



Task Force of Border Health Officials (TFBHO) Meeting

Moreton Building, Public Hearing Room
1100 W 49th Street, Austin, Texas 78756
February 20, 2020

Member Name	Yes	No	Professional Representatives (non-members)
Esmeralda Guajardo, MAHS	✓		
Hector Gonzalez, MD, MPH	✓		
Steven M. Kotsatos, RS	✓		
Josh Ramirez, MPA, CPM	✓		(by phone)
Eduardo Olivarez		✓	
Arturo Rodriguez, DNP, MPA, CPM	✓		
Robert Resendes, MBA, MT (ASCP)	✓		
Emilie Prot, DO, MPH	✓		(by phone)
Lillian Ringsdorf, MD, MPH		✓	
Rachel E. Sonne, MD, MPH	✓		
State Representative Bobby Guerra		✓	
Senator Eddie Lucio Jr.	✓		Represented by Daniel Esparza and Elsa Garza; Senator Lucio called in to thank members for their hard work and dedication.

Attendees Present

Francesca Kupper, John Villarreal, Dr. RJ Dutton, Alberto Perez, Adriana Corona-Luevanos, Edith de Lafuente, Dr. Allison Banicki, Feliziana Torres, Seth Henderson, Kelly Broussard, Henry Presas, Kamesha Owens, Elsa Garza, Daniel Esparza, Dr. Laura Robinson, Mackenzie Spahn, Rick Garza, Steve Iker, Greg Wilburn, Davonna Koebrick and Joe Williams.

Agenda Item I: Call to Order, Welcome, Chair Remarks, Meeting Logistics and Roll Call

Chair Guajardo called the meeting to order at 11:38 a.m. and welcomed attendees to the Task Force of Border Health Officials (Task Force) meeting. Ms. Kupper read open meeting guidelines and completed the roll call to confirm a quorum. A quorum was established.

Agenda Item II: Approval of December 13, 2019 Meeting Minutes

Chair Guajardo asked Task Force members to review the December 13 meeting minutes. A motion to approve the minutes was made by Robert Resendes and Steven Kotsatos seconded the motion. Meeting minutes were unanimously approved.



Agenda Item III: Update: Revised Zika Guidance

Dr. Prot presented on the changes to the newly revised Zika Testing Guidance. She provided members with a timeline in collaboration with the Zoonosis Control Branch for arbovirus activity pertaining to the border. The timeline covered the 2013 dengue outbreak in the lower Rio Grande Valley, the 2015 isolated chikungunya case in Cameron county and showed when the Zika outbreak was declared in Brownsville, Texas in 2016. She spoke about Dr. Hellerstedt's efforts to enhance mosquito surveillance due to the outbreak and agency efforts to reduce Zika cases on the border.

In November 2019, the CDC released new guidance for Zika testing. Changes included recommendations to scale back on the requirement for Zika testing in pregnant women in areas that are not at a high risk for transmission. DSHS aligned with these changes with a special emphasis on border communities. DSHS continues to support local health departments and border counties with routine mosquito testing. After the presentation, members thanked Dr. Prot, shared comments and discussed the revised Zika guidance:

Dr. Gonzalez

- Expressed concern that data may be misleading
- Noted that may not be considering the population boom and lack of resources on the border
- Suggested mosquito testing year-round for border regions from DSHS
- Recommended DSHS ask CDC to continue continued or enhanced surveillance on the border
- Concerned about the protocol change because women exposed to Zika are usually asymptomatic
- Need to continue to do everything possible in surveillance, prevention, treatment and detection, especially for pregnant women, since most women not receiving prenatal care due to lack of health insurance
- Reiterated the importance of DSHS making the case to CDC that the border is a unique area that will continuously be exposed to arbovirus, especially since there is constant migration to and from Mexico (one of the last Zika cases was a travel-related from Monterrey)

Dr. Rodriguez

- Suggested continuation of Zika testing
- Data isn't always compatible with Mexico's data and constant migration
- We must be pro-active because we don't always have anecdotal data from our sister cities in Mexico; we have more than 1M border crossings per month in my city alone
- There are more border crossings by land than by air travel. Therefore, testing in border communities along the border is essential
- Pointed out that even though it's 48 degrees in Austin today, it's a beautiful 70 degrees in Brownsville, to prove that mosquito testing is needed in winter months for some border communities due to different weather patterns with higher mosquito populations than non-border counties to justify the need for year-round testing.



Mr. Esparza

- Mentioned that fifty percent of dengue cases were found in Zone One of Zika surveillance along the border
- Expressed interest in developing a case with DSHS and with CDC that builds upon the unique circumstances in Zone One, so that we can make a case for continued surveillance for mosquitos and pregnant women
- Need to be testing for the vectors in the highest risk population
- As a region that is highly involved with our Mexican partners, we should not let our guard down on by removing one spectrum of the solution
- Suggested that strengthening the comprehensive solution (enhanced surveillance)
- Synopsized that if DSHS responds to CDC with requests for additional resources, it's making a case, not just for the border, but for all of Texas, empowering the department to make a public health charge

Chair Guajardo thanked members for their input and expressed her appreciation for Dr. Prot's work. She stated that we need to continue to test year-round for vector and need to follow up with DSHS on that request. When criteria is changed, we tend to forget why it was initiated to begin with. She questioned how high-risk areas are determined? Dr. Prot expressed that some cases in Florida and Puerto Rico weren't considered high risk and referred the question to Dr. Robinson from the Zoonosis Control Branch.

