the Centers for Youth Integration to train middle school teachers on strategies for substance abuse prevention in adolescents.
  - A planning meeting was conducted to review, update and monitor the implement action of the epidemiology surveillance system on substance abuse in Ciudad Juárez, Chihuahua, El Paso, Texas, and Las Cruces, New Mexico. Several monthly meetings of the local sub-committee on HIV/AIDS and addictions were also held.
  - The Texas Coalition and the United States-México Border Conference for Substance Abuse Prevention met to conduct and coordinate health fairs on substance abuse prevention.
  - The CH/ORO participated in a parade to celebrate “World No Tobacco Day.”
  - Vete Sano, Regresa Sano Program (Leave Healthy, Return Healthy) continued to be supported by the CH/ORO.
  - The CH/ORO helped disseminate a BHC substance abuse prevention program module at the U.S. Consulate in Ciudad Juárez.
Coahuila

Through the Coahuila Outreach Office (CO/ORO) the BHC impact in Coahuila has been significant. The BHC provided funding to the State health services to help achieve the Healthy Border 2010 objectives. In addition, the BHC funding provided an additional physician to Ciudad Acuña, thus ensuring a medical presence in two Coahuila border cities, which increased awareness and communication with the U.S. sister cities in Eagle Pass and Del Rio, Texas.

Access to Health Care

- Training and Workshops

  The Piedras Negras Outreach Office in Coahuila hosted monthly meetings and training sessions for more efficient patient health care. The local health jurisdiction, and targeted physicians and nurses who are responsible for the health units conducted these workshops.

Cancer

- Cervical and Breast Cancer

  Reducing cervical cancer and breast cancer mortality is one of the main goals along the border. To this end, the CO/ORO supports local health jurisdictions in various training sessions to improve cervical cancer and breast cancer detection techniques including, for example, pap smear testing.

Diabetes

- Diabetes Prevention and Training
  - Various continuing education training sessions were offered on diabetes prevention and case management.
  - For the first time, CO/ORO provided support to the State health services for educational courses on diabetes, prevention and control to coordinators in the northern region of Coahuila for the first time, CO/ORO.

Environmental Health

- Potable Water

  A potable water verification-training course was given by State personnel to the staff of the health regulatory jurisdictions in Ciudad Acuña and Piedras Negras.

HIV/AIDS

- HIV/AIDS and Sexually Transmitted Diseases (STD) Training and Prevention

  Through the CO/ORO, SSA experts conducted a course on the prevention and control of STIs. Also, numerous events that promoted AIDS prevention in celebration of World AIDS Day were supported.

Immunizations and Infectious Diseases
• Immunizations and TB

Through the CO/ORO, the Mexican National Health Weeks celebrations were coordinated as well as various courses to create TB awareness among community health workers in Ciudad Acuña and Piedras Negras.

Mental Health

• The Piedras Negras health jurisdiction managed several training workshops on thanatology.

Oral Health

• Oral Health Initiatives

  o The CO/ORO supported a course on fluoride and oral health.
  o Various training sessions provided awareness on orthodontic care to Coahuila communities.

Respiratory Diseases

• Respiratory Disease Prevention, Management, and Treatment

  o Training sessions were conducted for health unit coordinators to help better recognize warning signs for the prevention of respiratory disease, and to provide improved case management.

Vector-Borne Diseases

• West Nile Virus

The CO/ORO provided support to a training workshop on entomology and veterinary activities related to the surveillance, prevention and control of the West Nile Virus. These workshops were conducted by SSA experts and for the public health experts from the States of San Luis Potosi, Tamaulipas, Nuevo León, and Coahuila.

Substance Abuse Prevention

• The CO/ORO provided travel support for the Technical Secretary of the State Council Against Addictions to participate in the Border Alliance and Coalitions for the Prevention of Addictions meeting in El Paso, Texas in March 2005.
Nuevo Leon

Nuevo Leon Outreach Office (NL/ORO) is the most recently established ORO for México. The NL/ORO was established in 2005, under the leadership of the Nuevo Leon State Health Secretariat, marking a new phase in collaboration and integration among the northern Mexican Border States. The NL/ORO covers the range within 100 kilometers of the border and includes 18 municipalities within two health jurisdictions.

