



The Task Force of Border Health Officials 2018 Biennial Report

**As Required by
Texas Health and Safety Code
Section 120.101(d)**



TEXAS
Health and Human
Services

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1. Letter from the Chair

Dear Commissioner Hellerstedt,

In 2015, a new public health threat emerged when Zika was confirmed in certain parts of the world. In response to this, public health departments began preparing for what would appear to be an inevitable public health threat in their respective communities. When the first locally transmitted Zika case in Texas was then identified in Cameron County, it did not come as a surprise for those working public health along the Texas-Mexico border. Health officials working along the border have long understood the complexities and unique challenges of public health due to the economic, environmental and health challenges in these areas, and understood they were on the frontlines to respond to new and emerging public health threats.

What proceeded to follow from the response efforts to the first locally transmitted Zika case in Texas resulted in the formation of the Task Force of Border Health Officials. Gleaning from the lessons learned and gaps that were identified from the response, Senator Eddie Lucio, Jr and his staff had the vision to put forth Senate Bill 1680 during the 85th Legislative Session to address the challenges that are unique to border health. On behalf of my colleagues on the Task Force and myself, I would like to extend a sincere thank you to Senator Lucio and his staff for recognizing the impact of border health on the State of Texas.

I would also like to acknowledge my colleagues of border health officials which serve on the Task Force. Together, we bring over a century of public health experience to the Task Force and our varying experiences which stretch from El Paso to Brownsville have been at the core of the charge set forth by Senate Bill 1680. Undoubtedly, the Task Force members continuously work to ensure that the end result is for the greater good of the border communities and the residents we serve. I would be remiss to not acknowledge the assistance provided by Department of State Health Services staff in this process and the community stakeholders who have shared their expertise with the Task Force.

I am proud of the work undertaken to complete the Task Force of Border Health Officials 2018 Biennial Report and I am confident it will lay a strong foundation to build upon in addressing the uniqueness of the border region it represents. Thank you for this opportunity to shine a light on border health and the resilient communities that we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Esmeralda Guajardo". The signature is fluid and cursive, with a prominent initial "E" and a long, sweeping tail.

Esmeralda Guajardo, MAHS
Chair, Task Force of Border Health Officials
Health Administrator, Cameron County Public Health

2. About the Task Force

The Task Force of Border Health Officials (Task Force) was established by S.B. 1680 of the 85th Legislature as described in the [Texas Health and Safety Code Section 120](#). The Task Force conducts its work in compliance with the Texas Open Meetings Act and stakeholders and the public have an opportunity to comment during the meetings. By November 1 of each even-numbered year, the Task Force submits a written report to the Commissioner of the Texas Department of State Health Services (DSHS) with recommendations to help Texas improve public health in Texas' border region.

The Task Force's role is to address public health issues affecting Texas residents living in the border region. The Task Force is specifically charged with developing recommendations 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 ex-officio members. Seven voting members 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 S.B. 1680, the DSHS Commissioner chose to name three DSHS Public Health Regional Directors as voting members to ensure border wide coverage of 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.

Task Force Members

The Task Force of Border Health Officials currently consists of 12 members, as follows:

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

3. Introduction

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 countries 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 the 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 Ysleta del Sur Pueblo in El Paso.

The Texas border is considered one of the busiest international boundaries in the world, with a current population of nearly 3 million on the Texas side.¹ Most border residents are Latino/Hispanic (88.2 percent), compared to only 31.4 percent of the Texas non-border residents.² The Texas border region is characterized by high rates of poverty (27.8 percent of the Texas Border population is in poverty³) and low levels of health insurance coverage (34.6 percent of border adults ages 18-64 have no health insurance coverage).⁴

The Texas border is disproportionately affected by obesity, diabetes mellitus, certain contagious diseases including tuberculosis, and additional public health concerns, including surveillance and disease control due to international health threats, which may force the use of international health regulation standards. The Texas border faces multiple challenges including limited access to primary,

¹ Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Countries: July 1, 2017. Accessed July 10, 2018. <https://www.census.gov/data/tables/2017/demo/popest/counties-detail.html>

² Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1 2017. Released June 2018. Accessed by July 10, 2018. <https://www.census.gov/data/tables/2017/demo/popest/counties-detail.html>

³ Estimated Population in Poverty Universe. Released November 2017. Both SAIPE data fields are available from <https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html>

⁴ U.S. Census Bureau, 2016 Small Area Health Insurance Estimates (SAHIE) using the American Community Survey (ACS). Released February 9, 2018. Accessed July 10, 2018. <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>

preventative, and specialty care. This disparity effects a large portion of the population that is uninsured or underinsured, particularly affecting women who lack adequate access to preventive healthcare services and access to specialty care.

