



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**



TEXAS
Health and Human
Services

Table of Contents

Executive Summary	1
1. Introduction	2
2. Background	3
3. Task Force Activities – Year One	5
4. Conclusion	8
List of Acronyms	9
Appendix A. Task Force Members.....	A-1
Appendix B. Border Health Data Review	B-1
Communicable Diseases	B-1
Environmental Health.....	B-3
Chronic Diseases, Mental Health, and Accidents and Injury	B-4
Maternal and Child Health.....	B-5

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.

1. Introduction

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.
- Task Force meetings held December 11, 2017, February 7, 2018, April 13, 2018, and June 27-28, 2018 (and will meet next September 5-6, 2018).

2. Background

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 Brownville-Matamoros and El Paso-Ciudad Juarez. Two tribal nations are located in the border region, resulting in tri-national communities around 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 side¹. Most border residents are Latino/Hispanic (88.2 percent), compared to only 31.4 percent of Texas non-border residents². 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

¹ The total population of the border counties was calculated from the county-level Vintage 2017 population estimates. U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017. <https://www.census.gov/data/tables/2017/demo/popest/counties-detail.html>. Released June 2018. Accessed July 10, 2018.

² The percent of population with Hispanic ethnicity was calculated from the total population and population of Hispanic ethnicity fields in the county-level Vintage 2017 population estimates. U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017. <https://www.census.gov/data/tables/2017/demo/popest/counties-detail.html>. Released June 2018. Accessed July 10, 2018.

³ The estimate of people of all ages in poverty in border counties was tabulated from county-level poverty estimates. U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. 2016 Poverty and Median Household Income Estimates - Counties, States, and National, Released November 2017. The denominators for the percent in poverty calculations were obtained from the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. 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>. Accessed July 10, 2018.

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.

⁴ The Percent uninsured among adults 18-64 years old in border counties was calculated from county-level estimates. U.S. Census Bureau, 2016 Small Area Health Insurance Estimates (SAHIE) using the American Community Survey (ACS). <https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>, Released February 9, 2018. Accessed July 10, 2018.

3. Task Force Activities – Year One

Task Force Meeting Dates and Attendance of Members

Date	Attendance	Quorum
December 11, 2017	Eleven of twelve members participated in person	Yes
February 7, 2018	Ten of twelve members participated in person	Yes
April 13, 2018	Eight of twelve members participated in person and one via conference call	Yes
June 27-28, 2018	Ten of twelve members participated in person and one via conference call	Yes

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

Acronym	Full Name
DSHS	Department of State Health Services
HHS	Health and Human Services System