Substance Abuse Prevention

- Workshops and Training
  - The NL/ORO supported the training of State health secretariat staff on addiction prevention at the health units of the local jurisdictions.
  - Training on the Vete Sano, Regresa Sano Program (Leave Healthy, Return Healthy) was provided to the staff of health units at local jurisdictions for migrant health. Educational materials and training tools were also made available.

HIV/AIDS

- Training and Educational Materials on HIV/AIDS
  
The NL/ORO helped provide training and educational materials to the staff of the health units of local jurisdictions on (STIs) and HIV/AIDS prevention.

Injury Prevention

- Training
  
Strategic planning sessions for better prevention of injuries were held for local health professionals.
Sonora

The Sonora Outreach Office (S/ORO) strengthens the Mexican Secretariat of Health programs along the northern border region. It provides support to the BHC through coordination of and participation in activities focused on improving the health status of border communities.

The S/ORO’s focus is on activities of prevention and health promotion, and the training and continuing education of the health staff of the twenty-three surrounding municipalities along the border. A scope of work supports the Healthy Border 2010 objectives, as well as training sessions to improve the provision of health care.

Access to Health Care

- Activities to Improve Access to Health Care
  - The S/ORO helped coordinate the first Border Binational Health Week in 2004, including health fairs, walkathons and distribution of health promotion materials. Activities took place with collaboration of the State health services, Mexican Red Cross, and the Mexican Department of State (Gobernación). Health care consultations were offered, BHC informational pamphlets were distributed and banners were posted at the events.
  - Equipment was installed to hold videoconferences from remote distances with the National Institute of Public Health (Instituto Nacional de Salud Pública).
  - A health committee was established at the Mexican Consulate in Tucson, Arizona to support the Ventanillas de Salud (Health Stations) project.

Cancer

- Breast, Cervical, and Colon Cancer
  - Two training workshops were held to raise awareness about breast cancer and cervical cancer in Nogales and Puerto Peñasco, Sonora.
  - Materials and equipment were provided to implement activities in the Colposcopy Clinic at the General Hospital of Nogales.

Diabetes

- Diabetes Prevention and Treatment
  - A binational contest on media campaigns, focusing on healthy eating habits, was held with seven high schools from Sonora and Arizona.
  - Educational and promotional materials for diabetes prevention were provided to the State program.
  - Conferences were held by a specialized diabetic retinopathy team from Tucson, Arizona to coordinate treatment between the clinics in Nogales and Ciudad Obregon, Sonora.
Environmental Health

- Healthy Border 2010
  - The General Directorship of the Sonoran Protection Against Health Risks program was integrated into the Healthy Border 2010 Program.
  - Logistical support was provided for a Children’s Environmental Health program in Nogales, Sonora.

HIV/AIDS

- HIV/AIDS Awareness and Prevention
  - Materials and equipment were provided to conduct health promotion and HIV/AIDS and STD prevention activities to participants, particularly adolescents and commercial sex workers.
  - A binational walk-a-thon for HIV/AIDS prevention took place in San Luis Río Colorado.

Immunizations and Infectious Diseases

- Tuberculosis and Immunization Activities
  - The S/ORO provided coordination and support to the second and third National Health Weeks.
  - Three binational conferences on TB were held in Agua Prieta, Nogales and San Luis Río Colorado to celebrate World Stop TB Day.

Injury Prevention

- Injury Prevention Activities
  - The S/ORO participated in and supported several activities organized by the State and municipal councils on injury prevention.
  - Four training workshops were held for general physicians and pediatricians. Two focused on accident-related emergencies, one focused on pediatric emergencies and one on heart-related emergencies.
  - The S/ORO supported a health fair in Sonoita, Sonora.
  - The S/ORO helped coordinate health promotion activities including training for paramedics and health promotion activities including flyer and injury prevention stickers to visitors/travelers.
Mental Health

• Mental Health Activities
  
  o A meeting took place to coordinate substance abuse prevention activities in Nogales, Sonora. A committee was formed to conduct three prevention programs focusing adults, adolescents, and children.
  
  o A binational meeting was held with the Coalition for the Prevention of Addictions to develop border programs for suicide prevention.

Oral Health

• Activities to Promote Oral Health
  
  o A training workshop was held for orthodontists in Ciudad de Magdalena, Sonora.
  o Printed material was distributed for the first National Oral Health Week.

