

**Texas Secretary of State (SOS)
SURVEY QUESTIONS**

Texas Department of State Health Services (DSHS)

(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?

*“Barriers to Binational Cooperation in Public Health between Texas and Mexico”. The Texas 76th Legislature, Senate Bill 1857, required that the Texas Department of Health prepare a report of the federal and state laws inhibiting the: (1) exchange of information on disease and epidemiological reporting between Texas and the United Mexican States; and (2) cross-border exchange of equipment and personnel to provide technical assistance and to enhance the capacity of Texas and the United Mexican States to obtain and exchange the information. Report available at:
<http://www.dshs.state.tx.us/borderhealth/pdf/barriers.pdf>.*

(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?

NOT APPLICABLE to DSHS

(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?

NOT APPLICABLE to DSHS

(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?

NOT APPLICABLE to DSHS

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

NOT APPLICABLE to DSHS

(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?

NOT APPLICABLE to DSHS

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

NOT APPLICABLE to DSHS

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

NOT APPLICABLE to DSHS

(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?

NOT APPLICABLE to DSHS

(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 US-Mexico Border Health Commission was created as a bi-national health commission in July 2000, with the signing of an agreement by the Secretary of Health and Human Services of the United States and the Secretary of Health of Mexico. On December 21, 2004 the Commission was designated as a Public International Organization by Executive Order of the President. The mission of the United States-Mexico Border Health Commission is to provide international leadership to optimize health and quality of life along the U.S.-Mexico border. The Commission is comprised of the federal secretaries of health, the chief health officers of the ten Border States and prominent community health professionals from both nations. The BHC has the unique opportunity to bring together the two countries and its border states to solve border health problems. The Commission provides the necessary leadership to develop coordinated and bi-national actions that will improve the health and quality of life on the border. Annually, the Commission generates a report and recommendations. See: www.borderhealth.org.

Border Bi-national Health Week (BBHW). All 10 U.S. and Mexican Border States participate to organize various health education and promotion events in border communities during the month of October under this annual outreach program. BBHW coincides with one of Mexico's National Health Week and Bi-national Health Week organized by Mexico's Consular Services. The events are used to raise awareness of health conditions and increase access to residents in communities on both sides of the border. Activities in the U.S. states are geared at improving access to care for migrants and other underserved border and bi-national communities. The week will include such events as: health fairs and parades, multi-media health education campaigns, health screenings (diabetes, HIV/AIDS, blood lead, etc.), walking/exercise, substance abuse education,

referral services to ensure access and establish medical homes, and professional conferences and seminars.

Bi-national Health Councils. *The US-Mexico Border Health Association (USMBHA) assisted in the establishment of bi-national health councils (BHCs) in sister-city sub-regions across the full length of the border, from Brownsville-Matamoros to San Diego-Tijuana. There are currently 8 active BHCs along the Texas-Mexico border supported by DSHS. The mission of the BHCs is to bring together institutions and individuals engaged in health activities in their respective border sub-regions, identify, prioritize and raise awareness among members and the general public concerning emerging border health issues, serve as a forum for communication and collaboration among its members and their institutions, and promote the development and coordination of collaborative bi-national activities and programs to deal with border health issues. Some of the BHCs have subcommittees that deal with specific health issues or programs and have been successful in obtaining financing for operational activities in areas such as disease surveillance and case management, substance abuse prevention, health education and fairs, in-school health, health screenings, immunizations campaigns, and disease vector control.*

Ten against TB (TATB). *The Texas Department of State Health Services developed Memoranda of Understanding with the Mexican states of Tamaulipas, Chihuahua, and Coahuila for Bi-national tuberculosis prevention and control. Texas was also a leader in the development of Ten Against TB (TATB), a collaboration of the ten Mexican and US Border States. This initiative facilitated the development of regional strategic plans for the effective prevention and control of TB along the border.*

