Binational Health Council
Strategic Planning Workbook
Presidio-Ojinaga

2008
Section 1—Table of Contents

Introduction, Background, Purpose    Section 2

Where are We Now?    Section 3
  Phase I- Describe Current Situation
  Phase II—Set Priorities, Gap Analysis

Where Do We Want to Be?    Section 4
  Vision, Mission and Model Standards

How Do We Get There?    Section 5
  Structure of Council
  Workplan to Accomplish Priority Objectives

Recommendations to the USMX Border Health Commission    Section 6

Data for Priority Health Issues    Section 7
Introduction to Strategic Planning Process for Texas Mexico Binational Health Councils

1. Letter of invitation
2. Strategic Planning Proposal
3. Binational Health Council Commitment Agreement
Insert Letters Here
Texas-Mexico Binational Health Councils (BHCs)

Texas Department of State Health Services- Office of Border Health

Proposal for a Strategic Planning to Update the Mission, Objectives and Mode of Operation of the BHCs

Context

The US-Mexico Border Health Association (USMBHA) was established in 1943 under the auspices of the Pan American Health Organization (www.usmbha.org). The Mission of the USMBHA is: to promote the improvement of the health and living conditions of the people of the United States-Mexico Border. The aims or objectives of the Association are to:

- Bring together persons and institutions actively engaged or interested in binational health activities between the United States of America and the United Mexican States;
- Foster a better understanding of health needs and problems;
- Promote public and personal health through mutual assistance;
- Facilitate health education;
- Promote environmental health;
- Serve as a mechanism for communication and collaboration among federal, state, and local health authorities; and
- Carry out support activities for health programs in accordance with the Bylaws.

Binational Health Councils (BHCs, also known as Consejos Binacionales de Salud/COBINAS) were created as an initiative under the USMBHA with the purpose to: examine health needs, problems, and available programs with particular attention and concern to the respective Council's geographical area, and to consider how its members can promote appropriate actions by the Council via participatory activities.1

There are currently 8 BHCs along the Texas-Mexico Border, each generally corresponding with their respective sister city combinations or border regions, as follows: (1) Las Cruces-El Paso-Cd. Juarez; (2) Presidio-Ojinaga; (3) Eagle Pass-Kickapoo-Piedras Negras (HOPE-K); (4) Del Rio-Cd Acuna (Amistad) (5) Laredo-Nuevo Laredo (Los Dos Laredos); (6) Starr County-Miguel Aleman-Camargo (SMAC); (7) Hidalgo County-Reynosa; (8) and Brownsville-Matamoros.

The BHCs typically meet on a regular schedule, usually rotating locations between Texas and Mexico. Depending upon the individual BHC, meetings generally involve presentations of one or more speakers on a particular topic (e.g., HIV/AIDS, Pandemic Flu, TB, etc.); or reports of ongoing activities and planning for upcoming events. There is tremendous variability in structure among the BHC's (and in some cases within the same BHC from year to year depending on the membership makeup). The BHC is coordinated by the co-presidents either representing the health authority in each jurisdiction or elected by the BHC membership.

---

1 Information taken from USMBHA website (www.usmbha.org).
The Strategic Planning Exercise

Most of the BHCs have not carried out participatory strategic planning exercises in many years. This type of exercise is necessary and should be repeated every three to five years in order to evaluate lessons learned and address changing conditions within the Border Region. Such strategic plans also provide guidance to Council members in terms of refining objectives, prioritizing issues, and proposing activities to deal with these issues. A strategic plan is also essential as the basis for preparing high quality annual work plans of the BHC.

Proposed methodology consists of a facilitated strategic planning workshop with the participation of the full membership of the BHC. The principal product resulting from the exercise will be a Border Health Council Strategic Plan 2008-2010. The exercise should consist of the following activities:

**Phase I.**

1. *Identify the principal public health issues within the BHC Region.* Each of the respective co-presidents will coordinate the preparation of an overview of public health issues within their respective jurisdictions. Information should be drawn from existing sources, including health status reports, annual epidemiological reports, county, municipal and/or state health plans, and other data.

2. *Characterize the Local Public Health Systems within the BHC region.* Each of the respective co-presidents will briefly describe the local public health system, giving consideration to the respective roles of local and state public health entities as well as the contributions of other entities to the overall Local Public Health System.