Appendix A. Task Force Members

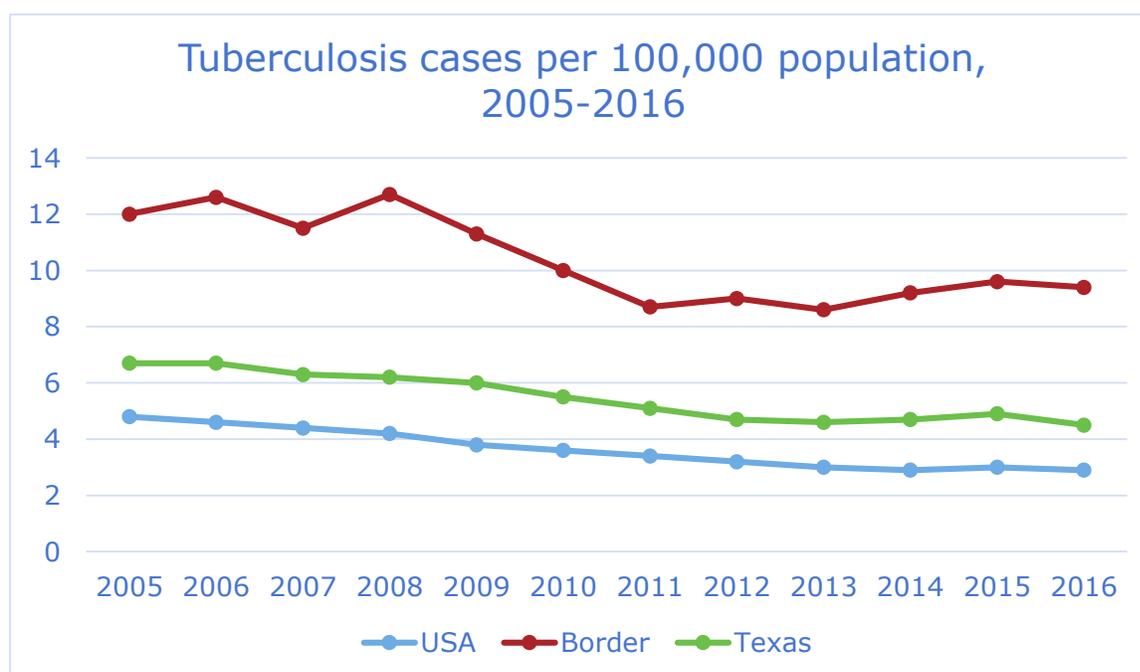
Members	Task Force Position/Title
Esmeralda Guajardo, MAHS	Chair/Health Administrator, Cameron County Department of Health and Human Services
Hector F. Gonzalez, MD, MPH	Vice-Chair/Director, City of Laredo Health Department
Steven Kotsatos, RS	Member/Director, Health and Code Enforcement, City of McAllen
Eduardo Olivarez	Member/Chief Administrative Officer, Hidalgo County Health and Human Services
Josue Ramirez, MPA	Member, Director, Health Department, City of Harlingen
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	Region 9/10
Eddie Lucio, Jr.	Ex-Officio Member, Texas State Senator, District 27
R.D. (Bobby) Guerra	Ex-Officio Member, Texas State Representative, District 41

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.



Source: The Texas data were compiled from various summary files by Texas Department of State Health Services.

<http://www.dshs.texas.gov/IDCU/disease/TB/statistics>. Accessed October 17, 2017.

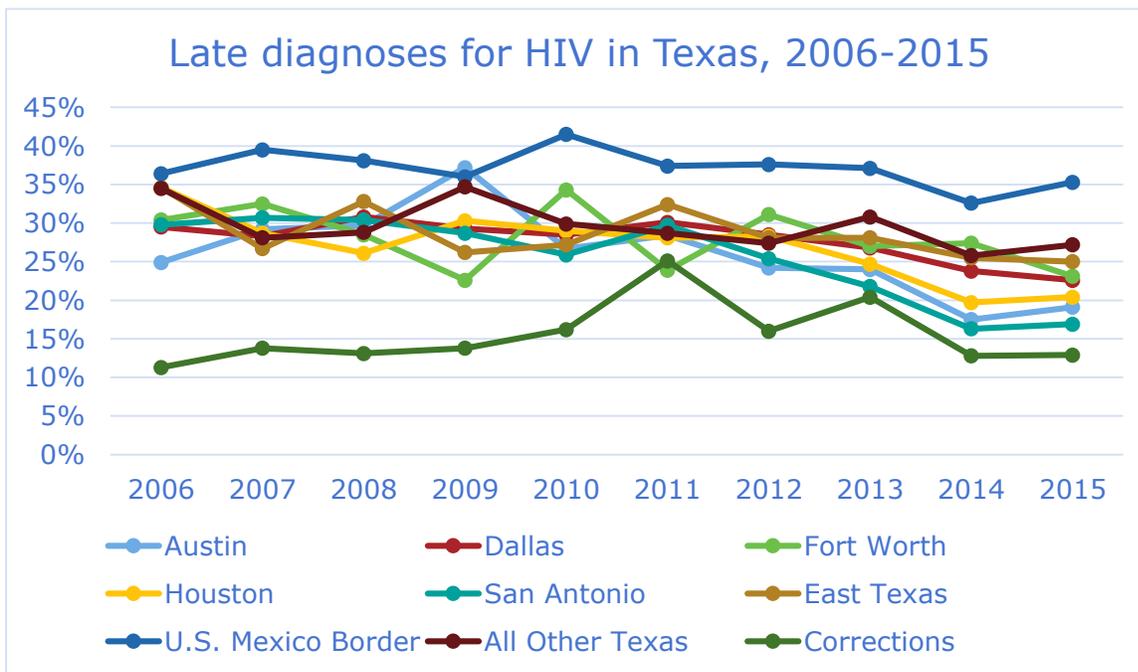
The national data through 2015 are from Centers for Disease Control and Prevention, <https://www.cdc.gov/tb/statistics/tbcases.htm>. Accessed October 17, 2017. The national data for 2016 are from Centers for Disease Control and Prevention,

https://www.cdc.gov/mmwr/volumes/66/wr/mm6611a2.htm?s_cid=mm6611a2_w. Accessed October 17, 2017