See: http://www.dshs.state.tx.us/idcu/disease/tb/programs/ten_against_tb/

Tuberculosis (TB). *The main challenge to the prevention and control of tuberculosis on the Texas-Mexico border is access to adequate health care. This is especially true for complicated tuberculosis cases, such as, those multi-drug resistant TB cases, persons who are co-infected with HIV infection, and those patients who have tuberculosis and diabetes. On the Mexican side of the border, a lack of access to quality diagnostic and treatment services limit the evaluation and management of tuberculosis. Second line tuberculosis medications that are needed to treat complex resistant strains of tuberculosis are not readily available in Mexico. Laboratory services at the level needed to detect resistant tuberculosis are also not readily available on the Mexican side of the border. Diagnosing tuberculosis by culture is not the standard practice in Mexico. This diagnostic procedure is only used when a person is suspected of being drug resistant. Drug resistant patients can be treated with first line tuberculosis medications for months, not responding to treatment, perhaps leading to development of more resistance and spread of resistant infection before a determination is made that the patient is drug resistant.*

Infectious Disease. *The Early Warning Infectious Disease Surveillance (EWIDS) Project includes the four U.S. border states and the six Mexican border states, as well as Canadian provinces on the northern U.S. border. EWIDS focuses on enhancing cross-border surveillance and epidemiological capacities with Mexico and Canada. EWIDS was established in order to guard against potential terrorism threats involving biological agents that could spawn outbreaks of communicable diseases on the North American*

continent. The Project consists of implementing active syndromic surveillance with hospitals and clinics related to acute vesicular rash and influenza-like illness, and building the capacity of public health and healthcare professionals among sister states in the U.S. and Mexico, as well as bi-national coordination to respond in the event of a public health emergency. Activities include bi-national trainings on epidemiologic surveillance, early warning detection, communication and real-time reporting systems for emergency preparedness, including tabletop exercises and simulation drills with health services providers. EWIDS has also been used to complement efforts of the states to better prepare for a potential influenza pandemic.

Border Infectious Diseases Surveillance (BIDS) Project. Initiated in 1997, the objectives of BIDS include the establishment of a sentinel infectious disease surveillance network by the use of standardized data collection and laboratory testing along within clinical sites in each of the ten U.S. and Mexican border states. BIDS facilitates enhancement of communication and laboratory diagnostic capacity, and improved public health infrastructure to detect, diagnose, and exchange data on disease incidence rates on hepatitis, febrile exanthemas (measles, rubella), West Nile virus, and dengue fever occurring in border communities. Funding is provided to DSHS by the Center's for Disease Control and Prevention (CDC) for BIDS projects in El Paso and Cameron County.

Zoonosis Control. This is a cooperative program involving the Texas DSHS, Texas Wildlife Damage Management Service, USDA, Texas National Guard, US Army Veterinary Laboratory, and CDC. Because the disease is common to both sides of the border, strong relationships have been promoted through the leadership of the National Rabies Management Program and CDC. The infrastructure generated by the routine and on-going meetings between the participants have resulted in bi-national sharing of surveillance data, training on field techniques, support in educational initiatives, joint research endeavors regarding rabies, and diagnostic laboratory support.

Diabetes. U.S.-Mexico Border Diabetes Prevention and Control Project. All four U.S. states and the six Mexican states are collaborating with Mexican health agencies, CDC, and PAHO in the implementation of this project. Phase 1 activities were completed in 2003 and consisted of the administration of a survey to a randomly-selected sample of 4,027 individuals of 18 years or older living in the U.S.-Mexico border region to determine the prevalence of diabetes. The second phase includes development of a pilot study to develop an effective intervention model for promoting self-management of Type 2 diabetes, and to prevent the onset in those at risk.

Immunizations. National Infant Immunization Week/Vaccination Week of the Americas. All four U.S. states and the six Mexican states sponsor immunization awareness and vaccination campaigns during this week in April of each year, with the goal to reduce the number of vaccine preventable diseases. Mexican state health departments, and health services providers, schools and health departments in the U.S. states carry out vaccination campaigns aimed especially at infants and young children. Special campaigns are oriented to recent immigrants to complete any additional vaccinations required in the respective U.S. states. The efforts are supported with multi-media campaigns and often with appropriate incentives.

