

STATE BREAKOUT SESSION PROCEEDINGS- The following comments were captured during the State Breakout Sessions on the last day of the Border Health Summit Meeting. All recommendations were made by meeting participants, and are not officially endorsed by HRSA.

ARIZONA:

Challenges

1. Workforce development
2. Recruitment and retention
3. Infrastructure
4. Collaboration
5. Comprehensive border health statistical data
6. Funding: stagnant and decreasing resources are impacting improvements gained to date

Recommendations

1.
 - a. Promote border-specific, health-related education and training opportunities
 - b. Encourage innovative ideas for non-traditional and traditional training (teleconferencing)
 - c. Encourage networking to address community needs (bio-terrorism, pandemics)
2.
 - a. Re-think and work with educational systems regarding health careers
 - b. Promote health professionals to work and train along the border (public relations)
 - c. Promote a culturally appropriate inter-disciplinary approach (promotoras, first responders)
3.
 - a. Identify human capital, structural and equipment needs for continued sustainability of positive outcomes to date, and meet the anticipated demographic growth
 - b. Promote human capital (resource development and management)
 - c. Promote transportation accessibility (funding, networking)
4.
 - a. Promote more network meetings and activity-sharing among HHS/state/international and local business partners
 - b. Identify all partners (Federal, state, county, and local bi-national communities)
 - c. Promote and expand health promotion/disease prevention (HP/DP)
 - d. Develop and distribute a border-wide calendar of events to prevent conflicts and overlap of meetings/activities
5.
 - a. Develop reliable and quantifiable county data for planning, monitoring, preparing for anticipated projected growth in border region (identifying Federal, state, county support systems)
 - b. HIT: Funding opportunities/support/training; EMRs; (EMRs that can include cross-border patient care – TB/diabetes/HAB)
 - c. Promote uniformity of data collection (U.S. Census, county, state, federal programs (i.e., UDS demographics conforming to US Census demography, HAB data)
 - d. Promote border health-specific support for identifiable needs (i.e., border health HAB trends do not mirror state trends, funding does not follow the patients (migratory needs).
6.
 - a. Educate policy makers on impact of new calculations for funding distributions/stagnant and/or reduced resources (Federal, state, county, local)
 - b. Promoted networking and collaboration among DHHS agencies and other departments
 - c. Identify funding resources in the public and private sectors.

CALIFORNIA:

Challenges

1. Coordination of activities between US and Mexico
2. New State health policies detrimental to border health programs
3. Lack of current binational epidemiological surveillance data
4. Increase in substance abuse (methamphetamine)
5. Language and cultural diversity of border population

Recommendations

1.
 - a. Have HHS and other Departments partner to better coordinate services along the border.
 - b. Develop and distribute a border wide calendar of events to prevent conflicts and overlap of meetings and other activities.
 - c. Increase use of Health Information Technology such as: education webcasts, health policy events, etc.
2.
 - a. Educate policy makers about border populations and how new policies may impact the area before they are implemented.
3.
 - a. Promote the integration of surveillance data (HIV/TB/Diabetes) between the U.S. and Mexico.
 - b. Review definitions used by each nation for standards of care and revise to reflect one international standard.
 - c. Look at international/binational health care programs.
4.
 - a. Have HRSA explore a joint project with SAMHSA.
5.
 - a. Diversify the healthcare workforce in border counties to include health care staff proficient in other languages and dialects.

NEW MEXICO:

Challenges

1. Workforce development
2. Recruitment and retention
3. Infrastructure
4. Collaboration
5. Availability and access to comprehensive border health issues and data

Recommendations

1.
 - a. Promote border-specific, health-related education and training opportunities
 - b. Encourage innovative ideas for non-traditional and traditional training (teleconferencing)
 - c. Encourage networking to address community needs (hospitals, CHCs)
2.
 - a. Re-think and work with educational systems regarding health careers
 - b. Promote health professionals to work and train along the border (public relations)
 - c. Promote a culturally appropriate inter-disciplinary approach
3.
 - a. Identify human capital, structural and equipment needs for continued sustainability of positive outcomes to date, and meet the anticipated demographic growth
 - d. Promote human capital (resource development and management)
4.
 - a. Promote more network meetings and activity-sharing among HHS/state/international and local business partners
 - e. Identify all partners (Federal, state, county, and local bi-national communities)
5.
 - a. Develop reliable and quantifiable county data for planning and monitoring

TEXAS:

Challenges

1. Workforce recruitment and retention
2. Collaboration
3. HIT
4. Best practices
5. Sustainable programs

Recommendations

1.
 - a. Promote and develop border-specific, health-related education and training opportunities
 - b. Promote health professionals to work and train along the border along with uniqueness of the border.
 - c. Re-think and work with educational systems regarding health careers and encourage greater investment and support for health careers to include non-traditional and traditional training (teleconferencing).
2.
 - a. Promote more networking and meetings among HHS/State/international and local business, and community/partners that could enhance and support continuity of care, enhanced services, and program/services information exchange among border sister cities. (Maquiladoro Associations, Pfizer, CDC, EPA, etc.)
 - b. Convene more routinely meetings with all partners (Federal, State, county, local bi-national communities, and academia) with a vested interest in border/binational health issues.)
3.
 - a. Encourage use of Health Information Technology for maintaining electronic medical records.
4.
 - a. Promote the development of reliable county data for planning and evaluation. The HRSA Border Website and its integration with other websites/organizations could be used for display of such data and information sharing to include best practices, research, and studies.
5.
 - a. Promote the creation of “Region XI” or special consideration for funding and initiatives for the Border Region.
 - b. Identify human capital, structural and equipment needs for continued sustainability of positive outcomes to date, and to meet the needs of the anticipated demographic growth.

General Recommendation: HRSA is complimented on its State breakout format. TX participants felt such breakouts could be more beneficial by having them earlier with modification to the format that would allow participants to choose to be included in a breakout session by subject area; i.e., recruitment, data, research etc. These breakouts could include experts in these subject areas and also include HHS/HRSA as participants to enhance identification of challenges, best practices, and future agendas.