2012

Proceedings Report of the Binational Border Health Research Work Group and Expert Panel Meeting

June 4, 2012
San Diego, California

Providing international leadership to optimize health and quality of life along the United States-México Border

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United States–México Border Health Commission

Binational Border Health Research Work Group and Expert Panel Meeting

June 4, 2012

San Diego, California

The United States-México Border Health Commission (BHC) convened a meeting of the Binational Border Health Research (BHR) Work Group and Expert Panel on Monday, June 4, 2012, in the Point Loma Rooms of the Kona Kai Resort in San Diego, California.

Welcome and Background

Dr. J. Manuel de la Rosa, BHR Work Group-U.S. Section Co-Chair, called the meeting to order and welcomed participants. Dr. Luis Fernando Macías García, BHR Expert Panel member served as co-chair for the México Section in representation of Dr. Dora Elia Cortés.

The purpose of the meeting was to update activity plans and begin formulating next steps in support of developing a comprehensive borderwide research agenda.

Meeting objectives were identified as follows:

- Name new BHR Expert Panel members.
- Review BHC committee reports and take action on pending items.
- Review proposed plans for a border health journal.
- Review Healthy Border (HB) 2010/2020 initiative status updates.
- Develop a BHR Forum work plan.

Dr. de la Rosa provided a historical overview on the establishment of the BHR Work Group, the Expert Panel, and related Forum to ensure clarification of each BHC input mechanism and how each addresses research issues along the U.S.-México border as follows:

- ***BHR Work Group***

  This work group was established as an ad-hoc group in 2005 in response to an identified need for capturing and sharing research conducted along the U.S.-México border. The work group consists of BHC members and delegates interested in border research and in guiding the plans and actions for the BHC's BHR Initiative. Currently, there are seven work group members (4 U.S. and 3 México).

- ***BHR Expert Panel***

  Since BHC members and delegates may or may not possess academic research expertise, the expert panel was established to fulfill this need, consisting of academic researchers identified by BHC-section leadership. In this capacity, expert panel members (currently eight total, 4 U.S. and 4 México) serve as subject matter experts on border health issues and provide the work group recommendations that ultimately assist the BHC with developing a comprehensive borderwide research agenda. In effect, the BHR Work Group and Expert Panel work in concert to provide guidance and expertise to assist the BHC in—

1) Cooperating with other entities involved in border research.
2) Identifying and promoting sound research methodologies.
3) Identifying resources to support research.

The work group is responsible for the work and tasks; the expert panel is responsible for the discussion and exchange of ideas. While the expert panel makes recommendations to the work group, the work group makes recommendations to the BHC at large. To date, the work of the expert panel has included identifying discussion topics to establish conjoint programs for conducting research. Those topics and recommendations include the following:

- How is communication achieved? A border health journal has been proposed.
- How does the BHC know what research is being conducted? The work group and expert panel have worked on cataloging research but have yet to identify a functional database for the border.
- Under what venues and limitations are citizens protected? Human subject protection is the subject for developing a binational institutional review board (IRB).

These three topics have served as mechanisms to develop an agenda for healthy people on the border, known as the Healthy Border (HB) 2010/2020 initiative. The work of HB frames the agenda and topics but also lays the groundwork for financing and identifying resources; the IRB, database, and journal are resources to define that agenda. A suggestion was made to consider aligning the HB 2020 agenda with research priorities from a multi-disciplinary approach and mapping out how to collectively utilize resources.

- ***BHR Forum***

  The forum's ultimate vision is to develop a comprehensive borderwide research agenda. Its purpose statement is as follows:

  To convene academic and research institutions from the U.S. and México and decision-makers interested in border health to lead long-term coordinated dialogues and actions aimed at understanding border health research; identifying the types of research performed as well as its applications and implications on policies; and identifying financing opportunities, capacity-building, and research priorities.

  The BHR Forum is the work group and expert panel's opportunity to communicate with researchers and those interested in research-based policies along the border. While the forum's purpose is distinct, the BHC's Program Committee has requested the BHR Work Group and Expert Panel develop a succession plan that includes specific objectives and intended outcomes to ensure the BHC can effectively evaluate its work with respect to meeting its mission: improving health and quality of life for border residents.