4. Recommendations

In the first year, the Task Force of Border Health Officials (Task Force) 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 specific problem statements and improvement theories that will serve as the basis for the recommendations report, due by November 1 of each even-numbered year, and ongoing deliberations related to major public health issues affecting the border region. The recommendations developed by the Task Force are outlined in the subsequent pages.

Additionally, the Task Force worked closely with DSHS' Office of Border Public Health. The Task Force values this partnership and looks forward to initiating three plans of action as mutual endeavors that will positively impact public health throughout the border region.

- **The expansion of mosquito surveillance and insecticide resistance testing project from Brownsville to El Paso.** This includes support to local public health departments to increase community awareness and education related to mosquito vector control.
- **A request to the Centers for Disease Control and Prevention (CDC) to expand Border Infectious Disease (BIDS) projects border-wide.** This would include support to sister-city binational health councils to establish Binational Epi & Surveillance Teams (BEST) Groups to exchange health data/information with Mexico.
- **The establishment of a Border Community Health Worker/Promotores Training Center.** This training center will address Task Force recommendations (i.e., obesity, diabetes, immunizations, TB,

HIV, teen age pregnancy) and the development of standardized curricula to support border public health issues.

Border Public Health Infrastructure

A. The Task Force recommends that DSHS, in collaboration with border public health entities, conduct a border surveillance and laboratory capacity assessment to identify gaps in human, environmental and zoonotic investigations and testing with the ultimate goal of improving efficiency, reporting times and capabilities to meet the unique needs and challenges of border public health.

Discussion: On any given day, thousands of people cross the Texas-Mexico border. With this high rate of border transmigration, it presents public health challenges to the health departments working along the border. This is further compounded by the lack of existing public laboratory capabilities in the border areas to test for immediate reportable conditions. In order to be effective in the prevention and coordination of public health threats and emergencies, it is necessary that laboratory capabilities exist in the border areas to test, diagnose, and treat in a short time frame. When public health fails to do this, the risk of a patient not returning for laboratory results and treatment increases and poses substantial risks of high consequence disease exposures to the general public. The risk for exposure increases even more so due to the lack of access to healthcare along the Texas-Mexico border areas.

Currently, the existing lab capabilities for public health departments along the Texas-Mexico border area require that the specimens be packaged and transported for overnight delivery to a state lab several hundred miles away, potentially compromising the specimen. The existing local public laboratories are also not able to complete all of the testing levels for one single specimen, thus, requiring the specimen to still be sent to the state laboratory in Austin to ensure a complete specimen test. As the existing local public laboratories have limited staff, there is also a maximum number of specimens that can be accepted per day at these laboratories. This poses a problem as border public health departments are not the only agencies utilizing the local public laboratories.

The recommended border surveillance and laboratory assessment would review laboratory capacity and capability, focusing on human/clinical, environmental and zoonotic investigations with the goal of identifying the means to maximize public

health response efficiency and capability. The assessment will assist in the identification of laboratory resources in an effort to improve specimen testing turn-around time, timely completion and interpretation of results, shorten timeframes of patient exposure to the general public, with the ultimate goal of reducing the risk of potential disease proliferation along the Texas-Mexico border.

B. The Task Force recommends that DSHS establish agreements with local higher educational institutions and local laboratory resources to enhance public health laboratory testing capabilities which are cost-effective, timely and confidential.

