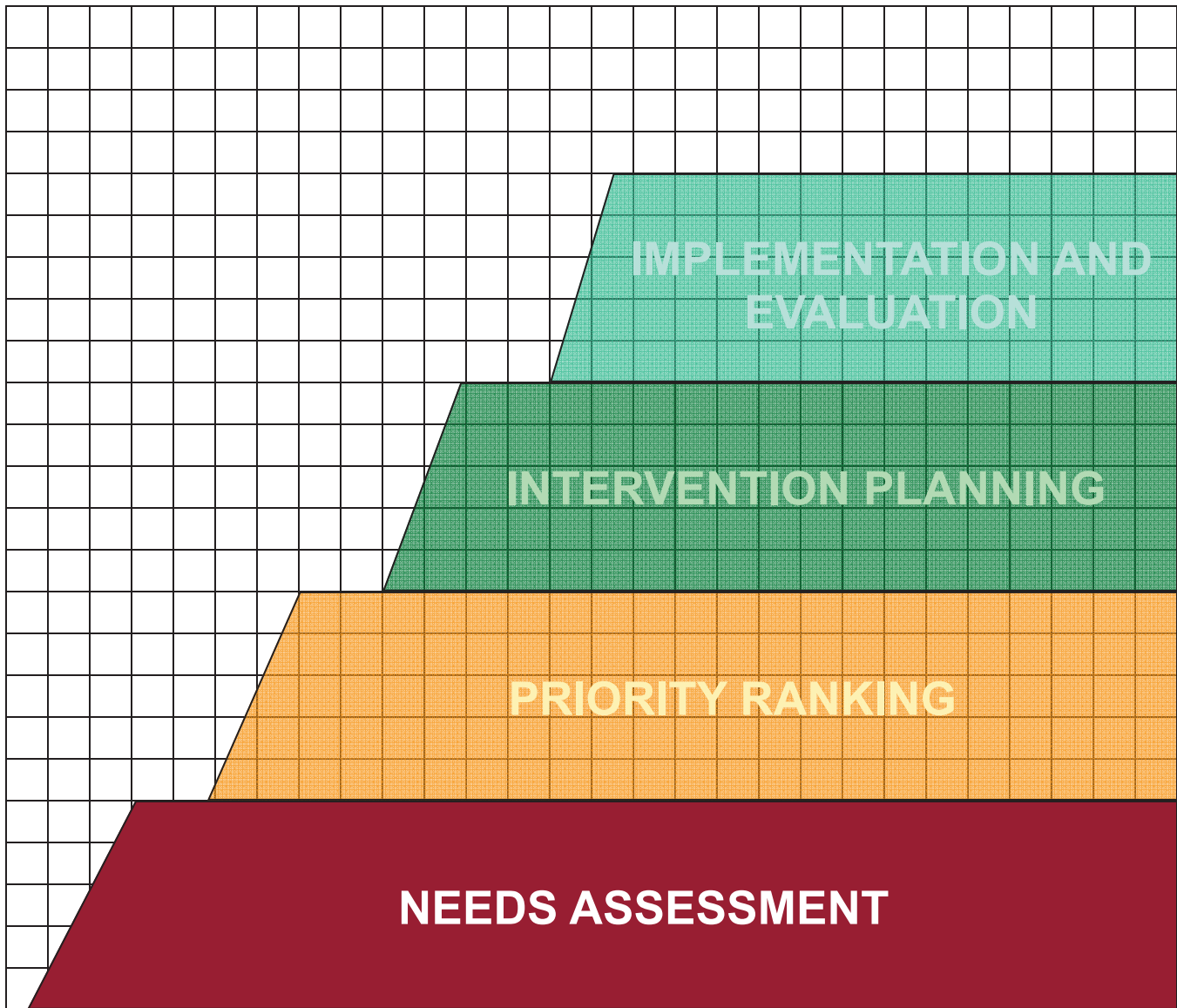


Regional Strategic Health Framework

PHASE ONE: Needs Assessment Report



**Paso del Norte Blue Ribbon Committee
for a Strategic Health Framework**

Convened by the City of El Paso and the Paso del Norte Health Foundation
Analysis completed by the HAMMES Company, Dallas, Texas

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Introduction

A Blue Ribbon Committee (BRC) established by The Paso del Norte Health Foundation (PdNHF) and the City of El Paso has been working on an initiative to gather information that will eventually align stakeholders to a regional health plan. The “Regional Strategic Health Framework”, will have the ultimate goal of improving health in the Paso del Norte (PdN) Region. As part of this effort, the PdNHF engaged Hammes Company and its partners in July 2010 to produce a gap document detailing quantitative data, as well as information from community work groups in order to identify problems in the current health continuum.

There are four phases in the full project’s objective, and the gap analysis is the product of Phase One. The full scope of the project includes:

Phase One: Gap Analysis (Current Phase)

- ◆ Hammes Company team identified problem areas using both quantitative and qualitative data in March 2011

Phase Two: Ranking of gaps and identified problems (Future Phase)

- ◆ Conduct a large stakeholder meeting to identify problems and rank gaps, which are both important and changeable

Phase Three: Design Strategic Solutions (Future Phase)

- ◆ The Blue Ribbon Committee and partner agencies will design strategic solutions to address the identified and ranked problems

Phase Four: Implementation & Evaluation (Future Phase)

- ◆ The Blue Ribbon Committee and partner agencies will implement Phase Three solutions and track progress using the database from the gap analysis and other identified tools

The Blue Ribbon Committee agreed to use the following definition of health to guide the process of developing a Strategic Framework. Health is a state of physical and mental well-being and not merely the absence of disease or infirmity (WHO modified definition). This project’s intentions are to provide a framework that moves the entire Paso del Norte Region toward the creation of executable and tangible solutions for the identified and prioritized health problems.

Health Continuum



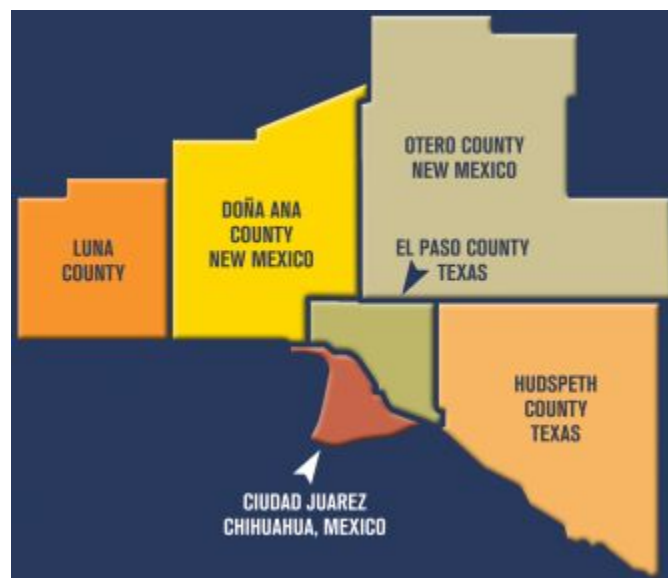
The gaps within the health continuum were partially determined in twenty work group sessions consisting of 112 participants from the United States and 47 participants from Ciudad Juárez. These sessions occurred between January 26 and February 11, 2011, throughout the PDN service area. A facilitator from the Hammes Company team or a designated representative led each meeting. The Hammes Company Team, PdNHF, the City of El Paso, and the BRC compiled the work group attendees and scheduled the meetings. A Blue Ribbon Committee member (or designated individual) attended each meeting as a “Work Group Host”. Facilitators distributed work group issues and discussion topics at each meeting (Appendix N & O).

Each section of the gap document contains information based on the quantitative analysis and qualitative feedback from the work group sessions (note: work group results are not listed verbatim, but may be summaries of discussion). The consultants established benchmarks at state or national levels when possible in the quantitative analysis in order to provide a consistent level of comparison for each of the indicators. In future phases, once priorities have been established and it has been determined which indicators will be addressed, other reference points, such as Healthy People 2020, will be used to set target goals for the region. Benchmarks on graphs appear in blue and if the regional data that are better than the benchmark appear in green. Conversely, data worse than the benchmark, appear in red.

During the facilitation of the work group sessions, the following four additional areas of concern emerged as priorities: access to care, coordination of care, funding, and international cross border issues regarding healthcare. The workgroup session comments and summaries for these four areas appear at the end of the report.

Note: Accompanying this report is a database containing all referenced data as well as additional trending data for identified scope areas.

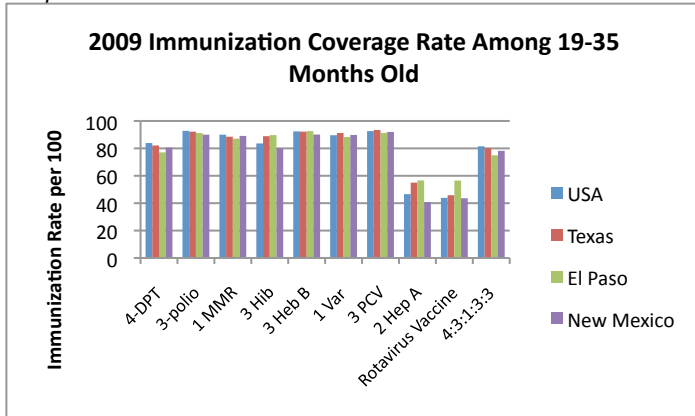
Paso del Norte Service Area



IMMUNIZATIONS - FALL BEHIND IN US, BUT ARE ABOVE AVERAGE IN MEXICO

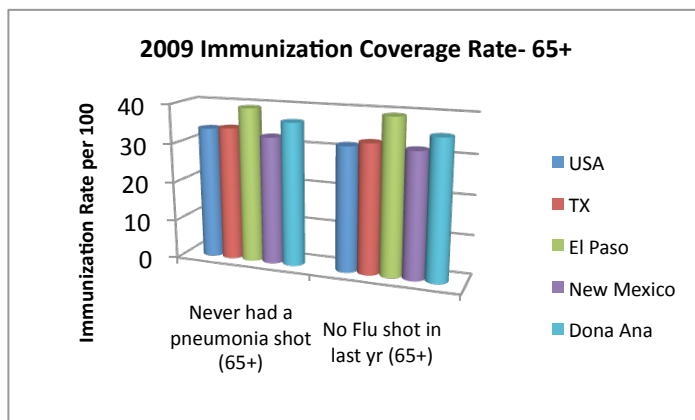
Childhood immunization rates for 2009 in Texas (81.0 per 100) and El Paso (80.5 per 100) are above US national rates (79.7 per 100); however, New Mexico (77.4 per 100) has lower rates when compared to the nation (Graph 1- CDC, 2009). Adolescent immunization rates for 2009 for Texas (59.2 per 100) fall behind US national rates (63.3 per 100) but El Paso (68.5 per 100) and New Mexico (66.6 per 100) are above US averages (CDC National Immunization Survey, 2006-2009). Immunization rates for those 65+ are higher in Texas (33.4 per 100), El Paso (39.3 per 100), and Dona Ana County (35.8 per 100) compared to US national averages (32.6 per 100), but fall behind overall in New Mexico (32.1 per 100) (Graph 2- Texas & New Mexico BRFS, 2009). Juárez immunization rates are above both Mexico and US averages (Encuesta Nacional de Salud y Nutrición, 2006).

Graph 1



Source: CDC National Immunization Survey

Graph 2



Source: TX:BRFS http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

New Mexico BRFS <http://apps.nccd.cdc.gov/BRFSS-MART/index.asp>

INPUT FROM WORK GROUPS

Areas that need improvement noted from work group sessions:

- Public promotion of immunizations, especially among the adult population
- Immunizations through Medicare are difficult to access and have poor reimbursement
- Ability to pay for healthcare for preschoolers and adults residing in the US due to lack of insurance
- Education regarding the necessity of flu shots to pregnant women and ease of access to the shot

Areas that are performing well noted from work group sessions:

- Funding is available for immunizations
- Immunize El Paso has been well received
- Department of Health holds health fairs and funds advertisements for vaccines (flu, etc.)
- Vaccines are required with school enrollment
- Mexican residents who undergo formal processes for US residency get shots before entering from Ciudad Juárez (CDC program)
- Health Without Borders in Columbus (HRSA Grant) has been a successful door-to-door vaccination program in its second year

Measures to improve current state noted from work group

Sessions:

- Provide additional promotion of immunization programs through health fairs and other promotional opportunities
- Expand Health without Borders program

SUMMARY

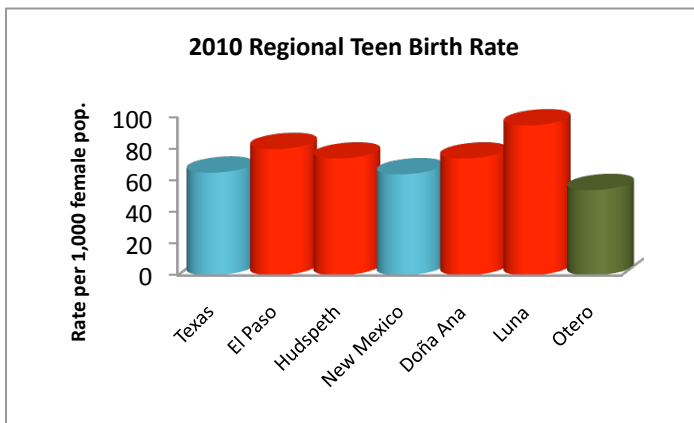
Childhood immunization rates remain stagnant (less than a 3% difference from 2006-2009) and tend to be below or at the national average in Texas. This excludes rates of Hepatitis A and rotavirus vaccines. Similarly, adolescent immunization coverage tends to be lower in this region than in the US, except for tetanus, diphtheria, and HPV. A larger proportion of adolescents in El Paso and New Mexico demonstrate immunization against the last three diseases than in Texas or in the USA (CDC National Immunization Survey, 2006-2009). The vaccination rates among older adults that have received flu and pneumonia vaccines in the Paso del Norte Region are lower than Nation-wide rates (BRFS, 2007-2009, Appendix A).

Unfortunately, healthcare providers report cases of chickenpox, varicella, hepatitis B, and pertussis in the region (Texas State health Department, 2004-2009). Input from the work group sessions suggests strengthening immunization programs to avoid cases of vaccine preventable diseases. The work group sessions also noted that expansion of the Health Without Borders program could be helpful, as well as the use of reminders (mail, phone) or the use of promotoras.

TEENAGE PREGNANCIES - HIGH ACROSS THE MAJORITY OF THE REGION

Teen birth rates are higher in El Paso (80 per 1,000) and Hudspeth (74 per 1,000) Counties compared to Texas state rates (65 per 1,000). Dona Ana (74 per 1,000) and Luna (95 per 1,000) Counties rates are higher than New Mexico state rates (64 per 1,000). However, Otero County is below the state rate (54 per 1,000) (Graph 3-Country health Rankings, 2010). In Juárez, the age groups including those <15 (17.2%) and 16-17 (32.5%) have higher pregnancy percentages (Actas de nacimiento del Registro Civil de Cd. Juárez. 2010) than the national Mexico percentages of 4.3% under 15 and 31.1% from 16-17 years of age (Encuesta nacional de salud y nutrición 2006).

Graph 3



County Health Rankings, 2010
www.countyhealthrankings.org

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

Note: The rankings report the birth rate per 1,000 female population ages 15-19 as measured by the National Center for Health Statistics (NCHS). This measure does not capture births to mothers younger than 15.

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- School board will not allow birth control/family planning discussions in schools (due to culture and religion)
- No Planned Parenthood Clinics or birth control clinics available in El Paso
- Positive Youth Initiative, Sex can Wait, and several initiatives geared toward teens about sex education need implementation and improvement
- Lack of qualified people to deliver sex education classes in schools

Areas that are performing well noted from work group sessions:

- El Paso Independent School District (EPISD) has a center for school-aged parents with children in El Paso that has been effective
- Mom’s the Word is a conference for teen moms addressing topics including domestic violence, prenatal care, dentists, etc. that had 400 attendees bused from schools in El Paso
- Plain Talk Atlanta is a national program that has been successfully implemented in Doña Ana County that educates parents on how to communicate with teens on sexual health
- Plain Talk parties target adults to provide information to assist facilitation of talking to kids about sex. The program is funded through Paso del Norte in Luna County

Measures to improve current state noted from work group sessions:

- Expand current successful programs such as Plain Talk, Mom’s the Word, etc.
- Recruit qualified community individuals to talk to students in schools regarding sex education and pregnancy prevention
- Increase birth control accessibility for students

SUMMARY

Teenage Pregnancy rates in Texas (88 per 1,000) and New Mexico (93 per 1,000) are much higher than the rest of the US (70 per 1,000) and the abortion rates are lower (Texas- 13 per 1,000, New Mexico- 18 per 1,000) compared the national rate (19 per 1,000) (Guttmacher Institute 2010). Based on comments from work group sessions, programs in Luna County may be effective in decreasing the rate of teen pregnancies.

