TEXAS Health and Human Services | Texas Department of State Health Services

Task Force of Border Health Officials
Bernstein Building Room G107
1100 W. 49th Street, Austin, TX
April 13, 2018

Task Force of Border Health Officials attendance at the February, 2018 meeting.

Member Name	Yes	No	Professional Representatives (non-members)
Esmeralda Guajardo, MAHS	✓		
Hector Gonzalez, MD, MPH	✓		
Steven M. Kotsatos, RS	✓		
Josh Ramirez, MPA, CPM	✓		via teleconference
Eduardo Olivarez	✓		
Arturo Rodriguez, MPH, CPM		✓	
Robert Resendes, MBA, MT (ASCP)	✓		
Emilie Prot, DO, MPH	✓		
Mary Anderson, MD, MPH. FACPM		✓	
Lillian Ringsdorf, MD, MPH	✓		
State Representative Bobby Guerra		✓	Represented by Anne Drescher
Senator Eddie Lucio		✓	Represented by Daniel Esparza and Elsa Garza

Attendees Present
Dr. John Hellerstedt, David Gruber, Dr. RJ Dutton, Francesca Kupper, Allison Banicki, Mack Harrison, John Villarreal, Rachael Hendrickson, Mackenzie Spahn, Alberto Perez, Adriana Corona-Luevanos, Elvia Ledezma, Edith DeLaFuente, Henry Presas, Christopher Haggstrom, Barna Epennics, MC Lambeth, Christina Phamvu, Jordan Hill.

Agenda Item I: Call to Order, Welcome and Chair Remarks
Ms. Guajardo (Chair) called meeting to order at 9:07 a.m. on April 13, 2018. Ms. Guajardo thanked and welcomed everyone to the Task Force of Border Health Officials (Task Force) meeting. Ms. Guajardo invited Dr. Hellerstedt and Dr. Gonzalez to say a few words. Ms. Guajardo asked Task Force members and audience to introduce themselves.

Agenda Item II: Meeting Logistics and Roll Call
Chair, completed roll call to confirm a quorum. A quorum was established.

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Agenda Item III: Approval of 2-7-18 Meeting Minutes

Motion to approve minutes: Dr. Hector Gonzalez moved to approve; Steven Kotsatos seconded motion. Minutes were unanimously approved.

Agenda Item IV: Review and Approval of Task Force Bylaws

Ms. Guajardo introduced Mr. Mack Harrison, Assistant General Counsel, DSHS of General Counsel. Bylaws were shared with all members via email on April 12, 2018 for review.

- Questions/clarifications:
  - Chair Guajardo asked to clarify the difference between a voting and non-voting member. Mr. Harrison stated that according to statute, everyone except ex-officio members are voting members.
  - John Villarreal asked to clarify if voting members can send representatives (not a proxy) and counted as "not present." Mr. Harrison confirmed the clarification and requested members review the bylaws.
  - Steve Kotsatos and Chair Guajardo addressed some minor errors/changes needed.
  - Mr. Olivarez mentioned that he approved the bylaws as long as the recommended corrections were addressed. Mr. Harrison made corrections.
- Motion to approve bylaws made by Dr. Gonzalez; Eddie Olivarez seconded motion. Bylaws were unanimously approved. Chair Guajardo thanked members and move to the next agenda item.

Agenda Item V: Review and Approval of Vision/Mission Statements

Ms. Guajardo asked Mr. John Villarreal to review the two draft vision and mission statements submitted by Task Force members. Mr. Villarreal requested feedback from members.

- Discussion among members:
  - Members requested repetition of proposed statements.
  - Mr. Villarreal introduced the idea of a hybrid mission statement as a viable option.
  - Members discussed the option of a hybrid Vision statement as well.
  - Members discussed the understandability of the term "equity" within the mission statement.
  - Vision statement from option one was preferred along with the hybrid mission statement.
- Motion to approve vision statement made by Mr. Olivarez; Mr. Resendes seconded the motion. Motion to approve the mission statement made by Mr. Resendes and seconded by Steven Kotsatos. Vision and Mission statements were unanimously approved 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.