Dr. Robinson explained that the CDC keeps maps updated on their website to monitor high-risk areas. She mentioned how Puerto Rico had a very high number of Zika cases and that the CDC understand how important the cross-testing is for Dengue as well. At times, there is evidence of both Zika and dengue. She also explained that the change in protocol doesn't alter recommended prenatal care for pregnant women or their children, or any related assessments of travel-related illnesses or exposures. The shift in testing is to more accurately identify whether Zika is present or not. The antibody testing for women that have moved from other areas is a large shift as well. The CDC does not consider the U.S. to be an area of high risk at this moment but have added border counties to continue their focus and ability to test at-risk pregnant women. Testing for dengue is also a priority due to severity of the illness. She concluded by stating that testing is usually seasonal from March – November but the DSHS arbovirus lab will work with the border counties if testing of mosquitos is requested.

Dr. Prot remarked that surveillance data on mosquito identification year-round would be a helpful, proactive measure.

Chair Guajardo thanked Dr. Prot, Dr. Robinson and members for their discussion on such an important subject matter in its relation to border public health. She concluded this item by stating that it was Zika in 2016 that hit south Texas; today with COVID-19, she can't imagine what type of impact it would have caused had it started in Mexico instead of China.



**Agenda Item IV: Presentation: Registered Sanitarians in Texas
Texas Department of Licensing and Regulation (TDLR)**

Chair Guajardo mentioned that Dr. Gonzalez leads the Environmental Health work group and let him welcome Mr. Rick Garza.

Dr. Gonzalez lead the discussion by thanking TDLR for joining the meeting. He expressed concerns on registered sanitarian (RS) testing and the inconsistencies of sanitarians along the border. He asked TDLR to look at new innovative methods to ensure border communities have the best quality sanitarian. He referenced that members suggested creating a tiered system where there is a certified sanitarian and a registered sanitarian.

Chair Guajardo mentioned that she represents one of the counties that didn't have an RS and mentioned that there are limited RS professionals in public health.

Rick Garza began the presentation with an overview of TDLR and license statistics. He explained that sanitarians go through extensive training before they are moved to the registered sanitarian title. He reiterated that DSHS is not involved in the application process, regulations or the complaint process as of November 2016.

He also addressed licensing requirements for sanitarian registration, including passing the registration exam and submitting a complete application with fees, as well as successfully passing a criminal history check performed by TDLR. He described education courses and requirements for registered sanitarians. He mentioned that there are currently 64 classes that count towards the required 30 hours of education. TDLR does their best to research the classes and make sure they pertain to the scope of work. He continued with his presentation and expressed that many RS may be working under a different title among both the public and private sector.

During Mr. Garza's presentation, related discussions continued and interfaced with the next item. Chair Guajardo asked members of DSHS' Consumer Protection Program to introduce themselves. Mr. Greg Wilburn, Ms. Davonna Koebrick and Mr. Joe Williams introduced themselves and joined the discussion.

Dr. Sonne and other members discussed issues regarding Registered Sanitarians.

- Asked for clarification about registered sanitarians in training working under the direction of a licensed sanitarian until they fulfill the required experience.
- Deputy Regional Director in Region 9/10 created a tiered system to ensure individuals interested in receiving the registered sanitarian license can conduct the work while in training under a licensed sanitarian
- Suggested bringing her deputy to explain how the workforce development pool was created as a tiered system toward licensure, as an organizational mechanism to recruit and retain registered sanitarians

Mr. Williams noted the topic was a title protection issue, not a practice protection issue meaning that the duties of a registered sanitarian can be done under another title but until



the schooling, work experience and passing of the exam are completed, the individual will not be considered a registered sanitarian

Mr. Garza continued with his presentation confirming the requirements of a licensed sanitarian and the issues regarding work getting done by a sanitarian in training under the guidance of a registered sanitarian.

During the presentation and discussion, Senator Lucio called in to thank members for their continued commitment and dedication. Chair Guajardo welcomed Senator Lucio. Senator Lucio apologized for not being able to attend the meeting in person and mentioned he looks forward to attending future TFBHO meetings.

Mr. Garza continued with his presentation and noted definitions and mentioned how registered sanitarians are proud of the license they've achieved in terms of title protection. He also ensured that all individuals interested in the field have to pass the registered sanitarian exam, once they've completed the education and work experience requirements, according to scope and regulations.

