

United States-Mexico Border Health Commission

Annual Report 2003

United States–Mexico Border Health Commission

The United States-Mexico Border Health Commission (USMBHC or Commission) is a binational organization dedicated to addressing the pervasive health needs of the U.S.-Mexico border.

The mission of the United States-Mexico Border Health Commission is:

To provide international leadership to optimize health and quality of life along the United States-Mexico border.

The Commission is comprised of the federal secretaries of health of both nations and the chief health officials and community health professionals from the ten border states. The USMBHC operates in a binational manner, respecting each nation's culture, traditions and sovereignty. The Commission strives to create consensus between the two countries, and to build partnerships among the border states in a binational framework to improve the health of border residents and enhance the health and quality of life on the border.

The United States-Mexico Border Health Commission (USMBHC or Commission) has its origins in the United States-Mexico Border Health Commission Act, Public Law 103-400. The Commission 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 Secretary of Health of Mexico on July 24, 2000 in Mexico City. This report was prepared in compliance with Article 4 (Reporting) of the agreement. The report covers the period from July 1, 2002 to June 30, 2003. The USMBHC annual report was published on October 1, 2003. For additional copies call or write the USMBHC office at:
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October 1, 2003

I am pleased to present to the Congress of the United States of America, the 2003 annual report of the United States-Mexico Border Health Commission.

This has been a year of continued collaboration between the two governments and among the ten border states of both countries. We have seen successes in strategic areas that will set the stage for reaching greater goals, as we seek to improve the overall health and quality of life for the residents of the border region.

Among the achievements, the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and Mexico's Secretaría de Salud worked with the Commission to launch the Binational TB Referral and Case Management Project in several pilot sites on both sides of the border. The Commission brought together representatives from more than 42 health organizations for the World TB Day Observance held in El Paso, Cd. Juárez and Las Cruces, during which this project was launched.

The Border Models of Excellence, modeled after the Health Resources and Services Administration's Models that Work program, awarded grants totaling \$128,000 to 16 border organizations that will now be able to disseminate their "best practices" throughout the border region.

The Commission has provided funding for the ten border states so that they can carry out their work plans under the Healthy Border 2010 program.

The Commission has formally applied for Public International Organization status. This will allow the Commission to move its binational agenda more efficiently and have greater operational autonomy.

New and enhanced relationships have been forged with the U.S. Department of Health and Human Services, Health Resources and Services Administration, Center for Disease Control and Prevention and the Pan American Health Organization, as well as the Department of Energy.

The Commission looks forward to the next year, as it advances its mandate to address border health issues and makes steady progress toward improving the quality of life for the border populations.

Sincerely,

Tommy Thompson
U.S. Secretary of Health and Human Services
United States Commissioner
United States-Mexico Border Health Commission
October 1, 2003

I am pleased on this occasion to celebrate the third year of operation of the United States-Mexico Border Health Commission as a binational organization in charge of improving the health of the border region between our two countries.

During this period, there have been substantial advances in the organization of the Commission as an institution that is represented by health authorities from the ten border states, six from Mexico and four from the United States. These advances signify the importance these matters have to the governments of both countries, and their interest in improving the health conditions of the resident population in this region.

Among these achievements is the defining of the 20 health objectives at a binational level, which form part of the Healthy Border 2010 program. A vast analysis has been made of these objectives, which were incorporated in the bilateral agenda. The objectives also contain the main health indicators in the area, derived from the Healthy People/Healthy *Gente* Program of the United States and the National Health Program of Mexico. This bilateral agenda has allowed for the establishment of the Commission's work programs at local, state and regional levels on both sides of the border, and has become the guide for the research and the implementation of activities of private and public organizations employing Healthy Border objectives.

Also, there has been advancement in the creation of physical infrastructure to support the activities of the Commission at a regional and state level, with the establishment of the regional outreach offices in Tijuana, Ciudad Juárez and Nuevo Laredo, which join the existing outreach offices in San Diego, Nogales, Las Cruces and Laredo, as well as the central office located in El Paso, Texas.

The Commission has developed its own internal bylaws and administrative and operational guidelines for the United States and Mexico Sections, which govern the actions of the Commission and its members. It also has an integrated binational budget with contributions from the governments of both countries, and has established accounting and administrative procedures which were approved by the Commission.

All these actions have allowed for the Commission to be able to present in this report, the considerable progress in the planning and execution of actions at a binational level, including the installation of the Health Information System, the launching of the Border Models of Excellence initiative, as well as epidemiological surveillance, health promotion and disease prevention, with bioterrorism protection programs being among the most important of these actions.

In my position as Commissioner for Mexico, it is very satisfying to record the efforts of the Commission, as they strive to reach higher levels of improvement of the conditions of life of the border population. We hope that in the next stage, which begins on October 1, we will continue to reach higher accomplishments.

Sincerely,

Julio Frenk Mora
Secretary of Health of Mexico
Commissioner for the Mexico Section
United States-Mexico Border Health Commission

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United States-Mexico Border Health Commission

2003 Annual Report

The United States-Mexico Border Health Commission (USMBHC or Commission), now in its third year of operation, continues to provide the necessary leadership and resources to improve the health and quality of life of the border region.

The Commission, established in July 2000, serves two sovereign countries, 10 border states, 44 counties, 80 municipalities and 14 sister cities. The USMBHC is charged with the task of identifying and evaluating current and prospective health problems, and to facilitate actions and solutions to these problems along a 2,000 mile-long border, where people, cultures, traditions, religions and languages intermingle on a daily basis.

This past year has been one of considerable binational progress. A major accomplishment has been the approval of the Commission bylaws during the Sixth Annual Binational meeting held February 5-6, 2003 in Monterrey, Nuevo León, Mexico. The bylaws provide both consistency and flexibility in a unified and comprehensive manner. Policy and procedures guidelines, which set up the financial mechanisms and auditing controls for the use of Commission funds, were also approved.

The Commission allocated \$2.18 million to USMBHC outreach offices in the ten U.S.-Mexico border states to carry out work plans that address Healthy Border 2010 objectives. This included funding the work plans of the six Mexico border states in support of the three new regional outreach offices in Mexico: Nuevo Laredo, Tamaulipas; Tijuana, Baja California; and Ciudad Juárez, Chihuahua. A binational office for the Arizona-Sonora region is located in Nogales, Sonora. These new outreach offices in Mexico will facilitate greater binational collaboration with the outreach offices already located in the United States.

The Commission has actively promoted the Healthy Border 2010 agenda with federal agencies, such as the Centers for Disease Control and Prevention and the Health Resources and Services Administration to ensure that whoever is working in the area of border health includes the Healthy Border 2010 agenda in their planning efforts.

The Border Models of Excellence initiative was created to recognize those organizations and programs that make a difference in border health and living. The initiative will promote, disseminate and replicate best practices and models, and transfer working technologies. The initiative drew an overwhelming response from the ten border states, and 62 applications were received from a wide variety of programs from all areas of the border. Sixteen awards, eight in the United States and eight in Mexico, were made to border community-based health programs that employ community health workers, or *promotoras*.

To meet the Healthy Border 2010 objectives concerning tuberculosis, the USMBHC, in partnership with the Centers for Disease Control and Prevention and the *Secretaría de Salud*, convened a World TB Day Observance on March 27, 2003 in El Paso, Texas/Las Cruces, New Mexico/Ciudad Juárez, Chihuahua. The Binational Tuberculosis Referral and Case Management Project was launched during this event. The project is based on a portable Binational Health Card, which will integrate the TB efforts of both countries and facilitate patients' treatment completion. The card is being distributed in several pilot sites on both sides of the border. There were also training workshops conducted at the pilot sites on the use of the cards.

In other efforts to combat TB, the Ten Against Tuberculosis (TATB), a binational initiative formed by the 10 U.S.-Mexico border state health officers, became the Commission's technical advisor on tuberculosis. The group will serve to facilitate communication among organizations and maximize the use of personnel and resources in the fight against TB.

The Commission has also begun work towards the development of a binational terrorism and public health preparedness plan. The border states have been conducting planning forums to assess their regional needs regarding terrorism and public health response. Utilizing this information, the Commission has taken the leadership in outlining a preparedness strategy for this critical border, and is currently assessing the capacity and identifying deficiencies as an integral part of a cohesive, bilateral plan.

The USMBHC understands the value of partnerships and is strengthening and developing additional important alliances. In January, Commission members and the executive directors of both sections met with senior personnel from the Centers for Disease Control and Prevention (CDC) and the Office of Global Health in Atlanta, Georgia, to discuss

various health topics including chronic disease, diabetes, tobacco, infectious diseases, reproductive health and injury prevention. The meetings provided the organizations with an overview of the work that each is doing and opportunities for greater collaboration. The Health Resources and Services Administration (HRSA) hosted the first meeting of the four regional commissions in Washington, D.C. in December 2002. The United States-Mexico Border Health Commission, the Appalachian Regional Commission, the Delta Regional Authority and the Denali Commission came together to share their respective missions and goals. Another regional conference was hosted by HRSA in Washington, D.C. in August, where the Commissions initiated a framework for ongoing collaboration.

