Task Force of Border Health Officials

As Required by

Texas Health and Safety Code

Section 120.101(d)

September 2018

Administrative support provided by the Department of State Health Services
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Executive Summary

Texas Health and Safety Code Section 120 establishes the Task Force of Border Health Officials (Task Force) to advise the Department of State Health Services (DSHS) related to health problems, conditions, challenges, and needs of the population in the border region. Section 120.101(d) requires that the Health and Human Services Commission (HHS) Executive commissioner submit a report detailing the actions taken by the Task Force not later than September 1 of each even-numbered year.

This report describes Task Force actions taken in its inaugural year beginning September 2017. The 12-member Task Force is comprised of seven border health directors from each county and municipality in the border region that has a sister-city with Mexico; three DSHS Public Health Regional Directors appointed by the Commissioner; and two ex-officio non-voting legislative members appointed by the Lieutenant Governor and the Speaker of the House of Representatives.

The Task Force is required to meet at least quarterly and submit a recommendations report to the DSHS Commissioner for the short-term and long-term border plan by November 1 of each of the even-numbered year. In this first year, the Task Force has completed strategic planning and reviewed border health data that led to the formation of five border health workgroups, as follows:

- Border Public Health Infrastructure
- Communicable Diseases
- Environmental Health
- Chronic Diseases
- Maternal and Child Health

Within the five workgroup areas, the Task Force has developed problem statements and improvement theories that will serve as the basis for its recommendations report, due by November 1 of each even-numbered year, related to major public health issues affecting the border region.
The Task Force of Border Health Officials (Task Force) was created by Senate Bill 1680, 85th Legislature, Regular Session, 2017, and is codified in Texas Health and Safety Code Section 120. The Task Force was established as an advisory body to address public health issues that affect residents living in the Texas-Mexico border region. The Task Force is specifically charged with advising DSHS on major border health priorities, including access to health care services, public health infrastructure, disease surveillance, disease control and prevention, and collaboration with local, regional, and state officials on both sides of the border.

The Task Force is comprised of ten voting and two non-voting members (Appendix A). Seven voting members are defined in the enabling statute as health directors from each county and municipality in the border region that has a sister-city with Mexico. As authorized in SB 1680, the DSHS Commissioner named three DSHS Public Health Regional Directors, as voting members, to ensure representation for rural border counties without local health departments. The Task Force also includes two ex-officio non-voting legislative members appointed by the Lieutenant Governor and the Speaker of the House of Representatives.

Required duties of the Task Force legislation include the following:

- The HHS Executive Commissioner shall submit a report detailing the actions taken by the Task Force not later than September 1 of each even-numbered year.
- The Task Force is required to meet at least quarterly. The Task Force shall submit a Recommendations Report to the DSHS Commissioner for short-term and long-term border plans by November 1 of each even-numbered year.

The activities and actions related to the Task Force thus far include:

- Appointment of the Chair and Vice-Chair by the Commissioner.
- Development of vision and mission statements and approval by bylaws.
- Formation of five Border Health Workgroups to define problem statements.
The Task Force of Border Health Officials (Task Force) was created by Senate Bill 1680 and defines the “border region” as the area consisting of the counties immediately adjacent to the international boundary between the United States and Mexico. The Texas border region stretches 1,254 miles from the Gulf of Mexico to El Paso, Texas, and includes eight sister communities along the border between Brownsville-Matamoros and El Paso-Ciudad Juarez. Two tribal nations are located in the border region, the Kickapoo Traditional Tribe of Texas near Eagle Pass and the Ysleta del Sur Pueblo in El Paso.

The Texas border is one of the busiest international boundaries in the world, with a current population of nearly 3 million on the Texas side. Most border residents are Latino/Hispanic (88.2 percent), compared to only 31.4 percent of Texas non-border residents. The Texas border region is characterized by high rates of poverty (27.8 percent of the Texas border population is in poverty) and low levels of health.

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insurance coverage (34.6 percent of border adults ages 18-64 have no health insurance coverage⁴).

The Texas border is disproportionately affected by obesity, diabetes mellitus, certain contagious diseases like tuberculosis, and additional public health concerns. The Texas border faces multiple challenges, including limited access to primary, preventive, and specialty care. A review of selected border health data is presented in Appendix B.