Discussion: In an effort to address the lack of laboratory capabilities available to border public health departments, a collaboration between DSHS and local educational institutions and laboratory resources would provide a mechanism to enhance the lab capabilities in these areas. Utilizing higher education institutions and local laboratory resources with mechanisms ensuring confidentiality would allow for the provision of testing assessments equal to the state in quality, ensure efficiency and accuracy in laboratory results, and enhance the local capacity for human and non-human samples. Overall, this timely and accessible model will improve response times, contributing to better public health outcomes and the improvement of public health intervention and response along the border.

C. The Task Force recommends that DSHS laboratory support year-round arboviral surveillance in the southern Texas-Mexico border region.

Discussion: As with the lack of state lab capabilities to test human specimens along the Texas-Mexico border, the health departments in these areas currently send their vector specimens to the state laboratory in Austin. This is done between May and November of each year, termed as 'mosquito season', to coincide with "warmer months" in Texas. Unfortunately, the southernmost counties in Texas experience warmer climates year-round, which poses an environmental concern as this warm climate enables the breeding of mosquitoes year-round and outside the designated 'mosquito season'. Given this mosquito activity throughout the year, the high-risk for vector-borne diseases exists in the southernmost counties of Maverick, Val Verde, Webb, Zapata, Starr, Hidalgo, Willacy and Cameron. The recommendation to expand mosquito testing and surveillance year-round in the designated southernmost counties is essential to track and combat local outbreaks of emerging mosquito-borne infectious disease threats. The testing should allow for arboviral speciation, PCR, IgM, and IgG testing.

D. The Task Force recommends that DSHS establish a Border Public Health Multi-Disciplinary Response Team to deploy in response to outbreaks, public health threats and disasters. DSHS should establish intergovernmental agreements to develop policies, plans and procedures to facilitate an effective response.

Discussion: With the large number of crossings between Texas and Mexico, border public health departments are on the frontline to safeguard not only Texas, but the rest of the nation from new and emerging public health threats. As these areas also face challenges associated with access to care, trans-migratory populations, poverty and lack of health insurance, border public health departments must take these challenges into account when responding to a public health threat. Considering the demographics, rapid growth, and cross-border dynamics of the Texas-Mexico border region, there are unique stressors on border public health infrastructure when compared to non-border regions of Texas.

The establishment of the Border Public Health Multi-Disciplinary Response Team will assist in addressing the language, cultural and environmental factors associated with the handling a public health threat in a given community. The recommended Border Public Health Multi-Disciplinary Response Team would consist of, but not be limited to, an epidemiologist, sanitarian, nurse, and public health specialist to assess border health infrastructure and response capabilities for emerging threats. This team would be provided training, equipment, and support staff to enhance intervention and border health response efforts along the border.

Communicable Diseases

A. The Task Force recommends that DSHS, in collaboration with local health departments, establish demonstration training opportunities, providing continuing education credits for Community Health Workers, healthcare professionals and public health staff in the border region with supporting annual funding for challenges that have a higher prevalence in border public health.

- **Tuberculosis, in particular TB meningitis, multidrug resistant tuberculosis and TB/HIV co-infections**
- **HIV/Sexually Transmitted Diseases**
- **Liver diseases**

- **Immunizations rates in pediatric and adult populations**
- **Health care system: reportable diseases, data entry and acute care/outpatient care and public health coordination for high consequence diseases**

Discussion: There are health professional shortages accounting for 1.53 times less primary care physicians per capita compared to non-border counties and lack of access to adequate health services. Due to the health care professional shortage and lack of understanding of the prevalence of border infectious diseases, border public health departments are the frontline of care for tuberculosis (TB), HIV/Sexually Transmitted Diseases (STDs) and immunization programs.

The overall tuberculosis incidence in the Texas border region is 10.5 cases per 100,000 in population, double the Texas average of 5.5 cases per 100,000 in population. Hospitals and clinics are not equipped with negative pressure rooms and ultraviolet lights, standards needed for tuberculosis control. Although TB is more prevalent along the border region, community members are unaware of common symptoms and stigma is still a barrier to seeking care for a preventable and curable disease.