Work group participants suggested the following tactics may be helpful in reducing school age pregnancies: (1) educating teenagers on pregnancy prevention; (2) linking teenagers to healthcare providers and counselors; (3) educating parents and community leaders on strategies and the efficacy of these strategies in reducing teen pregnancies. Current regional programs may be having an impact given noted decreases, but should be reviewed and evaluated to determine if they should be modified and/or can be expanded.

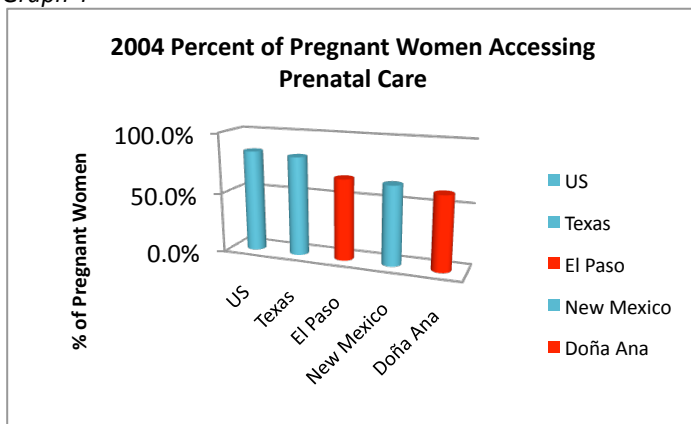
**PRENATAL CARE AND ISSUES SURROUNDING PREGNANCY-
REGIONAL ACCESS RATES BELOW NATIONAL STANDARD**

Federal and state health agencies do not systematically report prenatal care information at the county level. A special study revealed in 2004 that access to prenatal care in Texas (81.8%), El Paso County (66.9%), New Mexico (65.2%) and Dona Ana County (61.1%) were below US benchmark averages (84.0%) (Graph 4- El Paso Department of Public Health; author Reyes et al., 2008). While similar Juárez data are not available, 95.8% of teen mothers report accessing some level of prenatal care: 36.5% with less than five visits and 59.3% with six or more prenatal visits (Encuesta nacional de salud y nutrición 2006, Actas de nacimiento del Registro Civil de Cd. Juárez. 2010). The most common reasons listed in the Sullivan K. Annual Report for delayed prenatal care included: 1) difficulties getting an appointment, 2) financial difficulties, and 3) no Medicaid card (Sullivan, 2010).

The prevalence of smoking before pregnancy has slightly decreased in Texas (17.7% in 2002, 15.0% in 2005) and New Mexico (20.4% in 2002, 19.9% in 2005); however, the number of pregnant women who smoked during the third trimester has remained stagnant in both Texas (8.3% in 2005) and New Mexico (9.4% in 2005). The prevalence of alcohol use has been on the rise during the third trimester of pregnancy in both Texas (6.0% in 2002, 8.6% in 2005) and New Mexico (4.7% in 2002, 5.9% in 2005) (PRAMS 2002-2007).

The prevalence of breastfeeding is high in the region (79% in Texas and 84% in New Mexico in 2005). There is limited information on the duration of breastfeeding. However, only slightly more than half of the New Mexico women surveyed breastfed up to nine weeks (PRAMS 2002-2007).

Graph 4



Source: El Paso Department of Public Health (author Hector Reyes et al). *How healthy are we? Selected measures for El Paso, Texas, 2008*

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Access to prenatal care earlier in pregnancy

Areas that are performing well noted from work group sessions:

- March of Dimes’ Storks Nest program offers six classes in prenatal and infant care
- Providence Memorial Hospital offers free prenatal classes with four classes in a series (Lamaze, prep for childcare, infant Q&A, etc.)
- Current prenatal programs including CHANCES (prenatal drug screening) and Families 1st have been successful

Measures to improve current state noted from work group sessions:

- Expand programs to Ysleta Independent School System targeted to teen moms

SUMMARY

While most women are accessing prenatal care, some women report difficulties accessing services. The small proportions of pregnant women who smoke and/or drink alcohol before and during pregnancy report limited services to help manage their addiction. Additionally, there is need for health providers to identify the risks of addiction and appropriate services for addiction management.

There is anecdotal information asserting that some pregnant women may be receiving prenatal care on both sides of the border and that some Mexican residents deliver in the US (New Mexico Border of Health 2007 report states 15% of births in Luna County were to Mexican residents).

References:

New Mexico Office of Border health, Indicators for Luna County, 2007

Reyes H. et al. How healthy are we? Selected measures for El Paso, Texas, 2008

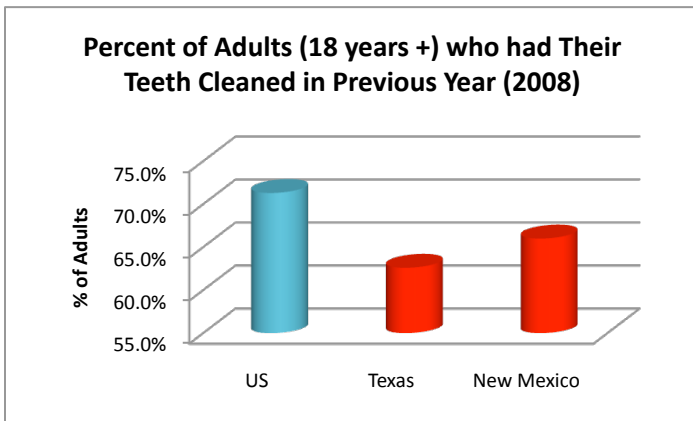
Sullivan K. Annual Report: Texas pregnancy risk assessment management system. Austin, TX: Division of Family and Community Health Services, Texas Department of State Health Services, 2010.

DENTAL CARE - LOWER ACCESS IN THE REGION

The percentage of adults (18 years of age and older) who visited a dentist and/or had their teeth cleaned in 2008 was lower in Texas (62.6%) and New Mexico (66.0%) than the national average (70.0%) (Graph 5). Despite less access to services, the percent of adults 65 years of age with all their teeth extracted residing in New Mexico (18.1%) and Doña Ana County (15.1%) was lower than the national average (18.5%) (BRFS, 2008).

The US Medicaid program for children (birth-20 years of age) allows coverage of two dental exams per year for participants. There were 134,680 Medicaid eligible children in El Paso in 2009. The percentage of these children who received two dental exams was 17.5% and 38.0% received one dental exam. Hudspeth County had 582 Medicaid eligible children, and 9.4% received two dental exams and 43.2% received one dental exam. In 2006, 9.9% of El Paso Medicaid eligible patients had received two exams and 35.6% had received one exam. Hudspeth County reported 6.8% had received two exams and 29.0% had received one exam (Texas Health Steps dental check-up, El Paso Department of Health).

Graph 5



Source: Texas BRFS, New Mexico BRFS, 2008

Note: comparable regional data not available

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- The elderly population faces shortages to dental care access
- People who previously went to Cd. Juárez to access dental care are now unable due to violence
- There are no dental services available in Hudspeth County. In the past, mobile dental clinics were available
- No oral surgeons practice in Otero County
- Dental Specialists (Endodontic, Oral Surgeons) do not accept Medicaid

Measures to improve current state noted from work group sessions:

- Employ mobile dental clinics to visit rural areas where there is no access to dental care

SUMMARY

Access to dental services in the region is below national levels. Based on comments from workgroup sessions, many people in the region received their dental care in Cd. Juárez before the violence.

From 2006-2009, there has been an increase of exams for the Medicaid program for children (birth-20 years of age) reported in El Paso and Hudspeth Counties (approximately 7.6% in El Paso and 2.6% in Hudspeth increase of receiving two checkups). Based on reports, many oral health problems are easily preventable through better oral hygiene and nutrition. As noted by workgroup participants, more community and school-based oral health education programs could greatly contribute to improving the current conditions, especially among low-income families and recent migrants.

FITNESS, NUTRITION & OBESITY – HIGH SCHOOL STATE LEVELS
OF OBESITY HIGHER THAN NATIONAL AVERAGE, BUT
INTERVENTIONS MAY BE WORKING

Overall, adult obesity percentages (18 yrs. of age and older, with a BMI \geq 30) are lower for the Paso del Norte Region than Texas and New Mexico state levels. The percent of adult obesity in El Paso County (24%) and Hudspeth County (26%) are below the Texas percentage (29%). Dona Ana (23%) and Luna Counties (24%) are below the New Mexico percentage (25%). Otero County is above New Mexico state percentages (26%) (Graph 6- County Health Rankings, 2010). Note that the National benchmark for obesity is 28.3%, which is below the Texas benchmark (CDC BRFS, 2009).

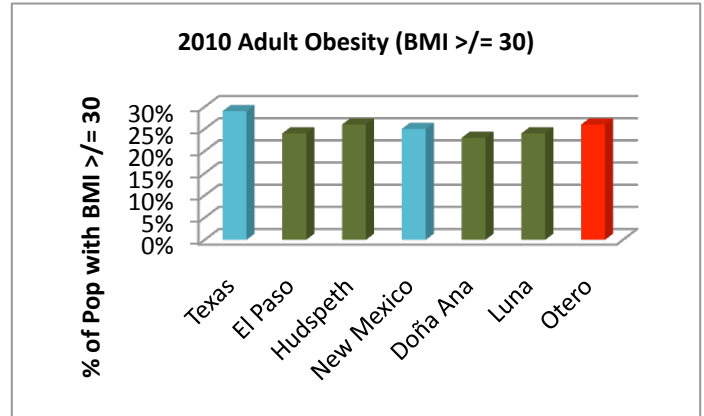
The percent of obese (\geq 95th percentile for body mass index by age and sex) high school teenagers in Texas (13.9%) and New Mexico (13.5%) in 2009 is higher than the national level (12.0%). Additionally, overweight rates (\geq 85th percentile but < the 95th percentile for body mass index by age and sex) among teenagers in Texas (15.6%) and New Mexico (14.6%) were below the national average (15.8%) in 2009 (CDC Youth Risk Behavior Survey, 2009). Recent data encouragingly suggests that school-based interventions in the region are having a positive impact at decreasing obesity among 4th graders (Strategic Health Intelligence Planning Group, 2009).

The percentage of adults (18 years and older) who do not meet calculated recommendations for moderate or physical activity is higher in Texas (51.9%) and Dona Ana County (52.1%) compared to the US (50.8%) However, New Mexico (46.7%) is below the national average. (Texas and New Mexico BRFS, 2010). The percentage of high school students that watch three plus hours of television per day is higher in Texas (36.3%) and New Mexico (32.9%) compared to the US (32.8%). High school students in Doña Ana, Otero and Luna counties appear to have significantly increased their level of physical activity between 2007 and 2009 (NM, YBRS 2003-2009).

In regards to the percent of adults consuming less than five fruits and vegetables per day, Doña Ana County falls behind (80.2%), while Texas (76.2%), El Paso (76.3%), and New Mexico (76.8%) are on par with the US (76.3%) (BRFS, 2009). It is likely that people in lower socio-economic status consume less fresh fruits and vegetables than more affluent groups (Graph 7). The percentage of high school teenagers that had not eaten fruit for seven days before responding to the survey was higher in Texas (14.3%) and New Mexico (14.0%) than in the US (11.4%). When asked the same in regards to salad consumption, Texas (42.7%) and New Mexico (38.9%) percentages were both higher than the US percentage (36.6%).

When compared to the national average, fewer Texas and New Mexico teens are eating less than the recommended amount of salads (Graph 8), than the national average. In recent years, they have decreased the consumption of salads and increased the consumption of other vegetables and fruits (CDC Youth Risk Behavior Survey, 2009).

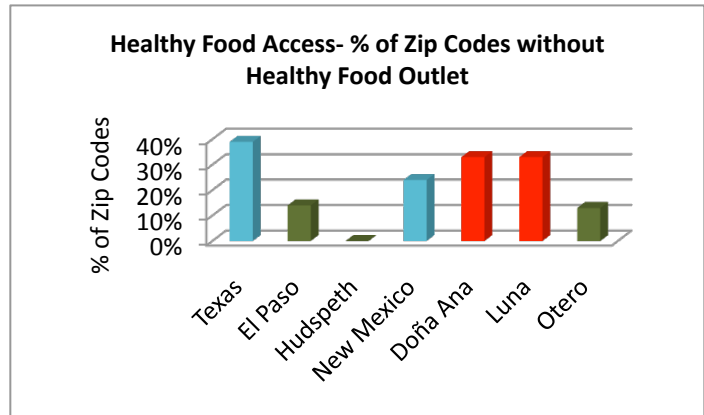
Graph 6



Source: County Health Rankings. 2010.
www.countyhealthrankings.org

■ Benchmark
 ■ Worse than Benchmark
 ■ Better than Benchmark

Graph 7

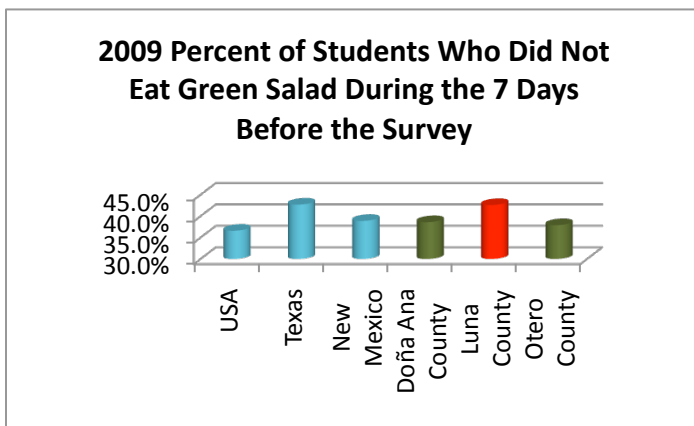


Source: County Health Rankings. 2010.
www.countyhealthrankings.org

■ Benchmark
 ■ Worse than Benchmark
 ■ Better than Benchmark

Note: This measure uses the 2006 Zip Code Business Patterns data to calculate the percent of zip codes in a county without a “healthy food outlet.” Healthy food outlets are identified by their North American Industry Classification System (NAICS) code. Those food outlets considered healthy include grocery stores with more than four employees (NAICS 445110) and produce stands or farmers’ markets (NAICS 445230). Healthy food outlets often cluster in wealthier neighborhoods; the measure intends to estimate the distribution of healthy food outlets in a county.

Graph 8



Source: CDC: Youth Risk Behavior Survey, 2010.

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Access to healthy foods, healthy cooking techniques, and methods of cooking healthy foods quickly
- Network of pedestrian and bike paths and education to drivers regarding sharing the road with cyclists (lack of funding options for such initiatives)
- Programs that develop healthy life-long eating patterns after WIC ends at age two
- Access to and affordability of healthy food and promotion of such programs (i.e. food stamp purchases at farmer’s markets)
- Community education on inexpensive bike options
- Access to child-friendly activities throughout communities
- Wellness activities, parks, and after school programs
- Restoration of former successful programs addressing senior fitness

Areas that are performing well noted from work group sessions:

- El Paso is starting a healthy eating and physical activity program that includes walking trails
- El Paso senior centers organize dances for seniors
- El Paso schools still require a physical education; PE is required for three out of eight semesters in high school
- The State of Texas now requires that all children be assessed on physical fitness
- El Paso schools are changing their menus and limiting access to unhealthy foods
- Luna County school programs are addressing obesity
- Luna County is applying to obtain funding for trail grants

- Luna County’s Memorial School provides excellent nutrition education (Danny Rodriguez- PE teacher)
- Wal-Mart has announced that stores will focus on healthy eating and place healthy foods in the front

Measures to improve current state noted from work group sessions:

- Establish programs to address education on healthy eating and provide greater access to healthy foods
- Seek additional funding options to increase pedestrian trails, bike paths, and parks
- Increase fitness and wellness activities in schools and senior centers
- Extend a WIC type program that includes education on healthy eating
- Dollar General could serve as outreach for healthy eating
- Facilitation of more farmer’s markets in El Paso
- Expand nutritional education resources throughout schools

SUMMARY

Overweight and obesity are associated with a number of chronic disease conditions. Based on input from group sessions, despite several efforts in the region to improve nutritional knowledge; the population still lags in adoption of good habits. Workgroups noted that school nutrition programs need continued improvement. Additionally, better food habits require that healthy foods be available at affordable prices.