3. *Identify current and future public health programs and plans within the BHC Region.* Each of the respective co-presidents will coordinate the preparation of an overview of public health programs and projects, current and projected; to be implemented in the near future, within their respective jurisdictions. Information should be drawn from existing county, municipal and/or state plans, and other data.

**Phase II.**

4. *Present overviews of principal public health issues within each jurisdiction.* Co-presidents (and/or their representatives) will present a summary of the results of Phase I in a PowerPoint presentation at the outset of the workshop.

5. *Prioritize binational public health issues.* Workshop participants will discuss and then prioritize public health issues within the context of the jurisdictional overviews presented.

6. *Perform Gap analysis.* Workshop participants will identify and analyze the gaps and deficiencies existing between the priority binational public health issues identified under Activity 6 and the current and future programs identified under Phase I.
Phase III
7. **Develop Strategic Plan.** Workshop participants will then propose answer the following questions:
   a. What are the **public health priorities and objectives** for the BHC Region? *(describe the **vision of the future**)*
   b. What is the **role of the BHC** in facilitating actions required to reach the objectives in the binational setting? *(describe the **vision and mission** of the BHC)*
   c. What are the **objectives** proposed for the Paso del Norte BHC over the next three years in response to answers to Nos. a and b above?

Phase IV
8. **Develop structure of BHC (Overall Mode of operations).** Develop and adopt BHC By-laws on how the BHC should operate.
9. **Develop workplan to accomplish objectives (Phase III, 7c above)**

Phase V
10. **Annual Texas-Mexico Border Health Councils Conference.** The Texas DSHS Office of Border Health will organize and sponsor this event that will include the following:
    a) Local arrangements and logistics
    b) Development and maintenance of information clearing house on a Texas-Mexico BHCs Web Site at: [www.dshs.state.tx.us/borderhealth](http://www.dshs.state.tx.us/borderhealth);
    c) Development of Annual Meeting Agenda
       - Presentation of **Border Health Council Strategic Plans: 2008-2010** *(by BHC Co-Presidents or their delegates)*
    d) Horizontal Planning (Communication, Coordination, and Collaboration) across the Texas-Mexico Border
**Scheduling, Financing and Coordination**

The dates for carrying out Phases 1-3 should be established among the BHC members. The co-presidents should coordinate among their respective members and among themselves to select that date. It is stipulated however, that for reasons of financing, the exercise be carried out in accordance with deliverables established in the BHC contract with the Texas DSHS Office of Border Health for the upcoming Fiscal Year (FY08).

**WORKBOOK MUST BE COMPLETED BY MAY 15, 2008**

**ANNUAL BHC CONFERENCE WILL BE HELD IN JUNE 2008**

**FUNDS FOR THIS PROJECT EXPIRE JUNE 30, 2008.**

Financing for the strategic planning exercise will be provided under funds made available to the BHC under contract with the Texas DSHS Office of Border Health. Funds may be used to hire an independent facilitator, purchase supplies, rent meeting space, provide simultaneous translation, and pay for all aspects of preparation and presentation of the final strategic planning document (in English and Spanish). Texas DSHS Office of Border Health staff can coordinate logistics for the meeting with BHC co-presidents.
Binational Health Council Agreement and Commitment

1. Verify that the purpose and framework described in Context “Texas-Mexico Binational Health Councils, Proposal for a Strategic Planning to Update the Mission, Objectives and Mode of Operation of the BHC’s” given below is essentially an accurate description of the way Presidio-Ojinaga Binational Health Council views themselves.

Refinements will be made during Operations section of the Planning Exercise, but BHC must agree that this description is close enough to warrant proceeding with the Strategic Planning Exercise.

X Yes ______ Yes mostly _____ Not really ______ Not at all

Context

The US-Mexico Border Health Association (USMBHA) was established in 1943 under the auspices of the Pan American Health Organization (www.usmbha.org). The Mission of the USMBHA is: to promote the improvement of the health and living conditions of the people of the United State-Mexico Border. The aims or objectives of the Association are to:

- Bring together persons and institutions actively engaged or interested in binational health activities between the United States of America and the United Mexican States;
- Foster a better understanding of health needs and problems;
- Promote public and personal health through mutual assistance;
- Facilitate health education;
- Promote environmental health;
- Serve as a mechanism for communication and collaboration among federal, state, and local health authorities; and
- Carry out support activities for health programs in accordance with the Bylaws.