Other S/ORO Activities

• Directors and administrators of health units in Sonora worked together to provide information about the BHC in their programs to facilitate the health improvement for border residents of Sonora.

• Support was provided for a workshop on binational medical insurance held in Puerto Peñasco, Sonora to analyze the feasibility of implementing this type of medical insurance system in the sister States of Sonora and Arizona.

• Audiovisual equipment and health promotion materials were provided to the Mexican Consulate in Yuma, Arizona.

• A binational conference on border health was held in coordination with the Arizona Department of Health Services officials, the University of Arizona, the State Secretariat of Public Health and the College of Sonora. There were 60 presentations in group sessions and four keynote presenters.
Tamaulipas

The Tamaulipas Outreach Office (TA/ORO) has strengthened collaboration efforts in various forums, with participation from stakeholders including the Tamaulipas State health secretariat and health jurisdictions III in Matamoros, IV in Reynosa, and V in Nuevo Laredo; the Instituto Mexicano del Seguro Social (Mexican Institute for Social Security); the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (Social Institute of Security and Services of the Workers of the State) (ISSSTE); the Mexican Red Cross and International Firefighters; the Institutions on Health and National Defense and Secretariat of the Navy; the Texas County Health Departments of Cameron, Hidalgo, and Webb; sister cities of Brownsville, McAllen, Edinburg, Harlingen, Laredo; and the Mexican Consulates in Laredo, McAllen and Brownsville, Texas, and the academic community.

The TA/ORO has incorporated community health workers, family, and community organizations to help promote and achieve the objectives of the Healthy Border 2010 program.

Access to Healthcare

• Ventanillas de Salud

Two Ventanillas de Salud (Health Stations) have opened to assist border residents of the Mexican Consulates in McAllen and Laredo, Texas. These stations provide information on and access to health care for individuals without medical insurance coverage while in the United States and disseminate educational information and assistance to promote healthy lifestyles.

Cancer

• Breast and Cervical Cancer

Breast cancer and cervical cancer support programs have had a positive impact in the community, especially with detection of early stages of cancer. The use of the latest technology has been instrumental to early detection of tumors, thus reducing the high mortality rate.

Diabetes

• Diabetes Prevention

  o Radio campaigns with public service announcements targeting the youth were launched to promote diabetes preventive measures, and the importance to create “mutual help groups” to adopt healthy lifestyles.

  o Diabetes and obesity were the main focus at the Border Binational Health Week events held in Nuevo Laredo.

HIV/AIDS

• HIV/AIDS Prevention and Treatment Activities
o TA/ORO continues to support work aimed at reducing the incidence rate of HIV infections. A binational HIV/AIDS program established stringent guidelines for early detection, treatment and follow-up on HIV sero-positive patients.

o Several bilateral prevention campaigns were held, focusing on populations that cross the international ports of entry, promoting HIV testing and providing educational information to people who test HIV positive.

Immunizations and Infectious Diseases

- Influenza Vaccine

  The TA/ORO continued to support state immunization programs to administer influenza vaccines for high-risk groups during the second and third National Health Weeks.

Injury Prevention

- Injury Prevention Activities

  o Training courses were provided to physicians and paramedics to better manage and treat injuries.

  o Educational campaigns were implemented in schools along the border to inform children on the risks of accidents at home.

Oral Health

- Oral Health Information and Education

  Campaigns to broadcast oral health promotion information to border residents were initiated. The TA/ORO assisted with the distribution of oral health education materials in communities.

Respiratory Diseases

- Pediatric Asthma

  The TA/ORO in Nuevo Laredo coordinated with the regional children's hospital to provide courses on pediatric asthma to area health professionals and parents.

Vector-Borne Diseases

- Vector-Borne Disease Prevention Programs

  Training workshops have been supported to maintain low rates of the incidence and prevalence of vector-borne disease along the border. This program became a priority due to the imminent risk of outbreaks of new dengue, hemorrhagic dengue and West Nile Virus. Epidemiology surveillance and training of public health personnel has served to prevent medical emergencies.