The USMBC is supporting and participating in the collaborative work of border health initiatives such as: Border Diabetes Today, which is the partnership of the CDC, HRSA and Row Associates; Secretaría de Salud; Instituto Nacional de Salud Pública; the Texas-Mexico Migrant Health Agreement, a binational agreement between the Texas A&M School of Rural Public Health and the Programa Nacional de Salud al Migrante; Dirección General de Vigilancia Epidemiológica; Centro Nacional de Vigilancia Epidemiológica; Consejo Nacional Contra las Adicciones; Centro Nacional Para la Salud de la Infancia y la Adolescencia; Jefaturas Estatales de Promoción de la Salud; Centro Nacional Para la Prevención y Control del VIH/SIDA; the Department of Energy National Center for Border Technology Program, which is exploring technology transfer along the U.S.- Mexico border; La Asociación Nacional de Universidades e Instituciones de Educación Superior; La Universidad Autónoma de Nuevo León; the Pan American Health Organization's Safe and Sister Cities Initiative; the California-Mexico Migrant Health Initiative; Secretaría de Relaciones Exteriores; Instituto de Mexicanos en el Exterior; the California-Mexico Binational Health Initiative; and the Community Access Program of Arizona.

The Commission has taken the first steps in its advocacy plan for the border region. It is the Commission's intent to develop a greater presence in Washington, D.C. and Mexico City, in order to support legislation that improves the health of all border residents. As part of the advocacy plan, a newsletter is now being published on a quarterly basis, highlighting core accomplishments, best practices and upcoming events, and is distributed to Commission members, legislators, other policy makers and stakeholders.

Recent efforts also included a July visit to Washington, D.C., where U.S. Commission members met with 12 Senators and Representatives and other policy leaders. The purpose of the meetings was to present an update on the accomplishments of the Commission and to point out the need for more resources for the border region. Among the needs discussed were increasing the Commission's annual appropriation by the introduction of the Border Health Security Act of 2003; earmarked funds for border bioterrorism preparedness grants; and increased funds to carry out Commission mandates.

To expedite the binational work of the Commission, the USMBHC has filed a formal application for Public International Organization status through the U.S. State Department.

The next fiscal year, 2004, the Commission will internalize administrative duties. Congressional funding will be administered directly by the USMBHC. This change will provide the Commission with greater autonomy and flexibility as it progresses toward its objectives.

Before the creation of the Commission, the border did not have an effective and sustainable method of advocacy and consensus building on health issues. The Commission's binational focus and approach, as well as strong federal support from both countries, will institutionalize influential and long-lasting advocacy for border health.

U.S.-Mexico Border Health Commission 2003 Recommendations to the Governments

The mission of the United States-Mexico Border Health Commission is to improve the health status of the United States-Mexico border communities. As such, the Commission has core roles in a myriad of border issues such as promotion of healthy life styles to address chronic diseases; support for an infectious disease prevention and control program: bilateral collaboration efforts; advocacy for improvement in border health; fostering partnerships with local, state, national and international organizations; dissemination of Border Models of Excellence; and use of information technology to build and enhance public health infrastructure.

The Commission's efforts are built on the fundamental public health principles of health promotion and disease prevention. These public health principles cut across the four overarching themes that serve to guide the Commission's recommendations to the governments of the United States and Mexico. They are:

Increase and Improve Access to Quality Preventive Care

Lack of health insurance has many direct consequences that adversely affect health, such as postponing or even foregoing needed care and missing opportunities for screening that can detect emerging chronic conditions while they are still treatable.

The recent Unequal Treatment Study (2002) paints a disturbing picture of the unequal treatment of minorities, even among those who have access to care. These differences in treating diseases, such as heart disease, cancer, diabetes and HIV infection, contribute to higher death rates among minorities.

This year, the United States-Mexico border states face dramatic budget cuts which could reduce the availability of health services and funding for health care. In some cases, vital projects and programs have been eliminated. With health care costs increasing at a pace that far exceeds inflation, the United States and Mexico will need to increase resources to alleviate border and binational health concerns.

The Commission asks the United States and Mexico governments to:

- Support the Commission in increasing surveillance and interventions to reduce border health disparities.

United States Specific:

- Establish or expand border community and migrant health access points; and
- Develop mechanisms that can alleviate and reimburse states for uncompensated medical costs for uninsured and underinsured care.

Mexico Specific:

- Support the Commission in the implementation of the Protección Financiera para la Salud program (Seguro Popular /Popular Health Insurance) and the Vete Sano, Regresa Sano program (Go Healthy, Return Healthy) in the Mexico border states.

Improved Disease Prevention Efforts, Health Education Delivery and Disease Control Procedures

Chronic diseases are the leading causes of death and disability in the U.S.-Mexico border region. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy lifestyles, such as eating nutritious foods, being physically active and avoiding tobacco use, can prevent or control the devastating effects of these diseases.

The Commission's Healthy Border 2010 agenda has health objectives specific to the border region that call for the elimination of health disparities within the decade. The objectives focus on the conditions and diseases that have the most glaring and persistent gaps among vulnerable populations, including prenatal care, tuberculosis, cancer, diabetes, HIV/AIDS and immunizations, and promote healthy outcomes.

The Commission recognizes that much can be done to prevent these conditions and that resources focused on these areas are a wise investment. Initiatives that promote health education and healthy lifestyles, such as Steps to a Healthier U.S., should be adapted to the needs of the border region and expanded to work sites, schools, faith communities and health care settings.

The Commission asks the governments to:

- Use the Commission's Healthy Border 2010 agenda as a tool for health planning, research and assessment of health disparities;

- Strengthen collaboration with federal agencies, foundations and academic institutions to promote Healthy Border 2010 goals; and
- Promote binational health weeks and fund other comprehensive interventions that address the HB 2010 objectives with special emphasis on diabetes, heart disease, injury prevention, mental health and substance abuse.

Improve Health Workforce Development, Training, Placement and Retention

The shortage of physicians, nurses, dentists, pharmacists and other health professionals remains a major problem along the border. Through research, analysis and planning, emphasis must be given to increasing the border health professions work force and improving the distribution and diversity of these professionals in underserved areas. Improving the quality of educational programs for the health professions along the U.S.-Mexico border is extremely important to the region. Focusing on key health professional issues, such as cross-cultural health, bilingual communication, tele-health, gerontology, distance learning, risk assessment, emergency preparedness and diversity, is fundamental to solving these workforce problems.

The Commission asks the governments to:

- Work with the Commission to increase the number of culturally competent health professionals serving the United States-Mexico border region by:
 1. Increasing the funding of fellowships, scholarships, loan repayment and grants for health professionals serving in border communities;
 2. Conducting the evaluation of workforce programs; and
 3. Expanding data collection and analysis that focus on border health workforce issues.
- Support the Commission as an interested government entity for issuance of J1 visa waivers; and
- Facilitate the cross-border and binational exchange of health professionals between the United States and Mexico.

Improve Public Health Infrastructure

Infectious disease surveillance capabilities in the United States-Mexico border region are an important component of border health. Creating bilateral and border public health preparedness systems that are integrated within the border states and the two federal governments is necessary to reduce health risks, outbreaks of infectious diseases, and to increase the capacity to respond to terrorism and other public health emergencies.

The Commission asks the governments to continue to improve border security, working with the Commission to provide:

- Resources to strengthen collaboration on border terrorism and public health emergency response preparedness to address:
 1. Surveillance and epidemiological capacity of emerging public health problems;
 2. Laboratory capacity;
 3. Communication and information technology needs;
 4. Education and training needs; and
 5. Healthcare systems to deal effectively with terrorism and other health emergencies.
- Passage of the Border Health Security Act of 2003 and other legislation that addresses border health improvement and security needs.

The United States-Mexico Border Health Commission

The Border

The U.S.-Mexico border is one the most dynamic border regions in the world.

Throughout history, migration in this region has been substantial, resulting in a blend of languages, religions, cultures and traditions. The region has experienced an annual growth rate of 2 to 5 percent, which includes motor vehicle traffic, industrial growth, commercial activities and social exchanges. It has gone from an isolated, nearly uninhabited environment to a bustling region of commerce and activity with a total combined population of nearly 12 million.

The border region faces significant and unusual health challenges. Germs cannot be stopped at a border crossing, and poverty and migration combine to create the fertile environment for the spread of disease. The region suffers from the diseases of emerging nations, such as respiratory and gastrointestinal diseases, and also new diseases, such as HIV/AIDS and chronic illnesses, such as cancer, heart disease and diabetes.

Although both nations cooperate in specific health areas, such as tuberculosis and immunizations, until now the border region lacked a sustainable process for the improvement of the comprehensive health problems of its population. A high-level binational commission was needed to effectively address these issues.

The Establishment of the United States-Mexico Border Health Commission

In recognition of the need to specifically address border health problems, the United States Congress with Public Law 103-400 in October 1994, authorized the president of the United States to reach an agreement with Mexico to establish a binational commission to solve the unique and severe health problems of the border region. In 1997, Congress approved funding for a commission through the U.S. Department of Health and Human Services, Office of International and Refugee Health. In July 2000, the United States Secretary of Health and Human Services and the Secretary of Health of the Republic of Mexico signed an agreement creating the United States-Mexico Border Health Commission. The agreement acknowledges the common border health issues by policy leaders at the federal and local level of both nations, and the desire to enhance cooperation for the better health and well-being of people on both sides of the border. It also acknowledges that the border area is a model of binational cooperation and

emphasizes the commitment of the two nations working together to solve common health problems. The agreement is in effect for five years and will be automatically extended for additional five-year periods unless either party gives notice of withdrawal.

