TEXAS
Health and Human Services

Texas Department of State Health Services

Task Force of Border Health Officials Meeting
1100 W. 49th Street, Austin, TX
September 21, 2018

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

Attendees Present
David Gruber, Francesca Kupper, John Villarreal, Alberto Perez, Henry Presas, Bernadette Mason, Sebastian Laroche, Mackenzie Spahn. Gabriela Marquez.

Agenda Item I: Call to Order, Welcome/Chair Remarks, Meeting Logistics and Roll Call
Chair Guajardo called meeting to order at 8:37a.m. Chair Guajardo thanked and welcomed everyone to the Task Force of Border Health Officials (Task Force) Meeting. Chair Guajardo asked Task Force and audience members to introduce themselves.

Ms. Kupper completed roll call to confirm a quorum. A quorum was established.

Agenda Item II: Approval of Sept 5-6 Meeting Minutes
Chair Guajardo asked Task Force members to review the September 5-6 meeting minutes. A motion to approve minutes was made by Stephen Kotsatos and Dr. Prot seconded the motion. Minutes were unanimously approved.

Mr. Rodriguez noted that the parking lot item from the September 5-6 meeting should be addressed at the next meeting. Chair Guajardo and other Task Force members agreed to continue the conversation to resolve the issue at the next meeting.

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Agenda Item III: Convene workgroups to review prioritized recommendations and narratives

Chair Guajardo and other Task Force members discussed the status of different workgroup recommendations. The decision was made for Environmental Health and Border Public Health Infrastructure Workgroups to meet separately to discuss recommendation edits.

Workgroups reconvened at 10:18 am to finalize recommendation language.

Agenda Item IV: Reporting proposed recommendations for November 1, 2018 Report

Chair Guajardo and Ms. Kupper asked workgroup leaders to report on the recommendations and narrative discussion language. Each workgroup leader read the proposed language for Task Force member input to be inserted in the final November 1st Report.

Communicable Diseases

Dr. Prot reported the recommendation/discussion language for the Communicable Diseases Workgroup. John Villarreal conducted live edits for Task Force members to view on screen, discuss and further edit as necessary. Dr. Prot stated that she would alter the discussion portion of the recommendation and provide final edited language during agenda item VII.

Ms. Kupper, John Villarreal, Chair Guajardo and other Task Force members discussed issues of final recommendations being posted for public view.

Maternal Child Health

Dr. Ringsdorf reported the recommendation/discussion language for the Maternal Child Health Workgroup. Task Force Members offered input and John Villarreal continued to conduct live edits on screen. Dr. Ringsdorg would make final edits and forward to Mr. Villarreal for final review during agenda item VII.

Agenda Item V: Lunch Break

The break was taken at 12:25pm and the meeting reconvened at 12:55pm. Dr. Hellerstedt joined Task Force members for lunch and expressed his appreciation of their time and dedication to Border Public Health.

(Continuation of Agenda item IV)

Chronic Diseases

Dr. Prot reported on the Chronic Diseases Workgroup. She discussed revisions to the language with Task Force members for input. Mr. Villarreal conducted live changes on screen to reflect revisions.

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<u>Environmental Health</u>
Dr. Gonzalez reported on the edits proposed for the Chronic Diseases Workgroup. Task Force members provided input. He then proceeded to report on Environmental Health Recommendations and discussion narratives were edited.

<u>Border Public Health Infrastructure</u>
Chair Guajardo reported on the edits for the Border Public Health Infrastructure Workgroup. Mr. Villarreal conducted live edits to reflect Task Force members' input. Dr. Gonzalez raised the issue of "Access to Care" with Task Force members stating that it was a long-term issue to be referenced in the final report.

Agenda Item VI: Final review of proposed recommendations
Workgroup leaders will send any final changes to Mr. Villarreal, which will reflect final review of each recommendation and discussion narratives based on the editing process of Agenda Item IV. Chair Guajardo gave Task Force members the opportunity to read the recommendations as a final review or approve them, based on all revisions from Agenda Item IV. She also gave the option of having Task Force member propose a motion to approve the recommendations based on the work conducted throughout today's meeting.

Agenda Item VII: Approval of final recommendations
A motion was made by Mr. Rodriguez and seconded by Mr. Resendes. Ms. Kupper conducted a roll call vote to officially approve the recommendations. Task Force members unanimously voted to approve the recommendations.

Chair Guajardo asked Mr. Villarreal to send the final report template including the recommendations. Mr. Villarreal stated that he would do so after receiving language from Dr. Prot, Dr. Ringsdorf and Chair Guajardo that same afternoon. Mr. Villarreal stated that he'd send Chair Guajardo the Final Report by Tuesday, September 25, 2018.

Chair Guajardo mentioned the plan to have a Task Force call-in meeting on Monday, October 1. Mr. Villarreal referenced the possibility of having Task Force members transfer final authority to approve the final report to the Chair. Ms. Kupper clarified that Task Force members voted to approve the recommendations, not the final report, including the recommendations.

Ms. Kupper asked Task Force members to share their preference for conducting a call-in meeting on October 1 or to pre-approve the final report with the recommendations discussed in today's meeting. Some Task Force members mentioned that they would not be available on October 1. Dr. Prot proposed a motion to have Chair Guajardo and Dr. Gonzalez have final approval of the final report, including Task Force recommendations. Chair Guajardo acknowledged the motion made by Dr. Prot and asked for a second. Mr. Kotsatos seconded the motion. In the past, Dr. Gonzalez stated that recommendations

could be treated as a “living document,” with flexibility to provide updates/revisions to Border Public Health issues in the future. Ms. Kupper conducted a roll call vote. Task Force members unanimously decided to have Chair Guajardo and Vice Chair Gonzalez to approve the final report with recommendations.

Final Recommendations are highlighted below:

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 heath 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.

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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 repellant 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.

Agenda Item VIII: Timelines/Next Steps/ Announcements
Discussion of future meeting dates

Task Force members decided the meeting on October 1st will be cancelled due to their decision to have Chair Guajardo and Vice Chair Gonzalez approve the final report with recommendations. Chair Guajardo and Task Force members discussed dates for the next meeting and potential agenda items. Mr. Villarreal mentioned the plan to move to webcasting in 2019 and that calling in to meetings were statutorily admissible.

Task Force members decided to meet on Friday, December 7, 2018, pending room availability. Chair Guajardo proposed that Task Force Meetings be conducted on the second Friday of every quarter, starting on March 8, 2019 and following on June 7, September 13 and December 13 of 2019.

Potential agenda items discussed were the Parking Lot item, a presentation from Mr. Gruber on Rider 33, Reorganization Act and Dr. Gaddhar regarding data analysis in relation to Operation Lone Star. Subject Matter Experts such as Drs. Vela and Rinegar can be introduced as potential speakers for upcoming meetings. As another possibility, Dr. Stephen Pont had previously expressed interest in presenting on the Texas Public Health Priorities project at a future Task Force Meeting.

Agenda Item IX: Public Comment

There was no public comment.

Agenda Item X: Adjourn/Thank you

Chair Guajardo thanked Task Force members for their hard work and adjourned the meeting.