Binational Health Councils (BHCs, also known as Consejos Binacionales de Salud/COBINAS) were created as an initiative under the USMBHA with the purpose to: examine health needs, problems, and available programs with particular attention and concern to the respective Council's geographical area, and to consider how its members can promote appropriate actions by the Council via participatory activities.2

There are currently 8 BHCs along the Texas-Mexico Border, each generally corresponding with their respective sister city combinations or border regions, as follows: (1) Las Cruces-El Paso-Cd. Juarez; (2) Presidio-Ojinaga; (3) Eagle Pass-Kickapoo-Piedras Negras (HOPE-K); (4) Del Rio-Cd Acuna (Amistad) (5) Laredo-Nuevo Laredo (Los Dos Laredos); (6) Starr County-Miguel Aleman-Camargo (SMAC); (7) Hidalgo County-Reynosa; (8) Brownsville-Matamoros.

---

2 Information taken from USMBHA website (www.usmbha.org).
The BHCs typically meet on a regular schedule, usually rotating locations between Texas and Mexico. Depending upon the individual BHC, meetings may generally involve presentations of one or more speakers on a particular topic (e.g., HIV/AIDS, Pandemic Flu, TB, etc.); or reports of ongoing activities and planning for upcoming events. There is tremendous variability among the various BHC’s (and in some cases, the same BHC from year to year depending on the membership makeup). The BHC is coordinated by the co-presidents either representing the health authority in each jurisdiction or elected by the BHC membership.

Commitment Statement:

________________________________________ Binational Health Council affirms their commitment by vote and signature of Co-Presidents to participate in this Strategic Planning Exercise.

________________________________________ Co-President

________________________________________ Co-President

________________________________________ Co-President
WHERE ARE WE NOW?

Situational Analysis

Phase I—Selection of Priority Issues
  a. Analyze epidemiologic data to identify the principal public health issues within the Binational Council area.

  b. Choose 1-5 priority binational public health issues

Phase II—Specific Objectives
  a. Presentation of results of Phase I to full Council

  b. Identify available resources
     1. Describe respective local public health systems
     2. Describe BHC in relation to respective local public health systems
     3. Presentation of overview of each jurisdiction’s current and future programs in response to priority binational public health issues

  c. Gap Analysis—Review matrix and identify gaps with respect to priority areas
d. List potential areas for Binational Objectives from gap analysis

Phase I, Activity 1

Identify the principal public health issues within the Presidio-Ojinaga region.

Each of the respective co-presidents will coordinate the preparation of an overview of public health issues within their respective jurisdictions. Information should be drawn from existing sources, including health status reports, annual epidemiological reports, county, municipal and/or state health plans, and other data.
Prepare PowerPoint presentation of each overview for use in Phase II.

**Phase I, Activity 2**

Characterize the Local Public Health Systems within the Presidio-Ojinaga region.

Each of the respective co-presidents will briefly describe the local public health system, giving consideration to the respective roles of local and state public health entities as well as the contributions of other entities to the overall Local Public Health System.

A Local Public Health System is defined as a system that includes all public, private, and voluntary organizations working together to improve the health of local populations.

The Core Team consists of the primary Public Health Agency responsible for assuring public health for the region. Example: Jurisdicción Sanitaria or Local Health Department.

The Virtual Team is made up of all the other local agencies whose activities have a direct impact on the Local Public Health System. Example: Consulados de Mexico, Texas A&M Extension Agents, Hospitals, Emergency Medical Services, etc.