- Disaster Preparedness Program
This program addresses the risks of epidemiological emergencies in cases of disaster caused by hurricanes on the coast of Tamaulipas in order to minimize negative health impacts and outbreaks associated with natural disasters. Prevention campaigns such as “clean yards” to avoid the proliferation of vector sources; “clean water” to prevent cholera and other gastrointestinal diseases; and vaccination of at-risk populations were launched to better inform and organize communities before, during, and after the event.
VI. Programs

Healthy Border 2010

The Healthy Border 2010 (HB2010) Program is the BHC’s health promotion and disease prevention agenda for the border. HB2010 aims to reduce health disparities by improving the health and wellness of border populations. The BHC developed HB2010 as a useful, practical framework to help key border stakeholders measure public health indicators over time with respect to specific, attainable goals.

HB2010 goals fall broadly within eleven focus areas: access to health care, cancer, diabetes, environmental health, HIV/AIDS, immunization and infectious disease, injury prevention, maternal, infant and child health, mental health, oral health, and respiratory disease. The objectives represent priority areas for action on health issues at the border. HB2010’s ten-year objectives are focused on priority health challenges that impact the health of individuals and communities. These objectives provide a foundation for the development of binational and border community-health improvement work plans.

A Locally Tailored Program

Implementation of HB2010 varies across border communities, as State and local health authorities in each country are responsible for developing and implementing local HB2010 programs and tailoring them to local realities. OROs use HB2010 as a framework for developing their annual work plans. OROs promote HB2010 goals and objectives through coordination with local organizations and State offices of border health, where State efforts align with the HB2010 priorities. These activities bring together key partners, including international organizations, non-governmental organizations, universities, and the private sector.

Healthy Border 2010 Program Moving Forward

As the BHC moves toward the midpoint of the attainment of the HB2010 goals, a number of activities will be essential. The BHC has initiated planning for a midcourse program review and will work with U.S. and Mexican federal partners to collect HB2010 data at the community and municipality levels. One of the aims of the HB2010 midcourse is to assess the effectiveness and usability of the indicators. A midcourse review will provide an opportunity to evaluate progress and articulate the degree to which the gaps in health disparities are increasing, decreasing, or remaining relatively constant. BHC committees and workgroups will help delineate the action needed to manage a range of expert roles and responsibilities. Workgroups will be comprised of technical experts in Healthy Border areas and will focus on policy, data, and best practices that can articulate needed action for stakeholder interventions and strategies to help achieve the indicators by 2010.
Early Warning Infectious Disease Surveillance

Early Warning Infectious Disease Surveillance (EWIDS) activities are intended to strengthen critical public health capacities in surveillance and epidemiology; early detection, identification, management, and prompt reporting of infectious disease outbreaks; laboratory capacity for biological agents, surveillance-related communication, and information technology; and surveillance and epidemiology-related education and training. Critical elements for EWIDS programs at the border include (1) an emphasis on cross-border infectious disease surveillance and epidemiology; (2) the involvement of the ten State health secretaries and their relevant experts in biopreparedness and bioterrorism in program development, implementation and evaluation; and (3) efforts to ensure that planning and implementation by the four U.S. border States harmonize with EWIDS programs to the maximum extent possible, with comparable efforts by neighboring jurisdictions in México's six Border States.

EWIDS will enhance coordination among U.S.-México Border States through:

- improved surveillance capabilities at the state, local and tribal levels;
- prompt epidemiological investigations that enable timely reporting;
- the sharing of surveillance data, including laboratory data, on a routine and consistent basis; and
- the provision of training for public health personnel for these activities.

In addition to the BHC, there are a number of important stakeholders committed to the effective implementation of the EWIDS in the ten Border States, including the State Offices of Border Health, the U.S.-México Border Governors’ Health Work Table, local health departments, the SAA at the federal and state levels, and the HHS (the Office of the Secretary’s Offices of Global Health Affairs and Public Health Emergency Preparedness, and the CDC).

Since 2003, these and other stakeholders have been working through vertical planning forums to formulate EWIDS plans and strategies for consistency across Border States. The BHC provided the leadership and support for the planning forums that enabled bio-preparedness and public health experts to (1) contribute to the development of public health preparedness plans; (2) assess current public health infrastructure including gaps in such infrastructure; (3) initiate the necessary communication channels to enable ongoing dialogue for public health emergency planning and bio-preparedness; and (4) identify critical elements that may affect EWIDS program implementation over time. In partnership with the BHC, State health departments and Offices of Border Health have hosted 16 forums along the border during the 2003-2005 period.