The mission and character of the U.S.-Mexico Border Health Commission is:

To provide international leadership to optimize health and quality of life along the United States-Mexico border.

The USMBHC was created to serve all the people who reside within 100 kilometers, or 62 miles, on either side of the international boundary line. The border area is comprised of six Mexican states and four states in the United States. Due to its binational character and its membership composed of the chief health officials and community health professionals from all ten of the border states, as well as from both federal governments, the Commission can fulfill the unique role of providing the leadership to create consensus that encompasses both countries and the border states.

The Commission is comprised of twenty-six members who are deeply committed to the health issues of this community. Each section, one for the United States and one for Mexico, has thirteen members. The Commissioner of each section is the Secretary of Health from each nation. The chief state health officer of the ten border states is a statutory member of the Commission, and the other fourteen members are appointed by the government of each nation.

The Role of the USMBHC

The USMBHC has been charged with many objectives, including:

- Institutionalize a domestic focus on border health which can transcend political changes;
- Become a venue for broad participation by health professionals and others interested in improving border health;
- Promote social and community participation;
- Act as a catalyst for needed change;
- Act as a policy advocate;
- Increase resources for the border; and

- Encourage self-responsibility for health.

Healthy Border 2010

An agenda for border health improvement

Healthy Border 2010 is the Commission's keystone program that promotes a binational health agenda for the border region. The program identifies significant and often preventable threats to health along the U.S.-Mexico border, and has set regularly assessable goals that facilitate and support community-based solutions for health promotion, disease prevention and increased access to health services. The program has established 10-year objectives, and serves as the basis for the development of bilateral and binational community health improvement plans that are organized into specific work plans. Some of the Healthy Border pilot projects that are being funded by the Commission and carried out in the four U.S. states during the past year are listed below. Additional funding has been allocated to the regional offices in Mexico to continue carrying out Healthy Border activities. A more comprehensive account of the work being done by the border states can be found in the Border States Activities section of this report.

United States

California

- Ventanilla de Salud (Health Stations) Project at the Consulates of Mexico in Los Angeles and San Diego
- Tuberculosis Directly Observed Therapy Project in Tijuana
- Asthma Project in Imperial County
- Binational Health Committees in the Baja California-California border region
- Tijuana General Hospital Auxiliary

Arizona

- Community mini-grants to several public health improvement efforts
- Triage and Stabilization Unit Expansion to Agua Prieta and San Luis Rio Colorado, Sonora
- Paso a Paso (Step by Step) Walking Club in San Luis Rio Colorado, Sonora
- Maternal and Child Health Initiative in partnership with Hospital General de San Luis Rio Colorado, Sonora

- Diabetes Education and Outreach Program
- Immunization Initiative

New Mexico

- Healthy Gente Initiative: a community-driven health promotion and disease prevention agenda
- Mosquito-borne Binational Surveillance System
- Espejo Assessment Project to reduce HIV/AIDS and sexually transmitted diseases
- Nuestros Niños (Our Children) Immunization Campaign
- Border Information and Education Network (BIEN)

Texas

- Immunization project in the El Paso/Ciudad Juárez region
- Behavioral Risk Factor Surveillance Surveys (BRFSS) in El Paso, Presidio, Maverick, Webb, Val Verde, Starr, Hidalgo, Wallacy and Cameron Counties
- Diabetes Education Training Program in Presidio and El Paso
- Emergency Preparedness in Presidio/Ojinaga
- Prevention of Teen Pregnancy and Sexually Transmitted Diseases Project in Presidio/Ojinaga
- Binational Neural Tube Defect Program in Laredo/Nuevo Laredo
- Sister-City Tuberculosis Projects (a partnership with CDC)
- Medical Entomology Training Class in rural South Texas
- Mosquito Control in Laredo and El Paso County
- Dentists Who Care Project in the Lower Rio Grande Valley
- Starr County Fitness Project
- Breast and Cervical Cancer Prevention in Hidalgo County
- Diabetes Prevention in the Rio Grande Valley

Mexico

Baja California

- Diabetes Binational Survey
- Diabetes Prevention and Control Program

- Imperial Valley-Mexicali Binational Committee HIV/AIDS and sexually transmitted diseases
- HIV/AIDS Prevention: Training the Trainer at the state and jurisdictional level and civil organizations
- Health Environment Project
- Intersectorial Program against Drug Addiction
- Neural Tube Defect Project
- Border Infectious Disease Surveillance
- Health Promotion Program

Sonora

- Cervical Dysplasia and Sexually Transmitted Disease Project
- Infectious Disease Surveillance on the border
- Tuberculosis Prevention and Control
- Improve the attention to cancer patients in San Luis Rio Colorado
- Health Promotion Program
- Paso a Paso (Step by Step) in Yuma, Arizona, and San Luis Rio Colorado, Sonora
- Response to emergency for dengue in Nogales, Sonora and Tucson, Arizona
- Improve emergency response in San Luis Rio Colorado/Yuma
- Binational Immunization event in San Luis Rio Colorado/Yuma
- Stabilization Unit in Nogales, Sonora
- Secure Integrated Response Electronic Notification (SIREN) System

Chihuahua

- Reinforcing the Epidemiological Surveillance System against addictions
- Border Infectious Disease Surveillance
- Disease Prevention and Control Program against chronic-degenerative disease
- Binational Project on Diabetes Indicators
- Health Promotion Program
- Risk factors in Diabetes and Hypertension Survey
- Epidemiological Surveillance System for infants and children under 5 years of age

- Chronic respiratory disease and diarrhea control
- Binational Agreement for Border Environmental Cooperation and research promotion on multi-sector agreements on environmental health
- Traffic Accident Prevention
- Binational Control of Preventive Disease by Immunization
- Breast and Cervical Cancer Prevention and Control Program

Coahuila

- Tuberculosis Prevention and Control Project
- Border Infectious Diseases Surveillance
- Neural Tube Defect Project
- Rabies in Animals Program
- Health Promotion Program
- Binational Diabetes Project
- Border Health Indicators Project

Nuevo León

- Diabetes Prevention and Control Program
- Border Infectious Diseases Surveillance
- Chronic and Degenerative Diseases Control Attention Program
- Addictions Program
- Health Promotion Program
- Binational Neural Tube Defect Project
- Prevention of Teen Pregnancy Project and Gangs
- Geographic Information System and applications on public health Seminar

Tamaulipas

- Ten Against Tuberculosis
- Border Infectious Diseases Surveillance
- Los Dos Laredos Binational Health Council
- McAllen/Reynosa and Brownsville/Matamoros Without Borders Groups
- Health Promotion Program
- Neural Tube Defect Program
- Binational Project Against Addictions

- Sister Cities, Healthy Communities
- Border XXI Project
- Border Health Indicators
- Binational Border Health Information System
- Partnership with the Texas Department of Health and the CDC

New Partnerships, Increased Collaboration

In an effort to coordinate the Commission's Healthy Border 2010 activities with those of federal organizations, delegates from the USMBHC met with members of the CDC and the U.S. Department of Health and Human Services in early January. Each entity presented their current border health projects. The Commission also participated in the CDC's meeting on chronic disease in January. During this meeting, border health partners compiled a preliminary action plan for a border wide and binational collaborative effort.

Healthy Border 2010 activity in 2003 has been carried out through multiple partnerships and actions. The USMBHC co-hosted a meeting with health professionals from the U.S. Health Resources and Services Administration (HRSA) in March. The meeting was one of several visits by HRSA leaders to border region communities. HRSA related to the USMBHC its priority areas as they pertain to the border, such as terrorism and emergency preparedness, HIV/AIDS, organ transplantation and migrant and community health centers. The Commission also co-hosted the Access to Health Care Along the United States-Mexico Border Region Advocacy Forum.

Through these pivotal collaborative meetings, the Commission is promoting the use of the Healthy Border 2010 agenda in the border health planning efforts of all federal agencies.

"Healthy Border 2010: An Agenda for Improving Health on the U.S.-Mexico Border," the first report of the program, and a joint presentation by the United States and Mexico Sections, will be made available on the Commission's web site in late 2003. The report provides baseline data on the 20 health indicators for the year 2000 for the U.S.-Mexico border, which were culled from the common measures of the two existing national programs as applicable to the border region. The publication will also be enhanced by companion reports that will focus on health statistics for the border, continued

development of the initiative, specific efforts to address the issues and an evaluation of accomplishments.

The Commission, through its active partnering with community-based organizations, border health offices and federal agencies, by advocating regionally, nationally and binationally for HB goals and by funding HB-related programs, is making steady progress towards meeting the objectives of the Healthy Border 2010 program.

Border Models of Excellence

The Border Models of Excellence (BMOE) binational initiative, launched in 2002, was created to recognize those organizations and programs that make a difference in border health and living. The first phase of the initiative targeted border community-based health programs that employ community health workers, or *promotoras*. The BMOE aims to identify and disseminate programs, projects and initiatives that have been successful in their practices, strategies and work methods. The initiative received a total of 62 applications from a diverse group of projects located throughout the border region and convened a peer professional review panel to evaluate the applications and perform site visits. In June, the Commission awarded 16 applicants, eight in Mexico and eight in the United States, the designation of Border Models of Excellence and a grant of \$8,000 each to educate and replicate their best practices and models in other areas of the border.

