



Task Force of Border Health Officials (TFBHO)

March 31, 2022 - Agenda Item VI Subcommittee Recommendation Updates

Previously Submitted Recommendations

Public Health Infrastructure:

A: Require implementation of the Health Information Exchange (HIE) with free access for border public health and providers with potential to serve as a regionwide/statewide electronic medical record and communication system.

Discussion: During the COVID-19 pandemic response, border public health departments were faced with a lag in receiving confirmatory COVID-19 reports from healthcare providers which limited the response efforts. This was partially due to the overwhelming amount of work placed on the medical community during this time. However, it was in larger part due to the lack of a regionwide electronic medical record and communication system between healthcare providers and the border health departments. With identification of COVID-19 cases being the key to the control of its transmission, the inability to receive timely confirmatory reports limited public health's ability to initiate case investigations promptly, contributing to the increases in COVID-19 cases. The delayed reporting issue was further complicated for border public health departments; as most lacked the technological infrastructure and financial means to maintain an electronic health record system. As a result, border public health relied on antiquated methods to receive reports, primarily fax machines, and, more often than not, reports were received 4-6 days after the case was identified. To address this void, the utilization of the HIE would assist in allowing for rapid, up-to-date access

to health information. As the HIE is designed to connect physicians, hospitals and specialists in sharing of critical patient health information in real-time, access to the HIE by border public health would alleviate the lag of case reporting. Unfortunately, medical providers and public health departments alike must pay to have access to the HIE information. As border public health departments do not have the financial means to access the HIE, providing border public health departments with free access to the HIE would allow for real-time case reporting and prompt case investigations to avoid further transmission of a public health threat.

Environmental Health:

B: Improve recruitment and retention of Registered Sanitarians. Expand training and certifications to improve response and expansion opportunities with expert personnel to assist with the prevention of food, water, vector-borne and zoonotic diseases.

Discussion: This is recommended following the same pattern in Section 1 of SB 1312 - 86(R): to develop a tiered curriculum and test for public health sanitarians to grow the workforce of sanitarians capable of performing basic and critical food safety inspection services. 1) Create a first-level certification Sanitarian I or Environmental Protection Specialist exam that will give authority to inspect restaurants. Requires at least a high school diploma and either 2 years of college and/or experience assisting with preventing food, water, vector-borne, and zoonotic diseases; and 2) maintain the second-level certification test that has a minimum 17 requirement of a 4-year college degree with 30 hours of science coursework and can test for the full Sanitarian license. The Lower Rio Grande Valley has a low number of registered sanitarians compared with the populations served, which requires rising demands due to industrial and economic growth. Given more people have died from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during this pandemic than from any viral respiratory illness in 100 years, and given other recent pandemics—SARS in 2003, Highly Pathogenic Avian Influenza virus (HPAI) A, H5N1 in 2003, Influenza A H1N1 in 2009, Middle East Respiratory Syndrome (MERS) in 2012--resulted in high mortality rates, one significant preventive intervention that has not yet been mainstreamed is indoor air ventilation. The American Association of Pediatrics continues to recommend that “in

person school is best when it is safe” and that in-person school means prolonged exposure to classmates in enclosed spaces, adequate ventilation and air handling is imperative to resuming in person classes. The Centers for Disease Control and Prevention (CDC) and the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) have issued guidance for optimizing ventilation in schools to reopen them during the COVID-19 pandemic. By implementing measures recommended by CDC, ASHRAE, and others, it is possible to decrease the risk of infections in schools and daycares while continuing in-person education.

Updated for 2022 Environmental Health

B: Improve recruitment and retention of Registered Sanitarians. Expand training and certifications to improve response and expansion opportunities with expert personnel to assist with the prevention of food, water, vector-borne and zoonotic diseases.

Discussion: To improve recruitment and retention of sanitarians in border communities, it is recommended to develop a tiered curriculum with certification tests that work in tandem with current entry-level pathways for Sanitarians. Develop and grow a workforce of trained Community Environmental Specialists (CES) that can segue into the Sanitarian profession or other certified environmental related positions. These CES positions could work within local health entities and be capable of performing a basic work scope of food safety and environmental health inspection services as well as training and outreach education.

A two-tiered process might look as follows:

- 1) Create First-level certification – Create a certified Community Environmental Specialist (CES). Focus the scope of technical expertise on basic food safety, water and wastewater safety, vector borne and zoonotic diseases. Once certified, these Community Environmental Specialists could conduct foodservice education and training or work in a regulatory setting under the auspice of the local government entity and a Professional Sanitarian if needed. The exam will certify the individual has successfully obtained technical training and knowledge giving them the skills and abilities to conduct a limited scope of regulatory inspections to enforce local codes, ordinances/orders, and conduct limited health training and

education. Requires at least a high school diploma and either 2 years of college and/or applicable work experience related to food safety, water/waste water microbiology, vector-borne microbiology, and zoonotic diseases.

- 2) Maintain Second level certification to Registered Sanitarian. Continue to build a border wide workforce of Community Environmental Specialists and link the certification program to 4-year college degree programs. Individuals can work as an CES while obtaining additional education to sit for the Registered Sanitarian exam and license. Network and promote the Community Environmental Specialist in border counties, adjacent and regional counties, throughout community college and university programs.

(2018) B. The Task Force recommends that DSHS provide resources to border public health departments to improve recruitment and retention of Registered Sanitarians, expand training and certifications to improve response and expansion opportunities with expert personnel to assist with the prevention of food, water, vector-borne and zoonotic diseases.

Discussion: Vector, zoonotic, food and water borne diseases and contaminants serve as unique health risks on the Texas/Mexico Border due to inadequate infrastructure for surveillance, testing, personnel, enforcement standards and international risks. In addition, vectors (mosquito, fleas and ticks) are endemic to the region. Illegal food entry, illegal food vending and inadequate infrastructure for 13 potable water systems in unincorporated areas also add to the risk of a public health threat. In light of these factors, the Environmental Health recommendations made are critical to the Texas/Mexico Border region as they will help minimize current gaps and address current and emerging public health threats. These are initial steps toward improving the border region's overall public health system. The recommendations will further enhance a public health system that will provide solutions and benefits for Texas residents and communities along the US-Mexico border region. Underdeveloped and undeveloped communities in unincorporated areas (colonias) suffer from inadequate housing standards and have large uninsured populations that add potential health risks due to a lack of early and timely health care. Lack of adequate solid waste management (illegal dumping of trash, debris and tires) and the

lack of integrated pest management contributes to vector breeding. Inadequate food and waterborne disease resources including surveillance, sanitarians or other professional staff to conduct inspections and investigation, combined with the lack of local and timely laboratory testing adds to the increased risk for disease threats. In already overburdened communities along the border, new and emerging diseases such as the Zika Virus, which increases the risk for birth defects, pose additional health burdens on border public health departments.

Chronic Diseases:

A. Establish early intervention components of children's obesity prevention and education.

Discussion: According to the American Community Survey⁹, 40.5 percent of the population aged 18 years and younger live below the poverty level in border counties compared to only 22.6 percent in non-border counties. A striking total of 50.3 percent adults aged 18-64 have reported not having any health insurance compared to 26.7 percent for non-border counties, please see Table 1 on page 7. It is essential to start early during childhood to educate and prevent disease. Primary prevention with a focus on obesity is needed in our border counties that have a higher diabetes burden and obesity compared to the rest of Texas and the U.S. As we know, chronic conditions and comorbidities such as obesity have been a major risk factor for not only contracting COVID-19, but also associated with disease severity and death.