HIV Epidemiology. Epidemiologists from the four state health departments from the four U.S. border states, the Instituto de Servicios de Salud en el Estado de Baja California (ISESALUD), and the Centro Nacional para la Prevención y el Control del VIH-Sida (CENSIDA) from Mexico are collaborating on an HIV/AIDS epidemiologic profile of the U.S./Mexico border; this effort is being coordinated by the National Alliance of State and Territorial AIDS Directors. The overarching goal of the Border Epidemiologic Profile is to increase understanding of the impact of HIV/AIDS on communities in this region. It will be used to inform service providers on programmatic strategies to address the epidemic among these communities.

Texas-Tamaulipas HIV/AIDS Multisectoral Group (MSG). The Texas DSHS HIV/STD Group and the POLICY Project, in partnership with the U.S. Agency for International Development (US AID) and Mexico's National AIDS Program are collaborating with both states' health authorities to develop and implement a cross-border HIV/AIDS multisectoral collaboration to further bi-national state level HIV prevention and treatment. The primary objectives of the MSG are: joint planning and prioritization of HIV resources; clinician training and capacity building; treatment access and standards of care; confidentiality of HIV test results and high-quality counseling; and reducing the stigma and discrimination of HIV/AIDS. HRSA funded training at the AIDS Training and Education Centers in Texas for Mexican physicians and has plans to distribute bilingual bi-national treatment guidelines. Most recent the MSG discussed the need for continued collaboration and coordinator with the Ambulatory Care Centers for People with AIDS and other Sexually Transmitted Infections (CAPASITS) in Mexico to ensure high quality service for all people living with HIV/AIDS.

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

Border Governors Conference - Health Table - Year 2007 Recommendations. The Health Table is comprised of the 10 U.S.-Mexico state health authorities. The Health Table representatives discuss strategies for treating legacy and emerging public health issues in the entire bi-national border setting, prepare annual joint resolutions for signature of the governors, and coordinate the activities among health authorities in all ten Border States in response to the resolutions.

1. Approve and implement the Guide for United States - Mexico Coordination during Epidemiological Events of Mutual Interest, which has been developed in collaboration with state public health agencies from both Mexico and the United States: Mexico's Health Ministry and the United States' Department of Health and Human Services and the Center for Disease Control and Prevention. Provisions have been included in the Guides to facilitate trans-border crossing of samples, reagents, equipment and medications that improve bi-national capacity as to laboratories, epidemiological monitoring, and efficient response to public health emergencies which threaten our border population in both countries, including pandemic influenza.

2. *Address the bi-national problem related to the increase in the number of tuberculosis cases along the border, including drug resistant TB, by increasing the financial resources for TB control activities in the U.S. - Mexico border.*
3. *Support and strengthen the initiative for the creation of the Unit for Epidemiological Intelligence and Public Health Emergencies as a center that monitors risks and damages to public health for an early stage alert, which would initially operate in the Mexican Border States, and, subsequently, based on agreements and the definition of protocols, would include epidemiological monitoring activities in the 10 U.S. – Mexico Border States.*
4. *Support and strengthen the development and implementation of the initiative to use Tele Salud's (Medicine TV) technology as a tool that has great potential aimed towards standardizing capacity in health services and available human resources, as well as those in training, in the U.S.-Mexico Border States.*
5. *The states that comprise the border between the United States of America and the United States of Mexico, jointly declare our commitment to work together to increase the safety and security of prescription drugs available to consumers along the United States – Mexico border.*

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

The Texas Department of Health Services (DSHS) strives to improve health and well-being in Texas. The DSHS Health Service Regions located along the Texas border are the primary instrument by which services are provided to border communities. See: <http://www.dshs.state.tx.us/services/descriptions.pdf>.