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3. Task Force Activities – Year One

Task Force Meeting Dates and Attendance of Members

<table>
<thead>
<tr>
<th>Date</th>
<th>Attendance</th>
<th>Quorum</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 11, 2017</td>
<td>Eleven of twelve members participated in person</td>
<td>Yes</td>
</tr>
<tr>
<td>February 7, 2018</td>
<td>Ten of twelve members participated in person</td>
<td>Yes</td>
</tr>
<tr>
<td>April 13, 2018</td>
<td>Eight of twelve members participated in person and one via conference call</td>
<td>Yes</td>
</tr>
<tr>
<td>June 27-28, 2018</td>
<td>Ten of twelve members participated in person and one via conference call</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Description of Task Force Actions

The Task Force held its initial meeting on December 11, 2017, and focused on establishing roles, responsibilities, and a work plan. The Commissioner of Health had previously appointed the Task Force Chair and Vice-Chair. Task Force members received information on code of conduct, ethics, quorum, conflict of interest and open meeting requirements. One of the first actions undertaken was drafting of the Task Force by-laws. Members also initiated listing of public health priorities for the border region.

The second Task Force meeting occurred February 7, 2018. The Task Force approved meeting minutes of the initial meeting and reviewed the draft by-laws. The meeting included a strategic planning session and the Task Force established break-out groups to develop vision and mission statements. DSHS presented an overview of border health data.

The third Task Force meeting took place on April 13, 2018. The Task Force revised and approved by-laws, as well as meeting minutes from the previous meeting. The work groups presented prospective mission and vision statements and they were approved unanimously, as follows:
Vision: A Healthy and Equitable Border Community

Mission: To identify and raise awareness of health issues impacting border communities and establish policy priorities to enhance border public health, creating a healthy binational community.

The Task Force members culminated planning efforts by prioritizing and grouping principle border health topics and creating five principal Work Groups, as follows:

- Border Public Health Infrastructure
- Communicable Diseases
- Environmental Health
- Chronic Diseases
- Maternal and Child Health

The fourth Task Force meeting was held on June 27-28, 2018. The Task Force approved meeting minutes from the April meeting and considered preliminary Work Group problem statements. In addition, the Task Force learned more information about the Public Health Funding and Policy Committee.

Anticipated Activities of the Task Force for 2018

The five Task Force Workgroups continue to finalize problem statements and draft short and long-term recommendations for the report to the DSHS Commissioner, due by November 1, 2018, and each even-numbered year thereafter.

A summary of the Workgroup areas with corresponding priority problem statement sub-topics are presented below:

1. Border Public Health Infrastructure
   a. Public health laboratory capabilities (human and vector testing)
   b. Consideration of the Texas border as distinct public health region
   c. Representation of border health officials on state committees and other policy setting groups

2. Communicable Diseases
   a. Tuberculosis
   b. Immunization (Vaccine preventable disease)
   c. STDs/HIV

3. Environmental Health
a. Vector control and sanitation
b. Food/waterborne diseases
c. Water/wastewater infrastructure
d. Solid waste disposal

4. Chronic disease
   a. Diabetes
   b. Hypertension
   c. Obesity
   d. Cancer

5. Maternal and Child Health
   a. Access to care and funding flexibility
   b. Teen pregnancy/repeat teen pregnancy
   c. Continuity of clinical and mental health support for women in post-partum and intra-conception period

**Task Force Costs**

The only costs associated with the Task Force were related to DSHS administrative support regarding meeting preparation, planning, research and data collection and follow-up support.

These costs were borne by existing staff performing these additional duties.
4. Conclusion

The Task Force has reviewed public health data and issues affecting Texas border residents and continues to work to develop a recommendations report for short and long-term plans for submission to the Commissioner by November 1, 2018.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
</tr>
<tr>
<td>HHS</td>
<td>Health and Human Services System</td>
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## Appendix A. Task Force Members