Mr. Esparza

- Suggested developing a limited state/public-use license specific to state and local health departments as a viable, non-competitive short-term solution
- Recommended that creating this different type of sanitarian would eliminate competition from the private sector and the curriculum used to certify would remain protected, thus adhering to their statutory authority of protecting license
- Recommended the creation of a workgroup with DSHS, TDLR and Task Force members to create a viable short-term recommendation to address the sanitarian issue
- Suggested identifying who needs to be involved to make this suggestion a reality to address of capacity regarding registered sanitarians in the public sector

Chair Guajardo

- Agreed with the idea to develop a state-use license for sanitarians
- Suggested Drs. Gonzalez lead such a group as the leader of the Environmental Health workgroup along with Rodriguez as part of the workgroup

**Agenda Item V: Presentation: Registered Sanitarians in Texas
DSHS' Consumer Protection Program**

The previous item's discussion continued among members and invited presenters. As previously shared, Mr. Greg Wilburn informed members that staff applying to positions do not need to have a sanitarian title to do the job. Many sanitarian duties may be performed under a professional under a different title, whether they were a licensed sanitarian or not.

Dr. Prot

- Asked if there was guidance on the ratio of restaurants/inspections to sanitarians?
- Questioned who was trained to do sampling?



- Inquired of how staff training was conducted across the state for specific techniques?
- Asked about the qualification of a sanitarian in training and what trainings they'd receive?

Mr. Williams responded by stating that the Consumer Protection Program aims for approximately 40 inspections per month. He also noted that, depending on travel, sanitarians may be able to do more. He acknowledged that since sampling has recently become an issue, they've sent retail food compliance officers to FDA courses involving environmental sampling. Such trainings are expected to become available throughout the state within the next year.

Ms. Koebrick continued by explaining that manufactured and retail food programs get their trainings through FDA as well. The FDA has a combination of online and in-person courses available. In addition, they receive grant funding for their Texas Rapid Response Team that works with local health departments on food-borne illness investigations. The funding allows them to provide additional trainings, such as environmental assessments, to local health departments.

Chair Guajardo thanked all invited presenters for their expertise and assistance.

Agenda Item VI: Workgroup Review of 2018 Recommendations

Chair Guajardo explained that there were less members to break-out into multiple work groups. Task Force members decided to meet as one unit. She stated that they'd discuss Border Public Health Infrastructure and announced Associate Commissioner David Gruber would provide an update during the meeting.

She referenced the November 1, 2018 Report and referenced the need for an update on the lab capacity survey questions. She introduced Mr. Gruber and he explained that when an action step is requested from DSHS, that should be enough for the agency to act to ensure members have the information needed to move forward with recommendations. He also provided an update on the multi-disciplinary teams. Mr. Gruber explained that procedures were being drafted to accomplish this task. Incident management response teams would be deployable for border needs, based on required response activities.

Dr. Gonzalez thanked Mr. Gruber and reminded team members that the goal of these deployable multi-disciplinary teams was to ensure that we're not reactive but pro-active during response and recovery activities border-wide. Each team will be made up of a core group of professionals with specific personnel depending on the incident.

Chair Guajardo referred to Dr. Gonzalez for an update on the Environmental Health work group. He suggested moving forward with the registered sanitarian issue formally. Members continued the discussion and referenced SB 1312 and the Texas Department of Agriculture's (TDA) involvement. Chair Guajardo asked if they were expected to provide an update. Mr. Esparza commented that TDA would be providing an update soon.



Dr. Prot provided a brief update on the Communicable Diseases work group. Mr. Ramirez also provided a brief update on the Chronic Diseases work group.

Mr. Dan Hunter joined the meeting via conference call on behalf of TDA. He explained that he met with Senator Lucio's staff and TDA personnel are in the process of drafting a proposal on how they will comply with SB 1312. TDA is moving forward with a specific mosquito applicator license after realizing exactly what the bill asked for. He explained that they were looking forward to collaborating with TFBHO members to accomplish the mandate of the bill.

A brief discussion about the Office of Border Public Health Community Health Worker Training Center. Chair Guajardo suggested that training center update be part of every future TFBHO meeting.

Agenda Item VII: Public Comment

There was no public comment.

Agenda Item VIII: Adjourn and Thank You

Chair Guajardo addressed Dr. Sonne's request the possibility of adjusting meeting times to accommodate work group activity. Mr. Villarreal explained the consensus of members to meet in Austin as a neutral site. He also referenced that some members have expressed interest in hosting meetings at other sites. He asked members to provide a list of sites that had telephonic and webcasting capacity and asked Ms. Kupper to elaborate on the HHSC webcasting contractor that is currently tied only to Austin. She explained that while webcasting capacity might be available at other sites, they can't necessarily be connected to the HHSC system, as part of the sunset recommendation.

Chair Guajardo and Dr. Sonne discussed the possibility of changing meeting times. They suggested that future meetings begin at a morning hour for the first full day, followed by the second day as a half day.

Chair Guajardo announced that they covered all topics and that tomorrow's meeting was cancelled. She reminded members that future formal request should be e-mailed to Mr. Gruber and Dr. Dutton with a copy to Mr. Villarreal. She asked that the US Census be invited as a presenter for the next meeting while Mr. Esparza reminded members about a formal request to TDA to attend the next meeting. Mr. Resendes asked for a SHAC representative to be scheduled for the next meeting as well. Dr. Sonne also asked if the Texas Environmental Health Agency would also be present.

She thanked members for their attendance and adjourned the meeting at 2:43 p.m.