Throughout 2004 and 2005, the BHC and other stakeholders have worked collaboratively in the development of EWIDS programs for the six Mexican States to enhance current state-level capacity to enable cross-border collaboration. México’s EWIDS programs will include a federal-level component (SSA) in Mexico City. Similar to U.S. Border States, EWIDS activities in México will target the following:

- Surveillance and epidemiologic capacity;
- public health epidemiological investigation and response capacities;
- laboratory capacity building for the direction of a range of biologic agents;
- surveillance and epidemiology-related communication and information technology; and
- epidemiology-related education and training.
The BHC has created a number of “spaces” to enable experts from the border to engage effectively in the EWIDS development process and will continue to do so throughout the implementation phase. A technical meeting of experts was held in El Paso, Texas in March and April 2005 and the BHC and SSA co-hosted workshops for the six Mexican States throughout 2005. The workshops provided guidance to assist the states and the SSA in preparing EWIDS proposals to strengthen and upgrade surveillance and epidemiology capabilities and complete overall needs assessments.
U.S.-México Binational Tuberculosis Referral and Case Management Project (Binational TB Card Project)

Providing continuous, effective TB care along the United States-México Border is a particular challenge due to frequent border crossings by many patients and subsequent complications in tracking them. The referral system for the Binational TB Patients Pilot Project is a collaborative effort between HHS/CDC and the SSA National Tuberculosis Program (NTP) to improve continuity of care for TB patients migrating across the border. It is built and modeled upon the existing TB referral systems, known as “CureTB” and “TBNet.”

Effective care requires good communication and coordination between local U.S. TB programs and their counterparts in México. To facilitate coordination, the U.S.-México Border Health Commission (BHC), HHS/CDC, the HHS HHS/HRSA, the PAHO, USAID, and the Coldwell Foundation have provided funding for the pilot project.

Operational since March 2003, the project is intended to allow eligible patients to receive seamless TB care, regardless of their immigration status. In each country, providers use the referral system to register eligible patients in a central database (one database in the United States and one in México) and provide essential data about their treatment. Providers notify the referral system on their side of the border when patients anticipate a move to another location. The referral system subsequently forwards treatment information to the referral agency on the other side of the border, which then notifies a TB care provider in the destination location, promoting continuity of care. A card bearing a toll-free telephone number, to be carried by the participating patients, complements the referral network and facilitates patient access to the referral network from either side of the border. The card does not bear the patient’s name, but a unique identifying number used by providers and referral agencies for tracking purposes. The intent of the pilot project is to ensure completion of therapy by the targeted population.

As of January 2005, approximately 793 cards have been distributed in México and 488 in the United States. Training activities have been conducted at various sites, and posters, brochures, and other materials have been developed to educate patients and providers. The card has enabled patients who travel across the border from either side to the other to be tracked and provided with follow-up care. This project has also become an integral part of TB management in U.S. Immigration and Customs Enforcement (ICE) detention centers.

A formal evaluation of the effect of the card has been completed. The evaluation confirmed that the project is practical, feasible, and effective in a real-world setting. Data sources for the evaluation included monthly progress telephone conferences, site visits, national surveillance and project databases, focus groups, and interviews. Key project stakeholders were also interviewed. Evaluation results were shared with stakeholders at a BHC-sponsored binational celebration of World TB Day, on April 4, 2005 in El Paso, Texas.

Preliminary results revealed that of the 793 patients receiving the card in México, 17 moved to the United States during treatment. Of the 488 patients receiving the card in the United States, 147 moved to México during treatment. The evaluation showed that the project protocol was implemented consistently on each side of the border; however, prescribed data exchanges between nations did not occur routinely. Pilot site staff and patients agreed the project provided a valuable service to patients by increasing awareness of the importance of continuity of care and providing a mechanism to refer patients. Local collaborative networks among TB care providers, including those in ICE detention centers or State and local correctional facilities, were established or strengthened through this project. It could be possible to use treatment
outcomes recorded for project patients to update the respective national surveillance systems for patients previously thought to be lost to follow up or transferred.

As a result of this evaluation, the project will continue and expand, with assistance from HHS/CDC, local U.S. health departments, and USAID, with modifications currently being made to the data collection and communication/referral systems and eligibility criteria for both sides of the border.

