

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

(1) From your agency's point of view, what regulations can be reduced to improve communication and cooperation between federal, state, and local governments within the Texas-Mexico border region?

N/A

(2) What are the main trade issues between the United States and Mexico that you have identified as having an impact (both positive and negative) on your agency or your area of work?

N/A

(3) Having studied the flow of commerce at ports of entry between this state and Mexico, including the movement of commercial vehicles across the border, what actions would you establish to aid that commerce and improve the movement of those vehicles?

N/A

(4) How do you work with federal officials to resolve transportation issues involving infrastructure, including roads and bridges, to allow for the efficient movement of goods and people across the border between Texas and Mexico?

N/A

(5) How does your agency work with federal officials to create a unified federal agency process to streamline border crossing needs?

N/A

(6) Has your agency identified problems involved with border truck inspections and related trade and transportation infrastructure? What are those? What solutions/recommendations does your agency propose?

N/A

(7) How do you work to increase funding for the North American Development Bank to assist in the financing of water and wastewater facilities?

N/A

(8) Has your agency explored the sale of excess electric power from Texas to Mexico? What are your findings?

N/A

(9) Has your agency identified any areas of environmental protection that need to be addressed cooperatively between Texas and the Mexican states? If so, which are those areas and what type of protective measures need to be taken?

N/A

(10) Has your agency identified common challenges to health care on which all border states can collaborate? If so, what are those challenges and how can all border states collaborate to overcome them?

The Texas Outreach Office (TORO) for the United States - Mexico Border Health Commission (USMBHC) is established within the Texas Department of State Health Services (DSHS) Office of Border Health (OBH), with field offices in El Paso, Presidio, Eagle Pass, Uvalde, Laredo, McAllen, and Harlingen. The overarching TORO goal is to implement the Healthy Border 2010 (HB2010) program in the Texas-Mexico border region, an area that encompasses Texas and its 4 neighboring Border States in Mexico. This area is also home to the largest number of combined border crossings of pedestrians and commercial trucks between the two nations.

Healthy Border 2010 is the USMBHC's Health Promotion and Disease Prevention Agenda designed to facilitate and support community-based and binational solutions. Twenty elements common to Mexico and the United States are included in the HB 2010 Program and are grouped into 11 topic areas, as follows: Access to Health Care; Cancer; Diabetes; Environmental Health; HIV/AIDS; Immunization and Infectious Diseases; Injury Prevention; Maternal, Infant and Child Health; Mental Health; Oral Health; and Respiratory Diseases.

From the U.S., HB2010 draws from the *Healthy People 2010* Program. From Mexico, HB2010 draws from the *Indicadores de Resultados* (National Health Indicators Program), which tracks 46 health indicators at the national, state and local levels. Recent additions to the HB 2010 topic areas listed above include seven developmental objectives, as follows: Tobacco Use, Substance Abuse, Heart Disease, Gastrointestinal Diseases, Nutrition and Obesity, Physical Activity, and Bio-terrorism Preparedness. The HB 2010 program objectives are deliberately limited to a relatively small number of variables for which data are currently available or are expected to be available in the near future.

Main Objectives. Overall steps that will be taken to complete this initiative:

1. During the remainder of this decade, the U.S.-Mexico Border Health Commission, through the DSHS Office of Border Health's Texas Outreach Office (TORO), will monitor progress in these objectives, will help communities to implement programs to improve the health of border residents, and will publicize achievements and challenges in border health.
2. Each of the HB 2010 indicators is matched with specific quantifiable goals (e.g., reduce the proportion of residents lacking access to a primary provider in underserved areas by 25 % or to reduce the female breast cancer death rate by 20 %).
3. TORO will continue the implementation of appropriate community-based activities to address HB 2010 objectives with the organization of these activities based on local

circumstances, including the structure of the health care system, available resources, and other issues.

Focus Areas.

In FY05, TORO directed available resources for Healthy Border 2010 toward strengthening local border and binational infrastructure by focusing on the following goals to:

1. Assess/Evaluate border health data (county health profiles, hospital discharge, disease mortality/morbidity, border county specific BRFSS, etc.);
2. Mobilize, enhance and create local capacity in Texas border counties and Mexico municipios including: technical and administrative assistance to the 7 Texas-Mexico Sister-City Bi-National Health Councils; and maintenance of the Bi-National Border Health Information System (including integration of the Texas Health Alert Network) in the 3 major Texas-Mexico target areas ; and
3. Sustain the Healthy Border 2010 mini-grant program for border communities that meet criteria related to the HB2010 priorities and measurable health objectives. In FY 05, priority will be given to funding proposals that address the following HB2010 topic areas: (a) Access to Health Care; (b) Physical Fitness, Nutrition, and Obesity; (c) Environmental Health; (d) Immunization and Infectious Disease; (e) and Bioterrorism Preparedness

(11) Has your agency developed any recommendations to address border challenges in general? If so, what are them?