The following are the applicants who earned the BMOE award:

The United States

Arizona

- *Entre Amigas and CAPAZ (Community Access Program of Arizona)*, San Luis, Ariz., is a *promotora* program committed to increasing breast and cervical cancer awareness through health promotion, disease prevention and health education. Community health workers provide health education through home visits and other gatherings.
- *Luchando Contra El SIDA (Fighting Against HIV/AIDS)*, Somerton, Ariz., is a program of the Campesino Sin Fronteras' *promotora* program, which offers HIV/AIDS education, counseling, testing and referrals to farm workers and their families. The activities aim to be culturally sensitive, and are conducted in the *Campesino* language to assure that the message reaches its targeted audience.
- *Mariposa Community Center of Excellence*, Nogales, Ariz., strives to improve the health services network to better serve the health and well-being of underserved women. The project uses a community-based approach and community health workers to empower women to be proactive and informed consumers on health matters.

California

- *Project Dulce*, La Jolla, Calif., utilizes peer educators to provide group education and support for diabetic patients. The educators are trained in a vigorous six-month program to assure their competency and effectiveness. After training, the educators focus on empowering patients to manage their disease with appropriate diet, exercise, medication, glucose monitoring and medical care.

New Mexico

- *Border Vision Fronteriza 2*, the New Mexico Model, Las Cruces, NM, is a community-based program that works to identify and enroll eligible children and pregnant women in Medicaid and SCHIP health insurance programs. *Promotoras* follow up within the community to ensure that enrollees are actually utilizing services.
- *Environmental Health Education and Home Safety Project*, Las Cruces, NM, is providing environmental health training to community health workers so that they, in turn, can educate their community about environmental health and home safety. The project also offers residents the opportunity to have their homes checked for environmental and safety hazards and provides solutions and referrals to minimize existing hazards.

Texas

- *REACH Promotora Community Coalition*, Progreso, Texas, has developed and initiated a community action plan to reduce the morbidity and mortality of type II diabetes. Led by Migrant Health Promotion, the coalition is a partnership of six agencies, each with a team of *promotoras*. The *promotoras* employ these successful strategies within schools, clinics and *colonias*.
- *Puente de Salud/Bridge to Health* program, El Paso, Texas, annually serves close to 12,000 individuals in medically underserved areas in El Paso County. *Promotoras* conduct outreach, health education and referral services in the areas of diabetes, cardiovascular health, women's health and nutrition.

Mexico

Baja California

- *Dile a una Amiga (Tell a Friend)*, Tijuana, Baja California, provides training to bilingual Mixtec *promotoras* about cervical cancer prevention, early screening

and treatment. After their training, these *promotoras* educate the Mixtec women in their community, who do not speak Spanish, about women's health issues, first aid and nutrition, and refer them to appropriate health care services.

Chihuahua

- *Programa de Reducción de las Daños para Usuarios de Drogas Inyectadas para la Prevención del VIH/SIDA y Hepatitis C* (Program to Reduce the Complications in IV Drug Users by the Prevention of HIV/AIDS and Hepatitis C), Cd. Juárez, Chihuahua, trains *promotoras* to provide outreach and education to this at-risk portion of the community. They provide education and prevention materials and demonstrate techniques to limit the dangers to health.
- *Salud para Vivir* (Health for Living), Cd. Juárez, Chihuahua, utilizes a team of professionals and health outreach workers to provide education and prevention of HIV/AIDS to high-risk individuals, such as IV drug users, prisoners and sex workers. The team provides individuals with HIV/AIDS treatment and counseling, and terminal AIDS patients with lodging and medical care.

Coahuila

- *Feria de Salud por la Mujer* (Women's Health Fair), Piedras Negras, Coahuila, trains both professional and *promotora* staff in the prevention of cervical, uterine and breast cancer, and also in the prevention of unwanted pregnancies among teenagers. The staff performs outreach activities at large community gatherings, such as shopping centers and the downtown plaza.

Nuevo León

- *Formación de Promotoras Voluntarias* (Capacity Building of Volunteers), Monterrey, Nuevo León, emphasizes the development of the community by the preparation and training of volunteer *promotoras* on basic health issues. Each *promotora* is responsible for certain families, and is tasked with completing a census and visiting the families to provide them with information on health programs.
- *Programa de Prevención y Control de Defectos del Tubo Neural con Participación de Promotoras Voluntarias* (Neural Tube Defect Prevention and Control Program with Participation by Volunteer Promotoras), Monterrey, Nuevo León, strives to reduce the incidence of neural tube defects through the free

administration of folic acid to women of reproductive age. The program is also providing training to 982 volunteer health *promotoras*, who perform home visits and monitor the distribution of folic acid.

- *Project S.E.S.-CONAFE*, Monterrey, Nuevo León, trains young people, aged 15-18, as community health instructors. These instructors become health outreach workers and provide health education services in remote locations that lack educational and health resources.

Sonora

- *NEOVIDA Program*, Agua Prieta, Sonora, is reducing infant mortality in a community where many children are born with a poor health status and where teenage mothers rarely receive prenatal care. *Promotoras* work within the community to provide outreach and education and to provide referrals for prenatal and pediatric health services.

The eight U.S. winners were formally honored at the National Community Health Workers Conference, held on Aug. 20, 2003 in San Francisco, Calif. Dr. Josh Valdez, regional representative for the U.S. Department of Health and Human Services, was the keynote speaker. Radio Bilingue, a network of Spanish language non-commercial radio stations, provided a two-hour live broadcast of interviews with the winners.

The eight Mexico winners were honored at an award ceremony held in late July in Monterrey, Nuevo León. Dr. Jesús Zacarías Villarreal, who is the health secretary and general director of health services for the state of Nuevo León, hosted the event. The Governor of Nuevo León, Fernando Elizondo Barragán, presided over the event.

Binational Tuberculosis Referral and Case Management Pilot Project

Statistics show that almost a quarter of all foreign-born TB patients in the United States are from Mexico. These patients also have a higher rate of drug resistance and their mobility makes case management difficult. In response to this serious health problem, the Binational Tuberculosis Referral and Case Management Pilot Project, supported by the Commission and implemented by the Centers for Disease Control and Prevention (CDC) and the Mexico National TB Program, was launched on March 27, 2003 during the World TB Day Observance held in El Paso, Texas, Las Cruces, NM, and Ciudad Juárez, Chihuahua. The event, which was convened by the USMBHC, the CDC and the *Secretaría de Salud*, carried the theme: **No TB on our Borders: Now is the Time! /;No a la TB en Nuestras Fronteras: Ahora es el Momento!** More than 130 participants, who are committed to the success of this binational health initiative, attended the event. A wallet-sized Binational Health Card, with distribution initiated on April 1, 2003, will integrate the U.S programs, such as CureTB and TBNet, and link their referral services directly with the Mexican National TB Program. The system is being piloted in the sister-city regions of San Diego, Calif./Tijuana, Baja California; and in El Paso, Texas/Las Cruces, NM/Cd. Juárez, Chihuahua. Cards are also being distributed in Matamoros, Tamaulipas, and seven additional states in Mexico (Michoacán, Jalisco, Veracruz, Oaxaca, Coahuila, Sonora and Nuevo León) known to be the places of origin of many Mexican migrants to the United States. The goal of the project is to ensure the continuity of care and the completion of treatment for TB patients, who travel between the United States and Mexico, and to prevent the spread of TB. The Binational Health Card will facilitate referral of patients between the health systems of the two countries. The card has a U.S. and Mexico toll-free telephone number, a confidential identification number, information about the patient's origin of treatment, treatment regimen and whether the patient received directly observed therapy. Special consideration has been paid to safeguarding patient confidentiality during the international exchange of information. An unprecedented level of cooperation among approximately 42 organizations support this pilot project, which represents the long-term commitment by the Commission to the elimination of tuberculosis. It is hoped that this project will serve as a model for other disease management programs along the border and worldwide.

Terrorism and Public Health Preparedness

The U.S.–Mexico border is one of the most dynamic international boundaries in the world, and also one of the most vulnerable regions in regards to terrorism and disaster preparedness. Since the implementation of NAFTA, border vehicular traffic has increased by 41 percent. More than 300 million border crossings take place annually. Early detection, identification, management and prompt reporting of infectious disease outbreaks and other major public health threats, such as bioterrorism agents, are the essential elements of public health preparedness. These border areas are interdependent, and therefore terrorism preparedness and response between the United States and Mexico needs to be coordinated, efficient and seamless. Although the United States and Mexico have each pursued national response protocols for public health threats, there has been no coordination between these programs.

After Secretary of Health and Human Services Tommy Thompson, as U.S. Commissioner of the USMBHC, voiced strong support for binational cooperation and terrorism preparedness during the Fourth Binational Meeting of the Commission in El Paso, Texas, Oct. 15, 2001, the Commission has made this issue one of its top priorities. Secretary Thompson also advocated for an allocation of \$25 million to begin to address the unique needs of this border effort.