The Extended Team are those who make up the external agencies upon whom the Local Team may call for additional assistance. Example: Experts on a particular issue from the State Offices, Local Elected Officials usually are here, State and Federal Elected Officials, University Researchers.
Core Teams: Name and briefly describe the agency for each side which makes up the core team

1. Texas Dept. of State Health Services
2. Jurisdicción Sanitaria III, Ojinaga, Chihuahua

Virtual Teams: Name and briefly describe the agencies which make up the Virtual Teams for each side

1. Presidio:
   US-México Border Health Commission
   US-México Border Health Association
   US Environmental Protection Agency, Border Office Region 6
   US-Mexico Environmental Program (Border 2012)
   Consulados de México de Presidio
   Presidio County Health Service
   Texas Health & Human Services Commission
   Texas Dept. of State Health Services (entire agency)
   Texas Dept. of State Health Services/Office of Border Health
   Texas Commission on Environmental Quality
   Texas Dept. of Human Services
   Texas Dept. of Mental Health and Mental Rehabilitation
   Texas A&M Extension Agents
   Texas Dept. of Transportation
   Hospitals
   Emergency Medical Services
   Texas-Chihuahua Rural Task Force
   Local private industry/factories interested in prevention of health problems
   Other agencies

2. Ojinaga
   US-México Border Health Commission
   US-México Border Health Association
   US-Mexico Environmental Program (Border 2012)
   Servicios de Salud Ojinaga
   Sistema Estatal de Salud-Chihuahua (SES)
   Hospitals
   Emergency Medical Services
   Texas-Chihuahua Rural Task Force
   Maquiladoras interested in prevention of health problems
   Other agencies
Feel free to use additional sheets as necessary. Note that all those listed for Core Team and Virtual Team would be appropriate members of the local Binational Health Council. For the Virtual Team, don’t forget to include churches, clubs, schools and Non-Profit agencies who may be working on an aspect of public health.

Extended Teams:

1. ____ Presidio County Judge ________________________________

Describe the Binational Health Council in relation to the Local Public Health System.

1. Is it a group of Binational Core Team members? Yes
2. Is it a group of Binational Core and Virtual Team members? Yes, to some extent
3. Is it a group of Binational Core, Virtual and Extended Team members? Yes, to some extent
Phase 1, Activity 3

Identify current and future public health programs and plans within the BHC Region. (May limit the list to the major programs/projects which will be addressing the Priority Public Health Issues described in Phase 1, Activity 1)

Each of the respective co-presidents will coordinate the preparation of an overview of public health programs and projects, current and projected; to be implemented in the near future, within their respective jurisdictions. Information should be drawn from existing county, municipal and/or state plans, and other data.

1. Attach report

2. Attach report
**Phase II, Activity 4**

Present overviews of principal public health issues and characterization of Local Public Health Systems within each jurisdiction.

Please assure that a copy of the PowerPoint presentations is given to the Strategic Planning Facilitator for inclusion in the Final Master Workbook for the BHC. (Should be 2-3 PowerPoint presentations).
Phase II, Activity 5

Prioritize the binational public health issues. Workshop participants will discuss and then prioritize public health issues within the context of the jurisdictional overviews presented.

List the Binational Priority Public Health Issues for the Presidio-Ojinaga region.

Workshop participants not only selected five priorities but also outlined sub-issues contained within each priority, as follows:

1. Adolescent Health
   a. Teen pregnancy
   b. STDs
   c. Alcoholism
   d. Addictions
   e. Mental Health

2. Diabetes/Obesity
   a. Obesity (among school-aged children)
   b. Hypertension/cerebral-vascular disease

3. Respiratory problems
   a. Allergies
   b. Asthma
   c. Conjunctivitis

4. Tuberculosis
   a. HIV/TB

5. Problems related to (Environmental) Sanitation
   a. Diarrhea

Note: It is advised that no more than five priority areas be selected; fewer than five is appropriate and may be advised, depending upon the region and focus.
Phase II, Activity 6

Gap Analysis—Instructions

The Institute of Medicine, in their report: *The Future of Public Health* identified Ten Essential Services of Public Health. These are:

- **Essential Service 1**: Monitor the health status of individuals in the community to identify community health problems.
- **Essential Service 2**: Diagnose and investigate community health problems and community health hazards.
- **Essential Service 3**: Inform, educate, and empower the community with respect to health issues.
- **Essential Service 4**: Mobilize community partnerships in identifying and solving community health problems.
- **Essential Service 5**: Develop policies and plans that support individual and community efforts to improve health.
- **Essential Service 6**: Enforce laws and rules that protect the public health and ensure safety in accordance with those laws and rules.
- **Essential Service 7**: Link individuals who have a need for community and personal health services to appropriate community and private providers.
- **Essential Service 8**: Ensure a competent workforce for the provision of essential public health services.
- **Essential Service 9**: Research new insights and innovative solutions to community health problems.
- **Essential Service 10**: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.