Following the BHR initiative overview, Dr. de la Rosa noted that while the ultimate research goal is clear, the question remains on how to achieve that goal. That is why an evaluation plan needs to be coordinated along the work group's identified themes, taking into account the following questions:

- How is research conducted?
- Who conducts the research?
- What types of partnerships are necessary to conduct research?
- What outcomes are anticipated in terms of the program?

Work group and expert panel members identified additional topics for discussion as follows:

- Focus on border health research issues to assist clinicians and decision-makers through a border health journal.
- Foster strategic journals to publish border research; if a journal is not feasible, mentor researchers to publish together.
- Support international IRB guidelines and processes.
- Clarify funding processes and resources for research.
- Communicate work group and expert panel discussions to BHC members.
- Identify areas where concrete progress has been made to assist with identifying follow-up and next steps.
- Identify expert panel needs and expectations.
- Guide cultural processes within universities and other research institutions.

Work Group Actions and Updates

Dr. Cecilia Rosales, BHR Work Group member-U.S. Section, made a motion to reinstate Dr. Larry Kline, BHC Member-California, as a member of the BHR Work Group-U.S. Section who previously served on the work group but did not participate last year.

The motion was approved by general consensus.

Two BHR U.S. Section Expert Panel nominations were identified for consideration as follows:

1) Dr. Michael Young—Associate Dean for Research at the College of Health and Social Services, Director of the Department of Public Health Services, and Professor at the Southwest Institute for Health Disparities Research, New Mexico State University (NMSU), nominated through a formal letter by Dr. Tilahun Adera, Dean of the College of Health and Social Services, NMSU. Dr. Young replaces Dr. Jeff Brandon who retired from NMSU.
2) Dr. João Batista Ferreira-Pinto—Director of Research and Special Projects, Director of the Center for Interdisciplinary Health Research and Evaluation, and Associate Research Professor at the University of Texas at El Paso (UTEP) nominated through a formal letter by Dr. Roberto Osegueda, Vice President for Research, UTEP. Dr. Ferreira-Pinto replaces Dr. Osegueda who has stepped down.

After Dr. Young and Dr. Ferreira-Pinto provided a brief overview of their research expertise, Dr. de la Rosa made a motion to accept them to the expert panel.

Dr. Rosales seconded the motion; the motion was approved.

In reference to the work group, Dr. Jaime León Varela, BHR Work Group member-México Section, commented there are four U.S. members and only three México Section members. He noted that the membership should be equal since this may impact decisions. Secondly, he proposed the work group and expert panel meet throughout the year via teleconference to continue discussions and ensure proper follow-up on recommendations and action items.

Discussion ensued on how often the work group and the expert panel should meet and by what method. While Dr. Rosales emphasized each group should meet binationally and not separately

by section, Dr. Varela still proposed the México Section of the work group meet separately to discuss internal operational issues in order to move forward with working binationally.

The full work group agreed to meet monthly via teleconference and request expert panel input on a quarterly or biannual basis, as appropriate.

Dr. de la Rosa then reviewed the 2011 BHR Work Group and Expert Panel meeting actions log and list of pending plans and actions. He reiterated that one of the pending tasks, as requested by the BHC Planning Committee, is to provide specific outcomes and a succession plan. He suggested using the journal, database, and IRB topics as the three areas to anchor this request.

Healthy Border 2010/2020 Update

The Healthy Border (HB) 2010/2020 update agenda item was tabled for the BHR Forum discussion to provide an opportunity for wider audience input.

Dr. de la Rosa stated the themes and topics discussed by the work group and expert panel should align with the proposed topics addressed by HB. As such, the capacity to guide those themes would be part of the group's work in order to provide the BHC recommendations. He also noted it is important to identify what this group's impact will be on HB 2020.