- Chair Guajardo thanked Mr. Villarreal and members and move to the next agenda item.

Agenda Item VI: Update from Governmental Affairs

Mr. Villarreal introduced Rachael Hendrickson (DSHS Governmental Affairs) who provided input on preparation of Task Force legislative mandated report process, timeline and deadlines, specifically noting deadlines for the September 1, 2018 (DSHS administrative) report and the November 1, 2018 (Task Force Recommendations) report, as follows:

- Developing Task Force recommendations should be viewed as an ongoing and evolving process. The Task Force could focus on a limited number of high priority issues for the first legislative report (due November 1, 2018) and take the time necessary to review more complex border health issues for subsequent recommendations (on an ongoing basis).
- The Task Force may also consider inviting input from subject matter experts (i.e., laboratory, infectious disease, chronic diseases, etc.,) and possibly other DSHS committees that may have an interest in border public health issues (e.g., Public Health Funding and Policy Committee).
- The Task Force can send recommendations to the Commissioner during the year as updates, but Task Force letters would not replace the November 1 biennial report.
- Ms. Hendrickson stated the purpose of the Task Force was to provide any good ideas to Commissioner Hellerstedt and should not necessarily be concerned specifically about operational constraints or costs (although helpful to include if feasible).
- Chair Guajardo asked Ms. Hendrickson how short and long-term plans mentioned in bylaws referenced in the statute may be handled after the initial deadlines. Ms. Hendrickson acknowledged that border public health issues may change or evolve and that communication on recommendations will continue to be accepted on an ongoing basis.

Agenda Item VII: Review Meeting Dates (discussion 1-2 days)

Ms. Guajardo provided an opportunity to review the proposed 2018 meeting dates.
Meeting date discussion:

- Mr. Josh Ramirez suggested meetings can take place in 1½ day format, beginning at noon and all day the following day. There was a consensus, to have meeting

1½ day meetings, beginning at 1:00 pm and ending before 4:00 pm on the second day to allow more travel time.

- Mr. Daniel Esparza suggested to move meetings from Thursday – Friday options to Wednesday – Thursday options. Member calendars were referenced and a consensus was reached.

- Dates established for 2018 meetings are:
  June 27 - 28
  August 1 - 2
  September 5 - 6
  October 31- November 1

Agenda Item VIII: Review of Workgroup Presentations

Chair Guajardo and Dr. Gonzalez introduced representatives from the three work groups establish at the last meeting (Public Health Infrastructure, Communicable Diseases and Arbovirus). Task Force Members were named to all five border health priority workgroups (addition of Maternal and Child Health and Chronic Disease workgroups) and a **lead** (in bold) was identified for each workgroup.

Workgroup 1 - Border Public Health Infrastructure
(**Chair Esmer Guajardo**, Robert Resendes, Senator Lucio, Art Rodriguez)
Workgroup 2 - Communicable Disease
(**Dr. Emelie Prot**, Dr. Lillian Ringsdorf, Stephen Kotsatos, Eddie Olivarez)
Workgroup 3 - Arbovirus
(**Dr. Hector Gonzalez**, Josh Ramirez, Arturo Rodriguez)
Workgroup 4 - Maternal & Child Health
(**Dr. Lillian Ringsdorf**, Robert Resendes, Esmer Guajardo, Steven Kotsatos)
Workgroup 5 - Chronic Disease
(**Josh Ramirez**, Dr. Prot, Eddie Olivarez, Dr. Hector Gonzalez)

Workgroup lead presented preliminary list of priority issues/topics, as follows:

- Border Public Health Infrastructure
  (**Esmer Guajardo**, Robert Resendes, Senator Lucio, Art Rodriguez)
  - Lab Capacity – need a lab in border region to improve client-centered care; protocols to improve timeliness (long distance of lab in Austin creates challenges)
    - Longer confirmations may increase risk to border populations
    - Quality and storage of specimens may be compromised (certain regions have difficulty contracting with timely couriers for communities near in different time zones, creating longer wait times between testing and diagnosis, especially on weekends)