The Commission is actively working with the Global Security Initiative and with the U.S. Department of Health and Human Services, Office of Public Health Preparedness and the Mexico Secretariat of Health to support border infectious diseases surveillance and critical infrastructure efforts. The Commission has also taken the initiative to coordinate all border preparedness efforts, and has allocated funding to develop a unified binational border terrorism and public health preparedness plan that included a meeting convened by the four U.S. border state health officers, who are also members of the Commission. Also attending the meeting were various federal representatives of the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and the Health Resources and Services Administration. The primary focus of the meeting was to discuss the development of a joint state and federal strategy for addressing terrorism and emergency preparedness along the U.S.-Mexico border. Additionally, requests were made to respective federal agencies to earmark upcoming continuation grants for the specific needs of the border region, and that the HRSA and the CDC dedicate federal

funds for border-related terrorism and emergency preparedness activities on both sides of the border. Another outcome of the meeting was the preparation of a border implementation plan for terrorism and emergency response. The Commission has allocated funds to carry out two levels of strategic planning, horizontally across the border and vertically in five sub-regions of the binational border states, that are also forming terrorism and public health emergency preparedness coordination teams.

Through these teams, the Commission is striving for the following outcomes:

- Identify the strengths and weaknesses of the ten border states;
- Develop a comprehensive, bilateral terrorism and emergency preparedness plan; and
- Develop a uniform approach to address the regional health strategies for the border region.

Focus areas have been identified and have served as a guide to all meetings. They are:

- Planning and readiness assessment;
- Surveillance and epidemiological assessment;
- Laboratory capabilities;
- Hazards (biological and chemical);
- Health alert network;
- Risk communication and health information dissemination; and
- Education and training.

The following actions and sub-regional meetings have taken place in the border states, in coordination with each state's terrorism planning efforts.

Arizona/Sonora: Meetings have been conducted in the sister communities of Ambos Nogales, Northern Sonora/Cochise County, Yuma/San Luis Rio Colorado and with the Tohono O'odham Indian Nation. Through these meetings, several goals have been accomplished including: forming and expanding a binational group of local stakeholders; identifying local needs, recommendations and next steps; identifying useful, local models for binational collaboration; drafting a binational terrorism and emergency preparedness plan; and producing a binational emergency operations directory.

Paso del Norte Region (El Paso, Texas/Las Cruces, NM/Ciudad Juárez, Chihuahua):

A Terrorism and Public Health Preparedness and Response Planning Forum was held on April 28-29, 2003. More than 80 participants, representing the states of Texas, New Mexico and Chihuahua, attended the meeting. The participants also included representatives from the FBI and the Department of Homeland Security. Work groups focused on several topics including: preparedness planning and response assessment; surveillance, epidemiology and laboratory capacity; communication, health alert and information technology; risk communication and health information dissemination; education and training; and hospital planning and preparedness.

Texas-Mexico border region: The Texas Department of Health, in partnership with the Mexico Ministry of Health, is presenting its first Binational Terrorism and Public Health Preparedness and Response Forum in Brownsville, Texas, in September. Additional meetings are being developed for the sister-city regions of Brownsville/Matamores, McAllen/Reynosa, Del Rio/Ciudad Acuña, Laredo/Nuevo Laredo, Presidio/Ojinaga, and Eagle Pass/Piedras Negras.

California: The California Office of Binational Border Health is currently in the planning stages for meetings that will be held in late September.

The second level of strategic planning will involve representatives from each region, from both sides of the border, as well as appropriate U.S. and Mexico federal agencies. The Commission plans to use the information gathered from these meetings to assess the strengths and weaknesses of these regions, and to provide federal agencies with a more realistic view of the unmet needs of the border. Through this strategic plan, the border region will be able to coordinate its terrorism and emergency preparedness planning into a comprehensive, binational approach.

Border Health Information Network

The Border Health Information Network, located at www.borderhealth.org and in Spanish at www.saludfronteriza.org, is an interactive Internet site that was developed to foster efficient and immediate communication and collaboration among Commission members, individuals and organizations that are working in the health sector along the U.S.-Mexico border.

The United States and Mexico Sections are jointly developing the Border Health Information Network that is expanding rapidly in both information and applications. The site also tracks the progress towards meeting the objectives of the Commission and the Healthy Border 2010 program. The site provides several beneficial tools and information systems through its web page, including:

- **Forum Discussion Groups;**
- **Interactive Calendar;**
- **Workgroup Manager;**
- **Geographic Information System; and**
- **E-mail System.**

The Commission recently launched an online interactive regional binational mapping service called the United States-Mexico Border Health Commission Mapping Service. This pilot web site covers the geographical border region of Southern California/Northern Baja California. Users have the ability to view, query, identify and print customized maps directly from the site. The site also incorporates key thematic and geographic data, such as public health, epidemiologic, environmental, transportation, governmental and satellite imagery. The U.S. Section Commission has contracted with the TELESIS Corporation to set up the GIS mapping service on the English language web site, and the Mexico Section has contracted with Instituto Nacional de Salud Pública on the Spanish language web site. The mapping service will also support the needs assessment activities of the Commission and will serve to target areas that may require health promotion and disease prevention activities on both sides of the border. The site serves as a binational action-oriented tool in advancing the health and well-being of the border region.

The Mexico Section is implementing a Geographic Information System for the northern Mexico border. It has been developed by the National Institute of Public Health, and permits the integration of data necessary for evaluation, strategic planning in health systems, as well as for scientific research.

Commission Meetings

Binational Meetings

- ***USMBHC Fifth Binational Meeting*** was held on Nov. 23, 2002 in San Diego, Calif. U.S. Secretary of Health Tommy Thompson and Under Secretary of Innovation and Quality Dr. Enrique Ruelas, who represented Mexico's Secretary of Health, presided over the general session. Secretary Thompson was also the keynote speaker for the event. Both leaders emphasized the importance of viewing health problems binationally and pledged to continue working together to improve health along the border. Other dignitaries in attendance included U.S. Surgeon General Dr. Richard Carmona, Director of International Cooperation, Mexico Dr. Victor Arriaga Weiss, and Dr. Josh Valdez, Secretary Thompson's regional director for Region IX. Prior to the meeting, the Mexico Section hosted a substance abuse seminar, which brought together researchers and technical experts from the 10 border states and from federal and state governments.
- ***USMBHC Sixth Binational Meeting*** was held on Feb. 5-6, 2003 in Monterrey, Nuevo León. The members unanimously approved the USMBHC bylaws, which will provide the Commission greater responsibility and flexibility in its own governance. The USMBHC outreach offices were funded to carry out the Healthy Border 2010 activities. Mexico submitted work plans and design layouts for its new regional outreach offices to be located in Nuevo Laredo, Tamaulipas; Tijuana, Baja California; and Ciudad Juárez, Chihuahua. The policies and procedures guidelines, which set up the financial mechanisms and auditing controls of Commission funds for both sections, were approved.
- ***USMBHC Seventh Binational Meeting*** was held on April 11-12, 2003 in Rio Rico, Ariz. Two standing committees, the Work Plan and Budget Committee and the Healthy Border Program Committee, both comprised of three members from each section, were created. During the meeting, a series of technical discussions were held. Representatives from the U.S. border states and Dr. Jorge Méndez, representing the *Secretaría de Salud*, presented their efforts to control West Nile Virus. Dr. Miguel Betancourt Cravioto, *Subdirector Dirección General de Epidemiología, Secretaría de Salud*, presented Mexico's plan for bioterrorism emergency preparedness.

- ***USMBHC Eighth Binational Meeting*** was held on June 13, 2003 in Mexico City. Dr. Julio Frenk Mora, Secretary of Health of Mexico and Commissioner for the Mexico Section, hosted the meeting. At the meeting the finalists for the Border Model of Excellence Awards and the work plan and budget for fiscal year 2004 were presented. The program included a presentation by Dr. Hector Hernández Llamas, National Coordinator for the Health Secretariat's People's Insurance; Dr. Enrique Ruelas, Secretary of Innovation and Quality from the Secretariat of Health, presented "Quality in Health Care Services;" and Dr. Pablo Kuri, General Director of Epidemiology from the Health Secretariat, led a discussion on border preparedness and presented "Epidemiological Surveillance and Bioterrorism on the United States-Mexico Border."

Other Commission Meetings

The Commission conducted and participated in various meetings in order to educate other border health entities of the Commission's work, and to promote collaboration among border public health groups at binational, federal, state and local levels.

- The state border health offices and Commission outreach offices held border wide meetings in January and in August in El Paso, Texas.
- The Binational Symposium on Environmental, Genetic and Nutritional Factors Affecting Border Health in McAllen, Texas, on March 21, 2003.
- World TB Day Observance in El Paso, Texas, on March 27, 2003.
- The National Hispanic Medical Association's annual meeting in Washington, D.C. in March, 2003.
- The Arizona-Sonora Commission, in Tucson, Arizona, in June 2003.
- The Border Health Work Table meetings at the U.S.-Mexico Border Governors Conference held in Chihuahua City, Chihuahua, in August 2003.
- The Mexico Section held a Commission Preparation Meeting in December 2002 in Monterrey, Nuevo León, with the Association of National Universities and Institutes of Higher Education. The purpose of the meeting was to design a strategy that would allow for the establishment of a work plan that will identify points of interest for the development of projects in investigation, technology development, distance education, telemedicine and social services.