Physical fitness is important for overall physical well-being and mental health. Additionally, it is a good complement to weight reduction and maintenance programs. Workgroups noted that school-based physical activity programs need enhancement. Other suggestions included that future city development and public transportation plans could facilitate the incorporation of physical activity into daily living by developing pedestrian-friendly neighborhoods and communities with bike paths, sidewalks, and parks. Further groups recommended expansion of child-friendly physical activities throughout communities.

References:

Strategic Health Intelligence Planning Group, Assessment of Determinants of Health in the PdNHF Region, 2009

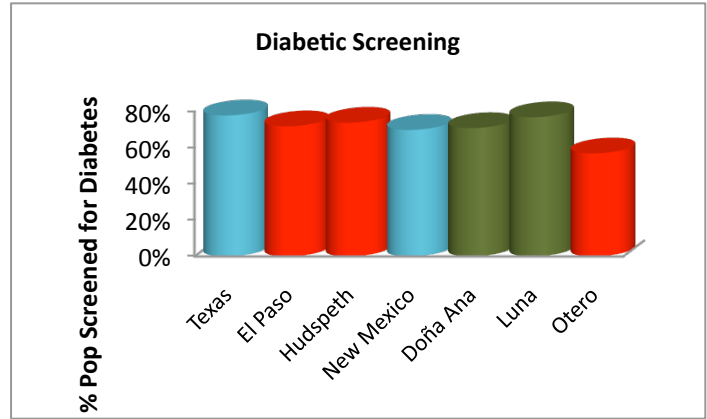
EARLY DISEASE DETECTION - REGION HAS LOWER ACCESS TO EARLY DISEASE DETECTION TESTS

Early disease detection improves the prognosis for most health problems and can contribute to increased survival rates, wellbeing, and a reduction in treatment costs. Government periodically updates recommendations for early detection programs to reflect trends in the country. The development of new technologies, the results of test sensitivity and specificity, and cost-effectiveness studies; for example recommendations for routine mammograms for women between 40 and 49 years of age were changed in 2009 to discourage its use among women who are not at an increased risk of breast cancer.

The higher proportions of residents in the Paso del Norte Region with less access to early detection tests reflects the overall limited access to health care in the region as compared to the rest of the nation. Data supporting this includes:

- The percentage of adults (18 years old and older) who have not had their cholesterol checked in five or more years (US- 22.5%, Texas- 28.0%, El Paso- 35.5%, New Mexico- 28.0%, Dona Ana- 31.4%)
- The percentage of 50 year olds who have not had a blood in stool test within the past two years or a sigmoidoscopy in their lifetime (US- 78.2%, Texas- 80.7%, El Paso- 83.7%, New Mexico- 80.9%, Dona Ana- 85.8%)
- The percentage of males who have not had a rectal exam or a PSA test (US- 78.2%, Texas- 80.7%, El Paso- 83.7%, New Mexico- 80.9%, Dona Ana- 85.8%)
- The percentage of women over 40 who have not had a mammogram within the last two years (US- 23.2%, Texas- 27.4%, El Paso- 30.3%, New Mexico- 29.2%, Dona Ana- 28.7%)
- The percentage of women over 18 who have not had a Pap smear (except in Doña Ana county where a higher proportion of women have accessed this test) (US- 17.1%, Texas- 18.5%, El Paso- 21.5%, New Mexico-19.3%, Dona Ana- 16.7%) (BRFS, 2009)

Graph 9



Source: County Health Rankings 2010, www.countyhealthrankings.org

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Patient education on how to obtain care after a positive screening result with limited access options
- Prevention and awareness regarding the management of chronic care conditions (diabetes, mental health, etc.)
- Hudspeth County does not have disease screening at their clinics to address the following:
 - Hypertension
 - Diabetes
 - Prostate screening
- School nurses have limitations on providing care; they currently only screen for hearing, eyes and scoliosis.
- There is an opportunity to increase mammography and pap smear rates

Areas that are performing well noted from work group sessions:

- El Paso’s screening for communicable diseases and cancer program has been successful
- La Clinica de la Familia has a breast and cervical cancer program; however, the clinic lacks a surgeon to do biopsies
- Otero County’s CAPPED (cancer prevention program) and diabetes prevention program have both been successful
- Cancer Support of Deming and Luna County sponsored by Rotary has been successful. Community promotion started with a cancer walk. The organization provides transportation to medical appointments and purchases treatment medications for patients

Measures to improve current state noted from work group sessions:

- Rotation of physicians and disease screening programs to outreach areas including Hudspeth County
- Include preventive care in the private sector of Juárez and improve it within the public sector
- Increase awareness of preventive programs in order to reduce the mortality due to non-transmittable chronic diseases in Juárez and throughout the region

SUMMARY

The region reports higher cervical cancer death rates than the rest of the nation. This places a particular importance on strengthening both Pap smear promotion and early detection of prostate cancer programs.

Comprehensive treatment is critical for those with chronic conditions prevalent in the region, such as diabetes and cardiovascular disease. Results of a community-based survey aimed at documenting the prevalence of diabetes on both sides of the border illustrate the deficiencies in meeting the health needs of the border population. The survey revealed that 22% of type II diabetics were unaware of their condition (PAHO, 2007). The diabetes mortality rate was reported 83% higher in the Border States than other parts of the US (US-Mexico Border Counties Coalition, 2006), and the age-and-sex-adjusted rate of amputations at the Texas-México border was almost double than that of Texas (CDC, 2006).

Improving disease management would have a significant impact on both chronic disease prevalence and the recovery from other health events. The work group suggested the development of low-cost chronic disease treatment programs in order to achieve this goal. Groups noted that these programs should enhance both the quantity and quality of care including access to podiatrists, eye, and dental care as needed.

References:

Pan American Health Organization (PAHO), 2007, Diabetes increasing along US-Mexico Border, Press Release October 27
US/Mexico Border Counties Coalition, 2006, At the Cross Roads: US/Mexico Border Counties in Transition, El Paso: Institute for Policy and Economic Development and US/Mexico Border Counties Coalition.

www.bordercounties.org/index.asp?Type=B_BASIC&SEC={62E35327-57C7-4978-A39A-36A8E00387B6}{accessed 2/16/2010)

CDC. Geographic Disparities in Diabetes-Related Amputations --- Texas-Mexico Border, 2003, MMWR November 24, 2006 / 55(46);1251-1253,
www.cdc.gov/mmwr/preview/mmwrhtml/mm5546a3.htm

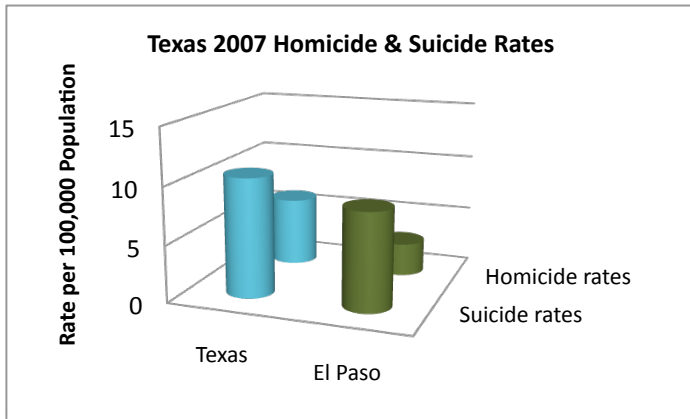
MENTAL HEALTH - HIGHER RATES OF MENTAL HEALTH YOUTH BEHAVIORS IN REGION

Mental illness is a major cause of disability and leads to high healthcare utilization costs. Mental health patients are heavy users of medical and social services. A small number of persons with severe mental illness can endanger themselves or others. Improperly treated mental illness increases costs of social services and criminal justice.

Regularly collected statistics for mental health are limited. Homicide and suicide rates in El Paso (homicide- 2.9, suicide- 8.6 rates per 100,000) are below Texas (homicide- 6.1, suicide- 10.5 rates per 100,000) rates (Graph 10- Texas Department of State Health Services, 2007). However, homicide rates in Chihuahua (75.3 per 100,000) are significantly higher than Mexico (13.0 per 100,000) and suicide rates are slightly higher in Chihuahua (6.9 per 100,000) than Mexico (4.4 per 100,000) (Graph 11- Principales causas de Mortalidad general, 2008).

Youth risk behavior surveys in Texas and New Mexico reveal percentages of high school students with sad and suicidal thoughts and who had attempted suicide during the last 12 months before the survey. The results showed that these indicators are higher in the region than the US average (Graph 12- CDC YRBS, 2009).

Graph 10

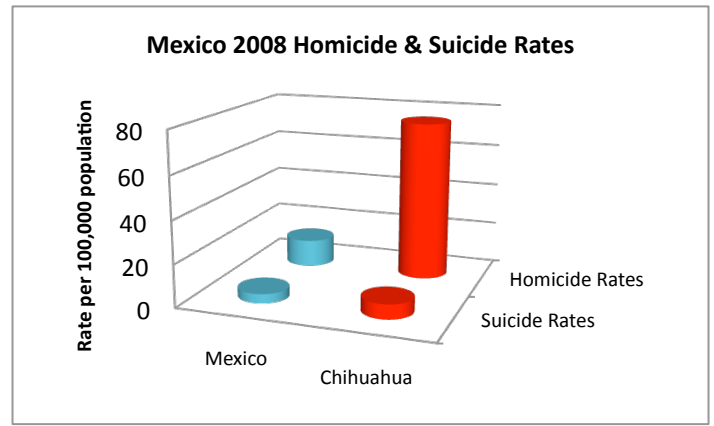


<http://www.dshs.state.tx.us/chs/default.shtm>

Rates are age-adjusted to 2000 US standard population in El Paso County per 100,000 population

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

Graph 11



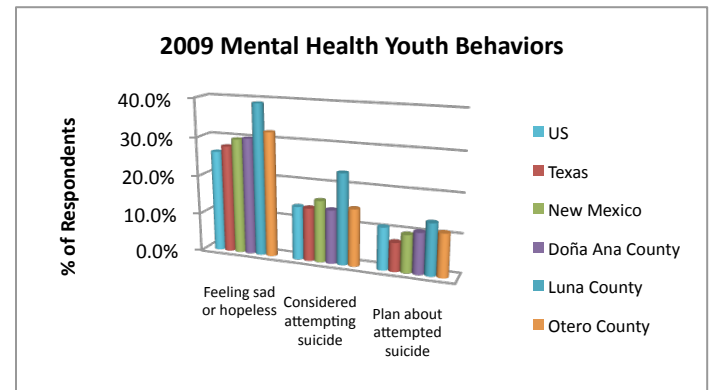
Rate per 100,000 population

www.sinais.salud.gob.mx

Principales causas de Mortalidad general, 2008.

■ Benchmark
■ Worse than Benchmark
■ Better than Benchmark

Graph 12



Source: CDC: Youth Risk Behavior Survey.

NM data- New Mexico Department of health

<http://apps.nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS>

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Lack of mental health providers in all service areas
- Lack of mental health services (including depression) resulting in patients having little access before a crisis
- Current shortage of psychiatric inpatient space; Doña Ana County is currently searching for funding for a crisis triage center (twelve-bed, twenty three hour adult mental illness facility)
- Lack of day programs to assist patients once they have been dismissed from an inpatient facility
- There is an absence of geriatric psychiatric programs in El Paso. A program did exist, but there were problems with medically frail patients and non-payment for those with a dementia diagnosis
- Population has difficulty with affordability of psychiatric prescriptions
- Mental health funding
- The Counseling Center working with the juvenile courts only has counselors and licensed social workers. No psychologist or psychiatrist is on staff
- Hudspeth county only can provide psychiatric assessment at the county jail for any community members who suffer from a psychotic episode
- There is a problem with diversion of mental health patients in the region
- El Paso needs consistent formularies across programs (facilities, jails, etc.). Effective medications are not available to patients as they move through different programs in the system
- Emergency Room holding for patients with mental health problems is too long (up to 172 hours)

Areas that are performing well noted from work group sessions:

- Veterans Center has a mobile unit available for PTSD issues
- Rally Point provides mental health assessment for the military
- Continuity of care program in jail for mental health patients established in 2010 to ensure inmates receive medications
- A Mental Health Initiative in El Paso established to address the stabilization of the homeless population
- Peak Psychiatric Hospital plans to add twenty new beds
- MHMR run by the mental health authority has been imperative to mental healthcare

- Presbyterian Medical Services (PMS) is part of a nationwide coalition of providers that helps provide discounted prescriptions for those that cannot pay

Measures to improve current state noted from work group sessions:

- Improve education perception of behavioral health in communities across the region. Increase usage of the term “behavioral health” as opposed to “mental illness”
- Create an awareness campaign regarding behavioral health and treating it as a chronic disease (similar to diabetes)
- Provide mobile services to outreach communities
- Increase training for jail workers to deal with the mental illness of inmates
- Improve communication of behavioral health resources available to the region through directories and other media
- Improve formulary coordination and availability of consistent prescriptions across programs
- Extend mental health services in government institutions in Juárez

SUMMARY

According to Tomaka et al (2008), about half (46%) of the residents in El Paso who are in need of mental health services receive them. The same report stated that the mental health system in El Paso is operating beyond its capacity and needs an infusion of \$61.6 million (\$28.5mm capital project and \$33.5mm annual operating expenditures). Noted from the work group sessions, the violence in Ciudad Juárez is adding pressure to the underdeveloped mental health system. It was discussed that better coordination among agencies dealing with patients may improve the use of existing scarce resources.

References:

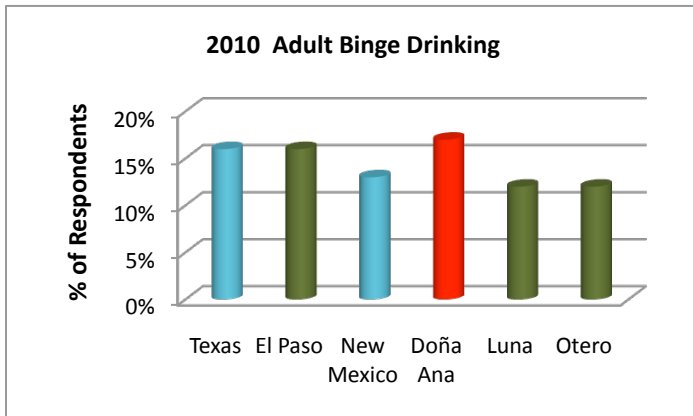
Tomaka L et al. Greater EL Paso Chamber of Commerce. Community Mental Health Survey. Institute for Health Policy and Economic Development. IPED Technical Reports 2008.

CHEMICAL DEPENDENCY - DRUG AND ALCOHOL ADDICTIONS HIGHER IN THE REGION

Smokers and drug addicts often suffer from medical problems including respiratory and cardiovascular diseases, mental health disorders, and some types of cancer (oral, respiratory system, kidney, bladder, and cervix). Certain inhalants may damage the brain cells or the peripheral nervous system. The onset age of addiction is a determinant of the degree of addiction and the severity of the social consequences of the dependence.

The 2009 levels of regular adult smokers in the region (El Paso- 15.0% and Dona Ana- 15.6%) are below the levels observed in the nation (18.0%), Texas (17.9%) and New Mexico (17.9%) (Texas and New Mexico BRFs, 2009). Adult binge drinking in the region is the same or lower than the state benchmarks, with the exception of Dona Ana County (Graph 13 - County Health Rankings 2010). However, a higher percent of teenagers in Texas (23.6%) and New Mexico (29.4%) had alcohol before they turned thirteen when compared to the rest of the nation (21.1%). The same was true for marijuana use in Texas (8.1%) and New Mexico (18.4%) in comparison to the nation (7.5%). The incidence of drug use in Chihuahua compared to Mexico is higher in all drug categories (Graph 14; Encuesta nacional de adicciones 2008).