Considerable efforts were necessary in achieving a consensus on how to move forward on this complex binational project. U.S. and Mexican public health systems view establishing the binational referral and information system for tuberculosis as a critical step to respond to identified TB needs in the region, and reflects strong commitment for binational collaboration as a way to improve treatment outcomes. It also provides a potential model for other similar settings or diseases.
Border Binational Health Week

The Border Binational Health Week (October 11-17, 2004) marked major accomplishments. The BHC took a leadership role to engage key federal/State/local partners along the border and empower communities in developing and designing the public health events and health fairs that would maximize community support and participation to celebrate BBHW. The 2004 theme of “Families in Action for Health” provided a special focus for family and community involvement in the promotion of health. The HHS/HSRA was the lead U.S. federal agency and the SSA took the lead on México’s behalf.

More than 300 organizations, educational institutions, and key U.S. and Mexican leaders from both public and private sectors joined together at national, regional, and local levels to coordinate, plan, promote and carry out the initiative. BHC Section members were visibly active; organizing, participating in, and supporting BBHW events at every level. Community leaders, organizations, and volunteers from both sides of the border came together to celebrate health, provide health screenings, disseminate health promotion materials, and mobilize resources.

The week’s kick off was an inaugural event in León, Guanajuato, México. Dignitaries and officials included México’s President Vicente Fox and the Secretaries of Health of the United States and México, in their roles as BHC Commissioners. The States of Arizona and Sonora also hosted a border inauguration event in Ambos Nogales with the Secretaries of Health, BHC Section members, and other private and public officials. Multiple border communities signed proclamations and launched activities including health fairs, walkathons, health screenings, immunization clinics, trainings, workshops, and local celebrations.

Major activities included a border-wide Policy Summit on Access to Health Care, the Rotary Club International Binational Tuberculosis Summit; concurrent binational HIV/AIDS border summits, and a binational forum on migrant health care. An “Aging to Perfection” health expo and a binational immunization conference were held in El Paso, Texas.

In partnership with PAHO, the BHC launched a Binational Health Week Virtual Health Library to improve information dissemination among health professionals and released bilingual patient health education cards.

Additional events ranged from a workshop focused on the special health and cultural needs of the local indigenous Oaxacan community in San Diego, California; a tri-national health fair with members of the Tohono O’odham Nation in Sonoyta, Sonora; a bicycle safety rodeo in rural Texas; to dances for teens and seniors in Presidio, Texas and Ojinaga, Chihuahua.

The week culminated in a closing ceremony hosted by México’s Ambassador to the United States, the Honorable Carlos de Icaza, and the Instituto de los Mexicanos en el Exterior at the Cultural Institute of México in Washington, D.C. This was followed by a press conference held at the National Press Club in Washington, D.C. with BHC members, representatives of the California-México Health Initiative, the Instituto de los Mexicanos en el Exterior, México’s SSA, and U.S. officials.

Fourteen pairs of sister cities along the border participated in BBHW. In the United States, there were 126 events in 17 border counties with an estimated 35,000 participants. In México, nearly half a million immunizations were administered at health fairs, hundreds of health promotion talks were offered to communities, more than 400,000 health guides and pamphlets
were distributed, approximately 200,000 doses of vitamin A and over 360,000 doses of the antiparasitic medicine albendazol were administered.

Additionally, a parallel media campaign was launched to promote and report the impact of Border Binational Health Week. Specifically, over 300 syndicated television stations in the United States aired the promotion segment, and many events included coverage from radio, print, and television media.
National Infant Immunization Week and Vaccination Week in the Americas

The BHC works in partnership with the HHS/CDC, the Mexican SSA, and the PAHO to coordinate simultaneous, border-wide events recognizing VWA and NIIW.

The primary goals of the National Infant Immunization Week (NIIW) and Vaccination Week in the Americas (VWA) are to promote and improve public immunization in the United States-México Border Region and reduce disparities in the risk of vaccine-preventable diseases in the border population. Key activities during the 2005 NIIW and VWA included:

- administration of vaccinations;
- public service announcements promoting the importance of immunizations;
- health fairs, featuring back-to-school immunization clinics;
- training for paramedics;
- physicians’ forums;
- introduction of the Binational Immunization Guide in the San Diego/Tijuana area; and
- education conferences for daycare providers.