Dr. Rosales stated the HB 2010/2020 binational technical work group is in the process of developing HB 2020 objectives. Part of the discussion during the BHR Forum should be receiving input from the work group, expert panel, and participants. She reminded the group that HB is always on the agenda in order for work group and expert panel members to provide input.

Research Database

During the course of the meeting, establishing a research database became a major topic of discussion, ranging from existing databases to financing a database, to identifying other stakeholder institutions.

Frank Cantu, Ex-Officio Expert Panel member-U.S. Section, stated existing databases should first be identified as well as who is included in them, citing that Dr. Howard Eng, from the University of Arizona, previously developed a list of researchers and their research areas and suggested following-up with him on its status.

Dr. de la Rosa responded that this attempt was made with the Health Resources and Services Administration (HRSA), the Pan American Health Organization (PAHO), and other pipeline programs throughout the years and those lists exist, but the difficulty is maintaining and updating them.

While the PAHO U.S.-Mexico Border Office maintains a directory of research institutions, it does not necessarily include researchers' names and their areas of expertise. Dr. Maria Teresa Cerqueira, Ex-Officio Expert Panel member-U.S. Section, commented that PAHO's own Border Virtual Health Library (BVHL) is effective because each institution has its own databases. As such, it is the responsibility of each institution and researcher to update their information. The challenge is that not every institution is a BVHL member. The BVHL is specifically for border health with two types of libraries: 1) the country library based at the National Autonomous University of México and 2) the thematic library housed within PAHO to provide opportunities for researchers and universities to share information through links and other mechanisms on various public health issues. Becoming a BVHL member entails a short process that requires institutions to sign an agreement form with no associated membership costs.

Dr. Rosales proposed the institutions represented at the meeting become members and upload their information to the BVHL, serving as a first step in establishing a database. The benefits include collaborating with institutions horizontally and vertically and increasing communication with the BHC.

Dr. Lisa Cacari-Stone, BHR Expert Panel member-U.S. Section, suggested also incorporating a regional focus, for example, universities and other research organizations in the Paso del Norte region that includes El Paso, Las Cruces, and Juárez, discuss the BVHL with PAHO and the BHC to ensure they can build their capacities and organize data more effectively and efficiently.

Dr. de la Rosa proposed the expert panel advise the work group that the BHC recommend publication of the library. In the United States, he anticipates these recommendations for publication and collaboration go through HRSA, the National Institutes of Health (NIH), and universities, but he is not aware of how this would be carried out in México with the *Consejo Nacional de Ciencia y Tecnología* [National Council of Science and Technology] (CONACYT) and others. It was clarified that in México, scientific publications would first go through CONACYT, but they can also go through universities because they are autonomous. CONACYT is able to suggest public research organizations, but universities do not have this ability. *El Programa de Mejoramiento del Profesorado* [Teacher Improvement Program] (PROMEP) is another option since this program works with universities.

Dr. Batista commented on the binational work of the *Programa de Investigación en Migración y Salud* [Research Program on Migration and Health] (PIMSA) through the University of California-Berkeley and suggested looking at their methodology and expanding on it.

During the discussion, it was identified that the work group should identify distinct goals and definitions to better evaluate progress and areas where additional work is needed. If each BHC Section is operating under different goals and definitions, this will impede any progress. As such, standardization of definitions was acknowledged as a major issue and a difficult one to achieve citing previous binational discussions to identify a common definition of "adolescent" with some of the cultural and linguistic challenges therein.

In addition, it was noted that the group needs to consider what type of research should be included in a database with the following suggestions:

- Research conducted in the border region, but only on one side.
- Single projects carried out in both countries.
- Research directly related to HB focus areas and objectives.
- Research conducted by faculty members located only in the border region or those outside the region with an interest in the border.

Discussion highlighted additional difficulties with the database as it involves a lot of sub-categorizing which underscores the need for a border health journal. Using the main points of the discussion thus far, Dr. de la Rosa stated the consensus is the work group advise the BHC to recommend appropriate groups (NIH, HRSA, CDC, CONACYT, and PROMEP) and individual universities subscribe to the BVHL.

Discussions shifted towards identifying resources to support a database.