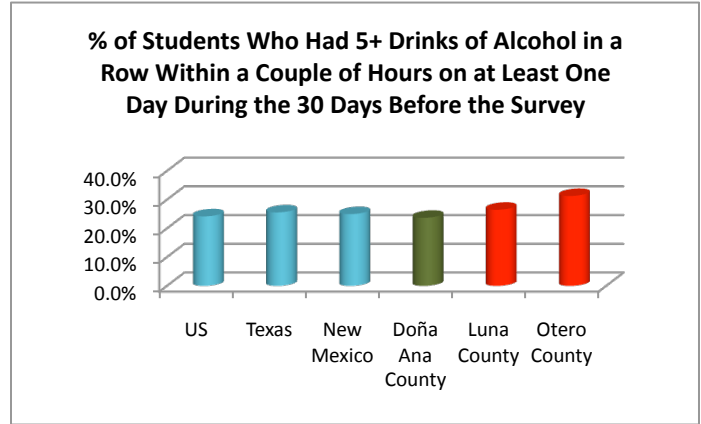
Graph 13



Source: County Health Rankings. 2010. www.countyhealthrankings.org

Legend: Benchmark (Blue), Worse than Benchmark (Red), Better than Benchmark (Green)

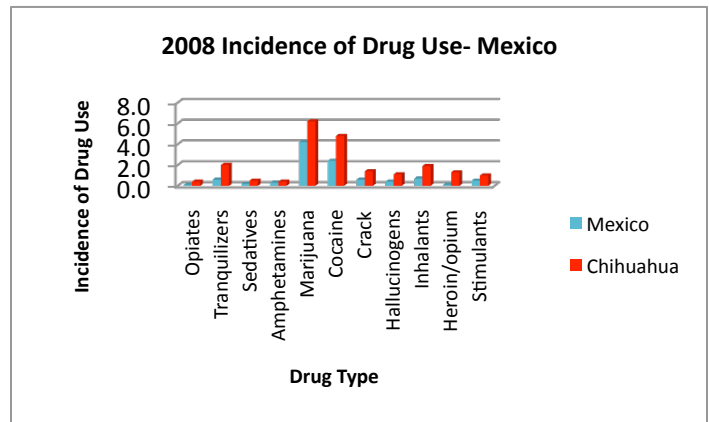
Graph 14



Source: BRFs TX & NM

Legend: Benchmark (Blue), Worse than Benchmark (Red), Better than Benchmark (Green)

Graph 15



Source: Encuesta nacional de adicciones 2008- Mexico and Chihuahua

Legend: Benchmark (Blue), Worse than Benchmark (Red), Better than Benchmark (Green)

INPUT FROM WORK GROUP SESSIONS

Areas that are performing well noted from work group sessions:

- PdNHF provides funding in Doña Ana for a Botvin’s Life Skills program for 6th and 9th grades addressing alcohol and drug prevention.

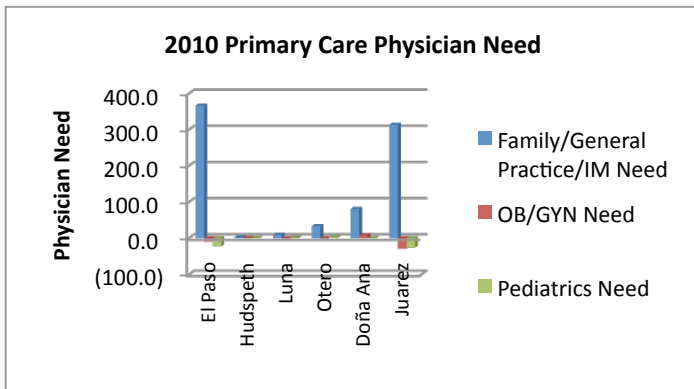
SUMMARY

Alcohol and drug addictions are a problem in the region as evidenced by early usage percentages. Work group sessions noted that school-based programs limiting the availability of drugs and identifying students who consume and trade drugs might be appropriate. This needs to be complemented with comprehensive community prevention and treatment programs.

PRIMARY CARE SHORTAGE FOR FAMILY, GENERAL PRACTICE AND INTERNAL MEDICINE

Primary care includes Family/ General Practice/ Internal Medicine, OB/GYN and Pediatrics as well as extended providers including mid-levels and nurses. The greatest shortages of primary care physicians are Family/ General Practice/Internal Medicine, with a need for over 800 physicians in the region (365 in El Paso and 313 in Juárez alone). OB/GYN and Pediatric physicians actually had a surplus in the region overall, with the greatest surplus of physicians in El Paso and Juárez (Graph 16) (US- Intellimed; Juárez: Colegios de Médicos de Ciudad Juárez, Nov. 2010).

Graph 16



Source: US- Intellimed; Juárez: Colegios de Médicos de Ciudad Juárez. Nov. 2010

Note: 1) Juárez physician demand based on US population demand benchmarks. 2) US physician supply removed physicians over age 65 to account for retirement.

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

Primary Care:

- Lack of medical health infrastructure in the impoverished areas of Juárez
- Migration of medical staff away from Mexico due to a lack of security
- Lack of training of preventative medicine for medical staff
- Lack of resources to access private healthcare services in Juárez
- High levels of patient service suffer due to high patient loads as a result of poor reimbursement
- Access to preventive/primary care for the indigent population
- Ft. Bliss is a major competitor for physicians. The Army has the ability to pay over market value for a physician if they have a need

- General shortage of physicians due to mal-distribution and access
- Physician recruiting strategies; it is difficult to replace physicians who leave
- Growth of the region’s community of physicians who understand the culture with more emphasis placed on social and cultural aspects in medical school
- Language barrier makes attracting physicians to the area more difficult
- Reciprocity agreement with other states; if a physician has a license in NM, they cannot practice in Texas; all states have this issue, but Texas and California have harder licensing (TMA, CMA)
- Difficulty with patient compliance and returning for a follow-up is an issue with primary care
- Mexican physicians work in the US as Physician Assistants due to the difficulty in becoming fully licensed for US practice
- Nationally, the physician shortage is exacerbated by mal-distribution (too many specialists; not enough PCP’s)
- Two to three month wait time to have an appointment with an MD
- Insufficient medical supplies are available in Juárez
- Low quality of service in Juárez
- Equipment provision for healthcare units in Juárez
- Healthcare services in the suburbs of Juárez are rare
- Lack of mobile units for underserved areas in Juárez and throughout the region

Women’s:

- Education and awareness on the risk of pregnancy in older women with chronic illnesses in Juárez and the region
- Pregnancy prevention and conception information barriers in Juárez

Pediatrics:

- Special needs from 3-5 years of age; potential funding available for those without private insurance
- Services available for special needs children
- No pediatric care in Hudspeth County; General Practice physicians will take children, but they are not set up for health check-ups
- Hospital deliveries in Otero County, but there is no neonatal or NICU; have to transfer to El Paso

Areas that are performing well noted from work group sessions:

Primary Care:

- Development of a healthcare professional community in the region
- Student mentor programs to integrate students into business
- Workforce committee working on attracting and retaining providers
- High school students are being recruited for medical school with discounts or scholarships, with the understanding that they would stay in the region
- National Health Service Core loan repayment is a good program, but eventually results in retention issues
- PdNHF gave Texas Tech \$1.5M for Loan Fund (if students stay here and practice, their loans are forgiven – funded approx. 15 students)
- Texas Tech Medical School will have more accessibility to specialty care consultation

Women's:

- Rape Crisis Center has been successful
- Most people stay in Otero County to deliver unless they are high risk
- Right to the control and care of pregnancy and delivery in Juárez

Pediatrics:

- SOL-Recruiting five more physicians for UMC children's hospital
- Early Childhood Intervention (ECI) programs
- Children's Crisis Center
- Sierra Medical Center provides pediatric services
- Children's Development Center provides speech therapy and physical therapy

Measures to improve current state noted from work group sessions:

Primary Care:

- Provide mobile exam rooms in order to increase accessibility at a lower cost
- Provide community workshop with all providers, rather than fragmented health fairs

- Expand upon program with El Paso Community College and the Magnet schools to obtain high school diploma and LVN concurrently
- Visit UNM's Medical School in Albuquerque to research their outreach programs and apply them to Texas Tech as it develops
- Reestablish previously successful Texas Teach-Lubbock tele-consult programs in the county (ended due to shortage of funding)
- Make use of unemployed MDs in Juárez (>30%)

Mid-levels & Nurses

Areas that need improvement noted from work group sessions:

- Availability of physician extenders (NP, PAs)
- Shortage of Physical and Occupational Therapy faculty
- Shortage of OT, respiratory therapist, x-ray tech, medical assistants, nurse aids
- Lack of reimbursement for the training and hiring of new nurses
- High rate of nursing student migration from the NMSU Alamogordo program which graduates 30 students a year with Associates and Baccalaureate degrees. This migration contributes to the overall nursing shortage

Areas that are performing well noted from work group sessions:

- PT and OTs are being recruited to the region
- RNs / RAs ADN/BSNs do not have a problem recruiting
- NP and Nursing Schools at UTEP / Texas Tech / EPCC
- Local Nursing School and Licensed nursing aid program in schools (Luna County)
- PAs make healthcare system work more efficiently

Measures to improve current state noted from work group sessions:

- Utilize Nurse Practitioners and Physician Assistants as much as possible to relieve the strain on physician supply
- Create clinics that are staffed with Nurse Practitioners and Physician Assistants where there is currently no healthcare available

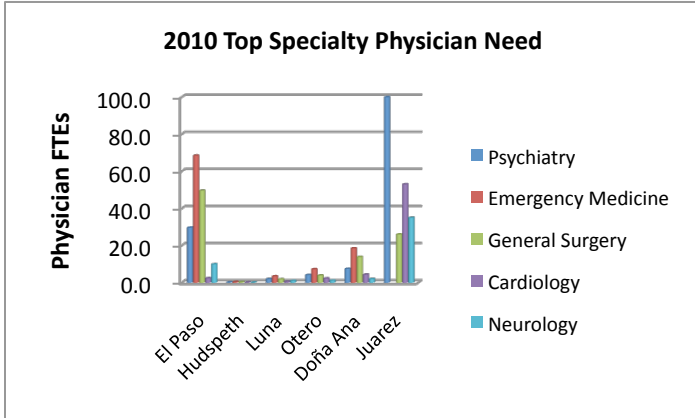
SUMMARY

As displayed in the data and work group sessions, the need to recruit Family, General Practice, and Internal Medicine physicians needs to be a priority in the region. The Blue Ribbon Committee will continue to examine physician-recruiting strategies in order to retain medical students in the region. The culture of the region is unique and the language barrier can propose challenges that in turn create a deficiency in care with physicians not previously exposed to border medicine. The use of Mid-levels (Physician Assistants and Nurse Practitioners) and nurses in conjunction with physicians could greatly impact the regional need for primary care. While there are shortages of OB/GYN's in Hudspeth and Doña Ana Counties, there is a surplus of these physicians in the other counties. El Paso and Juárez experience a surplus in pediatric physicians; however, there remains a demand in all other counties. As discussed in work group sessions, physician outreach programs on a rotational or part-time basis and the use of general healthcare mobile units in underserved areas would help with access in the communities.

SPECIALTY CARE- NEED ACROSS MOST SPECIALTIES

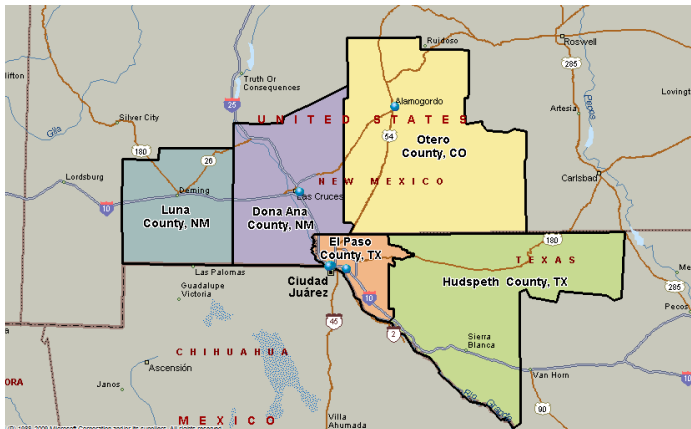
There is a significant need for specialty care physicians in the region with the greatest need in Psychiatry, Emergency Medicine, General Surgery, Cardiology, and Neurology. The need is affecting the access of care in the community and the overall wellbeing of the population (Graph 17) (Intellimed 2010, AMA 2010, Colegios de Médicos de Ciudad Juárez. November, 2010).

Graph 17



Source: US- 1) Intellimed 2010 2) AMA 2010; Juárez: Colegios de Médicos de Ciudad Juárez. Nov. 2010 - Note: 1) Juárez physician demand based on US population demand benchmarks. 2) US physician supply removed physicians over age 65 to account for retirement.

Surgery Centers



Source: Info USA, AMA, 2010

2010 Surgical Centers	
City	Count
Alamogordo	1
Las Cruces	1
El Paso	4
Grand Total	6

Source: 1) US- Info USA, AMA, 2010

Areas that need improvement noted from work group sessions:

- Under-supply of physicians in El Paso, particularly specialists, psychiatrists, and pediatric sub-specialists
- Lack of age specific specialty care (i.e. children are often sent to Lubbock Children’s Hospital for care)
- The VA and Ft. Bliss create competition for resources as they expand
- Reimbursement cuts have caused services to contract
- Cancer services in outreach areas

Areas that are performing well noted from work group sessions:

- Internships and residencies are provided in the area to enhance medical training

Measures to improve current state noted from work group sessions:

- Continue SOL recruiting of all pediatric subspecialties (17 more subspecialists currently recruited)
- Provide training for physicians in the impact of psychotropic drugs

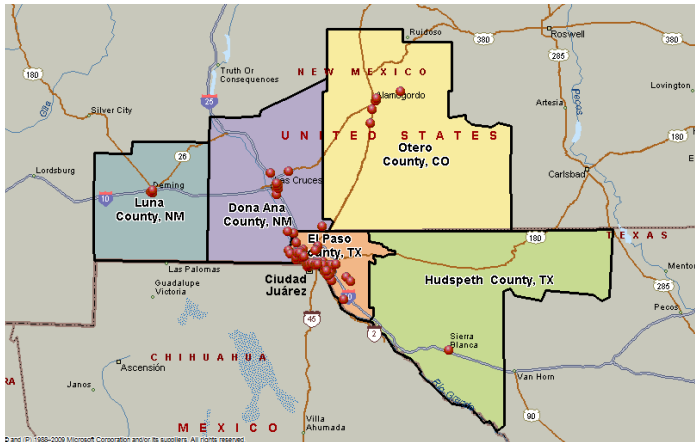
SUMMARY

As noted by the physician data, the greatest specialty care needs to address include Psychiatry, Emergency Medicine, General Surgery, Cardiology, and Neurology. Although there are needs across the region in almost all specialty areas, the region is not lacking Gastroenterology and Infectious Disease specialists. The region has established six surgical centers. The work group sessions discussed the idea that physician outreach programs on a rotational or part-time basis, along with telemedicine and other remote technology advancements could be established in the rural areas to help with access to those communities in need.

CLINICS / URGENT CARE- SOLUTION TO PROVIDE GREATER ACCESS

There are health clinics servicing the main population centers throughout the Paso del Norte Region, with 133 clinics in the US PDN area and 35 clinics in Juárez (Info USA, AMA- 2010, Mexico- COESPRIS- Nov. 2010). Clinics and physician offices are the best access point for non-emergent cases. A strong network should be accessible to avoid costly unnecessary use of the emergency department.