HHS/CDC provided leadership and technical assistance to State and local health departments and immunization partners through web-based materials, including sample-planning documents, public relations materials, key messages, and campaign materials. The PAHO Field Office provided technical support and coordination for the communication strategies and promotional materials.

The BHC engaged federal partners from United States and México, convened strategic meetings of border health stakeholders, and coordinated events. For the 2005 NIIW and VWA, the BHC provided small grant awards in support of community based NIIW/VWA activities, facilitated the dissemination of resource material development, including English/Spanish translations, and supported interpretation at these events.
Behavioral Risk Factor Surveillance Survey and Surveillance Efforts

The United States and México public health information systems collect and disseminate information to continuously monitor the health of their nations. The existing information contributes to public health information and program decision-making needs at the national and State levels. At the border, however, little information exists that describes the population health at the county or municipality level. Critical information is needed at this level on behaviors that contribute to chronic disease conditions and injuries.

Some research studies and local surveys have been conducted on risk factors for chronic diseases among residents of the U.S.-México Border. These studies and surveys differ in methodologies and can be conducted on a sporadic or inconsistent basis to represent specific population segments rather than the region as a whole, nonetheless, diabetes, hypertension, cardiovascular diseases, obesity, poor diet, and lack of physical activity are commonly identified as contributing risk factors and diseases to the increasing health burden at the border.

Surveillance is a uniquely useful tool for monitoring the distribution of disease and important health determinants, over time, regions, and populations. Given the dynamics of the border, including its population migration, poverty, and limited access to care, surveillance efforts will help identify problems that can be targeted with the most effective disease prevention and health-promotion strategies.

In 2003, the BHC used its leadership to bring together a number of stakeholders in support of the implementation of a baseline Border Health and Behavioral Risk Factor Survey (BHBRFS). Key to success is the leadership and participation of the HHS/CDC National Center for Chronic Disease Prevention and Health Promotion, CDC, and the National Center for Health Statistics (NCHS/CDC), and the SSA’s General Directorate of Epidemiology.

Anticipated outcomes from the BHBRFS include:

- a binational questionnaire to collect accurate and relevant health information on Healthy Border 2010 topic areas and other health problems considered regional or local priorities;
- an independent probability sample of the adult non-institutionalized population residing at the U.S.-México border region using standard and comparable methods;
- measurement of the prevalence of chronic diseases such as cancer, hypertension, high blood cholesterol, hepatitis, HIV/AIDS, asthma, and diabetes for adult residents;
- measurement of behavioral risk factors such as lack of physical activity, poor diet, tobacco use, alcohol abuse, overweight, and obesity for the adult residents;
- identification of unique characteristics of border populations in terms of health care access, and other important health determinants;
- information-based development of programs, and interventions that appropriately and effectively respond to the needs of the border;
- increased regional capacity and infrastructure by providing training to public health practitioners on the surveillance system and data use; and
- information on effective interventions and support the development of programs tailored to the needs of the persons residing at the border.
Collaboration between HHS/CDC and the SSA/General Directorate of Epidemiology has yielded significant progress:

- The relevant partners have developed a standard border binational survey questionnaire.
  - A technical work group developed a survey questionnaire with HHS/CDC/NCHS technical assistance. Using Texas Department of State Health Services funds, the technical working group piloted the survey questionnaire in border counties in Texas.
  - A team led by the SSA/General Directorate for Epidemiology, with technical assistance from HHS/CDC, revised and adapted the U.S. Border survey questionnaire for implementation in México. This included the addition of three modules to the original U.S. border questionnaire.
  - Cognitive interviews using México’s version of the border questionnaire were conducted along the border and in Mexico City to increase the accuracy of responses yielded by the questionnaire.
  - A proposal to develop a validation study of México’s questionnaire was drafted by México’s team with HHS/CDC support, and funding opportunities are being explored to carry out the study.

- The technical working group developed a survey interview protocol and an action plan consistent with scientific and ethical guidelines. The protocol and action plan will help to manage the survey on the U.S. side of the border. This plan includes reviews of alternative sample sizes, and the power yielded by them to obtain reliable prevalence estimates. Terms of reference and action plan to complete the baseline survey were also completed.