Dr. Catalina Denman, Expert Panel member-México Section, stated the work group should identify research funding opportunities that invite researchers from all institutions and

universities to address BHC topics. She cited a previous example in which the BHR Expert Panel and Work Group proposed the BHC combine funds from the National Science Foundation (NSF) and CONACYT. She suggested reviving this idea and exploring available resources from various institutions in both countries to stimulate border research.

Dr. Gudelia Rangel, Ex-Officio Expert Panel member-México Section, stated that in reference to the original proposal made several years ago, the México Secretariat of Health, together with CONACYT, was able to support this idea in order to stimulate research based on BHC priorities. In reference to PIMSA, she noted that this program is funded in part by the México Secretariat of Health and CONACYT. Since their main objective is to develop projects and programs, it may be a good suggestion to propose this idea to them.

Dr. Christina Rabadán-Diehl, Deputy Director, Office of Global Health, National Heart, Lung, and Blood Institute, NIH, commented that the issues addressed thus far are not unique to the border; however, if the BHC develops a strategy to address and implement these issues, this would set an example for international standards that other countries could follow. She also emphasized the importance of identifying common practices and tools that have international recognition in order to compare data and research. While this would be a tremendous contribution, it would also be a big challenge.

In addition Dr. Rabadán-Diehl commented there are multiple ways to mobilize resources. As an example, NIH rarely engages with counterparts in México, but other venues exist in which this happens including through joint commission meetings and memorandums of understanding (MOUs), but it is not enough to just have MOUs; there must be an implementation plan for it.

Dr. Rosales commented on the flexibility states used to have with their cooperative agreement funding in which Arizona and Sonora would announce calls for mini-grants from $2,500-$10,000 to carry out small binational projects that addressed HB 2010 objectives. This could be an option, but the group would have to advocate and educate the U.S. Department of Health and Human Services. This would allow that flexibility again or designate the BHR Forum to have that capability to execute mini-grants. Some of this work could also be divided regionally and completed through the state offices of border health and BHC outreach offices.

Dr. de la Rosa agreed this was a good idea; however, the caveat is to ensure the work is accomplished borderwide and is not splintered so each region is conducting work in silos. Communication between and among regions is critical.

With varying issues addressed and several recommendations made, Dr. Batista suggested the expert panel create a sub-committee to address specific items, including the financing aspect, in order to move forward more quickly. In effect, proposals and recommendations would be provided to the work group and ultimately the BHC.

Drs. De la Rosa and Rosales agreed.

The discussion resulted with the following proposals and recommendations:

- Identify existing resources, such as the BHC website, to post binational protocols and links to publications focusing on the border which could serve as an incubator for a full journal.
- The work group recommend the BHC carry on a campaign with institutions to help universities list themselves on the BVHL and that the institutions represented by the work group and expert panel become members of the BVHL.

- The work group propose the BHC recommend the Centers for Disease Control and Prevention (CDC), NIH, HRSA, CONACYT, PROMEP, and individual universities subscribe to the BVHL.
- Explore and expand on the methodology used by existing binational programs, such as PIMSA.
- Explore joint funding from bilateral groups to stimulate small binational research grants in priority areas identified by the BHC.
- Utilize the U.S. offices of border health and the BHC outreach offices to carry out small binational projects that address HB objectives utilizing a mini-grant process.
- The BHR Work Group and Expert Panel recommend to initiate a proposal for a sub-committee to discuss definitions and common practices. Whether this committee is part of the BHC or another bilateral agency would need to be defined.

To conclude this discussion, the two main questions addressed thus far were reiterated: 1) How can this group build a database? and 2) How can this group promote the database and its contents to stakeholders? It was noted the idea of a virtual library was ratified. As such, the next step is to address where new information should be published.

Border Health Journal Update

Dr. Pedro Cantú, BHR Expert Panel member-México Section, provided an update on the proposed border health journal. Based on the discussions from the 2011 BHR Work Group and Expert Panel Meeting and Forum and follow-up discussions with Dan Reyna, former General Manager, BHC U.S. Section, Dr. Cantú conducted a feasibility study for producing the journal and shared the results.