Recently, HIV and STD incidence in the Texas border counties has been increasing. Between 2006 – 2015, an average of 37% of total HIV cases diagnosed in the border area have been diagnosed late, pointing to a clear border health disparity. The dramatically high number of late diagnoses of HIV along the border reflects the difficulty patients experience accessing specialty providers and whom often must travel great distances to urban areas for services. They also deal with the stigma associated with the disease in a majority Hispanic community.

Border counties have a lower number of providers in the Texas Vaccine for Children program; with a total of 351 TVFC providers compared to 545 providers in non-border states. In the Adult Safety Net (ASN) program, a total of 66 ASN providers serve border counties compared to 470 in non-border counties and a total of 536 statewide.

In general, important challenges in border areas for successful control of communicable diseases include: 1) high incidence of TB infection and disease heightened by the delay in detection and reporting cases of TB; 2) lack of healthcare infrastructure and maintaining clinical and public health expertise and knowledge in TB, HIV/STDs, vaccine preventable diseases and liver diseases 3) low

numbers of TVFC and ASN participating providers, and 4) increasing incidence of HIV/STDs due to delay in diagnosis and screening.

Environmental Health

A. The Task Force recommends that DSHS and appropriate state agencies address vector borne and zoonotic diseases and standardize practices along the border by:

- **Creating dedicated certifications for Vector Control Officers or Vector Control Applicators to address specialization in spraying (should be more user friendly and a simpler process for public health).**
- **Providing resources to increase capacity for mitigation (i.e. staff, equipment, chemical, education, training, and using innovative methods for mosquito control as GIS, mosquito testing and other evidence based approaches etc.) for ongoing needs, emerging and new threats, emergencies, and disasters.**
- **Providing resources for dedicated Continuing education, outreach and promotion of preventive methods, such as sanitation, removal of standing water, use of repellent and reporting rashes and fever to health authorities.**
- **Develop a rapid local and regional response and support system for ongoing vector and zoonotic control activities and developing response plans for disasters (natural and manmade) i.e. flooding, hurricanes and/or outbreaks.**

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

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. The Task Force recommends that DSHS work on establishing evidence-based, culturally-appropriate school-based programs on childhood obesity prevention targeting border communities in collaboration with School Health Advisory Councils and local stakeholders.

B. The Task Force recommends that DSHS work with academic centers and border health experts on the border to collaborate and support Border Health Task Force initiatives to establish specific chronic disease priorities and programs to address chronic disease in border populations.

C. The Task Force recommends that DSHS collaborate with HHS agencies to expand pediatric and adult services for diabetes, hypertension and obesity by preventive educational services, screenings, treatment and referrals in the border region. These interventions should include bilingual, culturally-appropriate outreach campaigns in collaboration with Community Health Worker/Promotores, other local interventions, academic centers, nonprofit

organizations, schools, worksite programs, local businesses and healthcare entities that provide early detection of pre-diabetes, prehypertension and obesity.

Discussion: In 2015, the obesity burden in border counties was at 35.1% prevalence compared to 31.9% in non-border counties. The border county obesity prevalence rate of 35.1% can be compared to the top 5 states in the nation. Obesity leads to increased morbidity and mortality in cardiovascular diseases, chronic diseases of childhood, asthma and some forms of cancer.

The prevalence of diabetes along the border counties continues to increase in comparison to non-border counties at an alarming rate. In 2015, the diabetes burden in border counties was at 13.9% prevalence compared to 11.2% in non-border counties.

It is more cost effective to address preventable chronic diseases early to avoid early death, morbidity, disability secondary to chronic diseases. In general, important challenges to successful control of diabetes, hypertension and obesity include: 1) delay in detection of pre-diabetes and/or diabetes, pre-hypertension and obesity in both pediatric and adult populations 2) lack of access to low cost care 3) lack of community education on diabetes, hypertension and obesity and 4) the need to reinforce and strengthen policies addressing chronic disease.

Maternal Child Health

A. The Task Force recommends that it be designated as the advisory committee for the Office of Border Public Health's Community Health Worker Training Center to ensure that curricula addresses border health needs, is culturally competent and includes resources and services available in local communities. Official Task Force meetings will include time on the agenda for an update from the CHW Training Center and for Task Force feedback.