CLINICS



Source: Info USA, AMA, 2010

2010 Clinics	
City	Clinic Count
Alamogordo	6
Anthony	1
Chaparral	1
Cloudcroft	1
Deming	4
Hatch	1
Las Cruces	12
Santa Teresa	4
Sunland Park	1
Anthony	1
Canutillo	1
Clint	1
El Paso	96
San Elizario	1
Sierra Blanca	2
Socorro	1
Juárez	35
Grand Total	168

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Decentralization of health services throughout communities
- Lack of Emergency access outside of hospitals (urgent care clinics, freestanding EDs)
- No urgent care or options on the weekend/night in Hudspeth County
- Sierra Blanca clinic is does not reach entire population
- Clinic in Hudspeth County dropped from a physician to a PA two times a week; Physicians are available a limited amount of time

Areas that are performing well noted from work group sessions:

- Clinics and FQHC’s provide great access point for care
 - Presbyterian Medical Services (PMS) clinics in Tularosa and Cloudcroft, Chaparral
 - La Clinica de Familia on South side of checkpoint
 - Ben Archer on North side of checkpoint
 - Other clinics such as La Fe in El Paso
- Family Medicine clinics are performing well and can be expanded in the Segundo barrio and bring awareness to physicians to go back to those communities
- CATCH program at PdNHF
- Number of Urgent Care Facilities is increasing
- La Fe Clinic program is bringing in dentists who are in school at Baylor for internships

Measures to improve current state noted from work group sessions:

Clinics:

- Provide urgent care in Hudspeth County on nights and weekends
- Increase use of FQHC’s
- Increase use of Urgent Care clinics
- Increase education to population about accessing clinics

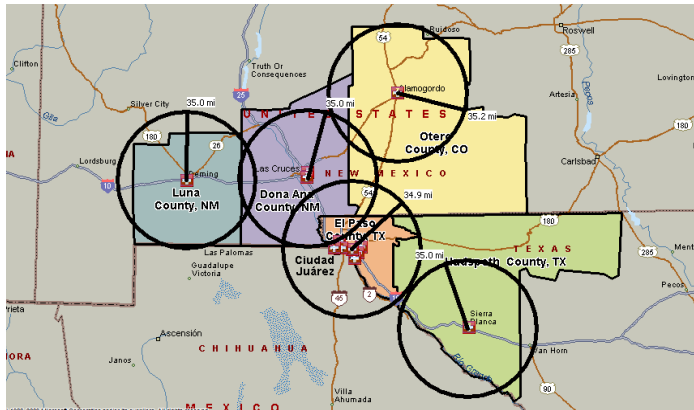
SUMMARY

As noted by the work group sessions, clinics are among the best way to decentralize care and provide access throughout the region. Participants noted that the region could use more urgent care clinics with extended hours throughout the week. FQHC’s have been successful and should continue to serve the qualifying population. Juárez needs expansion of Family Medicine Clinics. Dental services are a need in the clinics serving the outreach population as well.

INPATIENT CARE- INCREASE INFRASTRUCTURE IN JUÁREZ

There is a supply of over 3,100 beds in the Paso del Norte Region. Based on a 35-miled radius, the region has access to inpatient facilities throughout the populated areas in the US. In Juárez, there are approximately 69 hospitals and 69 24-hour clinics (Info USA, AMA- 2010, COESPRIS- Nov. 2010).

HOSPITAL ACCESS WITHIN 35-MILE RADIUS



Source: Info USA, AMA, 2010

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

Inpatient:

- Little healthcare infrastructure in impoverished areas of Juárez
- A strategic plan is required to establish a reference hospital or second level facility to reduce the workload of the general hospital in Juárez
- No utilization of the electronic medical record in Juárez
- No NICU at Beaumont in Ft. Bliss
- Facilities have the ability to turn away or transfer difficult patients
- Hospitals can be limited by payment mechanism (private insurance, or easy patients w/ XIX)
- UMC takes all patients including cross border births.
- Shortage in critical care and surgery nurses

Emergency Department:

- Homeless in Doña Ana County use the ER as a shelter creating a strain on the hospital and care given to ill patients
- Little community education on how to access care at the most efficient point in the system (i.e., not going to the ER when not emergent). The ER is primary care for many patients

- No Air Ambulance in parts of Southern New Mexico, hence emergency transfers travel by road to Otero

Areas that are performing well noted from work group sessions:

Inpatient:

- The existing programs are theoretically good in Juárez, but they need to be adapted based on geography and population
- Hospitals have the structural capacity to treat the population, but not the physician capacity
- The VA clinic recently opened a facility on the east side of El Paso; There have been >200,000 soldiers deployed and re-deployed since 9/11. Ft. Bliss and the government has developed and grown resources to meet those needs
- Gerald Champion Hospital in Otero County is adding forty-six beds. Upon completion of this addition the hospital will have 152 beds, all in private rooms (including an Alzheimer's unit)

Emergency Department:

- Funding for EMS services for hospitals and ambulatory has been successful in Luna County, but they need additional funding established for the future

SUMMARY

The regional healthcare access problems are less of a facility need, but more a result of physician shortages. Work group session participants noted that there are needs for increased healthcare infrastructure throughout impoverished areas in Juárez, which would ultimately help with the patient volume stress on the US side of the border. Also discussed in work group sessions was the need to continue to provide education to the population regarding the most efficient point in the system to access care, to prevent the use of ERs for primary care services for the uninsured.

POST ACUTE CARE - SKILLED NURSING, HOME HEALTH, ASSISTED LIVING- ACCESS ISSUES THROUGHOUT REGION

There are home health, assisted living, and hospice services in the major population areas in the Paso del Norte Region. Work groups noted El Paso’s lack of inpatient hospice facility as a need in the community. Hudspeth County does not have access to any of these services locally and must seek these services in other counties (Info USA, AMA, 2010).

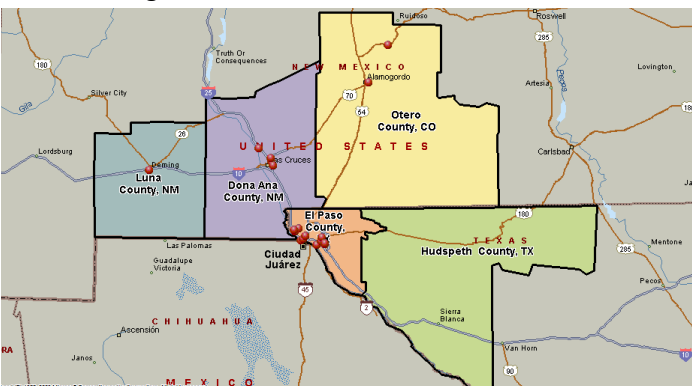
Home Health



Source: Info USA, AMA, 2010

2010 Home Health Service	
City	Count
Alamogordo	5
Anthony	3
Chaparral	1
Deming	4
Las Cruces	26
Santa Teresa	2
Clint	1
El Paso	76
San Elizario	1
Grand Total	119

Assisted Living

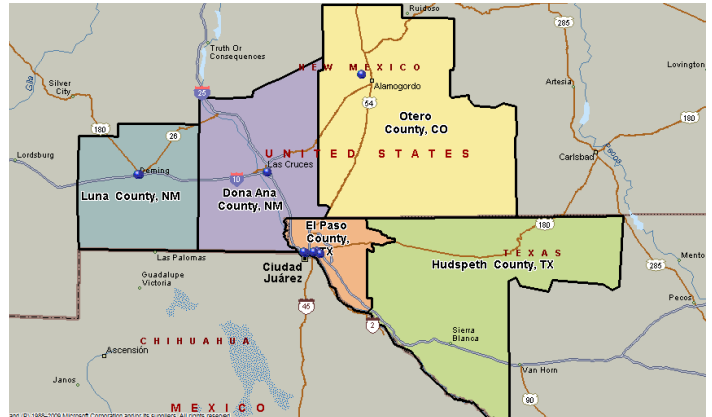


Source: Info USA, AMA, 2010

Note: Six Assisted living facilities exist in Juárez, not indicated on this map

2010 Assisted Living	
City	Count
Alamogordo	1
Deming	1
Las Cruces	5
Mescalero	1
El Paso	13
Juárez	6
Grand Total	27

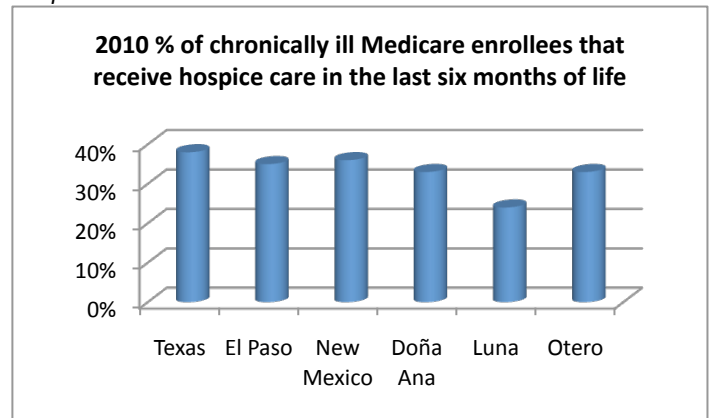
Hospice



Source: Info USA, AMA, 2010

2010 Hospice Count	
City	Count
Deming	1
Alamogordo	1
Deming	1
Las Cruces	1
El Paso	6
Grand Total	10

Graph 18



INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

Home Health:

- Additional senior services, home healthcare, and physical therapy for seniors is needed in Hudspeth County
- Lengthy wait list for Home Healthcare in Doña Ana County
- Luna County has few in-home care programs and those which exist are of poor quality. Members of the community could be trained to fill this gap in care

Assisted Living:

- Some El Paso nursing facilities send resource demanding patients to ER and refuse re-admittance
- Shortage of activity coordinators for senior programs in El Paso; Currently there is training only once a year

Hospice:

- Plans to build the first in-patient hospice facility in El Paso have been halted due to lack of funding

Areas that are performing well noted from work group sessions:

Home Health:

- Home healthcare in Hudspeth County comes in one to two times a week (Area Agency on Aging provides funding though Rio Grande Council of Governments)
- Training of promotoras to reach family members of patients and do some prevention education in Doña Ana County

Assisted Living:

- VA nursing home and TX Veterans home is a 160-bed facility that is full and with a waiting list (built by State)

Hospice:

- Hospice care is excellent for both insured and uninsured in Doña Ana County

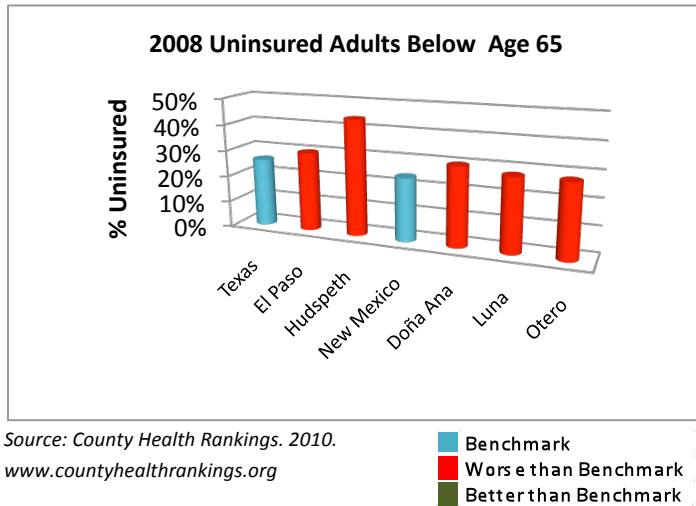
SUMMARY

There are hospice services available to the majority of the patient population. However, work groups noted that there were access issues in Doña Ana County and Luna County for home healthcare and all aspects of post-acute care in Hudspeth County. Groups also noted that there is a shortage of activity coordinators for senior programs in El Paso. This is an area where additional training offered to community members throughout the year could increase resources. The region overall seeks less hospice care for chronically ill Medicare enrollees than Texas and New Mexico state averages.

INSURANCE - UNINSURED RATES HIGHER IN THE REGION

Uninsured rates are higher in all counties in the Paso del Norte region compared to both Texas and New Mexico state levels. Hudspeth County has the greatest level of uninsured (44%) in 2010 (Graph 6-County Health Rankings, 2010), while the percentage of uninsured in Juárez (31.7%) was second highest in the area (Mexico en cifras, 2002).

Graph 19



- Need for private, low-cost insurance options for the working poor (e.g., day laborers, service industry)
- Double-digit percentage increases in healthcare premiums limit access to care in the US and people do not seek less expensive care in Juárez due to violence in the area
- Bi-lingual training and education by employers should be increased to help non-English proficient employees understand their medical benefits
- Lack of communication to the regional population regarding High Risk Pool insurance options
- Texas Department of Insurance (TDI) requires that care be provided by physicians and other providers licensed in Texas. This is a barrier to developing dual-choice plans where an employee could choose a Mexican only plan at far lower cost. It is also an impediment to choosing to go to a Mexican physician when a US physician in that specialty is unavailable
- Lack of private industry in El Paso contributing to the tax base and providing private insurance to employees
- Asset test for Texas Medicaid and CHIP in coverage for children. There is currently not continuous eligibility for one year, and where one of the parents is undocumented, there seems to be a disinclination to sign their citizen children up for either program
- Pregnant women on Medicaid are dropped three months after the birth, unless family income is below the AFDC income eligibility level that was in place in 1996 (currently approximately 14% of poverty)

INPUT FROM WORK GROUP SESSIONS

Areas that need improvement noted from work group sessions:

- Ability to offer dual-choice insurance plans (access services in Texas or Mexico and retain network coverage)
- Effective education to the population on insurance options, enrollment, and utilizing services
- Enrollment of eligible children in Medicaid and CHIP
- Promotion of Texas doctors to becoming in-network for New Mexico medical plans (so they would get paid when treating NM resident in TX hospital)
- Texas Medicaid reimbursement rates are low for physicians and non-HMO Medicaid patients are often denied medical and dental care due to payment method
- Administrative barriers hinder care (particularly for Medicaid with quarterly submission requirements)
- Tri-care access is difficult for military population
- Medical plans do not partner with employers to design products at a reasonable price point for both the plan and employer/employee
- Lack of competition among carriers offering plans in El Paso creates complacency
- There are an increasing number of employers dropping health insurance as a benefit to employees across the region

Areas that are performing well noted from work group sessions:

- Mexicans have more choices in terms of insurance products; they can access services in Mexico easily
- SIMNSA (California Company) is a good solution and there is the potential to replicate a similar program in Texas
 - SIMNSA is a PPO in Tijuana, which also provides health insurance coverage to some employers in San Diego through its California based plan. The PPO also serves as the Mexican option for several insurers who offer the dual choice option.
- Hospital providers are compensated rather easily if they are considered in-network for any health plan (including Medicaid)
- Medicare now covers a number of preventive services and an annual primary care visit since January 1, 2011
- Rio Grande Council of Governments and a Rural Coordinator/Benefits Counselor will provide options for open enrollment for private insurance. The Rio Grande

Council of Governments plans to come out to the county and set up at local restaurants to provide information (Hudspeth County)

- Registering people under Medicaid in an emergency has worked well; Ben Archer and Healthy Start can help those legal non-resident US citizens

- Look into subsidizing those with low income and uninsurable pre-existing conditions, so they can buy federal high-risk pool coverage
- Need to be aware of the impact proposed reductions in Medicaid reimbursement and coverage and proposed changes in the State employee health insurance plan will have on the El Paso health system

Measures to improve current state noted from work group sessions:

- Create standardization of insurance reimbursement
- Study/understand what transpired in California with regard to licensing and approving cross border health insurance options. These plans can offer workers a choice between coverage exclusively in Mexico, exclusively in the US, or a combination of the two
- Provide business tax breaks in exchange for paying for greater portions of employees' monthly health insurance premiums
- Allow insurers to compete across state lines
- Implement a Western Growers model. This is currently an umbrella organization of growers in California & Arizona that have more than 100,000 farm workers, with minimal coverage in US and more available coverage in Mexico (Harvest Plan)
- Communicate availability of the federal High Risk Insurance Pool. People have been able to apply beginning July 2010. There was some discussion about developing funding to subsidize lower income persons with serious and chronic conditions to help pay the premiums. The requirement is that they be able to pay the standard rates and have been uninsured for six months
- Authorize El Paso employers to have a waiver or exception to allow them to have Mexican coverage as an option
- Provide coverage in Mexico to US workers who live in Juárez so whole family coverage would be affordable
- Ability to offer dual choice plans in which the employee can:
 1. Choose the standard US only coverage,
 2. Receive care exclusively in Mexico [at a substantial discount] or
 3. The employee and family can choose to receive care in the location they prefer
- Provide more aggressive enrollment of CHIP and Medicaid to children
- Promote small business solutions, including subsidies, from Texas Department of Insurance and federal subsidies

SUMMARY

Government largely funds medical insurance coverage in the Paso del Norte region. Medicare and Medicaid and coverage provided for military retirees and dependents through Tricare, state employee coverage, city and county employees, UTEP, the Community College, Texas Tech Health Sciences Center, school districts, and border patrol make up a larger proportion of the market than in most parts of the state. In addition, the more than 30% uninsured means that there are limited resources available to pay for hospitals and physicians. The lack of large private employers in the region reduces the availability of generous insurance coverage and also means that there is a very limited tax base and that taxes on generally modest homes provides limited resources for expansion of coverage for low income residents.