The topics presented included the journal format, production and publication details, and a proposed budget, with the proposed title *Healthy Border*. The proposal is for a scientific journal to be used by the scientific and academic communities throughout the U.S.-México border region.

Dr. Cantú proposed an electronic format available through the Internet with open access, free of charge. It would be published in English and Spanish three times a year and focus on research themes related to quality of life, health, and the social environment in the border region. These overarching themes could be used to ensure indexing, which is a major step to having a recognized and respected journal in both countries.

Dr. Cantú also provided details on the human resources needed to publish the journal which would include an editor in chief, an assistant, two designers, information technology specialists, two reviewers—one to review English and one to review Spanish submissions—and a binational editorial committee. Other resources include graphic design software, computers, and printers. The proposed budget included start-up costs to establish the journal for the first two years. Long-term sustainable funding mechanisms are to be determined.

The work group and expert panel supported the journal and Dr. Cantú's proposal. Discussion and comments ensued regarding the journal's feasibility with additional questions raised related to various aspects of journal production. Overall feedback and suggestions included the following:

- Define the BHC's role in this process.
- Re-evaluate the proposed title since the Healthy Border initiative already exists.
- Register the journal in the United States and México since Mexican institutions may not recognize it if it is only registered in the United States.

- Evaluate information from other journals to identify potential resources and examples of processes.
- Focus on research articles but assess the need for other types, including community practice articles.
- Publish the journal quarterly, if enough articles are submitted—otherwise, consider not moving forward with the journal.
- Consider print versus online publication, language, and indexing issues.
- Identify alternative financing methods, including pooling resources from other partners, like PAHO, that can contribute to the budget.
- Consider publishing requirements set forth by each country.
- Identify a "home base" for the journal, considering the BHC central office in El Paso as the best option.
- Consider publishing in *PubMed* since it is open to the public, noting all NIH-supported research and related findings are mandated to be published in *PubMed*, including any collaboration between U.S. and Mexican investigators that is in part funded by NIH.

Dr. Cacari-Stone made two recommendations where preliminary work had already been completed. First, she suggested developing a business plan and concept papers to be shared with potential funders such as *Health Affairs*, a health policy journal based in the United States that started from the Project HOPE Foundation. The first step could be approaching foundations for funding to develop a "founding plan" that would allow for about three years to develop a funding/financing plan. She recommended using the information from the 2011 BHR Forum and the discussion at the current meeting as the basis for a two- to three-page concept document. The expert panel recommendation to the work group would be that they advise the BHC vet the proposal and identify potential funders with Dr. Cantú leading these discussions on behalf of the work group and expert panel.

Dr. Cacari-Stone's second recommendation was to re-introduce contacting other journals. She mentioned her previous work with Dan Reyna on contacting journals, including *Public Health Reports*, but was unsure of those discussion outcomes. However, she suggested approaching another journal to discuss the possibility of publishing a regular special issue or one special issue dedicated to border health and call it *Healthy Border* to 1) evaluate how the name is marketed; 2) identify the mission and objectives for the issue and the editors; 3) identify the process for recruiting solicitations and scholarship. Scholarship will provide the opportunity to practice and plan for the long term.

Since many issues and suggestions were mentioned for consideration, Mauricio Leiva, Work Group member-U.S. Section, proposed a sub-committee be formed to discuss these in more detail, specifically in relation to identifying funding opportunities. The work group and expert panel supported this suggestion by consensus, in addition to developing a business plan.

Institutional Review Boards

As discussed during the 2011 BHR Forum, any aspect of research that is binational, whether researchers from different countries collaborate or the research is conducted in another country, it should be accomplished in partnership with counterpart institutions and researchers. This concept laid the foundation for the IRB discussion.

Dr. de la Rosa referred to the document, *IRB Actions for the BHC*, identified during the 2011 BHR Work Group and Expert Panel meeting, to review pending items and as a reminder of issues addressed to date.

