

## **BORDER INDICATORS TASK FORCE AND ENVIRONMENTAL HEALTH WORKGROUP MEETING (February 2-4, 2005)**

### **A. General Information:**

**Organized by:** The Border Indicators Task Force and the Environmental Health Work group

**Meeting location:** Hotel Lucerna, Ciudad Juárez, Chihuahua, México

**Agenda:** See appendix A

**Participants:** See appendix B

### **B. Meeting Objectives:**

- Prioritize and address regional environmental health issues
- Describe and discuss the Border 2012 strategy for the development and adoption of indicators
- Coordinate indicator efforts between Border 2012 partners and stakeholders
- Reach consensus on the progress of the strategy and the binational indicator list

### **C. Meeting Summary:**

*Wednesday, February 2*

#### **Welcome/Introductions**

The day began by an opening welcome message by Environmental Health Workgroup (EHWG) co-chairs Dr. Harold Zenick and Dr. Rocio Alatorre. After introductions, Admiral Richard Walling gave a brief presentation (*see PowerPoint: "EHWG with USMBHC"*) on the recent alliance that was formed between the EHWG and the US-Mexico Border Health Commission (USMBHC). Admiral Walling posed two questions in his presentation:

- How can we take advantage of this alliance?
- How can we make the alliance work for both groups?

Dr. Alatorre expanded on Admiral Walling's theme and reminded the group that we need to identify better the efforts that are taking place in the other workgroups, policy forums, the USMBHC, and the state and regional offices. Additionally, she reminded the group that we need to build on the efforts that are underway in order to make the most productive use of our resources.

Dr. Zenick gave a presentation (*see PowerPoint: "Past EHWG priorities"*) on the priorities from the past few years of the EHWG. He explained that this meeting's goal is very similar to the remarks made by Dr. Alatorre. The priorities and activities of the respective Regional Environmental Health Taskforces will be presented since the goal of the meeting is to reach consensus on a limited number of priorities.

## **Regional Environmental Health Taskforce and USMBHC presentations**

- Norma Duran, EPA Region 6, Border Office (*see PowerPoint: “Region 6 EH priorities”*)
  - Dr. Haynes, New Mexico-Texas- Chihuahua EH taskforce
    - Explained program to monitor environmentally related respiratory diseases (see [www.pdnhealth.org](http://www.pdnhealth.org))
    - Focus mainly on air quality and respiratory health. The next phase will be gastrointestinal (GI) diseases, but there are not similar data on both sides of the border. There is a need for standardization of data on GI diseases, and there are groups working on this.
  - Hector Gonzalez, Texas-Coahuila-Nuevo Leon-Tamaulipas EH taskforce
    - Priorities include: water and sanitation (basic infrastructure, reduce GI diseases), air quality, indicators to tie epidemiological data to environmental data, training of health care providers, developing binational education liaison projects
- Nate Lau, EPA Region 9
  - Ward Jacob, Arizona-Sonora children’s environmental health task force (*see PowerPoint: “Arizona-Sonora priorities”*)
    - Priorities include: environmental asthma triggers reduction, reduction of exposure to pesticides
  - Maura Mack, future California-Baja California taskforce
    - In process of forming a California-Baja California environmental health taskforce
    - Already identified priorities include: pesticide exposure (underreporting and accuracy issues, training pesticide workers, binational reporting system), air quality, lead exposure (need more education on exposure)
- Eva Moya, USMBHC (*see PowerPoint: “USMBHC”*)

## **Consensus Building on Priorities**

Nate Lau and Norma Duran gave a brief summary presentation (*see PowerPoint: “Common issues of EHTF”*) on the priorities that had been presented. Dr. Zenick, Admiral Walling, and Dr. Alatorre then led a discussion on the presentations and priorities in an attempt to determine an action plan.

It was generally agreed upon that waterborne illnesses were absent from the list of summary priorities, and should be included. Also prominently missing was the development of linkages between the environment and health (indicators). Other priorities that were raised by members of the larger group (and not the regional environmental health task forces) included water/sanitation, solid waste, contamination sources, and fugitive dust impacts.

There was also discussion about the importance of regional vs. border-wide projects, priorities, and efforts. Although regional issues and priorities are clearly important, it is the role of the EHWG to focus on issues that are border-wide, so as to make the largest impact possible. It was speculated that once regional work was performed, it could be summarized at a border-wide level.

Several major issues arose from the discussion as process-related aspects for focusing on the previously identified priorities. One of the major process-related aspects was the availability of data. It was mentioned several times that in many instances US and Mexican data are not comparable due to differences in surveillance and reporting, as well as diagnostic methods. Furthermore, often data is available at a regional level (or state-wide level) but not a border-wide level. Registry systems were discussed, along with the need to ensure that diseases and causes are identified the same way in all parts of the border region. Finally, data management was discussed briefly with respect to how to present the results of research and how they can be utilized to give vital information.

Another major process-related theme was the management and distribution of key resources, financial and otherwise. It was agreed resources should be integrated to focus on key issues, but there was an open-ended question posed about how to improve the coordination of funding from different groups and agencies.

Finally, ways to improve coordination and communication between groups was also discussed at length. Although everyone agreed that coordination and communication were important, few solutions were proposed. Several open ended questions were posed during the discussion:

- How can we tie various groups and efforts together?
- How do we decide which issues are most important to work together on?
- How do we make connections between groups?
- How do we develop partnerships with the border health offices?

