



## Executive Summary

**United States - Mexico  
Border Health Commission**

The United States-Mexico Border Health Commission has its origins in the United States-Mexico Border Health Commission Act, Public Law 103-400, and was created by an international agreement signed by the United States Secretary of Health and Human Services on July 14, 2000 in Washington, D.C. and by the Mexican Secretary of Health on July 24, 2000 in Mexico City.

This annual report was prepared in compliance with Article 4 (Reporting) of the agreement and covers the period from July 1, 2003 to June 30, 2004.

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# Executive Summary

Embarking on its fourth year, the United States-Mexico Border Health Commission (USMBHC or the Commission) continues its advocacy of border health issues through outreach programs, education and resource management along a 2,000-mile stretch of borderland between the United States and Mexico.

The Commission works to consolidate the health efforts of two countries, 10 border states, 44 counties, 80 municipalities and 14 sister cities. It identifies, evaluates and provides solutions for current and prospective health problems for a combined population of more than 12 million people.

Collaboration at the U.S. federal level included meetings with such agencies as the Office of Minority Health, the Office of Women's Health and the Inter-Agency Action Team on Border Health. This team includes members from several Health and Human Services agencies and federal departments, including Housing and Urban Development, the Department of Transportation and the United States Agency for International Development, and provides an opportunity for efficient and coordinated border health programs.

The Commission has also extended

its efforts to national, state and local physician organizations, including the American Medical Association and the U.S. border state associations and county medical societies, with whom the Commission participated in an extensive educational program for U.S. federal policy makers. This group formulated a long-term strategy to raise the awareness of the nation's leaders concerning the border's specialized health needs, and to gain increased support of the Commission's work.

This year also brought new members to the Commission. Four new U.S. Section members appointed in October were Emma Torres, Arizona; Dr. Lawrence Kline, California; Dr. Tommy G. Lindsey, New Mexico; and Dr. Jose M. de la Rosa, Texas. Sandra Shewry, director of health services of California, joined the U.S. Section in May and Michelle Lujan-Grisham, cabinet secretary for the New Mexico Department of Health, joined the U.S. Section in August. The new members appointed to the Mexico Section were Dr. Raymundo López Vucovich and Dr. Filiberto Pérez Duarte, Sonora, and Dr. Gilberto Montiel Amoroso, Nuevo León.

The Commission wishes to extend its thanks and appreciation to departing members Diana M. Bonta and Blair

Sadler, California; Hon. Amanda Aguirre, Arizona; Dr. Jeffrey Brandon and Patricia Montoya, New Mexico; Dr. Laurance Nickey, Texas; Dr. Zacarías Villarreal Pérez, Nuevo León; and Dr. Francisco Javier Muro Dávila and Dr. René Navarro Coronado, Sonora.

The Commission is partnering with the U.S.-Mexico Border Infectious Disease Surveillance Program (BIDS) by channeling funding for border surveillance activities in Mexico, fostering early warning for bioterrorism-related syndromes in the border region and establishing a quality control system for BIDS laboratories.

The Commission also entered into a new partnership with the U.S. Department of Energy's National Border Technology Partnership Program (NBTPP), which deploys technology throughout the U.S.-Mexico border region as a means to reduce and better manage hazardous materials that threaten public health and safety. The NBTPP will also provide support for the continued development of the Commission's GIS Healthy Border Mapping Service.

The Healthy Border 2010 Program produced two major publications, "Healthy Border 2010: An Agenda for Improving Health on the United States-Mexico Border," in both printed and

electronic forms. This significant report outlines the 10-year bilateral agenda for the Healthy Border 2010 Program and provides year 2000 baseline data and year 2010 targets.

The first Healthy Border 2010 Calendar was also produced and widely distributed, providing basic health education messages to border residents in English and Spanish on the most serious health issues of the region. It is a part of a series of health promotion strategies for the border that include health cards for continuity of care, or *tarjetas de salud*, which are being distributed at various clinics along the border in conjunction with the calendar's monthly health focus. The first four bilingual cards produced focused on childhood vaccination and diabetes, depression and HIV/AIDS

At the Annual Binational Meeting in Saltillo, Mexico, U.S. Department of Health and Human Services Secretary Tommy G. Thompson announced the awarding of \$5.4 million in funding to enhance early infectious disease surveillance capabilities, called the Early Warning Infectious Disease Surveillance (EWIDS) project, for the six Mexican states along the U.S.-Mexico border.

To be implemented over the next three years, EWIDS will focus on the early detection, identification

and reporting, in a collaborative and binational manner, of infectious diseases associated with potential bioterrorism agents and other major threats to the public health along the border and of both nations.

This year, as part of the Commission's education and prevention of disease goals, major binational events that will have a great impact on the health of border residents were created. A series of two Border Binational Immunization Weeks in the Americas was highly successful in promoting immunization and was the result of the first collaboration of the Commission with the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and the Pan American Health Organization's (PAHO) multinational Western Hemisphere campaign to promote immunization in all countries of the Americas.

The U.S. Health Resources and Services Administration (HRSA), HHS, CDC, California-Mexico Health Initiative, *Secretaría de Salud* of Mexico, PAHO, along with Commission members and the outreach office personnel, border state health offices and other entities interested in border health, began planning the Border Binational Health Week (BBHW).

Scheduled for October 11-17, the theme for the BBHW will be "Families in Action for Health", and will be geared to providing education about healthy lifestyles and disease prevention. The USMBHC's Healthy Border 2010 program will serve as a framework for the week's activities, which will take place in the 14 pairs of sister cities along the border. The secretaries of health from both nations, who co-chair the Commission, are championing this initiative.

The border continues to evolve into a model of success and collaboration for both countries and has the potential to be an inspirational example of cooperation for the international community at large.