- Mexico Section convened meetings with Commission Members and the six state health promotion program directors to prepare the state outreach work plans.

Meetings with Federal Agencies

Centers for Disease Control and Prevention (CDC)

- CDC meeting in Atlanta, Georgia, on Jan. 7-9, 2003 on collaboration in the areas of chronic disease, diabetes, tobacco, reproductive health, infectious diseases and injury prevention.
- The *Secretaría de Salud* and the CDC hosted the second binational meeting for the U.S.-Mexico Border Chronic Disease Initiative on Jan. 20-22, 2003 in Ciudad Juárez, Chihuahua.

Health Resources and Services Administration (HRSA)

- HRSA's first Regional Commission Conference on Dec. 16-17, 2002 in Washington, D.C. Regional commissions, including the USMBHC, the Appalachian Regional Commission, the Delta Regional Authority and the Denali Commission, came together to share their respective missions and goals.
- Dr. Elizabeth Duke, executive director of HRSA, met with members of the Commission on March 31 and April 1, 2003 in El Paso as part of her larger itinerary to travel along the U.S.-Mexico border. During her visit, Dr. Duke and Commission members discussed collaboration and HRSA's border health priority areas, such as terrorism and emergency preparedness; expansion of the medical safety net; the Ryan White Program (HIV/AIDS); and the organ donor and the transplantation program.
- HRSA's second Regional Commission Conference in Washington, D.C. on August 19-20, 2003. During this visit, Commission members also toured Secretary Thompson's DHHS Technical Command Center, where eight 52-inch monitors track disease outbreaks, vaccine stockpile information, bioterrorism events and other health related crises. The Commission will explore the integration of this center with the Commission's Geographic Information System.

Meeting with Mexico Secretariat of Health and Federal Agencies

- The Mexico Section has held various planning meetings for project development with the BIDS general director, the National Center for the Prevention and Care of HIV/AIDS, the National Council Against Addictions, General Office of Epidemiology, National Institute of Public Health and the Universidad Autonoma de Nuevo León. The specific outcome of these meetings has been the development of a health promotion and protection work plan.
- Mr. Fernando Sepúlveda presented an overview of the USMBHC to the National Association of Health Community Centers at the Binational Exchange and Leadership Summit in Mexico City.
- The Mexico Section participated in the inauguration of the Institute for Mexicans Abroad in May 2003, which was presided over by President of Mexico. A series of meetings have also been held with the Mexican Consulates in the border area in order to establish a program to assist Mexicans abroad.

Meetings with other entities

- **Policy Visits in Washington, D.C.:** Members of the U.S. Section of the Commission conducted a series of legislative and federal agency visits in Washington, D.C. on July 14-16, 2003, to inform policy makers of the Commission's activities and accomplishments, and to advocate for funds for health improvement along the U.S.-Mexico border. They met with 12 Senators and Representatives and with members of the HRSA, DHHS and PAHO.
- **Pan American Health Organization (PAHO):** While on the policy visit to Washington, D.C., the Commission convened a meeting with PAHO and the U.S.-Mexico Border Health Association to better define roles and areas of collaboration.
- **Institute for Texas Working Families:** Representatives from The Institute for Texas Working Families met in El Paso on June 24, 2003 with various regional organizations working to improve the lives of border populations. The Commission facilitated the meeting which brought together 32 organizations.
- **Meeting with U.S. Ambassador to Mexico Antonio Garza, Jr.:** U.S. Commission members met with Ambassador Garza while attending the Eighth

Binational Meeting in Mexico City. They discussed several topics including: the challenges the Commission faces with binational collaboration, such as language and cultural differences; high population growth and a highly mobile population; how opening the U.S.-Mexico border will benefit the Commission in expediting resources and funds; immigration reform; the movement of materials and equipment; employment and education opportunities for migrants; homeland security; and policy changes that will bring greater resources, higher education attainment and economic prosperity to the border.

Border States Activities

The ten border states have continued to play an active role in increasing the health and quality of life for their constituents. The establishment of three new regional offices in Mexico has extended the scope and binational efforts of the Commission.

The following is a synopsis of the work performed by the states during the fiscal year 2003.

United States

California Outreach Office Activities

Ventanilla de Salud (Health Station) Project

Two health stations were officially opened at the Mexican Consulates in San Diego and Los Angeles. The stations, funded by a grant from the California Endowment and in-kind services of several local organizations that together total more than one million dollars, are truly a collaborative effort. The stations provide education and information about disease prevention and access to health services to people visiting the consulates.

Approximately 50,000 people have participated in health education sessions in the first six months of the program.

Tuberculosis Directly Observed Therapy Project in Tijuana

In an effort to control tuberculosis in Tijuana, the California Outreach Office has collaborated with the Tijuana Health Department (ISESALUD) and Project Concern International to implement an outreach strategy. Twenty community health workers were trained to supervise TB patients' daily intake of medication. These patients live in some of the poorest and most difficult to reach areas of Tijuana, and cannot visit health centers regularly. During a six-month period of the program, more than 83 percent of the patients completed their treatment.

Asthma Project in Imperial County

The California Outreach Office has supported the Imperial County Public Health Department's efforts with a project that addresses the area's high rates of asthma hospitalization. The project utilizes community health workers, tool kits for the community, a social marketing campaign and physician forums to enlist the participation of many community groups to solve this significant health problem.

Binational Health Committees

The outreach office provided funding to the Binational Health Initiative to revamp the support infrastructure of the Binational Health Committees in the Baja California-California border region. These nine committees are grassroots community groups that are dedicated to the following areas: HIV/AIDS and sexually transmitted diseases, tuberculosis, substance abuse control, emergency medical care and immunizations. The Binational Health Initiative conducted interviews and compiled a thorough report of the structure, challenges, objectives and accomplishments of the committees.

Recommendations were prepared and disseminated, and an administrative infrastructure for the committees was created to facilitate their work.

Tijuana General Hospital Auxiliary

The Tijuana General Hospital Auxiliary was established to conduct fundraising to first improve the trauma and neonatal units and then the capacity and modernization of the entire hospital. The outreach office provided support to the auxiliary to improve its fundraising capabilities. Since then, the auxiliary was awarded a \$70,000 grant for medical equipment from a Japanese foundation in Mexico.

Migrant Health Activities

The outreach office has worked with the California Mexico Migrant Health Initiative on several projects and events that address the needs of the migrant community. The initiative launched a successful binational health week between California and six Mexican states, and cooperated in the opening of health stations at two Mexican Consulates in California (Ventanilla de Salud Project). The outreach office supported the San Diego Migrant Health Initiative, a coalition of 34 organizations, in the preparation of a calendar designed to educate migrant health workers about disease prevention and control. The initiative disseminated 25,000 calendars to the migrant community of California. The Commission has contracted with the initiative to produce a Healthy Border 2010 Calendar for 2004, which will be released in the fall to a wider audience of migrant families.

Arizona Outreach Office Activities

Outreach Activities

Three groups have been established to support and advance the work of the Arizona Outreach Office: the USMBHC Arizona Delegation Advisory Board was established to provide insight and local perspectives on local border health issues; the Arizona-Mexico Commission was created to address economic and cultural relations between Arizona and Sonora; three sister-city Binational Health Councils meet regularly to discuss issues of interest and concern.

Paso a Paso (Step by Step) Walking Club

This project is a diabetes and cardiovascular disease prevention program based in the rural San Luis Colorado, Sonora, area. Community health workers are trained with the Physical Promotion and Good Nutrition Curriculum model in order to implement the program.

School Health Index in Naco, Arizona

The School Health Index Prevention Model was implemented at Naco Elementary School to promote healthy behaviors leading to the prevention and reduction of obesity among school-aged children.

Sonora-Arizona Border Health Resource Directory Guide

A directory of health resources was compiled to serve as a tool for individuals and organizations interested in working collaboratively with others in their communities.

Sahuaro Girl Scout Troop #509 Diabetes Education and Outreach Program

Troop #509 designed an education and outreach program to teach their peers about the importance of establishing healthy behaviors that will carry over into adulthood. This play is presented to children living along the Arizona-Sonora border, including children living on the Tohono O'odham and Pasqua Yaqui Indian reservations.

Nogales, Sonora Triage and Stabilization Unit

This unit was established to reduce the number of critically ill persons crossing the border to seek medical treatment in the United States. Support from USAID helped to expand and equip the unit in Nogales, Sonora.

Tohono O’odham Nation Department of Human Services

The outreach office and the Arizona Department of Health and Human Services are working to increase the quality of life for tribal members residing in Sonora by supporting access to health care services.

Binational Tuberculosis Project

This program seeks to improve the treatment of multi-drug resistant patients by providing second-line medications.

Clinics in San Luis Rio Colorado and Nogales, Sonora

Clinics were established in these areas to improve women’s medical services. The clinics address women’s reproductive health, particularly cervical and breast cancer.

Hospital General de San Luis Rio Colorado, Sonora – Maternal and Child Health

Outreach efforts are focused on increasing access to quality care and reducing infant mortality, arising from the lack of emergency medical equipment.