- Limits providers' ability to diagnose in short time frames, which increases the risk of patients not returning for results and treatment with substantial risk of exposure to the public
- ✓ Positive Outcomes include:
- ✓ Less patients falling out of care (more consistent follow-through)
- ✓ Diagnosis will be more efficient (exposure to public will decrease)
- ✓ Emerging disease control (earlier detection)

- Prioritize Current Border Public Health Infrastructure
  - Visible delineation of entire border as a region recognized by the state (Region 12)
  - Or empowering Office of Border Public Health to coordinate border-related public health issues at a greater level to allow for more border binational collaboration among the three border regions
  - Or a special designation to areas of the state with unique risks and historical lack of resources as a medically underserved areas including border regions that fit that criteria
- Funding Formula Challenges and access to care to be revisited - mid-sized cities lack the tax base to boost medical funding and increase access to care (especially when considering actual risk and actual population as opposed to traditional counts)

Workgroup lead presented preliminary list of priority issues/topics, as follows:

- Communicable Diseases
  (**Dr. Emilie Prot**, Dr. Ringsdorf, Stephen Kotsatos, Eddie Olivarez)
  - Tuberculosis (TB)
    Problem Statement:
    TB continues to be a concern for border areas in both Mexico and the United States and the overall TB incidence in the Texas border region is higher than in Texas non-border areas. People immigrating to Texas are concentrated in border and urban areas, and complicated multidrug-resistant TB cases are more commonly seen in this foreign-born population. In addition, moving from the border area or being deported have been shown to be linked to incomplete TB treatment. Many rural border areas present particular TB public health management challenges due to extreme heath professional shortages and lack of access to adequate health services. In general, important challenges to successful control of TB include: 1) delays in detecting and reporting cases of pulmonary TB; 2) deficiencies in protecting contacts of persons with infectious TB and in preventing and responding to TB outbreaks; 3) persistence of a substantial population of persons living with latent TB (LTBI) who are at risk for

progression to TB disease; and 4) maintaining clinical and public health expertise.

Draft Recommendations:

- Better quantify the cost of TB control in the Texas border region to enhance data input and the variables used in existing federal and state funding formulae for TB control programs.
- Encourage the private sector to assist with TB testing among high risk populations in the Texas border region via a client list.
- Establish education training centers targeting regional and local public health authorities, academia and private health-care providers and provide bilingual educational materials and training sessions to improve the recognition and the evaluation of TB.
- Ensure that health-care providers along the Texas-Mexico border have current guidelines for the care, treatment, and referral of active TB case-patients and for seeking expert consultation for drug-resistant cases.
- Develop strategies to provide TB Testing at public schools. TB positive students many of whom are have latent TB enter schools without detection, which endangers family members, neighbors, students and administration.
- In collaboration with public health preparedness programs establish TB Deployment Teams so that resources can be directed and target at-risk communities in underserved areas with enhanced testing, treatment and control.

- Immunization (vaccine preventable disease)

  Problem Statement:

  Fortunately, the overall rates of immunizations in the Texas border region are higher than in many other areas of Texas. However, border adults lag behind their non-border counterparts in vaccine coverage for diseases including influenza. Immunization remains a critical public health issue and there is a need for continuous health promotion and education for selected vulnerable border populations

  Draft Recommendations:

  - Develop public-private partnerships and seek funding for private immunization stocks for rural and hard to reach border residents (e.g., medically underserved, uninsured adults, selected vulnerable populations).
  - Partnerships with medical professionals and administrators should be implemented to initiate or enhance Mobile Clinics in rural areas.
  - Conduct Public Awareness/Social Media/Educational Campaign (bilingual vaccination initiative

- Access to healthcare should also be at the forefront of the campaign.