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

NOT APPLICABLE to DSHS

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

TB Case Management. *A major issue along the border in the U.S. is the management of patients with active Tuberculosis (TB) disease who are housed in federal Immigration and Customs Enforcement (ICE) facilities. Currently, those patients diagnosed with active TB disease are treated until non-infectious in ICE facilities and are then deported back to the country of origin. Although ICE attempts to coordinate care on the other side of the border, patients may or may not receive adequate treatment once deported. If patients do not receive adequate treatment, they may become infectious again and/or develop drug resistant tuberculosis and continue to infect more people in Texas border communities. Another major issue along the border is the medical isolation of uncooperative or non-compliant patients. There are strict laws and policies regarding isolation in Texas. However, in Mexico, extreme high level approvals are required to isolate a non-compliant patient, resulting in lax enforcement standards.*

Cross-border Public Health Agreements. Federally sponsored mutual aid agreements or other provisions are needed to facilitate trans-border crossing of samples, reagents, equipment and medications that improve bi-national capacity as to laboratories, epidemiological monitoring, and efficient response to public health emergencies which threaten our border population in both countries, including pandemic influenza and TB case management.

Food Safety. U.S. Customs and Border Protection (CBP) and agriculture specialists encounter undeclared cheese from passengers in commercial quantities, up to several hundred pound amounts. Sampling of these cheeses has revealed microorganisms that may pose potential health risks. Among the most serious microorganisms known to occur in cheese made from unpasteurized milk are *Listeria monocytogenes*, *Salmonella*, *Staphylococcal enterotoxin* and *Staphylococcus aureus*, and *E. coli*, an indicator of poor sanitation. Pregnant women are encouraged NOT to eat Mexican soft cheese like Queso Fresco, Panela, Asadero or Queso Blanco unless they are sure the cheese is made from pasteurized milk. The disease can potentially cause spontaneous abortion in pregnant women. Travelers making entry into the U.S. are permitted to bring in personal-use quantities of cheese, not more than five kilograms (10 pounds) for their own consumption. Federal authorities should consider stricter consumer import limits or outright bans and aggressive health education campaigns.

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

Office of Border Health (OBH). OBH is an overarching DSHS program that provides border services. OBH strives to identify and prevent community health hazards along the Texas-Mexico Border in a bi-national effort that coordinates with local communities and U.S. and Mexican health entities. OBH serves as the principal point of contact for coordination of public health issues with Mexico. OBH also supports development of local sister-city bi-national health councils and increases the proportion of border communities addressing measurable Healthy Border 2010 goals. OBH has also established and operates the Texas Outreach Office (TORO) of the US-Mexico Border Health Commission (USMBHC). See: <http://www.dshs.state.tx.us/borderhealth/default.shtm>

Tuberculosis (TB) services are provided in a unique manner along the border through three federally funded Bi-national TB Projects that provide TB services on the Mexican side of the border in El Paso-Juarez, Laredo-Nuevo Laredo, and the Lower Rio Grande Valley. In addition, DSHS provides TB prevention and control funding to local and regional health departments serving populations on the Texas side of the border. Texas maintains relationships with the US-Mexico Border Health Commission, US-Mexico Border Health Association, Ten against TB, Pan American Health Organization (PAHO), and US Agency for International Development (USAID). The Texas DSHS TB Program has also developed a strong relationship with Rotary International, a non-profit organization that is providing resources to aid in the fight against TB along the US-Mexico Border.

Rural Border Initiatives (RBIs). RBIs consist of three separate projects along the Mexico-Texas Border in high-need underserved areas located in remote rural areas of Regions 8, 10 and 11 (primarily the towns of Marfa, Pharr, and Del Rio). These RBI Contracts involve a three-fold approach: i) primary prevention utilizing evidenced based school curriculums for prevention of substance abuse among youth; ii) short-term screening and intervention services for those who are current abusers (youth and/or their parents); iii) and a community-wide organizing approach to enhance local community action and build links to resources. Programs increase utilization of services at the local level, while also reducing the level of underage drinking and untreated substance abuse. These initiatives are closely linked to the Texas OSAR (Outreach and Substance Abuse Referral) Centers and the SPF-SIG (CSAP Strategic Planning Framework) groups.