- México’s team completed the first draft of its baseline survey protocol and action plan in June 2005, including considerations of alternative sample sizes, and the power yielded by them to obtain reliable prevalence estimates.

- A Cognitive Interview Methods and Techniques Workshop were conducted with faculty and financial support from the HHS/CDC/NCHS Cognitive Laboratory. This workshop helped to improve binational capacity and infrastructure. The BHC and the Center for Border Health Research, a non-governmental organization, also provided funding for the workshop.

- HHS/CDC has made significant contributions in support of surveillance efforts overall. In December 2004, the CDC assigned an epidemiologist to the BHC Office in El Paso, Texas, to serve as a federal liaison; to facilitate collaboration between BHC and the HHS/CDC and with México’s SSA; and provide technical expertise on the BHBRFS and other relevant projects. Based on funding opportunities, long-term objectives would include the systematic collection, analysis, and ongoing dissemination of information generated by a surveillance system based on ongoing surveys.
VII. Notable Border and Binational Events

July 1, 2004 – June 30, 2005

  - The 2005 Work Plan and Budget were approved.
  - The “Ensenada Declaration” was signed, which renewed the BHC’s support to strengthen a communication environment that is collaborative and transparent; advance strong relationships to promote unity and collaboration to address common border health issues; and work to increase resources available to the U.S.-México.

  - Dr. Julio Frenk, Secretary of Health of México and former U.S. Health and Human Services Secretary Tommy G. Thompson co-chaired the meeting.
  - The 2004 Annual Report was presented to the Commission.
  - The BHC reviewed the U.S. Department of State’s draft recommendation to designate the Commission as a limited Public International Organization to provide G-4 visas to facilitate México’s participation.
  - The BHC reviewed the scope of work for the Early Warning Infectious Disease Surveillance Project (EWIDS), and established EWIDS Technical and Advisory Committees.
  - The Commission participated in the Inaugural Event of the BBHW.

- The Border Health Commission’s 11th Binational Meeting in Mexico City, México – March 17, 2005.
  - The BHC agreed to initiate discussion on a proposed forum of academic institutions and policy makers to focus on border health research.
  - The Commission reviewed the recommendation of the Work Plan and Budget Committee, which included México’s proposal for the Ventanillas de Salud project.
  - A joint communiqué between the BHC and the PAHO was approved to formalize the collaborative relationship. The Commission and PAHO agreed:
    - to work together to conduct a Healthy Border 2010 program evaluation;
    - to work collaborate on a single web-based health technology information platform;
    - to cooperate to develop collaborative projects that support specialized training and technical cooperation;
    - to work together to assure the incorporation of border indigenous populations and migrant health themes within the overall Healthy Border 2010 goals; and
    - the PAHO El Paso Field Office would develop and implement its biennial program budget based on the Healthy Border 2010 program goals.

- Meeting of U.S. and Mexican Section members/BHC with members of the Mexican Congress – March 16, 2005
  
The participants explored possible alternatives to secure and sustain funding from the Mexican Government to help improve health at the U.S.-México border; strengthen linkages
with the members of the U.S. Congress; and encourage participation of Mexican Congressional Members in Border Binational Health Week 2005.

- World Tuberculosis Day – April 4, 2005

Key partners in tuberculosis prevention and control along border converged in El Paso, Texas to celebrate “Binational World TB Day,” and reviewed the progress and accomplishments of the two-year pilot of the Binational Tuberculosis Referral and Case Management Project. Stakeholders from all pilot sites in both countries attended the event, including senior federal officials from the National TB Program in México and HHS/CDC. Representatives from the Mexican Consulate and PAHO also attended.

- World Health Day: Make Every Mother and Child Count – April 7, 2005

World Health Day celebrates the importance of health and well-being around the global and helps to raise awareness of the need for collaborative efforts by diverse stakeholders to help improve global health. The 2005 theme of “Healthy Mothers, Healthy Children – Make Every Mother and Child Count,” emphasized the important role healthy mothers and children play in the development and sustainability of healthy communities.

A meeting held in Brownsville, Texas emphasized the need to raise awareness on the links between the morbidity/mortality of mothers and children and socio-economic development, and underscored collective responsibility and action for sustainable solutions. A binational technical forum with health professionals was hosted in Matamoros, Tamaulipas to discuss maternal and child health programs.
VIII. Directory

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