The remainder of the discussion during this time focused on possible ways to move forward with the work of the EHWG. One of the major suggestions was to form smaller topic-specific technical groups to identify and share what is knowledge is available and what is lacking. Other suggested actions for the EHWG included:

- establishing common methodology (reference, approach, etc)
- further utilizing GIS
- investigating the role of environmental health in cumulative risk

After the discussion, Dr. Zenick, Admiral Walling and Dr. Alatorre agreed to review the comments and conversation, and determine the best course of action for the EHWG. Subsequently they agreed to the development of Action Plans focused on Air and Water. Dr. Zenick presented this proposal at the end of the Border Indicators Task Force meeting on February 4 (*see PowerPoint: "EHWG Action Plan"*).

### **Other issues**

Dr. Zenick gave a brief summary of the other activities of the EHWG, including pesticides (*see PowerPoint: "Update on pesticide activities"*) and the HRSA partnership. Kirstin Crowder gave a presentation on the HRSA project the "Environmental Health E-group" (*see PowerPoint: "Yellow pages to e-group"*)

*Thursday, February 3*

### **Welcome**

Salvador Sánchez Colón, on behalf of the Border Indicators Task Force co-chairs, and Dr. Hal Zenick and Dr. Rocío Alatorre, the Environmental Health Workgroup co-chairs, welcomed the participants.

Opening remarks highlighted the joint work taking place, which represents an opportunity to continue exploring the means to analyze the links between health and environment. In addition, the presence of representatives from the various Border 2012 workgroups was acknowledged and deemed important for accomplishing the meeting objectives.

### **Experiences with the development of indicators**

Several experiences were presented relating to the development of public health and environmental indicators (see presentations: 1) *The Role of Environmental Public Health Indicators*, Dr. Michael McGeehin, CDC; 2) *Lessons Learned from Indicator Workshops*, Piedad Huerta, OPS; 3) *Binational monitoring network of environmental-related diseases*, John Haynes, Texas Tech University HSC El Paso).

Environmental health public indicators are simple measures that describe a complex system; they are able to evaluate the health conditions of the border communities, provide quantitative results over time and visible results of financial investment.

The environmental and health indicators will be optimized if linkages are associated between ambient exposure and health effects with the end of goal of analyzing which means of improving ambient quality would lead to health improvements. The development of these indicators imply work by consensus, whereby the local people and organizations are the most appropriate for determining if the proposed indicators are feasible. Equally important is identifying the resources for their development and the institutions that can provide the data.

### **Strategy for the development of indicators**

Salvador Sánchez Colón presented the Strategy for the Development of Border 2012 Indicators for consideration of the participants in order to agree upon a common framework for indicators work. Included was an overview of the conceptual framework model, definitions, and selection criteria (see PowerPoint presentation and the Draft strategy document).

Comments on the strategy and proposed timeline for the development of indicators were received. For example, it was discussed whether the DPSIR framework model is the most appropriate for the program's purpose, similarly the classification of indicators as environmental or program, and the organization of indicators per objective. It was suggested that the development of indicators start even if the proposed indicators are not ideal candidates.

Emphasis was placed on the necessity to determine who and how the data would be made available. It should be noted that the data collection process is a phase that will span over an extensive length of time. For this reason, an essential part of the strategy is the participation of representatives from each workgroup.

## **Indicators List**

The proposed indicators corresponding to each program goal were presented to obtain feedback on their relevance to address the respective objectives and actions implemented by the taskforces. The EHWG and several other media group representatives stated that they would review the indicators in greater detail and submit suggestions to the BITF on better indicators. Comments received both at the meeting and post, in writing, will be incorporated in the revised version that will be presented during the National Coordinators Meeting taking place March 8-10 of the current year.

## **Coordination with the workgroups**

This session focused on exploring how the BITF can best assist and coordinate work with the various taskforces. Emphasis was placed on reviewing the most adequate mechanisms to facilitate communication between the BITF and other workgroups in order to ensure that indicators work is useful and reflects the priorities of the program participants.

The BITF was charged with a fundamental task of creating mechanisms and protocols that facilitate the reporting of data by the other workgroups, with the intent of facilitating the development of indicators. This task will also assist in the identification of areas with data gaps that would require specific strategies for the data collection. Since BITF work is based on collaboration, providing guidance, and assisting with the diffusion of information to the public coordination between the BITF and the Communications Task Force (CTF) is considered essential.

*Friday, February 4*

## **Work Plan**

Several action items to be led by the BITF were proposed for 2005, including preparing for the National Coordinators Meeting. Priorities and additional activities were suggested by the different workgroups present.

## **Agreements**

Preparation for the National Coordinators Meeting

- Deadline to receive comments on the strategy and indicators list: February 18
- Comments will be integrated in the document and resent to the workgroups and meeting participants by February 28.

During the meeting:

- The strategy and indicators list will be formally presented to all of program co-chairs.
- A space will be allocated for comments on the modifications to the indicators list.
- Each workgroup will be requested to assign a formal representative to participate in BITF activities.
- The BITF workplan for 2005 will be presented.

Workplan 2005

- Evaluate the proposed indicators
  - Organizing workshops to agree upon a common methodology for collection, analysis and reporting of the proposed indicators was discussed. The month of

May was proposed as a tentative date. Assistance with indicator assessment will be requested from the Pan American Health Organization.

- Develop a data collection strategy
  - The BITF will collect the readily available data and request collaboration from the workgroups in the identification and collection of the local data with the intent of developing a data directory. This will be a useful program reference as information about available data sources will be accessible from one central location, and it will help identify data gaps.
  
- Develop a communications strategy
  - Several options were discussed for the communication of BITF work such as the utilization of the EPA and SEMARNAT website, the establishment of a virtual library, and the publication of the Strategy for Indicator Development by the end of 2005.
  - The need to work in coordination with the Communications Task Force was reconfirmed.