The existence of a number of cross border workers who live in Juárez and work in the US compounds the situation in the region. Additionally, Mexican citizens who live in the US either on a permanent or temporary basis are generally not eligible for either Medicaid or Mexican coverage through the IMSS. This also creates a problem for their dependents that may live in Mexico. Until recently, the existence of less expensive healthcare services in Juárez mitigated some of these problems with access to affordable pharmaceuticals, dental care, and even medical care. However, current violence in Juárez has made it less attractive as a destination for care and led to a rapid growth in the number of Mexicans who have migrated to the US. Development of cross border health insurance coverage, even in the current atmosphere, has the potential to lessen some of the pressures that the lack of coverage and dependence on the public hospital has engendered. Additionally, the relatively large numbers of children who are eligible for CHIP or Medicaid but who remain un-enrolled in these programs are a concern.

OTHER AREAS FOR CONSIDERATION

The work group sessions raised the following four additional areas of concern in the region: access, coordination of care, funding, and cross border issues. These areas do not lend themselves to quantitative data, but facilitators noted the workgroup session comments and summaries.

ACCESS

Workgroups noted access to medical treatment as a major problem for the region. Specific access problems included not understanding services available, entry points into the medical system, insurance options available, and current healthcare programs in place throughout the communities.

Areas that need improvement noted from work group sessions:

- Need to address resources to meet the needs of healthcare workers and society
- There is lack of availability of some medical services across the region
- There is a lack of transportation options available to access healthcare
- There is no Air Ambulance available for outreach areas such as Otero County. The patient must drive in emergent situation
- The development of medical schools can be a long-term gain regarding access to care, but it is not short-term solution
- There is a large gap in access to care for non-indigent up to commercially insured individuals
- Offer services locally to outreach areas such as Hudspeth County
- People forego care due to lack of transportation in rural areas
- There is a lack of follow-up care after active duty status is over for the National Guard and Reserve Care
- The VA Tele-nurse program includes emergency services but currently closes at 4 PM

Areas that are performing well noted from work group sessions:

- Luna County has a Senior Center van that provides public transportation for seniors
- Tele-nurse program for Tricare beneficiaries. The program will make appointments, usually within 24 hours
- Ft. Bliss is able to provide a high percentage of the healthcare needs for its population; hence, they keep the strain off the community health system

Measures to improve current state noted from work group sessions:

- Consider the different demographic and social situation in Cd. Juárez that creates required changes in the health system
- Develop transportation programs across the providing reliable transportation options to physician appointments (utilize current programs in place)
- Strategic location of health services
- Provide low-cost approaches to match the access needs of the population across the region

SUMMARY

There are clear access issues across the region due to many factors including a shortage of providers, a large uninsured population, providers not accepting payers, transportation issues, population not understanding best access points of care (or lack of motivating factors to access care at the appropriate entry point), etc. As noted by work group sessions, there should be efforts made to educate the population on successful programs that exist to encourage greater usage. There needs to be consideration of replicating successful programs such as providing transportation to appointments (Luna County and Hudspeth County) across the region. Additionally, effective communication of insurance options for the population and access points of care, such as FQHC clinics, should continue to be established to lessen the burden on emergency departments.

COORDINATION OF CARE

Workgroups throughout the region expressed that there was a general lack of coordination of care for the indigent through private patients across the system. There is a need for a greater understanding of who provides services and where to access services.

Areas that need improvement noted from work group

sessions:

- Cross-sector coordination in Cd. Juárez
- Organizational efficiency of programs in Juárez and throughout the region
- The large fragmentation of care and coordination of services
- Minimal understanding of responsible parties in regards to funding and policy development
- Lack of sustainable system involving coordination of local providers
- Disjointed services with no central point of access
- Lack of Case Management system; exists in other cities
- Difficulty getting referrals for recommended services after a clinic visit in outreach areas such as Hudspeth County
- Overall, continuity of care is lacking for patients, including Ft. Bliss

Areas that are performing well noted from work group

sessions:

- Senior centers successfully bring in services, but they are still disjointed

Measures to improve current state noted from work group sessions:

- Provide health education forums
- Promote the idea of a joint relationship between medical institutions
- Implement local strategies supported with research and resources
- Search alternatives through the organizations to improve health
- Provide services and coordination of care around mental health
- Identify alternatives to improve poor performing measures through focus groups
- A Health Information Exchange (HIE) has to be completed across the continuum (including FQHC's) to enhance the coordination of care

SUMMARY

There is currently a fragmentation of care provided in the region as expressed through the work group sessions. There are great opportunities at the regional level to provide a mechanism to facilitate greater coordination of care through providers, healthcare facilities, payers, and current and future programs. Case management systems have been successful for patient populations with chronic conditions and managing their care. The population could greatly benefit from a coordinated effort to understand services available and the best ways to access care.

FUNDING

Workgroups noted lack of funding as a primary reason for elimination of successful programs. There will always be problems with availability of funding, but there are opportunities to coordinate efforts to sustain or replicate successful programs.

Areas that need improvement noted from work group sessions:

- Declining budget resulting in a lack of resources for patients, as well as resources to contract healthcare professionals
- City and county economics limit what can be done
- Funding sources are unreliable. There is an opportunity to centralize existing local funding sources
- Successful program sustainability after disappearance of traditional funder

Measures to improve current state noted from work group sessions:

- Centralize existing funding sources

SUMMARY

The region has many initiatives, which due to minimal finding resources, compete with each other for monies. There is a great opportunity at the regional level to help centralize funding opportunities and have a greater coordinated effort to secure funding for successful projects and implement programs regionally.

CROSS BORDER ISSUES

The nature of the multiple borders of this region presents many challenges in accessing care. There have been some successful programs implemented to enhance the coordination of care along the border. However, there remain many opportunities to educate the population on access and improve services needed in the region.

Areas that need improvement noted from work group sessions:

- Greater awareness of services available on both sides of the border
- Discrimination of certain patients
- Minimal community education on patient rights
- Lack of infrastructure issues in Juárez
- No institutional directories on either side of the border
- Little access to care for violence victims
- Lack of medical record exchange between borders
- Process for emergencies across the border
- Corruption in the healthcare system
- Epidemiological surveillance and notification of morbidity by the private sector in Juárez in need of improvement for preventative care
- Determination of efficacy of implemented programs on both sides of the border
- Need for more security resources
- Illegal drug business on border creates the violence, which is causing strain on both US and Mexico healthcare systems
- Need for services with general geographical accessibility
- Fairness for patients in Juárez: the public and private sectors require a real census on the patients with two or more affiliations to a healthcare service
- Ability to work effectively inter-jurisdictionally
- Violence in Mexico is driving a lot of people to move to El Paso and New Mexico affecting programs on both sides

- Coordination with federal agencies to help eliminate problems (i.e. customs stopping CDC at border with specimens)
- Families living on both sides of the border create additional strain

Areas that are performing well noted from work group sessions:

- Coordination between Mexico's Consulate in El Paso Texas and other institutions of Cd. Juárez to provide information regarding its services is working well
- Medical Education has been effective

Measures to improve current state noted from work group sessions:

- Increase awareness of the medical staff servicing this population
- Training to service providers to deal with the violence problem this population is currently suffering
- Improve knowledge of post-traumatic stress
- Promote the concept of the Health Desks in Cd. Juárez

SUMMARY

With the increased violence in the region, many access issues have surfaced on both sides of the border. Many US citizens accessed care in Cd. Juárez where care was too expensive in the US, and this served as a "safety net" for the region. Many US programs are beyond capacity due to an increase in volume due to relocation of the population because of the violence. As noted through work group sessions, there must be coordinated efforts on both sides to educate the region on services that are available. Workgroups noted the Health Desks as being successful and recommended establishment of other such efforts.

APPENDIX

A- IMMUNIZATIONS

2009 Immunization Coverage Rate among 19-35 months old				
Vaccine	USA	Texas	El Paso	New Mexico
4-DPT	83.9	82.1	77.1	80.6
3-polio	92.8	92.2	91.2	90
1 MMR	90	88.5	87.1	89.1
3 Hib	83.6	88.9	89.7	80.1
3 Heb B	92.4	92.2	92.6	90.1
1 Var	89.6	91.2	88.3	89.8
3 PCV	92.6	93.4	91.3	92
2 Hep A	46.6	55	56.6	40.8
Rotavirus Vaccine	43.9	45.8	56.5	43.6
4:3:1:3:3	81.5	80.2	74.9	78.2
Average Immunization Rate	79.7	81.0	80.5	77.4

Source: CDC National Immunization Survey.

2009 Adolescent Immunization Coverage Rate among 19-35 months old				
Vaccine	USA	Texas	El Paso	New Mexico
MMR (2+ doses)	89.1	81.5	85.6	86.6
Hepatitis B (3+ doses)	89.9	86.1	87.0	89.3
Tetanus and diphtheria toxoid	76.2	75.8	84.9	84.3
Meningococcal conjugate	53.6	51.0	67.4	51.2
HPV (1+ dosages)	44.3	37.6	57.8	53.0
HPV (3+ doses)	26.7	23.4	28.4	35.4
Average Immunization Rate	63.3	59.2	68.5	66.6

Source: CDC National Immunization Survey.

http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2006.htm

2009 Immunization Coverage Rate- 65+					
Vaccine	USA	TX	El Paso	New Mexico	Dona Ana
Never had a pneumonia shot (65+)	33.6	34.0	39.3	32.4	36.4
No Flu shot in last yr (65+)	31.6	32.7	39.3	31.7	35.2
Average Immunization Rate	32.6	33.4	39.3	32.1	35.8

Source: for Texas: BRFSS http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Source for New Mexico: BRFSS <http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp>

Percentage of Children Under 1 year of age with Immunization Mexico, 2006					
Territory	BCG	Sabin	Pentavalent	SRP	Full vaccination scheme
Mexico	96.8	96.1	92.9	81.2	78.4
Juárez	98.0	99.0	94.0	85.0	85.2

Source: Encuesta Nacional de Salud y Nutrición 2006

B- TEEN PREGNANCY

2010 Regional Teen Birth Rate (per 1,000 female population)							
	Texas	El Paso	Hudspeth	New Mexico	Doña Ana	Luna	Otero
Teen Birth Rate	65	80	74	64	74	95	54

Source: County Health Rankings. 2010. www.countyhealthrankings.org

Note: The rankings report the birth rate per 1,000 female population ages 15-19 as is measured by the National Center for Health Statistics (NCHS). Births to mothers younger than 15 are not captured by this measure.

2008 Percent of Births to Teenage Mothers					
	US	Texas	El Paso	New Mexico	Doña Ana
Percent of births	14.0%	13.8%	16.0%	15.7%	19.7%

Source: El Paso Department of Public Health (author Hector Reyes et al).
How healthy are we? Selected measures for El Paso, Texas, 2008.

2005 Teen Pregnancy & Abortion Rates (per 1,000) Among 15-19 year old Women			
	US	Texas	New Mexico
Pregnancy Rate	70	88	93
Birthrate	41	62	62
Abortion Rate	19	13	18

Source: Guttmacher Institute. *US Teenage Pregnancies, births and abortions: national and state trends and trends by race and ethnicity. January 2010.*
www.guttmacher.org

Percent Teenage Pregnancy by age Group		
Age group	Mexico ¹	*Juárez ²
<15	4.3%	17.2%
16-17	31.1%	32.5%
18-19	64.6%	50.3%
Total	100.0%	100.0%

¹Source: Encuesta nacional de salud y nutrición 2006

²Source: Actas de nacimiento del Registro Civil de Cd. Juárez. 2010

C- PRENATAL CARE

Prenatal care access					
Year	US	Texas	El Paso	New Mexico	Doña Ana
2008	84.0%	81.8%	66.9%	65.2%	61.1%

Source: El Paso Department of Public Health (author Hector Reyes et al).
How healthy are we? Selected measures for El Paso, Texas, 2008.

Behavioral Risk Factors for Pregnant Women & Newborn- 2005		
Prenatal Care Issue	Texas	New Mexico
Prevalence of on time pregnancies	39.3%	57.0%
Prevalence of cigarette smoking 3 months before conception	15.0%	19.9%*
Prevalence of binge drinking 3 months before conception	17.6%	18.0%*
Prevalence of multivitamin use 1 month before conception	38.6%	45.0%
Prevalence of physical abuse 12 months before conception	5.2%	8.4%
Prevalence of prenatal care during the first trimester	73.1%	
Prevalence of cigarette smoking during the third trimester	8.3%	9.4%*
Prevalence of alcohol use during third trimester	8.6%	5.9%*
Prevalence of dental visits during pregnancy	28.8%	36.8%*
Prevalence of physical abuse during pregnancy	3.9%	5.7%
Prevalence of ever breastfeeding	79.0%	83.9%*
Prevalence of placing infant on back to sleep	53.3%	68.4%*
Prevalence of infant exposure to cigarette smoke	5.9%	5.5%*
Prevalence of maternal postpartum checkups	84.1%	86.8%*

* data for New Mexico are pooled for years 2004 and 2005

Source for Texas: **Sullivan K. Annual Report: Texas Pregnancy Risk Assessment Management System. Services, 2010.**

Austin, TX: Division of Family and Community Health Services, Texas Department of State Health

2009 Juárez Prenatal Care for 10-19 year old Mothers	
No. visits	Percentage
None	4.2%
< 5	36.5%
6-9	48.3%
≥10	11.0%
Total	100.0%

Source: Actas de nacimiento del Registro Civil de Cd. Juárez. 2010

D- DENTAL CARE

Medicaid Dental Check-up Access				
	2009		2006	
	El Paso	Hudspeth County	El Paso	Hudspeth County
Medicaid Eligible	134,680	582		
Received 2 checkups	17.5%	9.4%	9.9%	6.8%
Received 1 checkup	38.0%	43.2%	35.6%	29.0%

Source: Texas Health Steps dental check up

In the US, Mexican-American children in the Southwest region have 2-3 times as many decayed permanent teeth as the mean number for the global population in the region. In particular, the disparity is greatest for those 15-17 years of age. Treatment needs for children above 14 years of age was also the most expensive, requiring large numbers of extensive restorations such as crowns and prosthetic replacements. The greater need among older children is probably due to the failure to provide earlier treatment for dental cavities (USMBHC, 2001, page 43-44).

Doctor visits for Oral Health- 2005	
Chihuahua	
Type of service	No. of visits
Oral Health	356,851
Self-application of fluoride	497,927
Extractions	30,512
Fill-ins	38,173

Fuente: www.sinais.salud.gob.mx

It is estimated there are 1,500 dentists in Juárez in 2010 (Fuente: Colegios de Profesionistas de Ciudad Juárez. Nov. 2010)

E- FITNESS NUTRITION & OBESITY

2009 Physical Fitness Issues for Adults					
	US	Texas	El Paso	New Mexico	Doña Ana
% of respondents 18 years or older who report no leisure-time physical activity during the past month	24.60%	27.30%	23.40%	22.40%	24.20%
% of respondents 18 years or older who do not meet the calculated recommendations for moderate or vigorous physical activity	50.80%	51.90%	49.70%	46.70%	52.10%
% of respondents 18 years or older who have less than 150 minutes a week of moderate-intensity physical activity or 75 minutes a week of vigorous-intensity aerobic physical activity, or a combination of moderate and vigorous intensity aerobic activity a week	34.80%	35.40%	33.80%	n.a.	n.a.