Partnership between the Texas Cancer Registry and the University of Texas School of Public Health - Brownsville for Assuring Timely, Accurate and Complete Cancer Data in the Lower Rio Grande Valley of Texas. This two-part project, funded by the Texas Cancer Council and the Texas Department of State Health Services' Cancer Epidemiology and Surveillance Branch, is intended to help improve cancer registration and cancer data in the Texas Border region. The first part of this project is piloting the feasibility of electronic pathology laboratory reporting from independent and hospital-based labs that perform diagnostic confirmation of cancer among Border residents. The second is building capacity for a qualified cancer registration workforce in Texas by designing and implementing a Bachelor of Applied Arts and Sciences (BAAS) degree with an emphasis in health information management and tumor registration.

The Texas Breast and Cervical Cancer Services Program (BCCS). BCCS offers low-income women access to screening and diagnostic services for breast and cervical cancer. Screening services covered are: clinical breast exam, mammograms, pap smears, and pelvic examinations. Diagnostic services covered for abnormal breast or cervical cancer tests include: ultrasounds, diagnostic mammograms, colposcopy, and biopsy. A woman diagnosed with breast or cervical cancer by a BCCS provider may be eligible for treatment through Medicaid. For FY08, DSHS has 24 BCCS contractors providing services along 24 of the 32 U.S. Mexico border counties.

Border Epidemiology and Surveillance Team (BEST). The Texas Department of State Health Services (DSHS) Region 9/10 and the Acute Disease Response Team (ADRT) of New Mexico Department of Health Region 5 established the BEST in early 2007 as a forum for coordinating surveillance, case investigations and responses to infectious disease outbreaks in the tri-state Paso del Norte Region. Epidemiologists from these institutions, El Paso City-County Health and Environmental District, CDC El Paso Quarantine Station, PAHO, and Chihuahua State Health Services Health Jurisdiction 2 (Juárez), meet at least every other month to share data and discuss strategies to meet the challenges of epidemiological events that threaten the shared border region.

Maternal and Child Health Epidemiology and the Border. The Texas DSHS led by the Office of Title V and Family Health has collaborated with CDC on the Brownsville-

Matamoros Sister City Project for Women's Health (BMSCP) where maternal and child health data were collected for bi-national comparisons. This project builds maternal and child health (MCH) epidemiology and data capacity at the local, regional, and state level and promotes the use of MCH data for programs and policy development. Other research initiated includes analyses exploring adolescent pregnancy outcomes among border residents, the prevalence of labor induction and Cesarean sections along the border, and the pregnancy outcomes among Mexican born women in various regions throughout Texas.

VISTA Program. *The DSHS Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC, helps fund the Americorps VISTA program funded through Texas A&M University Housing and Urban Development Colonias Program. The program provides program outreach on WIC and other health and community programs to colonia residents along the Texas border. These contacts are made through home visits, community events, food distributions, health fairs, school events and neighborhood meetings by the VISTA members.*

Community Health Worker Training and Certification Program. *SB 1051 from the 77th Texas Legislature mandated DSHS to develop and implement a training and certification program for community health workers in Texas. The program certifies community health workers, instructors of community health workers and training institutions that offer curriculum for the purpose of becoming certified. In December 2002, DSHS certified the first community health worker from the border county of Hidalgo. As of June 30, 2007, Texas had 626 certified community health workers in 62 Texas counties, with 242 in 11 counties along the Texas-Mexico border. Along the border, El Paso Community College in El Paso, Gateway Community Health Center in Laredo and South Texas College in McAllen offer DSHS-certified training curriculums for individuals interested in community health worker certification. Certified instructors associated with those institutions or other DSHS-certified training institutions in Texas are eligible to provide training to certified community health workers along the border.*

The Paso del Norte Collaborative. *This assessment project was developed from 2005 through 2006 in Las Cruces, New Mexico, Ciudad Juárez, México and El Paso, Texas. The study was conducted to determine the seroprevalence of the human immunodeficiency virus type - 1 (HIV), hepatitis A virus (HAV), hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis among injection drug users (IDUs) in the region formed by these three cities. Other major objectives of the study were to describe risk behaviors, harm reduction needs and mobility patterns of the population under study. The study used Respondent Driven Sampling (RDS), which is based on street-based recruitment of peers, to recruit 459 IDUs. Individual study sites have published their results and the analysis of the data from the three sites combined will be available in upcoming publications.*