The *Institutional Review Boards in the U.S.-México Border* report published by the BHC, and available on the website at www.borderhealth.org, has been distributed to chief research officers at universities, colleges, and health departments in the four U.S. border states. It was suggested the report also be distributed to counterpart universities and research institutions in México.

A media campaign to optimize IRB report distribution was initiated through the BHC's electronic border health bulletin (E-BH), but a suggestion was made to amplify efforts since the work group is not aware of E-BH subscribers.

In reference to disseminating the IRB report and translating the report into Spanish, both have been completed. However, Dr. de la Rosa stated that in the future, the expert panel needs to ensure actions like these are measurable, for example, tracking the number of hits the report receives on the website. As of December 2010, the most recently available data given the limited tracking system, there were 91 hits for this report on the BHC website. Although the actions were completed, they may not have been sufficient to complete the intent of wide dissemination.

It was noted these actions and their impacts demonstrate the BHC's advantage to comment on what the research process should include and the opportunity for this group to guide policy on how research is conducted. The remainder of the discussion focused on identifying next steps in establishing a binational IRB.

Dr. de la Rosa provided a brief overview of the purpose of IRBs including informed consent and procedures followed to recruit participants. He reiterated challenges previously mentioned to gain binational IRB approval, mainly delayed timelines and additional paperwork. Noting the BHR Forum taking place the following day will include presentations on the legal aspects of IRBs, Dr. de la Rosa stated this is the opportunity for the expert panel to provide input on the feasibility of a binational IRB, the unique cultural and financial challenges faced by IRBs, and recommendations to the BHC about the concept of a bioethics panel.

Dr. Rabadán-Diehl raised several questions for consideration:

- What is the advantage for investigators to have a binational IRB?
- Are there any issues already identified that a binational IRB may be faced with and what are the potential solutions?
- Would a binational IRB be accredited?

She mentioned two NIH initiatives that could answer some questions and serve to identify action steps. One initiative is to fund U.S. institutions to develop binational/bi-institutional IRB agreement practices and the other, administered through the Fogarty Center, is to build capacity for ethics professionals who participate on IRBs. In regards to the latter initiative, she will provide Dr. de la Rosa copies of abstracts that can inform competencies for binational IRBs.

Dr. Eloy Cardenas, Bioethics Research Committee President, Autonomous University of Nuevo León, commented on the process for Mexican authorities to approve research. In reference to a binational bioethics committee, he mentioned that a Mexican bioethics committee cannot and should not approve research taking place in the United States, even if it is being conducted by Mexican researchers. However, potential solutions include approval from both the *Comisión Federal para la Protección contra Riesgos Sanitarias* [Federal Commission for the Protection against Sanitary Risk] (COFEPRIS) and NIH or other appropriate entities in each country to evaluate research protocols. He commented that it is important to identify specific border health

issues for a binational IRB to address, for example, the human genome, rather than broader health issues.

In addition to the challenges already identified in establishing a binational IRB, several other ideas were identified as follows:

- Enforce the work of binational IRB members—Ensuring IRB members accomplish their objectives is challenging enough within one institution, which, in effect, may not be feasible for a binational IRB. However, if group members have specific credentials and/or certifications, it provides the group a high level of credibility without some of the connotations an IRB carries.
- Develop an IRB database to better understand how they operate and what is entailed in establishing one, which could facilitate research and connect IRBs in each country.
- Focus on increasing information and awareness and education and training in relation to the expert panel's role in advising the work group and the BHC, citing that many researchers do not know what is required in other countries to conduct research. Examples to achieve this include creating a matrix of required documents and actions by entities in each country, including separate guidelines for biomedical, social science, and community-engaged research. The training piece could be developing a video module, and each university could elect to use it.

Dr. Macías suggested implementing a gradual strategy considering the following items: 1) specific pertinent ethical criteria required for researchers rather than creating a binational bioethics committee, 2) prevention issues, 3) treatment issues, and 4) regulation issues.