**Instructions:**
1. Each side will fill out a Gap Analysis separately first.

For each of the Priority Issues identified by the group in Phase I of this section, list the activities/programs which provide the Essential Service coverage for that issue. For example:

**Issue:** Diabetes  
**Essential Service:** Health Education and Promotion
Phase II, Activity 6

Are there programs, services, or activities in the area which provide Health Education or Health Promotion services to address Diabetes? If so, please list them in the table under the proper heading.

[Facilitator’s Note]: Participants used their individual workbooks to view and use the tables. No master table was completed on behalf of the group in its entirety.

2. Joint Gap Analysis—
After each side has completed the Gap Analysis for their Local Public Health System, workshop participants will review them and CIRCLE those that have greatest potential for Binational Objectives. For example, which of the areas would benefit most from a Binational Approach for interventions?
Example:
Issue: Dengue Fever
Essential Service: Policy and Planning
(Binational Dengue Response Plan)

List them below:

1. Issue: Adolescent Health
   Essential Service: Health Education & Health Promotion
   Project: Education programs in schools and elsewhere that help to prevent problems rather than just treating them after they occur, possibly through the use of peers as leaders/promotores; enhance resource base for adolescent parents in dealing with relationship problems and other mental health issues; improve/increase resources for and materials for adolescent health promotion

2. Issue: Diabetes/Obesity
   Essential Service: Health Education & Promotion
   Project: Train and utilize local nutrition counselors; collaborate with local physical education teachers to create more opportunities for physical education and exercise

3. Issue: Respiratory Problems related to air quality
   Essential Service: Monitoring/Enforcement
   Project: Increase the capacity of local agencies and personnel in charge of monitoring air quality

4. Issue: Tuberculosis
   Essential Service: Surveillance, Linking persons with needed services
   Project: Develop a strategy to prevent the migratory movement of TB patients; increase resources for providing information and education to TB patients

5. Issue: Problems related to environmental sanitation
   Essential Service: Mobilization of groups to respond; Health Education & Promotion
   Project: Improve local resources for water purification and ensure access to potable water; promote effective coordination between government agencies and the public for better trash/refuse collection; conduct a public education campaign about recycling
Phase II, Activity 6

In the blanks below, list those objectives which are important to the area but do not REQUIRE a Binational Response:

Example:
Issue: Breast Cancer
Essential Service: Linking persons with needed health services
(promotion of regular mammograms)

Workshop participants did not have sufficient time in the two-day workshop to address the issue of objectives that do not require a binational response.

1. Issue: ____________________________________________
   Essential Service: ___________________________
   Project _______________________________________

2. Issue: ___________________________________________
   Essential Service: ___________________________
   Project _______________________________________

3. Issue: ___________________________________________
   Essential Service: ___________________________
   Project _______________________________________

4 Issue: ___________________________________________
   Essential Service: ___________________________
   Project _______________________________________

5. Issue: ___________________________________________
   Essential Service: ___________________________
   Project _______________________________________
### Phase II; Activity 6: Gap Analysis

Analysis for Site:

**Binational Health Council Essential Services Coverage**

<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Monitoring</th>
<th>Diagnosis Investigation</th>
<th>Health Education &amp; Promotion</th>
<th>Mobilization of Groups to respond</th>
<th>Policy and Planning</th>
<th>Enforcement</th>
<th>Linking Persons with needed services</th>
<th>Competent Workforce</th>
<th>Research new methods</th>
<th>Evaluate effectiveness of programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Phase II; Activity 6: Gap Analysis

#### Analysis for Site:

**Binational Health Council Essential Services Coverage**

<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Monitoring</th>
<th>Diagnosis Investigation</th>
<th>Health Education &amp; Promotion</th>
<th>Mobilization of Groups to respond</th>
<th>Policy and Planning</th>
<th>Enforcement</th>
<th>Linking Persons with needed services</th>
<th>Competent Workforce</th>
<th>Research new methods</th>
<th>Evaluate effectiveness of programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Phase II; Activity 6: Gap Analysis

#### Analysis for Site:

**Binational Health Council Essential Services Coverage**

<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Monitoring</th>
<th>Diagnosis Investigation</th>
<th>Health Education &amp; Promotion</th>
<th>Mobilization of Groups to respond</th>
<th>Policy and Planning</th>
<th>Enforcement</th>
<th>Linking Persons with needed services</th>
<th>Competent Workforce</th>
<th>Research new methods</th>
<th>Evaluate effectiveness of programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Where do we want to be?