Source: for Texas: BRFS http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Source for New Mexico: BRFS <http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp>

2009 Youth Behaviors (High School): Physical Activity			
	US	Texas	New Mexico
% of students who were physically active for at least 60 minutes per day on less than five days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time) during the seven days before the survey	63.0%	53.4%	54.2%
% of students who did not attend physical education classes in an average week (when they were in school)	43.6%	48.7%	49.6%
% of students who watched television three or more hours per day	32.8%	36.3%	32.9%
% of students who have used their computers 3 or more hours per day (played video or computer games or used a computer for something that was not school work on an average school day)	24.9%	25.1%	21.1%

Source: CDC: Youth Risk Behavior Survey. <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS>

2010 Adult Obesity- % of the population with a BMI >= 30.							
	Texas	El Paso	Hudspeth	New Mexico	Doña Ana	Luna	Otero
Adult obesity	29%	24%	26%	25%	23%	24%	26%

Source: County Health Rankings. 2010.
www.countyhealthrankings.org

2006 % of Zip Codes without a Healthy Food Outlet							
	Texas	El Paso	Hudspeth	New Mexico	Doña Ana	Luna	Otero
% of Zip Codes without a Healthy Food Outlet	39%	14%	0%	24%	33%	33%	13%

Source: County Health Rankings. 2010. www.countyhealthrankings.org

Note: This measure uses the 2006 Zip Code Business Patterns data to calculate the percent of zip codes in a county without a “healthy food outlet”. Healthy food outlets are identified by their NAICS code. Those food outlets considered healthy include grocery stores with more than four employees (NAICS 445110) and produce standards or farmers’ markets (NAICS 445230). Because healthy food outlets often are clustered in wealthier neighborhoods, leaving only limited healthy food access in poorer communities, we chose not to measure the number of healthy food outlets per county population. Instead, the measure is intended to estimate the distribution of healthy food outlets in a county.

F- EARLY DISEASE DETECTION

2008 Preventative Behaviors					
Behaviors	US	Texas	El Paso	New Mexico	Doña Ana
% of respondents 50 years and older who have never had a sigmoidoscopy or colonoscopy	37.7	43.8	51.7	44.1	42.5
% of male respondents 40 years and older who have not had a digital rectal exam within the past five years	34.5	40.0	48.2	n.a.	n.a.
% of male respondents 40 years and older who have not had a prostate-specific antigen (PSA) within the past two years	44.7	47.2	48.0	49.4	52.0
% of female respondents aged 40 years and older who report that they did not have a mammogram within the past two years	23.2	27.4	30.3	29.2	28.7
% of female respondents aged 18 years and older who report that they did not have a Pap smear within the past three years	17.1	18.5	21.5	19.3	16.7
% of respondents 18 years and older who have a BMI 30 or greater (BMI calculated using self-reported height and weight) -obese	26.7	28.9	28.2	25.7	29.4

Source: for Texas:BRFS http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Source for New Mexico: BRFS <http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp>

2010 Diabetic Screening							
	Texas	El Paso	Hudspeth	New Mexico	Doña Ana	Luna	Otero
Diabetic screening	78%	72%	74%	70%	71%	77%	57%

Source: County Health Rankings. 2010. www.countyhealthrankings.org

Mexico 2008 Disease Mortality Rates		
Disease	México	Juárez**
	Rate*	Rate
Diabetes Mellitus Mortality Rate	70.8	76.6
Ischemic Heart Disease Mortality Rate	55.8	71.6
Cerebrovascular Disease Mortality Rate	28.3	112.1

Source: www.sinais.salud.gob.mx

*Principales causas de Mortalidad general, 2008.

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G- MENTAL HEALTH

2009 Youth Behaviors: Mental Health						
	US	Texas	New Mexico	Doña Ana County	Luna County	Otero County
% of students who felt sad or hopeless almost every day for two or more weeks in a row, so that they stopped doing some usual activities during the last 12 months before the survey	26.1%	27.7%	29.7%	30.1%	39.1%	32.1%
% of students who seriously considered attempting suicide during the last 12 months before the survey	13.8%	13.7%	15.9%	13.8%	23.4%	14.7%
% of students who made a plan about how they would attempt suicide during the last 12 months before the survey	10.9%	7.4%	9.7%	10.6%	13.3%	11.1%

Source: CDC: Youth Risk Behavior Survey. <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS>

Note: Numbers in cells represent the % of respondents who provided each answer

2007 Mental Health Mortality Rates		
Mental Health Factor	Texas	El Paso
Suicide rates	10.5	8.6
Homicide rates	6.1	2.9

Source: Department of State Health Services
<http://www.dshs.state.tx.us/chs/default.shtm>

Rates are age-adjusted to 2000 US standard population in El Paso County

2008 Mortality Rates		
Mental Health Factor	Mexico	Chihuahua
Suicide	4.4	6.9
Homicide	13	75.3

Rate by 100,000 pop

www.sinais.salud.gob.mx, Principales causas de Mortalidad general, 2008.

H- CHEMICAL DEPENDENCY

2010 Health Outcomes						
	Texas	El Paso	New Mexico	Doña Ana	Luna	Otero
Binge drinking (1)	16%	16%	13%	17%	12%	12%
Liquor store density (2)	0.7	0.5	0.5	0.6	0.8	0.2

Source: County Health Rankings. 2010. www.countyhealthrankings.org

Binge drinking data are BRFSS. The definition for women changed in 2006, it was lowered from 5 to 4 drinks per occasion. So there could be a higher prevalence in recent years. Liquor store density indicator is based on county Business Patterns data and 2006 Population Estimates to calculate the number of liquor stores per 10,000 people in a county. Liquor stores are identified by the NAICS Code (445310) and include establishments primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine and liquor.

2009 Addictions in High School Students						
Addiction Indicator	US	Texas	New Mexico	Doña Ana County	Luna County	Otero County
% of students who drank alcohol for the first time before 13 years (other than a few sips)	21.1	23.6	29.4	27.1	33.7	37.1
% of students who had five or more drinks of alcohol in a row within a couple of hours on at least one day during the 30 days before the survey	24.2	25.6	25.0	23.7	26.5	31.3
% of students who tried marijuana for the first time before age 13	7.5	8.1	18.4	12.2	11.8	22.3
% of students who used marijuana in school property one or more times during the 30 days before the survey	4.6	4.6	9.7	7.3	3.7	8.4
% of students who have ever used cocaine (in any form) one or more times	6.4	8.5	12.8	15.2	11.4	10.5

Source: for Texas:BRFS http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Source for New Mexico: BRFS <http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp>

2008 Incidence of Drug Use- Mexico		
Type of Drug	Mexico	Chihuahua
Opiates	0.1	0.4
Tranquilizers	0.6	2.0
Sedatives	0.2	0.5
Amphetamines	0.3	0.4
Marijuana	4.2	6.2
Cocaine	2.4	4.8
Crack	0.6	1.4
Hallucinogens	0.4	1.1
Inhalants	0.7	1.9
Heroin/opium	0.1	1.3
Stimulants	0.5	1.0
Other drugs	0.1	0.1
Any drug	5.7	8.2
Illegal Drugs	5.7	7.5
Medical Drugs	1.0	2.4

Chihuahua source: Encuesta nacional de adicciones 2008. Chihuahua

Mexico source: Encuesta nacional de adicciones 2008

I- PRIMARY CARE

2010 Primary Care Physician Need							
Physician Specialty	El Paso	Hudspeth	Luna	Otero	Doña Ana	Juárez	Total
Family/General Practice/IM Need	365.9	2.4	9.4	33.0	80.4	313.0	804.0
OB/GYN Need	(10.1)	0.3	(0.8)	(0.5)	7.9	(29.0)	(32.2)
Pediatrics Need	(22.3)	0.3	1.2	3.4	0.2	(26.0)	(43.2)

Source: US- 1) Intellimed 2010 2) AMA 2010; Juárez: Colegios de Médicos de Ciudad Juárez. Nov. 2010

Note: 1) Juárez physician demand based on US population demand benchmarks 2) US physician supply removed physicians over age 65 to account for retirement.

J- SPECIALTY PHYSICIANS

2010 Specialty Physician Need (Oversupply)							
	El Paso	Hudspeth	Luna	Otero	Doña Ana	Juárez	Total
Psychiatry	29.7	0.2	2.0	4.1	7.5	100.0	143.5
Emergency Medicine	68.5	0.4	3.5	7.3	18.5		98.2
General Surgery	49.6	0.3	1.9	3.9	13.9	26.0	95.6
Cardiology	2.4	0.2	0.6	2.3	4.3	53.0	62.9
Neurology	9.9	0.1	1.1	1.2	2.0	35.0	49.4
Cardiac/Thoracic Surgery	10.3	0.0	0.4	0.7	2.9	17.0	31.2
Dermatology	3.1	0.1	0.7	1.5	1.3	24.0	30.7
Urology	20.5	0.1	1.0	1.1	5.6		28.3
Orthopedics	3.7	0.3	(1.9)	1.4	6.3	18.0	27.8
Ophthalmology	23.5	0.2	0.8	(0.4)	2.0		26.3
Radiology	19.2	0.2	1.4		3.6		24.4
Pulmonology	(3.8)	0.1	0.5	1.1	0.9	23.0	21.8
Phys. Med. and Rehab	1.3	0.1	(0.4)	1.1	3.2	16.0	21.3
ENT	(1.0)	0.1	0.8	(0.4)	1.8	14.0	15.3
Neurosurgery	10.9	0.0	0.4	0.7	3.0	0.0	15.1
Plastic Surgery	6.7	0.1	0.6	1.2	2.4		10.9
Rheumatology	1.4	0.0	0.2	(1.7)	(0.2)	9.0	8.7
Anesthesiology	17.2	0.2	0.4		(9.4)		8.4
Endocrinology	0.4	0.0	0.2	(0.7)	(0.2)	7.0	6.7
Hematology / Oncology	(18.7)	0.1	(0.4)	0.1	(2.8)	27.0	5.3
Allergy	4.3	0.1	0.5	1.0	(1.3)		4.5
Nephrology	(7.0)	0.0	0.3	0.6	(0.5)	11.0	4.5
Gastroenterology	(1.7)	0.1	0.8	(0.3)	(1.1)	2.0	(0.2)
Infectious Disease	(2.9)	0.0	0.2	0.3	1.7		(0.6)

Source: US- 1) Intellimed 2010 2) AMA 2010; Juárez: Colegios de Médicos de Ciudad Juárez. Nov. 2010

Note: 1) Juárez physician demand based on US population demand benchmarks 2) US physician supply removed physicians over age 65 to account for retirement.

K- INPATIENT CARE

PdNHF US Service Area Med/Surg and Critical Care Bed Supply					
Hospital Name	City	State	Gen Med/Surg Beds	Crit. Care Beds	Total Beds
Children's Hospital	El Paso	TX	100		100
Del Sol Medical Center*	El Paso	TX	231	60	314
East El Paso Physicians Med Ctr	El Paso	TX	40		40
El Paso LTAC Hospital	El Paso	TX	15		15
El Paso Psychiatric Center	El Paso	TX	23		74
El Paso Specialty Hospital	El Paso	TX	31		31
Highlands Reg. Rehab. Hospital	El Paso	TX	41		41
Las Palmas Medical Center*	El Paso	TX	188	60	288
Mesa Hills Specialty Hospital	El Paso	TX	32		214
Providence Memorial Hospital	El Paso	TX	345	63	408
Sierra Medical Center	El Paso	TX	313	38	351
Sierra Providence East Med Ctr	El Paso	TX	86	24	110
Triumph Hospital El Paso	El Paso	TX	62		62
Univ. Behavioral Health of El Paso	El Paso	TX	119		119
Univ. Medical Center of El Paso	El Paso	TX	208	66	274
William Beaumont Army Med Ctr	El Paso	TX	0	0	0
PdNHF TX SA Total			1,734	311	2,341

Adv. Care Hosp. of S. New Mexico	Las Cruces	NM	20		20
Memorial Medical Center	Las Cruces	NM	262	24	286
Mesilla Valley Hospital	Las Cruces	NM	53	72	125
MountainView Reg. Med. Ctr	Las Cruces	NM	119	23	142
Rehab. Hosp. of S. New Mexico	Las Cruces	NM	40		40
Mimbres Memorial Hospital	Deming	NM	43	6	49
Gerald Champion Hospital**	Alamogordo	NM	87	12	99
PdNHF NM SA Total			624	137	761

PdNHF US SA Bed Total			2,358	448	3,102
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* Total beds include other types accounted for in the facility other than M/S and Critical Care.

**Note: Gerald Champion Hospital is in process of adding 35 beds

Source: AHD 2011

2010 Juárez Hospitals & 24 Hour Clinics	
Public Hospitals	14
IMSS (H 35, 66, 6, 48)	4
ISSSTE	1
SSA/ICHISAL/Pensiones (H. de la mujer, Infantil, General, Pensiones Civiles, Aguilas de Zaragoza y Anapra,)	6
Municipio	2
Non-for-profit Hospitals	8
FEMAP (De la Familia & Santa María)	2
Cruz Roja (Pronaf & Salvacar)	2
Private Hospitals	47
Hospitals	9
Clinics	35
Specialty (cardiology, plastic surgery, cancer)	3
Total	69

* Note: All Hospitals and Clinics are open 24 hr.

Source: COESPRIS. Nov. 2010

L- HOSPICE

2010 Hospice Use						
	Texas	El Paso	New Mexico	Doña Ana	Luna	Otero
% of chronically ill Medicare enrollees that receive hospice care in the last six months of life	38%	35%	36%	33%	24%	33%

County Health Rankings. 2010. www.countyhealthrankings.org

M- UNINSURED

2010 Uninsured Adults							
	Texas	New Mexico	El Paso	Hudspeth	Doña Ana	Luna	Otero
Uninsured Adults	26%	24%	30%	44%	30%	28%	28%

Source: County Health Rankings. 2010. www.countyhealthrankings.org

2009 Access to Care			
	US	Texas	El Paso
% of respondents 18 years and older who report that they could not see a doctor in the past 12 months because of cost	14.9%	19.7%	24.0%

Source: for Texas:BRF S http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

Source for New Mexico: BRFS <http://apps.nccd.cdc.gov/BRFSS-SMART/index.asp>

Medical Insurance Coverage in Juárez			
2002			
Type of service	Men	Women	Total
	%	%	%
Private	9.1	10.3	10.0
Governmental	52.7	49.2	50.3
Other	5.5	9.1	8.1
None	32.7	31.3	31.7*
Total	100.0	100.0	

*Compared to Texas and New Mexico 2010 Rates

N- WORK GOUP ISSUES

Note: Groups 12, 14 and 19 were combined with existing groups

Work Group Issues	Service Area Groups								
	US/Mexico	Texas/ New Mexico	El Paso County, TX	Hudspeth County, TX	Dona Ana County, NM	Otero County, NM	Luna County, NM	Cd. Juarez	Ft. Bliss
Cross Border Insurance	Group 1	Group 2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospitals, Clinics & OP	N/A	N/A	Group 3	Group 10	Group 11	Group 13	Group 15	Group 16	Group 22
Primary Care & Health Professionals (Non MDs)	N/A	N/A	Group 4	Group 10	Group 11	Group 13	Group 15	Group 17	Group 22
Women's & Pediatric Services	N/A	N/A	Group 5	Group 10	Group 11	Group 13	Group 15	Group 18	Group 22
Senior Services	N/A	N/A	Group 6	Group 10	Group 11	Group 13	Group 15	N/A	N/A
Preventative Health, Wellness, Regulatory & Public Health	N/A	N/A	Group 7	Group 10	Group 11	Group 13	Group 15	Group 19	Group 22
Insurance	N/A	N/A	Group 8	Group 10	Group 11	Group 13	Group 15	N/A	Group 22
At-Risk Populations (Indigent)	N/A	N/A	Group 9	Group 10	Group 11	Group 13	Group 15	Group 20	N/A
Private Sector Healthcare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Group 21	N/A
Mental Health	N/A	N/A	Group 23	Group 10	Group 11	Group 13	Group 15	Group 23	Group 22

O- WORK GROUP SESSION ATTENDEES

Note: Groups 12, 14 and 19 were combined with existing groups

Cross Border Insurance & Utilization: Group1- US/Mexico

Work Group Host: David Buchmueller

Work Group Facilitator: David Warner

Work Group Attendees:

Name	Organization
David Buchmueller	Paso del Norte Group
Tommy Goldfarb	Goldfarb Financial
Fredrick Ransom	Ransom Becker Inc.
Antonio Andreu	Founder of Plan Seguro
Dr. Angel Velarde	Health Care Insurance
Katie Updike	Building Solutions, PDN
Luis Herrera	Protec
Jorge A Ramos	Paso del Norte Group

Cross Border Insurance: Group 2- Texas/ New Mexico

Work Group Host: David Buchmueller

Work Group Facilitator: David Warner

Work Group Attendees:

Name	Organization
David Buchmueller	Paso del Norte Group
Carol Smallwood	El Paso First
Michael Duchouquette	Duchouquette & Associates
Marcella Van Hoove	Sierra Providence Health Network

El Paso County: Group 3- Hospitals, Clinics and Outpatient

Work Group Facilitator: David Warner

Work Group Attendees:

Name	Organization
Bruce Yetter	UMC / El Paso First Healthplans
Beverly Bruner	Desert Imaging Services
Dr. Jose Luna	Centro San Vicente - UMC
Estela Reyes	Centro de Salud Familiar La Fe
Jesas Quinonez	Centro de Salud Familiar La Fe
Raul Arizpe	Desert Imaging Services
Milo Knight	Desert Imaging Services
John Harris	Sierra Providence Health Network

El Paso County: Group 4- Primary Care & Health Professional

Work Group Host: John Harris

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
John Harris	Sierra Providence Health Network
Sandy Beckford	Socorro ISD
Jamie Barceleau	Children's Development Center
Dr. Tom Georges	Chiropractic Services
Dr. Oliver Smith	Chiropractic Services
Miguel A. Escobedo, M.D., M.P.H.	El Paso CDC Quarantine Station
Myrna Deckert	PdNHF
Jorge Salazar	Centro de Salud Familiar La Fe
Irma Rangel	Centro de Salud Familiar La Fe

El Paso County: Group 5- Women's & Pediatric Services

Work Group Host: Jackie Mitchell Edwards

Work Group Facilitator: Lindsley Withey

Work Group Attendees:

Name	Organization
Jackie Mitchell Edwards	Paso del Norte Group
Larry Duncan	UMC El Paso Children's Hospital
Emma Schwartz	Medical Center of the Americas Foundation
Lily Oaxaca	March of Dimes
Dr. Chris Powers	Texas Tech

El Paso County: Group 6-Senior Services

Work Group Host: Kathy Curtis

Work Group Facilitator: Lindsley Withey

Work Group Attendees:

Name	Organization
Dr. Kathy Curtis	UTEP - College of Health Sciences
Gia Heidarian	UTEP School of Nursing
Joyce Davidoff	University Medical Center of El Paso
Maria Martinez	VNA
James Baca	Bienvivir
Sharon Butterworth	Texas Dept DADS

El Paso County: Group 7- Preventative Health & Wellness, Regulatory & Public Health

Work Group Host: Mike Hill

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
Dr. Kathy Curtis	UTEP - College of Health Sciences
Gia Heidarian	UTEP School of Nursing
Joyce Davidoff	University Medical Center of El Paso
Maria Martinez	VNA
James Baca	Bienvivir
Sharon Butterworth	Texas Dept DADS

El Paso County: Group 8- Insurance

Work Group Host: Bob Cook

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
Bob Cook	REDCO - El Paso Reg. Economic Dev. Corp.
Tripper Goodman	Goodman Financial
Patsy Hernandez	Goodman Financial
Malena Field	El Paso Times
Tom Goldfarb	Goldfarb Financial
Elisa Holguin	JDW Insurance

El Paso County: Group 9- At Risk (Indigent)

Work Group Host: Enrique Mata

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
Enrique Mata	Paso del Norte Health Foundation
Eleanor Poe	El Paso Babbit Clinic
Henry Brutus	El Paso Diabetes Association
Patty Tiscareño	Rio Grande Cancer Foundation
Judge Veronica Escobar	El Paso County
Bill Schlesinger	Project Vida
S. Weakley	El Paso Baptist Clinic
Myrna Deckert	Paso del Norte Health Foundation
Sylvia Gomez	Ventanilla de Salud
Rosemary Neill	El Paso County
Stephanie Karr	Center Against Family Violence
Adriana Villagrana	Centro San Vicente
Rene Navarro	Centro San Vicente

Hudspeth County: Group 10- Providers, Community & Regulatory

Work Group Facilitator: Annette Gutierrez, Executive Director of the Rio Grande Council of Governments

Work Group Attendees:

Name	Organization
Glenda Merritt-Alcorn	N. Hudspeth County
Rosalia Atzate	Fort Hancock I.S.D.
Pati Garcia	Hudspeth County
Susy Carreon	FHISD Admin Assistant
Humberto Macias	El Paso Fire Department EMS
Judge Becky Dean-Walker	Hudspeth County
Bob Dickenson	Hudspeth County
Guadalupe Kelly	Hudspeth County
Annette Gutierrez	Rio Grande Council of Governments

Dona Ana County: Group 11- Providers, Community & Regulatory

Work Group Host: Denten Park

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
Denten Park	Mountain View Regional Medical Center
Jagen Butler	NM State University, Cooperative Extension Service
Martin Lopez	Clinica La Familia
Angela Townsend	Ben Archer Health Center
Frances Scappaticci	Ben Archer Health Center
Silvia Sierra	Dona Ana County- HHS
Laura Henry	Dona Ana County- HHS
Cassandra Vanderpool, MS, RD, LD	NM State University, Cooperative Extension Service
Melanie Goodman	Senator Bingaman's office
Mike Young	NMSU College of Sciences

Otero County: Group 13- Providers, Community & Regulatory

Work Group Host: Rene Salgado

Work Group Facilitator: Mark Coughlin

Work Group Attendees:

Name	Organization
Rene Salgado	Presbyterian Health Center
Julie Baker	PMS Tularosa
Tony Martinez	Molina Healthcare
Gloria Sainz	Otero County Indigent

Luna County: Group 15- Providers, Community & Regulatory

Work Group Host: Paul Dulin

Work Group Facilitator: Lindsley Withey

Work Group Attendees:

Name	
Paul Dulin	Maria Pacheco
Angela Townsend	Melanie Goodman
Barbara Brokaw	Susie Nolte
Claudia Macias	Paul Temple
Jeannie Concha	Reggie Price
Connie Grove	Anina Barraza
Edith Vazquez	Alicia Planas
Elizabeth Burr	Aaron Sera
Joe McClintock	Wes Hooper
Kara Bower	Nancy Sherman
Kathryn Ritterbusch	Maria Ehlers

Cd. Juárez: Group 16- Hospitals, Clinics, OP

Work Group Host: Dra. Maria Teresa Zorrilla

Work Group Facilitator: Dra. Elisa Aguilar

Work Group Attendees:

Name	Organization
Dr. Victor Manuel Acosta Chavez	Hospital Psiquiatrico de Cd. Juárez
Dr. Francisco Berumen Alatorre	Colegio de Medicos del Estado de Chihuahua en Cd. Juárez
Dr. Jorge Franco Balderas	Hospital General de Cd. Juárez
Dr. Ulises Grajeda Villalobos	Pensiones Civiles del Estado de Chihuahua
Dr. Francisco Loera	Servicios Medicos Municipales
Dr. Gustavo Martinez Mendizabal	Hospital de la Familia (FEMAP)
Dr. Luis Manuel Provencio Olivas	Hospital Star Medica de Cd. Juárez
Dr. Fernando Varela Banuelos	Hospital Infantil de Cd. Juárez
Dr. Luis Mauricio Acosta Castro	Jurisdiccion Sanidad II
Jaime Flore Neder	Colegro Medico

Cd. Juárez: Group 17- Primary Care & Health Professional

Work Group Host: Dra. Maria Teresa Zorrilla

Work Group Facilitator: Dra. Elisa Aguilar

Work Group Attendees:

Name	Organization
Dr. Luis Mauricio Acosta	Servicios de Salud de Chihuahua
Dr. Alejandro Alvarado	Servicios de Salud de Chihuahua
Dr. Federico Alberto Castro Lopez	Servicios de Salud de Chihuahua
Perla Ana Maria Diaz Herrera	Seguro Popular
Dr. Alberto Martinez Vazquez	Instituto Mexicano del Seguro Social
Dr. Luis Manuel Provencio Olivas	Hospital Star Medica de Cd. Juárez
Dra. Denisse Orona Osante	Servicios de Salud de Chihuahua
Dra. Diana Gomez	IMSS

Cd. Juárez: Group 18- Women's & Pediatric Services

Work Group Host: Dra. Maria Teresa Zorrilla

Work Group Facilitator: Dra. Beatriz Diaz Torres

Work Group Attendees:

Name	Organization
Lic. Zulay Abbud Esparza	Instituto Chihuahuense de la Mujer
Dr. Francisco Javier Benitez Royval	Servicios de Salud de Chihuahua
Dra. Silvia Cardona	Servicios Medicos Municipales
Dr. Flures Neder	Servicios Medicos Municipales
Enf. Carmen Escajeda Armendariz	Servicios de Salud de Chihuahua
Profa. Nancy Herrera V.	Servicios Educativos Zona Norte
Enf. Febe Huitron Chacon	Instituto Mexicano del Seguro Social
Dr. Gustavo Martinez Mendizabal	Hospital de la Familia (FEMAP)
Dra. Maria Guadalupe Matus Calzadillas	Colegio de Pediatria de Cd. Juárez
Enf. Silvia Ramos	Pensiones Civiles del Estado de Chihuahua
Dr. Fernando Varela Banuelos	Hospital Infantil de Cd. Juárez
Dr. Javier Garcia P.	ICH MUJER

Cd. Juárez: Group 20- At- Risk Populations (Indigent)

Work Group Host: Dra. Maria Teresa Zorrilla

Work Group Facilitator: Dra. Beatriz Diaz Torres

Work Group Attendees:

Name	Organization
MSP. Evaristo Bernes Ramon	Universidad Autonoma de Cd. Juárez
Presbitero Francisco Javier Calvillo	Casa del Migrante
Blanca A Rquera E.	Casa del Migrante
Lic. Olivia Caraveo	Centro de Integracion Juvenil
Dr. Rafael Contreras Lopez	Instituto Mexicano del Seguro Social
Mtra. Monica Chavira Urquieta	Crecimiento Humano y Educacion por la Paz
C. Davide Dalla Pozza	Tenda Di Cristo
Dr. Cesar Mario Fuentes Flores	Colegio de la Frontera Norte
Dr. Gustavo Llamas	Programa SERE/Municipio
Lic. Julieta Nunez Gonzalez	Instituto Nacional de Migracion en el Estado de Chihuahua
Dr. Hector Puertas Rincones	Servicios de Salud de Chihuahua
Lic. Maria Elena Ramos	Programa Companeros
Lic. Gilberto Solis	Albergue Mexico Mi Hogar
Carlos Gtz. Casas	CEDH
G. Reyes	
Dr. Jesus M Rodriguez	ISSSJ

Cd. Juárez: Group 21- Private Sector

Work Group Host: Dra. Maria Teresa Zorrilla

Work Group Facilitator: Dra. Beatriz Diaz Torres

Work Group Attendees:

Name	Organization
Dr. Francisco Berumen Alatorre	Colegio de Medicos del Estado de Chihuahua en Cd. Juárez
Lic. Miguel Angel Calderon Rodriguez	Colegio Bilbao
Dr. Hector Puertas Rincones	Servicios de Salud de Chihuahua
Dr. Javier Garcia P.	ICH MUJER
Jorge Luis Pedroza Serrano	AMAC

Ft. Bliss: Group 22- Providers, Community & Regulatory

Work Group Host: Jean Offutt

Work Group Facilitator: Lindsley Withey

Work Group Attendees:

Name	Organization
Jean Offutt	Fort Bliss U.S. Army Installation
Clarence Davis	PAO, William Beaumont
David Thackston	TX Vets Land Board
Robert Rangel	VFW Trustee
Darla Daddis	US Public Demand

Group 23- Mental Health

Work Group Host: Sharon Butterworth

Work Group Facilitator: Lindsley Withey

Work Group Attendees:

Name	Organization
Sharon Butterworth	DADS- TX Dept.
Ray Tulus	Opportunity Center
Ruben Garcia	Annunciation House
Gary Larcenaire	MHMR
Blake Barrow	Rescue Mission
David Drum	PEAK
Leslie Robbins, PHD	New Mexico State University
Ed Ricardo Gondara	El Paso County Sheriff's Office
M.Hebeker	El Paso County Sheriff's Office
A. Becerra	El Paso County Sheriff's Office



Committee Members

Tilahun Adera, Ph.D., Dean of Health Sciences
New Mexico State University
575-646-2810
tadera@nmsu.edu

David Buchmueller
Consultant
915-581-5121
dbuchmueller@sbcglobal.net

Sharon Butterworth
Consultant
915-584-7496
sharon.Butterworth@att.net

Maria Teresa Cerqueira, MS, Ph.D.
Chief US-Mexico Border Office
Pan American Health Organization
915-845-5950, ext. 12
cerqueim@fep.paho.org

Jacob Cintron, Chief Executive Officer
Del Sol Medical Center
915-595-9225
robert.cintron@hcahealthcare.com

Bob Cook, President
REDCO—El Paso Regional Economic Dev. Corp.
915-534-0515
bcook@elpasoredco.org

Kathleen Curtis, Ph.D., Dean/Professor
University of Texas at El Paso—College of Health
Sciences
915-747-7201
kacurtis@utep.edu

Manuel De la Rosa, M.D., Founding Dean
Texas Tech University Health Sciences Center
Paul Foster School of Medicine
915-783-5510
jmanuel.delarosa@ttuhsc.edu

Guadalupe De La Vega, Founder
The FEMAP Foundation
656-616-0833
garizpe@msn.com

Myrna Deckert, President and CEO
Paso del Norte Health Foundation
915-544-7636
mdeckert@pdnhf.org

Paul Dulin, Director, NM Officer for Border Health
US-Mexico Border Health Commission
575-528-5154
paul.dulin@state.nm.us

Ronald J. Dutton, Director, Office of Border Health,
Texas Dept. of State Health Services
512-458-7675
rj.dutton@dshs.state.tx.us

Junius J. Gonzalez, M.D., Provost
University of Texas at El Paso
915-747-5725
jjxgonzales@utep.edu

Deborah G. Hamlyn, Deputy City Manager/Quality of
Life Services
City of El Paso
915-541-4686
hamlyndg@elpasotexas.gov

John Harris, President and CEO
Sierra Providence Health Network
915-577-6625
john.harris@tenethealth.com

Paul Herzog, Chief Executive Officer
Memorial Medical Center
575-522-8641
paul.herzog@lpnt.net

Michael Hill, Director, Department of Public Health
City of El Paso
915-771-5702
michael.hill@elpasotexas.com

Michael Kelly, Ph.D., Senior Program Officer
Paso del Norte Health Foundation
915-544-7636
mkelly@pdnhf.org

Cindy Lyons, CPA—Shareholder
Lauterbach, Borschow & Company, P.C.
915-544-6950
clyons@lb-cpa.com

Jacquelyn Mitchell-Edwards, Chief Operating Officer
Paso del Norte Group
915-534-7364
jmedwards@pasodelnortegroup.org

Committee Members



Jean Offutt, Garrison Public Affairs Officer
Fort Bilss U.S. Army Installation Management Agency
Southwest Region
915-568-4505
jean.offutt@us.army.mil

Denten Park, Chief Executive Officer
Mountain View Regional Medical Center
575-556-7611
denten.park@mountainviewregional.com

Daniel Reyna, MSS, MPA, General Manager
US Section, Office of Global Health Affairs Executive
Director
915-532-1006
dan.reyna@hhs.gov

Emma Schwartz, Executive Director
Medical Center of the Americas Foundation
915-613-2478
emma@mcamericas.org

Silvia Sierra, Director
Doña Ana County Health & Human Services
575-525-5833
silvias@donaanacounty.org

Patsy Slaughter, Director
El Paso Medical Society
915-533-0940
epmedsoc@aol.com

Ray Stewart, Director
Public Health Region 5
New Mexico Department of Public Health
575-528-5174
rstewart@doh.state.nm.us

Patty Tiscareño, Executive Director
Rio Grande Cancer Foundation
915-562-7660
ptiscareno@rgcf.org

James Valenti, President & CEO
University Medical Center of El Paso
915-521-7601
jvalenti@umcelpaso.org

Ma. Teresa Zorrilla-Carcaño, M.D.
Executive Secretary, Mexico Section
915-532-1006
doctorazorrilla@saludfronteriza.org.mx

Debroah Zuloaga, Executive Director/CEO
United Way of El Paso County
915-533-2434
dzuloaga@unitedwayelpaso.org

Consultants: Hammes Company
One Galleria Tower • 13355 Noel Road, Suite 1130
Dallas, TX 75240

Regional Strategic Health Framework



This phase of the planning was funded by:

- City of El Paso
- Las Palmas/Del Sol
- Paso del Norte Health Foundation
- Regional Economic Development Corporation (REDCO)
- Sierra Providence Health Network
- The Paso del Norte Group
(Council of State Governments/USAID)
- United Way County
- University of Texas at El Paso