Although the BHC has identified guidelines for IRBS in each country as well for joint IRBs and disseminated them to various stakeholders, the group acknowledged additional efforts should be taken to ensure wider distribution and improve current mechanisms to track who is receiving these types of reports and recommendations and how the information is being used.

The second part of the discussion involved differentiating between partnerships and processes. The process to conduct binational research is a separate issue from establishing partnerships between research institutions. COFEPRIS and the Office of Human Research Protections (OHRP) have set processes in each country, but investigators may not know those processes if they are trying to conduct research in the other country. A dichotomy exists where investigators are trying to respect processes and sovereign rights of each country by identifying the correct processes for each country. Conceptually, a joint process could be developed where researchers follow the respective country's protocol where research is to be conducted.

In previous meetings, the group agreed that research conducted in either country should include partnering institutions to ensure appropriate protocols are adhered to as required by each country. This point was reiterated but also noting it should not be confused with the processes required to conduct research, or in other words, creating a binational IRB. This point raised many questions and almost as many suggestions to address it. Despite all the challenges and the range of topics discussed it was concluded to further explore creating a clearinghouse that directs, triages, and re-directs which processes to follow rather than creating an additional IRB.

Closing

The overall purpose of this meeting was to update activity plans and begin formulating plans for the next steps in developing a comprehensive borderwide research agenda. In support of this, the BHR Work Group and Expert Panel identified the following action items and recommendations:

BHR Work Group and Expert Panel

- Schedule monthly work group teleconference and include the expert panel on a quarterly or biannual basis, as appropriate, for feedback and input.

Research Database

- Identify existing resources, such as the BHC website, to post binational protocols and links to publications focusing on the border.
- Implement a campaign, through the BHC and partner institutions, to help universities list themselves on the BVHL and that the institutions represented by the work group and expert panel become members of the BVHL.
- Proposed the BHC recommend NIH, HRSA, CDC, CONACYT, PROMEP, and individual universities subscribe to the BVHL.
- Explore the methodology used by existing binational programs, such as PIMSA, and expand on it.
- Explore joint funding from bilateral groups to stimulate small binational research grants in priority areas identified by the BHC.
- Utilize the U.S. offices of border health and the BHC outreach offices to carry out small binational projects utilizing a mini-grant process.
- Identify a sub-committee to begin discussing definitions and common practices to use in developing a database.

Border Health Journal

- Recommend a sub-committee of the expert panel further explore identifying feasible funding opportunities and developing a business plan to establish a journal.

Institutional Review Boards

- Distribute the BHC's IRB report to Mexican chief researchers and research institutions.
- Improve efforts to distribute the IRB report and future reports to a wider audience using better tracking mechanisms.
- Explore creating a clearinghouse that directs, triages, and re-directs which processes to follow rather than creating an additional IRB.
- Use copies of abstracts that include competencies for IRB members as examples for developing a binational IRB or similar entity should the BHC determine this is feasible.

The following topics were addressed but no actions or recommendations were identified:

HB 2010/2020 Initiative

This agenda item was tabled for the BHR Forum to provide updates on the closeout of HB 2010 and the development of HB 2020, and to gather input on HB 2020 from a wider audience. It was emphasized that this initiative should be driving the topics and themes the work group and expert panel address.

BHR Forum Work Plan

Due to time limitations and amendments to the agenda, this agenda item was also tabled. It remains a pending action item with plans to address it during the next scheduled work group meeting.

Throughout the meeting, communication was a recurring theme identified as a critical component for the BHR Work Group and Expert Panel, and, ultimately, the BHC, in developing a comprehensive borderwide research agenda. Although communication efforts are effective in some areas, improvements in all types of communication between and among all stakeholders is key to successfully following-up on the actions and recommendations identified.

After summarizing the main action items Dr. de la Rosa and Dr. Macías provided closing comments and adjourned the meeting.

Appendices

Appendix A: Agenda

Appendix B: Participant List

Appendix C: Presentación de la Propuesta de Revista Cientificia (Border Health Journal Proposal Presentation)

Appendix D: Suggested IRB Actions for the U.S.-México Border Health Commission Matrix

Appendix E: Acronyms List