Hospital General de San Luis Rio Colorado, Sonora – Tuberculosis program

A vehicle was purchased and is used to insure completion of therapy of TB patients living in the region.

Advanced Trauma Life Support Training and Advanced Cardiac Life Support Training

Emergency response training is being provided to health care providers in San Luis Colorado, Sonora.

Arizona-Sonora Binational Health Alert Network (SIREN)

This network was established to provide the technology needed to communicate critical health alerts, health advisories, emergency response information, diagnostic and treatment guidelines and other data to minimize the impact of public health emergencies.

New Mexico Outreach Office Activities

Healthy Gente Initiative

The initiative supports and integrates community-based health promotion and disease prevention actions. The outreach office provided technical assistance and support services to local organizations that promote the Healthy Gente/Healthy Border objectives.

Espejo Project

This project was initiated to reduce the incidence of HIV/AIDS and sexually transmitted diseases among the high-risk populations of Palomas, Chihuahua, and Luna County, New Mexico. A Promise Workshop trained a team of health educators on how to reach this high risk population. These health workers offer training to community members in order to promote healthy behaviors and reduce the risk of exposure to HIV/STD.

Nuestros Niños (Our Children) Immunization Campaign

The outreach office's support of this binational initiative resulted in the expansion of immunization promotional activities in Southern New Mexico, West Texas and Northern Chihuahua. A poster and media promotional campaign has been expanded to promote childhood vaccinations along the border region of New Mexico.

Binational Vector Control Technical Work Group

A set of promotional material in English and Spanish has been created and distributed to community health and human services providers. The outreach office lent technical support to these binational promotional activities.

Border Information and Education Network (BIEN)

BIEN is a community-based computer network of more than 20 partners that includes local libraries, clinics, hospitals and other organizations. The network provides the public with access to health information in English and Spanish. Computers and Internet access has been provided to seven rural communities.

Border Bioterrorism Activities

A two-day binational terrorism and public health preparedness forum was held with 85 participants from the states of New Mexico, Texas and Chihuahua. A summary report was produced and distributed.

Substance Abuse Healthy Gente Initiative

The outreach office supported, coordinated and attended several meetings and workshops leading to the development of a substance abuse prevention plan for the Southwestern New Mexico border region.

Binational Health Councils (Columbus-Palomas and El Paso-Juárez-Las Cruces)

The outreach office is partnered with these councils to support border health initiatives. The office assists in the coordination and promotion of the councils' activities, meetings, development of programs, training and education campaigns.

Texas Outreach Office Activities

Binational Health Councils

USMBHC members participated in the activities of the seven sister-city Binational Health Councils along the Texas-Mexico Border. The outreach offices have developed contracts with participating local health departments to provide administrative support for monthly health council meetings and also support selected health projects.

Binational Communications Project

This project is providing electronic telecommunications infrastructure for local health departments in Texas-Mexico sister cities. Initial participants are Texas, Tamaulipas, Nuevo León, Coahuila and Chihuahua. A toll free service has been provided to facilitate communication and establish a binational border health information system. The Health Alert Network System (HANS), which shares Texas health alerts and public health information, has been integrated into the system.

Bioterrorism Planning

The Texas Outreach Office is playing a lead role in facilitating a series of Texas-Mexico sister-city bioterrorism planning forums.

Healthy Border 2010 programs

The Texas Outreach Office has implemented Healthy Border 2010 programs in four sites: Presidio/Ojinaga, Laredo/Nuevo Laredo, the Rio Grande Valley and the Middle Rio Grande Valley.

El Paso/Ciudad Juárez:

A contract with the El Paso City/County Health Department is being developed to establish a Healthy Border program in the El Paso/Ciudad Juárez region. The initial focus

will be to increase immunization rates for area children through health promotion and education.

Presidio/Ojinaga:

The Presidio/Ojinaga Binational Council selected five priority health improvement areas: diabetes, cancer, emergency response and disaster preparedness, environmental health, sexually transmitted diseases and teen pregnancy. They designed and implemented several programs to address these issues such as: a Diabetes *Hoy* (today) training session; the development and publication of booklets about breast cancer; and the purchase of equipment and supplies for ambulances in the area.

Laredo/Nuevo Laredo:

Binational Neural Tube Defect Program, a joint effort of the Laredo Health Department and the *Secretaría de Salud Pública* in Nuevo Laredo, provides health education, case management and folic acid distribution.

A Binational Environmental and Food Safety Workshop was offered to health inspectors, sanitarians and vector control specialists of both countries. The workshop provided information about each country's systems, methodologies and data management.

A medical transportation project provides residents with transportation and assistance with medical appointments.

Rio Grande Valley

Dentists Who Care is a group of 138 local dentists who volunteer to provide dental services to children who live in underdeveloped rural (*colonia*) areas.

Starr County Fitness Project is an after school program designed to assist *colonia* residents in improving their health fitness and the development of an active lifestyle. The program incorporates a certified trainer, who helps residents monitor their levels of body fat.

Breast and Cervical Cancer Prevention/Planned Parenthood is purchasing examination equipment and supplies to expand their services to more women.

Mexico

The Mexico Section published the following publications:

Mexico: Frontera Norte Saludable; Programas de Salud en la Frontera Norte de Mexico and *La Salud de los Migrantes Mexicanos en la Frontera Mexico-Estados Unidos*.

Copies of these publications are available through the Commission.

Baja California Outreach Office Activities

The following activities have taken place since the opening of the Tijuana Regional Outreach Office in February 2003:

- Support of the Border Models of Excellence initiative;
- Binational TB Health Card training;
- Cardiovascular training;
- Training of instructors for the exercise program for the healthy matrix;
- Epidemiologists of ISESALUD meeting and Health Sub-secretary Dr. Felipe Villegas
- First meeting of the California and Baja California delegations to develop the work plan;
- Work plan meeting with program coordinators for: HIV/AIDS, diabetes, tuberculosis and addictions in the region; and
- Binational Immunization initiative meeting.

Chihuahua Outreach Office Activities

Since its inauguration in March, and with the necessary equipment for onsite, distance training and tele-conference services, this office has provided support to the Mexico Section as follows:

- Binational TB Health Card training;
- Support of binational coordination of World Tuberculosis Day;
- Work plan meeting with the Sub-director of Disease Control and Prevention and the Health Promotion, HIV/AIDS and addictions state representatives;
- Coordinating meetings with healthy community work groups;

- Consensus meetings with Mexican General Consulate in El Paso, Texas, in regards to migrant programs; and
- Support of the Border Models of Excellence initiative.

Tamaulipas Outreach Office Activities

This office initially operated from within temporary offices located in the civil hospital in Nuevo Laredo. The new and permanent offices (were inaugurated on Sept. 12 during the Los Dos Laredos Conference and the Ninth USMBHC Binational Meeting. The following activities have taken place:

- Meeting with the state representatives of programs such as: tuberculosis, addiction, health promotion and HIV/AIDS in support of the work plans;
- Binational TB Health Card training in Matamoros;
- Support of the Border Models of Excellence initiative; and
- Meetings with the Mexican Consulate in Laredo, Texas, to finalize the Commission's participation in programs in support of migrants.

Finances of the U.S.-Mexico Border Health Commission

The U.S.-Mexico Border Health Commission receives its funding through a United States congressional appropriation administered through the U.S. Department of Health and Human Services, Office of Global Health Affairs (OGHA) and through an appropriation from the Secretary of Health of Mexico. As defined in the U.S.-Mexico Border Health Commission bylaws, the headquarters is located in El Paso, Texas. As prescribed in the bylaws, Chapter IV, Article 3, the Commission work plan and budget fiscal year is October 1 of each year to September 30 of the following year. Mexico will follow a calendar year.

The report represents funds received from July 1, 2002 through June 30, 2003, that is, portions of fiscal year 2002 and 2003 for the United States and calendar years 2002 and 2003 for Mexico. In addition, the Commission, over the stated period, has been supported through two Office of Global Health Affairs (OGHA) contracts, one that provides administrative support functions for the United States, and another that provides logistical support for Commission meetings and events. These multi-year contracts were initiated by funds appropriated to the Commission prior to fiscal year 2003. Over the reportable year of October 1 through September 30, the Commission received \$4 million and \$1 million, respectively from the United States and Mexico for fiscal year 2002. A fiscal year end audit report will be published in December 2003. The total appropriations for fiscal year 2004 are expected to be identical from each country, as appropriated in fiscal year 2003.