# 2004 Recommendations to the Governments

The USMBHC advocates for the improvement of health on the U.S.-Mexico border. To ensure this goal, the Commission chose four overarching themes that guide the organization's recommendations to the governments of the United States and Mexico. These themes are built on the fundamental public health principles of health promotion and disease prevention.

## Four Overarching Themes:

- **Increase and Improve Meaningful Access to Quality Preventative Care**
- **Improve Health Education, Disease Prevention and Control**
- **Improve Health Workforce Development, Training, Placement and Retention**
- **Improve Public Health Infrastructure**

## Increase and Improve Meaningful Access to Quality Preventative Care

The United States-Mexico border confronts multiple health problems and tries to make the best use of the resources and public health infrastructure available. Meaningful and quality health care is vital for border populations. As seen on the U.S.-Mexico border, rising health insurance premiums, higher deductibles and low wages account for high rates of uninsured persons. To maintain a

healthy workforce, the U.S.-Mexico border must work toward the increase and improvement of meaningful access to quality health care.

## To Both Governments

- Continue to support the advancement of skills in the public health sector and promote incentives to encourage private sector providers to meet the emerging health needs of people along the U.S.-Mexico border, including by providing insurance that pays for care in both countries.
- Promote the dissemination or replication of existing high-quality public and private health programs throughout the border region through expansion of the Commission's Border Models of Excellence Program.
- Support and encourage the use of binational health cards, such as the binational tuberculosis cards and binational immunization cards, that facilitate binational transfer of information critical to prevention and spread of disease and the treatment of health conditions.

## Specific to the United States

- Strengthen the health programs that assist migrants and immigrants that live either on a temporary basis or permanently in the United States.
- Improve methods that increase access and enrollment of eligible U.S.

border residents in existing health care service plans and systems in both Spanish and English, such as a prescription drug card for Medicare beneficiaries and the State Children's Health Insurance Plans (SCHIP), and to continue to assist these enrollees in navigating the health care system to receive necessary medical attention.

## Specific to Mexico

- Develop strategies to increase the availability of the *Seguro Popular* (Popular Insurance) health insurance program in the border cities and regions.
- Develop programs to address the needs of repatriated Mexican citizens who are in need of health education and medical care.

## Improve Health Education, Disease Prevention and Control

The high incidence of chronic and infectious disease in the border region continues to be a source of concern. Promoting healthy lifestyles and health education will help to eliminate the health disparities found among vulnerable border populations.

## To Both Governments

- Continue to support the Commission in implementing border-wide and binational efforts through its Healthy Border 2010 Program, with

special emphasis given to cardiovascular disease, obesity, asthma, cancer and tuberculosis and cardiovascular diseases, and in eliminating risk factors such as poor nutrition, physical inactivity, substance abuse, tobacco use and youth risk-taking behaviors.

- Increase federal programs and resources for schools to teach health, nutrition and fitness, and encourage healthy lifestyles among children and staff.
- Support the Commission and the Ten Against Tuberculosis Strategic Plan 2005-2010 to develop a tuberculosis outreach initiative to work through existing community-based outreach programs and community health workers/*promotores* networks to establish methods for identifying cases in their specific communities; identify and screen at least 90 percent of TB contacts to active pulmonary TB cases, and expand the Binational Directly Observed Therapy Outreach Initiative.
- Encourage private industry in both countries, through trade and border conferences and associations, to provide financial support for projects that promote health and prevention of disease, such as the *Escuelas Saludables* (Healthy Schools) Program, a joint program between the Mexican Minister of Public Education and the Banamex Social Promotion Program.
- Support the Commission and

provide adequate funding for ongoing border specific surveillance studies to assess and enhance achievement of Healthy Border 2010 objectives.

- Advance HIV/AIDS care along the border by supporting projects, such as the Care Act Special Projects of National Significance, that lead to a more productive care environment for people living with HIV/AIDS.

#### **Improve Health Workforce Development, Training, Placement and Retention**

Access to quality health care is paramount to improving the health of border residents. A diverse health workforce is a critical component in making health care available to those most in need. The lack of diversity in health professionals, compounded with an ineffective cultural component in the health care education system, contributes to health disparities in the region.

#### **To Both Governments**

- Develop an exchange program to train border and binational health professionals.
- Promote health professions among the youth who reside in the border region and expand the U.S. Department of Health and Human Service's Health Careers Opportunity Program.

#### **Improve Public Health Infrastructure**

While both countries have concerns about the health of border populations, each country uses different systems and mechanisms for dealing with public health issues and emergencies. Integrated bilateral and binational public health preparedness systems within the border states are essential to reducing the risk of outbreaks of infectious diseases and effectively responding to terrorism and other public health emergencies.

#### **To Both Governments**

- Support and promote border state and local coordination for the implementation of a binational vertical public health preparedness strategy and cross-border sharing of public health resources.
- Work to improve the integration, as best as possible, of the Border Infectious Disease Surveillance project (BIDS) and the Early Warning of Infectious Diseases (EWIDS) Project in a manner that maximizes resources on the border.
- Encourage continuing education binationally for the specific public health preparedness needs along the U.S.- Mexico border.
- Expedite binational communication and information exchange for public health and emergency response purposes.
- Pursue International Organization status.
- Review USMBHC treaties and agreements.

# United States-Mexico Border Health Commission Outreach Offices

The Commission has outreach offices in the ten border states. The Commission's work plan and outreach efforts are being coordinated and carried out at the local, bilateral and state levels. They promote the Healthy Border 2010 Program and coordinate with Offices of Border Health, local organizations and support state efforts that are aligned with the Commission's priorities.

The outreach offices receive financial support from the Commission and have multiple projects and activities at the local level.

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