A. What is the Vision for the Binational Health Council?

Workshop participants developed a BHC Vision Statement, as follows:

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

Una población fronteriza unida con sus problemas de salud resueltos por una responsabilidad compartida.

B. What is the Mission of the Binational Health Council?

Workshop participants also developed a BHC Mission Statement, as follows:

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

Trabajar en forma conjunta y responsable para coadyuvar a mantener el bienestar de la población fronteriza de Ojinaga y Presidio, identificando problemas de salud para poder implementar estrategias de solución.
C. What kind of Fiscal Structure would be desirable for the Binational Health Council?

This item was addressed by the group but cannot achieve closure until various organizational issues are addressed and solved, such as the need for funds. The group discussed the recent loss of funding from the USMBHC that supported the BHCs. This funding covered interpretation at meetings as well as other items. It is not known if USMBHC will continue to support the BHCs in the future.

D. What is the Vision for the health of the residents of the region covered by the Binational Health Council?

The Vision is identical to that stated above:

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

Una población fronteriza unida con sus problemas de salud resueltos por una responsabilidad compartida.
E. Describe functional Model Standards for the Priority Areas/Essential Services selected in Phase II, part d.

Example:
Diabetes/Monitoring Model Standard:
   a. Data for the number of residents reporting that they have been diagnosed with diabetes in the area is accurate, current and readily available.
   b. Data for the mortality rate due to diabetes for the area is accurate, current and readily available.

Workshop participants did not address the development of functional model standards. However, they developed two activities which will later be refined into functional model standards related to the priority issues, as follows:

1. Perform an inventory and collection of information on each of the issues.

2. Construct a relevant data base.

1. Issue/Service:  
Model Standard:  

2. Issue/Service:  
Model Standard:  

3. Issue/Service:  
Model Standard:  

4. Issue/Service:  
Model Standard:  

5. Issue/Service:  
Model Standard:  

4. Operational Model Standard for Binational Health Council

Example: The Binational Health Council meets at least 10 times per year with a minimum of 20 participants. Agenda, minutes and sign-in sheets are prepared for each meeting. Officers are elected once per year in June.

Etc.

Workshop participants did not address the development of operational model standards. Co-President Dr. Acosta pointed out that since this was not a formal meeting of the BHC, it would not be appropriate to vote on any formal decisions such as election of officers or adopting the BHC Guidelines as BHC By-Laws, and the group agreed.
How do we get there?

1. Development of Structure for Council
   a. By-laws & Officers
   b. Meeting schedule/Calendar
   c. Fiscal capacity and management
   d. Subcommittees

As noted above, Co-President Dr. Acosta pointed out that since this was not a formal meeting of the BHC, it would not be appropriate to vote on any formal decisions such as election of officers or adopting the BHC Guidelines as BHC By-Laws, and the group agreed. It was proposed that certain aspects of the by-laws be addressed in the meeting in May with AFMES, such as including environmental health in Section 3. It was also proposed that this BHC consider becoming a sub-committee of Border 2012, since the two groups share objectives and sister communities.

It was pointed out that this BHC workshop was not a formal meeting of Border 2012, whose members should be consulted as to whether they agree before formal action should be taken in this regard. The group voted to make this issue part of the list of objectives for the next
BHJC meeting. A copy of EPA guidelines as well as all relevant information and notebooks for Border 2012 will be provided for the next BHC meeting so everyone can ask questions and vote on this issue. Dr. Carlos Rincon will also be invited.

2. Development of Workplan to accomplish objectives related to priority health issues within timeframe and budget
(Breakout into subcommittees for workplans by priority areas)
1. Development of Operational Workplan for the Binational Health Council

a. By-laws & Officers—
   Insert By-Laws, including Officers and terms; Election Times, etc.