(SEE 10 above)

(12) What programs and services does your agency offer to border communities?

(SEE 10 and 15)

(13) What are some regulatory and/or legislative recommendations to eliminate duplication and combine programs and services?

N/A

(14) Please share any considerations from your agency regarding the effect of policies instituted by the federal government impacting the border region.

Federal policies (primarily at ports of entry, customs, etc.) regarding cross-border transfer of medication, medical specimens, infectious disease information, and related public health supplies and equipment is a barrier to public health cooperation between Texas and Mexico—and impacts disease control and prevention procedures.

(15) Please give a brief summary of all your agency’s activities related to the Border and/or Mexico.

Office of Border Health (OBH). In 1989, the 71st Legislature created the Office of Border Health within the DSHS (§12.071) to promote and coordinate activities with Mexico. In 1992, state funding was provided to identify, prevent and solve consumer, environmental, occupational, and community health hazards along the Texas-Mexico border and in the *colonias*, in a bi-national effort that

coordinates with local providers and community leaders. In addition, the OBH has managed federal funds from (1) CDC Preventative Health Block (these funds will end at the end of FY 2006), (2) the US-Mexico Border Health Commission, and (3) CDC Public Health Preparedness funds for Early Warning Infectious Disease Surveillance (EWIDS). The overall goals of EWIDS are to enhance coordination among neighboring states in the U.S. and Mexico; to improve surveillance capabilities at the state, local and tribal level; to launch epidemiological outbreak investigations promptly; to share surveillance (including laboratory) data; and to provide for appropriately trained public health personnel for these activities. (see: www.dshs.state.tx.us/borderhealth).

The Office of Border Health is made up of 20 staff in seven field offices located in El Paso, Presidio, Uvalde, Eagle Pass, Laredo, McAllen and Harlingen - and the central office in Austin. Since 1995, OBH has had a decentralized configuration - with about 70% of FTEs and resources in the three DSHS Border Health Service Regions (8, 9/10 and 11).

- **OBH Bi-national Coordination:**

- (1) Provide administrative support to seven (7) Texas-Mexico sister-city bi-national health councils, including bi-national communication strategies to connect local and state public health authorities of the four (4) Mexican states that border Texas through a 1-800 telephone system, electronic mail and videoconference.
- (2) Coordinate Texas-Mexico efforts to implement bio-terrorism planning, disease surveillance and training exercises.
- (3) Establish the Texas Out-Reach Office (TORO) of the US-Mexico Border Health Commission and develop bi-national state-to-state work plans to address regional public health issues.
- (4) Delegate to US-MX Border Governors Conference (Co-Chair, Health Table, 2002-2005).

- **OBH Colonias Initiatives:**

- (1) Increase the proportion of *colonias* residents that have adequate drinking water and sanitation facilities by providing EDAP environmental health assessments and by implementing intervention models such as self-help.
- (2) Represent DSHS in Health and Human Services Commission (HHSC) Inter-agency *Colonias* Initiative to increase availability of agency services to *colonias* residents and with Secretary of State (SOS) Interagency Group.

- **Community Health:**

Funding from the US-Mexico Border Health Commission has established the OBH Texas Out-Reach Office (TORO) to implement the *Healthy Border 2010 Program* to:

- (1) Provide mini-grants to border communities that address program objectives, such as Access to Health Care, Environmental Health, Diabetes, Substance Abuse, Immunizations, and Infectious Diseases
- (2) Analyze and prepare community health profiles (baseline), develop local priorities, and measurable objectives/projects with border communities.
- (3) Provide workforce training and capacity building for prevention services and support trainings and workshops related to vector control, community health (*promotoras*).

- (4) Investigate and provide health consultations in response to public concerns regarding nuisance complaints and other public health threats.

DSHS Border Health Service Regions. There are three DSHS Border Health Service Regions (HSR) providing services in the Texas Border Region. Those HSR regional offices are listed below along with an approximate number of employees and the number of “border counties” that they cover.

<u>Region No. / Office Name</u>	<u>No. of Employees</u>	<u>No. of Counties</u>
Region 8 / San Antonio/Uvalde Regional Office	108	10
Region 9/10 / El Paso Regional Office	132	11
Region 11 / Harlingen and Laredo Regional Offices	170	11

These Border Health Service Regions (HSR) offices provide a variety of client services and programs. A selected sample of those services includes children with special health needs, breast and cervical cancer prevention program, EMS certification, food safety, general sanitation, immunizations, WIC services, and zoonosis control.