- STD/HIV

Problem Statement:

HIV and AIDS prevalence in the Texas border counties has been increasing, but has historically been lower than in other parts of the State. It is not clear, however, to what extent this lower prevalence may reflect the transient nature of border residents and binational patients, or possibly a lack of effective case-finding and outreach strategies for HIV counseling and testing services along the border. One clear border health disparity is the "percent of late diagnoses for HIV" (2006-2015) was dramatically higher along the border. Many potential patients may experience difficulty accessing specialty providers and often must travel great distances to urban areas for services. Young adults and adolescents living with STD/STIs and HIV are particularly at risk.

Draft Recommendations:

- Build capacity among health care practitioners including the deployment of mobile units/clinics to care of a HIV border population lacking access to health services.
- Develop binational policies to facilitate HIV care and programming for the border mobile population.
- Develop bilingual outreach and communication strategies to address concerns over confidentiality and stigma that keep people from getting tested for HIV or seeking care if infected.
- Support and sustain bilingual (English/Spanish) social media, health education, and promotion programs to maintain high immunization rates in the Texas border region.
- Develop public-private partnerships and seek funding for private immunization stocks for rural and hard to reach border residents (e.g., uninsured, other vulnerable residents).
- Conduct Awareness Campaign with an outreach component to reach underserved areas in both urban areas and targeted populations/industries such as oilfield companies at particular risk for sexually transmitted infections.

- Food/Water Borne Diseases

Problem Statement:

Access to clean and safe water, adequate sanitation, and improved hygiene are critical to good health. In the past, Hepatitis A disease rates in the Texas-Mexico border region were significantly higher in Texas border counties. However, this was addressed with the advent of a required school-aged vaccine in the late 1990s. And at the present time food/water borne disease rates in border counties is

highly variable – and can sometimes be significantly higher than Texas as a whole (e.g., Hidalgo County recently had higher rates of Campylobacteriosis and Val Verde had high rates of Shigellosis). It is important to recognize that large federal and state investments in the past 20 years have improved the water/wastewater infrastructure in the Texas border *colonias* (where there is an estimated population of more than 500,000 residents). Nevertheless, concerns persist about inadequate housing conditions and sanitation in selected *colonias* and border areas.

Draft Recommendations:

- Support legislation to implement minimum housing standard requirements to improve sanitary conditions and prevent the spread of infectious disease.
- Collaborate with TCEQ and TWDB on environmental health issues and that prevent the spread of infectious disease (such as a joint communication on increasing enforcement)
- Develop capacity of the sanitarian workforce
- Prevent on-site sewage facility and private well contamination
- Seek federal support and expand the Border Infectious Disease Surveillance (BIDS) program (support currently exists only in El Paso).

- Other recommendations:
  - Need for trained physicians on new developing medical recommendations
  - Media campaign to target border health
  - Sexual health to be at the forefront of border health discussions
  - Men's health needs
  - Add dairy and water safety regulations

Workgroup lead presented preliminary list of priority issues/topics, as follows:

- Arbovirus

  (Arturo Rodriguez, **Dr. Hector Gonzalez**, Josh Ramirez)

  - Vector-borne and Arboviral Disease Risks such as Zika
    - Border is a breeding ground for vector - Turn negative to positive by creating a Center of Excellence that provides cutting-edge information, treatment, surveillance and testing as a long-term solution
    - Emerging diseases such as Zika forms new Maternal-child health public health issues
    - Emerging public health issues such as yellow fever and malaria
  - General Sanitation

        - Lack of sanitation in undeveloped and underdeveloped areas creates more breeding ground for vectors, fleas, ticks, etc. promoting vector growth in border region
        - Solid waste including tires and other debris exacerbates the issue
    - Standardize vector control standards
    - Enhance enforcement
        - Address tire collection/city ordinances and challenges with reach of county laws (tire fees to keep tires) – statewide mandate to decrease vector-control disease
    - Increase mosquito trapping and sensitivity tests
        - Larvicide consistency
    - Increase education to local jurisdictions professionals and community members
    - Increase surveillance and train physicians (for both vector and human)
        - Diseases are under reported
    - Create dedicated certifications for Vector Control Officers or Vector Control Applicators to address just specialized in spraying just like animal control officers
        - Create regional response teams but increasing man power has to be increased
        - Simplify vector control trainings
        - Winter is almost non-existent along the border region