The group agreed that the current BHC Guidelines as provided by the USMBHA have functioned very well as by-laws to date but could be addressed in future regarding revisions that may be needed and formal adoption as by-laws for this BHC.

b. Meeting Schedule/Calendar
   Insert Meeting schedule for 2008 Calendar year

A meeting schedule was not finalized for the coming year. This BHC does plan to participate in upcoming meetings of related larger entities, including the Annual BHC Conference in June 2008, however.

c. Fiscal capacity and management
   Insert description of how funds will be managed.

As described above, the group discussed the fiscal problems currently confronting it and hope to find solutions in the future so as to have the needed funds to continue in operation.

d. Subcommittees
   List subcommittees if applicable
   Not applicable
2. Develop Workplan to accomplish objectives related to priority health issues within timeframe and budget (Breakout into subcommittees for workplans by priority areas)

1. Review list of possible objectives from Phase III, Activity 3.
2. Select 1-5 priority objectives from list
3. Develop reasonable Outcome Objectives, Process objectives and Activities that can reasonably be achieved in the time frame and will move Local Public Health closer to Model Standard
4. For each Outcome Objective, Process Objective and Activity—insure that the following aspects are included
   a. When will it be completed?
   b. Who will be responsible
   c. What will be measured? (Evaluation component)
   d. What is the projected cost?

Example:
Goal: Diabetes/Monitoring Model Standard:

Outcome Objective I: Data for the number of residents reporting that they have been diagnosed with diabetes in the area is accurate, current and readily available by January 1, 2009.

Process Objective I: By September 1, Core Public Health Epidemiologists from each side (TX and MX) will develop data collection and reporting protocols for diabetes prevalence and propose process to BHC for appropriate sharing and use

Activities:
1. By June 1, Epidemiologists will review existing data sources and select appropriate recurring data to include in ongoing data base
2. By July 1, Epidemiologists will assemble most current data on diabetes prevalence for the region
3. By August 1, Epidemiologists from both sides will prepare a Binational Diabetes prevalence report for presentation to the BHC. Report shall include barriers (if any) to sharing, collection, etc. of the data
Outcome Objective II: Data for the mortality rate due to diabetes for the area is accurate, current and readily available by January 1, 2009.

Process Objective I: By September 1, Core Public Health Epidemiologists from each side (TX and MX) will develop collection and reporting protocols for diabetes mortality data and propose process to the BHC for appropriate sharing and use

Activities:
4. By June 1, Epidemiologists will review existing data sources and select appropriate recurring data to include in ongoing data base
5. By July 1, Epidemiologists will assemble most current data on diabetes prevalence for the region
6. By August 1, Epidemiologists from both sides will prepare a Binational Diabetes prevalence report for presentation to the BHC. Report shall include barriers (if any) to sharing, collection, etc. of the data.

Participants’ work plan was not stated as outcome objectives but in the form of Next Steps, as follows:

1. Elect a Co-President from Presidio

2. Discuss by-laws/guidelines

3. Decide whether to become a subcommittee of Border 2012

4. Write a preliminary report about the outcomes of this meeting

5. Co-presidents will give a presentation at the Conference June 25-27.

6. For the conference in Hermosillo May 8-10: Offer of scholarships and transportation.
7. Date for the next meeting: Tuesday, June 17, 2008.

8. Assure full participation in the BHC (15 persons from Presidio and 15 from Ojinaga)

Recommendations to the USMX Border Health Commission

Priority Setting Committee—What are the top 5 Local Priority Issues:

1. Adolescent Health
2. Diabetes and Obesity
3. Problems related to air quality
4. Tuberculosis
5. Problems related to environmental sanitation
Why?

The selection of the above five issues as priority is based on the evidence presented by speakers from each of the jurisdictions in the BHC. They are interrelated to each other as well as being related to binational conditions, root causes, and threats to health in the region that were also addressed in the workshop presentations and subsequent discussions. These include:

- Lack of surveillance, incomplete data
- Contamination of air and water (e.g., border crossing by cattle and results in contamination of water and air)
- Other problems with quantity and quality of the water supply
- Poverty
- Lack of medical coverage/health insurance
- Shortage of health professionals (doctors, nurses, etc.)
- Shortage of accessible health services and facilities (and specifically, e.g., distance from health care facilities depending on
location near to or far from the resources of Alpine)

- Mental health issues such as depression and anomie, especially in adolescents.