B. The Task Force recommends that the state provide resources necessary to continue and expand the CMS/Title V Maternal and Child Health Program for counties at high risk for Zika, building on the successes by establishing similar initiatives focusing on Maternal Child Health.

Discussion: Important outcome measures indicate that the health of women and children is poorer along the Texas-Mexico border than the rest of the state. The

border has a significantly higher teen pregnancy rate, a higher percentage of late prenatal care, higher percentage of infants born preterm and higher rates of neural tube defects. The border population has a higher percentage of uninsured; 14.6% of those 0-17 years are uninsured compared with 12.7% for Texas and 44.3% of those 18-64 years are uninsured versus 24.8% for Texas. Due to this disparity, women along the border have less access to medical care including preventive screenings, family planning resources, prenatal care, primary health care, dental care and mental health services. Prenatal care and post-partum care is important for both mother and baby as research has shown that late prenatal care is more prevalent among women with low birth weight infants than women with healthy weight infants. These disparities highlight the need to improve access to health care and to educate women and their partners about services that are available. Evidence also shows that Community Health Workers are effective in improving health outcomes through outreach, education, and linkage to community resources. Community Health Workers meet women in their homes and communities to offer education in their preferred language and immediately garner trust. This builds a solid foundation for women to seek care and have the support to navigate through a very complex health care system.

C. The Task Force recommends allowing parenting adolescents to consent to their own sexual and reproductive healthcare to lower the incidence of repeat teen pregnancies along the border.

D. The Task Force recommends that the state require a public health representative be included on all School Health Advisory Councils along the border to share best practices and evidence-based information.

E. The Task Force recommends that the state provide resources necessary to continue and build on local initiatives focusing on teen health issues along the border.

Discussion: Texas ranks fifth in the country for highest teen pregnancy rates and first in the country for repeat teen pregnancy rates. Rates of teen pregnancy and repeat teen pregnancies are significantly higher along the Texas-Mexico border than the rest of the state. Having to acquire parental consent for contraceptive services as a parenting adolescent is a significant barrier in the prevention of repeat teen pregnancy.

Research has shown that teenage parents are less likely to complete high school and more likely to be unemployed and to live in poverty, increasing the risk of

cyclic poverty for their children. Plus, the border population has a higher percentage of people living in poverty (29% vs 16%) and a lower educational attainment (67% vs 84% with HS diploma or higher) than the non-border population of Texas. Decreasing the number of teenagers becoming pregnant along the border is critical to improving these disparities in these communities. In addition, integrating a public health representative to ensure that information disseminated through School Health Advisory Councils are evidence-based and provide local resources is essential. In an effort to address the high incidence rates of teen pregnancy, it is recommended that initiatives such as the South Texas Adolescent Summit, held in Edinburg in August of 2018, continue and are supported. This summit incorporated concepts, resources and partnerships, which are essential to public awareness of teen pregnancy issues along the border.

5. Future Considerations

The Task Force of Border Health Officials (Task Force) has created five Workgroups (i.e. Border Public Health Infrastructure, Environmental Health, Communicable Diseases, Chronic Diseases, and Maternal and Child Health). These five workgroups are the backbone of the Task Force with Access to Care being the most prevalent overarching long-term issue that affects Border Public Health. The Task Force will continue to deliberate border health issues in the coming years taking adequate time to fully review and validate available border data/information and solicit input from select subject matter experts.

Other considerations in developing Task Force recommendations over the coming year include, the following:

- delineation of short term and long term recommendations;
- identification of who might implement the recommendations (federal/state/region/local/program/other group);
- determination of any fiscal impact, including possible returns on investment;
- identification of impacted stakeholders and/or organizations; and
- ultimately, promulgation of actionable recommendations that propose a solution to the problem identified.

6. Conclusion

The Task Force of Border Health Officials (Task Force) has initiated a review of historical public health data and issues affecting Texas border communities, and has made significant progress in developing recommendations for short and long-term plans. The Task Force continues to be committed to carrying out its duties as outlined in state statute and appreciates the opportunity to work with DSHS to accomplish the goals outlined here.