Ms. Kupper and Mr. Villarreal facilitated the Task Force members through a brainstorming session to develop issues of interest under the Maternal and Child Health priority workgroup. Discussion ensued in the same manner of the last meeting, with Task Force members establishing a list of sub-priorities and placing dots in terms of importance. Sub-priorities were then categorized, and priorities were set for that workgroup. The preliminary list of priority issues/topics discussed included:

- Maternal and Child Health
  (**Dr. Lillian Ringsdorf**, Robert Resendes, Esmer Guajardo, Steven Kotsatos)
    - Access to Care
        - Family Planning
          - Pre-natal and late access to pre-natal care
          - Behavioral health
          - Eligibility/residency issues
          - Interconception (womb to tomb)
          - Transportation
          - Nutrition

- Breastfeeding
- Child wellness exams (vision/hearing and oral screenings)
- Injury prevention
- Immunizations
- Midwife licensing issues
- Telemedication
- Partner education involvement

- Teen Pregnancy (including repeat pregnancies)
- Funding stream flexibility (uninsured/underinsured)

Due to time, the Chronic Diseases workgroup will discuss a preliminary list of priority issues/topics, as done for other priority topics, before the next meeting.

- Chronic Diseases
  (Dr. Emilie Prot, **Josh Ramirez**, Eddie Olivarez, Dr. Hector Gonzalez)

Agenda Item IX: Public Comment

Ms. Guajardo and Ms. Kupper asked if there were any public comments. There were no public comments.

Agenda Item X: Lunch Break (11:40 am)

Mr. Villarreal announced that conference bridge would be closed and reopened after the lunch break.

Agenda Item XI: Workgroup breakout sessions (12:33 pm)

Chair Guajardo announced that the meeting would reconvene and acknowledged that the conference bridge was reestablished. Members elected to stay in the large group format and work together on the development of two problems statements: teen pregnancy and funding stream flexibility. Ms. Kupper and Mr. Villarreal facilitated members through the building of a fishbone diagram for each subject, in order to assist members to identify, explore and graphically display all of the possible reasons of each issue. Members focused on the content of each issue to determine its root cause.

Agenda Item XII: Workgroup Reports/Draft Problem Statements

This agenda item was to be handled as homework for Task Members. Mr. Olivarez departs. All workgroups planned to work on problem statements and report at next meeting with the goal of continuing on to the next step of improvement theories leading to actual recommendations.

Agenda Item XIII: Criteria for evaluating proposed recommendations

This agenda item was to be handled at next Task Force Meeting, focusing on solutions/recommendations. Fishbone diagram exercise is initiated by Ms. Kupper.

- Discussion among members:

- Members contribute to exercise continuing the focus on Border Public Health.
- Mr. Daniel Esparza mentions that Border Health Day at the Capital would be a good idea he can propose to Senator Lucio.
- Mr. Resendes requests data and maps to identify and compare public health issues geographically. Dr. Dutton states Dr. Banicki, Border Epidemiologist can produce such data.

Agenda Item XIV: Create Improvement Theory Statements

This agenda item was to be handled at next Task Force Meeting, focusing on solutions/recommendations.

Agenda Item XV: Report Process/Timelines/Next Steps/Items for Next Meeting and Announcement

Chair Guajardo reminds Task Force members to be cognizant of the aggressive timelines and upcoming deadlines.

Agenda Item XVII: Public Comment

Ms. Guajardo and Ms. Kupper asked if there were any public comments. There were no public comments. Mr. Villarreal reminds Task Force members of future Task Force meeting dates, as they've changed from single day to 1½ days format on Wednesdays and Thursdays with the next meeting convening on June 27-28.

Agenda Item XVII: Adjourn/Thank you

Ms. Guajardo thanked Task Force members for their time and dedication and adjourned the meeting at 4:35pm.