<table>
<thead>
<tr>
<th>Members</th>
<th>Task Force Position/Title</th>
</tr>
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<tbody>
<tr>
<td>Esmeralda Guajardo, MAHS</td>
<td>Chair/Health Administrator, Cameron County Department of Health and Human Services</td>
</tr>
<tr>
<td>Hector F. Gonzalez, MD, MPH</td>
<td>Vice-Chair/Director, City of Laredo Health Department</td>
</tr>
<tr>
<td>Steven Kotsatos, RS</td>
<td>Member/Director, Health and Code Enforcement, City of McAllen</td>
</tr>
<tr>
<td>Eduardo Olivarez</td>
<td>Member/Chief Administrative Officer, Hidalgo County Health and Human Services</td>
</tr>
<tr>
<td>Josue Ramirez, MPA</td>
<td>Member, Director, Health Department, City of Harlingen</td>
</tr>
<tr>
<td>Robert Resendes, MBA, MT (ASCP)</td>
<td>Member, Director, City of El Paso Department of Health</td>
</tr>
<tr>
<td>Arturo Rodriguez, DNP, MPH, CPM</td>
<td>Member, Interim Public Health Director/Assistant City Manager, City of Brownsville</td>
</tr>
<tr>
<td>Emilie Prot, DO, MPH</td>
<td>Member/Medical Director, Public Health Region 11, Texas DSHS</td>
</tr>
<tr>
<td>Lillian Ringsdorf, MD, MPH</td>
<td>Member/Medical Director, Public Health Region 8, Texas DSHS</td>
</tr>
<tr>
<td>Vacant</td>
<td>Region 9/10</td>
</tr>
<tr>
<td>Eddie Lucio, Jr.</td>
<td>Ex-Officio Member, Texas State Senator, District 27</td>
</tr>
<tr>
<td>R.D. (Bobby) Guerra</td>
<td>Ex-Officio Member, Texas State Representative, District 41</td>
</tr>
</tbody>
</table>
Appendix B. Border Health Data Review

Communicable Diseases

Tuberculosis Incidence

Tuberculosis (TB) rates have declined since the mid-2000s, but rates remain higher for the Texas border than for the state overall and the United States overall.

![Tuberculosis cases per 100,000 population, 2005-2016](image)


Sexually Transmitted Diseases and Human Immunodeficiency Virus (STD / HIV)

Late HIV diagnoses are those with a Stage 3 (AIDS) diagnosis within 3 months of HIV diagnosis. For several years, the percentage of late diagnoses for HIV has been noticeably higher along the Texas-Mexico border than in other areas of Texas. The dark blue line at the top in the figure below illustrates HIV late diagnoses along the Texas border.

In 2015 (the most recent year for which data are currently available), 35.3 percent of HIV diagnoses along the border were late. This is in contrast with a Texas HIV plan goal of no more than 20 percent late diagnoses in Texas by 2021.

Source: HIV/STD DSHS Program, Texas Department of State Health Services. Data provided January 26, 2018.
Environmental Health

Foodborne and Waterborne Diseases

Rates of foodborne and waterborne diseases can vary considerably from one year to another, but high rates of these conditions were documented in several border counties in the most recent year for which data are available.

**Foodborne and waterborne diseases, cases per 100,000 residents, 2016**

<table>
<thead>
<tr>
<th>County</th>
<th>Campylobacteriosis</th>
<th>Cryptosporidiosis</th>
<th>Salmonellosis</th>
<th>Shigelllosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron</td>
<td>8.3</td>
<td>4.8</td>
<td>12.5</td>
<td>18.1</td>
</tr>
<tr>
<td>Hidalgo</td>
<td>52.2</td>
<td>6.9</td>
<td>12.7</td>
<td>21.8</td>
</tr>
<tr>
<td>Webb</td>
<td>6.9</td>
<td>1.7</td>
<td>13.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Maverick</td>
<td>16.7</td>
<td>0</td>
<td>21.7</td>
<td>26.7</td>
</tr>
<tr>
<td>Val Verde</td>
<td>15.5</td>
<td>5.8</td>
<td>19.4</td>
<td>40.7</td>
</tr>
<tr>
<td>El Paso</td>
<td>7.1</td>
<td>0.3</td>
<td>13.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Texas (state)</td>
<td>16.5</td>
<td>2.6</td>
<td>20.9</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Chronic Diseases, Mental Health, and Accidents and Injury

Diabetes Mortality

The death rate due to diabetes is higher in Texas border counties than in Texas non-border counties, Texas as a whole, and the US as a whole.

Maternal and Child Health

Adolescent Pregnancy

Adolescent birth rates (births per 1,000 women ages 15-19) are much higher in Texas border counties than in Texas non-border counties.

Sources: Adolescent birth rates were calculated as: (Number of births 15-19 / Number of females youth 15 - 19)*1000. Birth data are from National Center for Health Statistics (NCHS), Vital Statistics Files, Births Final Data, 2014. Population data for rate denominators are from the 2014 National Center on Health Statistics Bridged Race Files, Vintage 2015. The border map image is from http://www.borderhealth.org/border_region.php. Data shown are for the United States only; Mexican data are not included.