GOVERNMENTAL APPROPRIATIONS

United States - \$4 million

Mexico - \$1 million

Total Appropriations - \$5 million

STATEMENT OF ACTIVITIES

FOR THE PERIOD OF JUNE 1, 2002 – JULY 31, 20003

FUNDING SOURCES

Commission Infrastructure		
External Contractor Appropriations	1,632,366.71	27%
Mexico Section Appropriations (Exch. Rate 10.4581)	906,475.94	15%
Office of Global Health Affairs Administration Funds in support of Work Plan	3,431,453.17	58%
Total Available Funds	\$5,970,295.82	100%

EXPENDITURES

Operations of United States and Mexico Sections

United States Operating Budget	1,084,846.23	
Mexico Operating Budget-El Paso/Mexico D.F. (Exch. Rate 10.4581)	898,104.82	
Total Operating Expenses	\$1,982,951.05	33%

Healthy Border Outreach Work Plans

Ten State Outreach Work Plans	2,609,189.77	
Total Work Plan Expenditures	\$2,609,189.77	43%

Health Innovation and Best Practices

Phase I of Models of Excellence Initiative	64,000.00	
Total Health Innovation and Best Practices Expenditures	\$64,000.00	1%

Other-Support

Commission Representation		
Office of Global Health Affairs	312,995.22	
Commission Work Plan Unrestricted Funds	583,163.79	
Logistical Support for Commission (conferences, meetings, travel)	417,995.97	
Total Other Support Expenditures	\$1,314,154.98	23%

Assets Appropriated (June 1, 2002-July 31, 2003)	\$5,970,295.80	100%
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STATEMENT OF FINANCIAL POSITION
U.S. Section
As of July 31, 2003

ASSETS

Cash	\$583,163.79
Petty Cash-resident	500.00
Total Assets	\$583,663.79

LIABILITIES

Accounts Payable	0
Total Liabilities	0

NET ASSETS

Net Assets, unrestricted	\$583, 663.79
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TOTAL LIABILITIES AND NET ASSETS	\$583,663.79
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STATEMENT OF FINANCIAL POSITION*
Mexico Section
As of June 30, 2003

ASSETS

	(Exch. Rate 10.4581/1)
Cash	1,174,158.59
Accounts Receivable	21,349.38
Total Current Assets	\$1,195,507.98

Long-term Assets

Fixed Assets, net	153,433.32
Other Assets	2,738.83

TOTAL ASSETS	\$1,351,680.13
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LIABILITIES

Accounts Payable	1,334.85
Total Liabilities	\$1,334.85

NET ASSETS

Net Assets, unrestricted	1,350,345.28
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TOTAL LIABILITIES AND NET ASSETS	\$1,351,680.13
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*Mexico Section financial audit statement report

U.S.-Mexico Border Health Commission

Commissioners

The Honorable Tommy Thompson
Commissioner for the United States
Secretary of Health and Human Services
U.S. Department of Health and Human Services

Dr. Julio Frenk Mora
Commissioner for Mexico
Secretary of Health for Mexico

Richard Walling R. Ph., M.H.A.
(Delegate for Secretary Thompson)
Director, Office of the Americas and Middle East
Office of Global Health Affairs
U.S. Department of Health and Human Services

Dr. Víctor Arriaga Weiss
(Delegate for Dr. Julio Frenk Mora)
Director General of Cooperación Internacional

Commission Members

California

Diana M. Bontá, R.N., Dr.Ph.
Director, California Department of Health Services

Dr. Rosemarie Marshall Johnson
California Medical Association

Blair Sadler, J.D.
President and Chief Executive Officer
San Diego Children's Hospital and Health Center

Joseph Sanchez, Dr.Ph. (Alternate for Diana Bontá)
Chief, California Office of Binational Border Health

Arizona

Catherine R. Eden, Ph.D
Director, Arizona Department of Health Services

Hon. Amanda Aguirre, M.A., R.D.

Executive Director, Western Arizona Health Education Center

Dr. Carlos Rene Gonzales
Patagonia Family Health Center

Danny Valenzuela (Alternate for Catherine Eden)
Deputy Director, Arizona Department of Health Services

New Mexico

Patricia T. Montoya, R.N., M.P.A.
Cabinet Secretary, New Mexico Department of Health

Jeffrey E. Brandon, Ph.D., C.H.E.S.
Dean, College of Health and Social Services
New Mexico State University

Dr. Catherine Torres
First Step Pediatrics Clinic

Fred Sandoval (Alternate for Patricia Montoya)
Deputy Secretary of Program, New Mexico Department of Health

Texas

Dr. Eduardo J. Sanchez, M.P.H.
Commissioner of Health, Texas Department of Health

Dr. Laurance Nickey
Former Director of El Paso City-County Health District

Paul Villas, D.Ed., C.H.E.S.
Executive Director, University of Texas – Pan American
Border Health Office

Ronald J. Dutton, Ph.D. (Alternate for Dr. Sanchez)
Director, Office of Border Health, Texas Department of Health

Baja California

Dr. Francisco Vera González
Secretario de Salud y Director General del
Instituto de Servicios de Salud Pública del Estado de Baja California

Dr. Alfonso Valenzuela Espinoza
Jefe de Patología, Hospital General de Tijuana

Dr. Felipe Humberto Villegas Ramírez
(Alternate for Dr. Vera González)
Subdirector de Salud en el Estado de Baja California

Sonora

Dr. Francisco Javier Muro Davila
Secretario de Salud Pública en el Estado de Sonora

Dr. René Navarro Coronado
Director General de los Servicios de Salud de Sonora

Chihuahua

Dr. Federico Saracho Weber
Director General de los Servicios de Salud
del Estado de Chihuahua

C.P. José Luis García Mayagoitia
Secretario de Fomento Social del Estado de Chihuahua

Ing. Humberto Martínez Pérez
(Alternate for Dr. Saracho Weber)
Director de Evaluación y Planeación en el Estado de Chihuahua

Coahuila

Dra. Bertha Cristina Castellanos Muñoz
Secretaria de Salud y Desarrollo Comunitario y
Directora General de los Servicios de Salud en el Estado de Coahuila

Dr. José Inés Escobedo Velázquez
Subsecretario de los Servicios de Salud
Secretaría de Salud del Estado de Coahuila

Dr. Gustavo A. Contreras Martínez
(Alternate for Dr. Castellanos Muñoz)
Subdirector de Planeación y Desarrollo
Secretaría de Salud del Estado de Coahuila

Nuevo León

Dr. Jesús Zacarías Villarreal Pérez
Secretario de Salud y Director General
de los Servicios de Salud en el Estado
de Nuevo León

Dra. Dora Elia Cortés Hernández

Coordinadora de Grupos Estudiantiles de
Trabajo e Investigación en Medicina
Universidad Autónoma de Nuevo León

Dra. Nancy Estela Fernández Garza
(Alternate for Dr. Villarreal Pérez)
Subdirectora de Enseñanza e Investigación en Salud
Secretaría de Salud en el Estado de Nuevo León

Tamaulipas

Dr. Héctor López González
Secretario de Salud y Director General del O.P.D.
Servicios de Salud de Tamaulipas

Dr. Gerardo García Salinas
Director de Regulación y Fomento Sanitario
Secretaría de Salud de Tamaulipas

Commission Outreach Offices

California Outreach Office

California Office of Binational Border Health
3851 Rosecrans Street (92110)
P.O. Box 85524, MS P511B
San Diego, CA 92138
Tel: (619) 692-8505

Arizona Outreach Office

Arizona Department of Health Services
4400 E. Broadway, Suite 300
Tucson, AZ 85711
Tel: (520) 770-3114

New Mexico Outreach Office

Border Epidemiology and Environmental Health Center
New Mexico Department of Health/
New Mexico State University
P.O. Box 30001, Dept. 3BEC
Las Cruces, NM 88003-8001
Tel: (505) 646-7966

Texas Outreach Office

Texas Department of Health, Office of Border Health
1100 W. 49th Street
Austin, TX 78756

Tel. (512) 458-7675

Texas Regional Offices

El Paso/West Texas

Tel: (915) 834-7690

Uvalde

Tel: (830) 486-0133

Laredo

Tel: (956) 723-6284

Harlingen

Tel: (956) 423-0130

Baja California Regional Outreach Office

Hospital General de Tijuana

Av. Centenario 1851

Tijuana, Baja California 22320

Tel: (01152-664) 634-6511

Sonora Regional Outreach Office

5 de Febrero y Moctezuma

Col. Bolivar

Nogales, Sonora 84000

(01152-631) 313-7920

Ciudad Juárez Regional Outreach Office

Paseo Triunfo de la República 3530

Cd. Juárez, Chihuahua 32330

Tel: (01152-656) 639-0864

Tamaulipas Regional Outreach Office

Hospital Civil

Calle González #5501

Nuevo Laredo, Tamaulipas 88000

Tel: (01152-867) 713-0597

Commission Executive Directors

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Arq. Fernando Sepúlveda
Director Ejecutivo, Sección de México
Canoa 521 Interior 502
Col. Tizapán San Angel
Delegación Alvaro Obregón
C.P. 01090 México, D.F.
Tel: (01152-55) 5616-3883
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U.S. Intra-agency Support Team

Marla Bush
Administration on Aging

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HRSA, Office of International Health
Division of Border Health

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Michelle Edwards
Substance Abuse and Mental Health Services Administration

Winnie Mitchell
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Office of Global Health
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Sam Notzon
National Center for Health Statistics, CDC

Luis Salicrup
Fogarty International Center
National Institutes of Health

Craig Vanderwagen
Indian Health Service
Division of Clinical and Preventative Services

Minna Golden
Food and Drug Administration

Howard Lerner
Health Resources and Services Administration
Office of International Health

Novella Matthews
Office of the Secretary

Guadalupe Pacheco
Office of Minority Health

Diana Schneider
Bureau of Citizenship and Immigration Services
Department of Homeland Security

Dennis Linsky
Department of State

Linda Brown
HCFA/Center for Medicare and Medicaid Services