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

County	Campylobacteriosis	Cryptosporidiosis	Salmonellosis	Shigellosis
Cameron	8.3	4.8	12.5	18.1
Hidalgo	52.2	6.9	12.7	21.8
Webb	6.9	1.7	13.8	3.5
Maverick	16.7	0	21.7	26.7
Val Verde	15.5	5.8	19.4	40.7
El Paso	7.1	0.3	13.9	4.4
Texas (state)	16.5	2.6	20.9	15.5

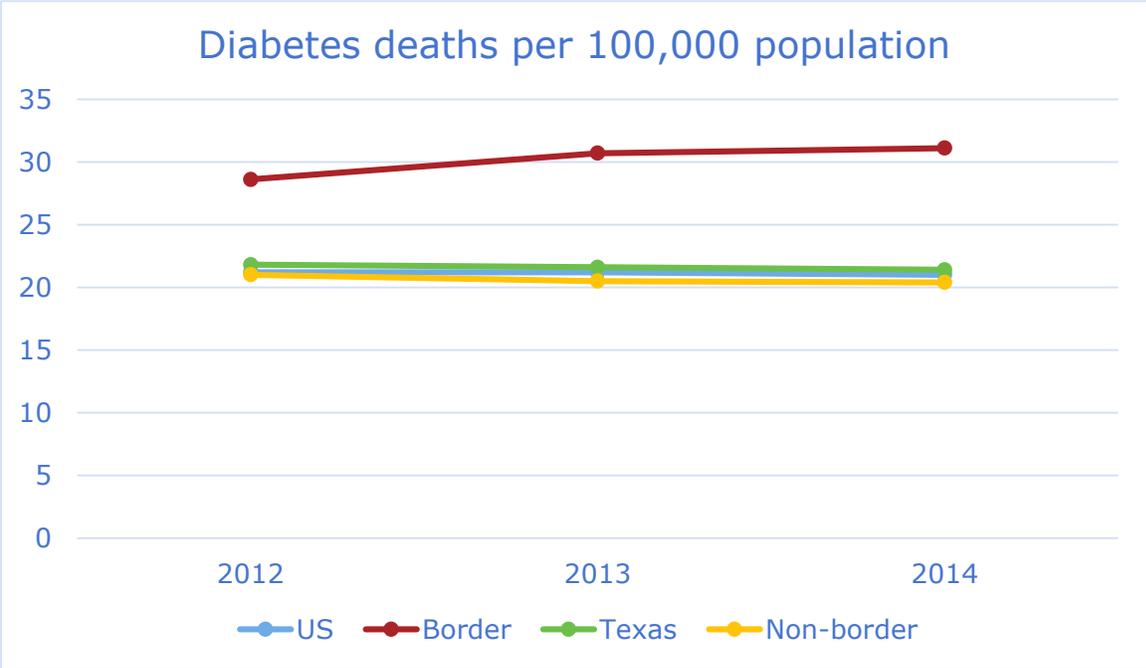
Source: Texas Department of State Health Services, Texas Annual Report 2016.

<https://www.dshs.texas.gov/IDCU/data/annual/2016-Texas-Annual-Report/2016.pdf>. Accessed January 30, 2018.

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.



Sources: Texas data are from Texas Department of State Health Services, ICD-10 Death Statistics for the State of Texas. <http://soupfin.tdh.state.tx.us/death10.htm>. Accessed October 16, 2017. Data are age adjusted with 2000 Standard Population. US national data are from the Centers for Disease Control and Prevention, Compressed Mortality File 1999-2015 Series 20 No. 2U, 2016. <http://wonder.cdc.gov/cmfi-icd10.html>. Accessed October 16, 2017. Data are age adjusted with the 2000 US Standard Population.

