



# **Task Force of Border Health Officials**

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



**TEXAS**  
Health and Human  
Services

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**Texas Department of  
State Health Services**

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## Executive Summary

The [Texas Health and Safety Code Section 120](#) established the Task Force for Border Health Officials (Task Force) to advise border public health-related problems, conditions, challenges, and needs of the border region to the Department of State Health Services (DSHS) Commissioner of Health. 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 was prepared by DSHS to fulfill the legislative requirement and includes actions taken by the Task Force from 2018 to present. In 2018, the Task Force met on February 7, April 13, June 27-28, September 5-6, September 21 and December 7. The Task Force is required to meet at least quarterly each fiscal year and submit a recommendations report to the DSHS Commissioner including a short-term and long-term border plan by November 1 of each even-numbered year. During the 2019 quarterly meetings, the Task Force continued to develop and strengthen the plans on three priority border public health topics: expanding epidemiology and surveillance across all Texas-Mexico border regions, standardizing public health curricula across the border region, and enhanced mosquito vector control and education. Due to the unprecedented COVID-19 pandemic, several planned Task Force meetings did not take place in 2020 as members responded to the emergency in their capacities as local or regional health directors across the border. As a result, the task force recommendations report will be delayed.

# 1. Introduction

The Task Force of Border Health Officials (Task Force) is charged with advising DSHS on major border public health priorities and has met since December of 2017. The Task Force created the following five work groups based on public health needs of the Texas-Mexico border:

- Border Public Health Infrastructure
- Communicable Diseases
- Environmental Health
- Chronic Diseases
- Maternal and Child Health

These border public health priorities include 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 statutorily 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 municipality in the border region that has a sister-city with Mexico. The DSHS Commissioner named three Public Health Regional Directors as voting members to ensure that the entire border is represented, especially those rural border counties that lack local health departments. The two ex-officio, non-voting legislative members were appointed by the Lieutenant Governor and the Speaker of the House of Representatives.

In its freshman year, the Task Force developed vision and mission statements and approved bylaws. They defined problem statements and improvement theories for the five border public health priorities listed above. The Office of Border Public Health coordinated bi-monthly meetings, exceeding the quarterly requirement, to ensure the two legislatively-mandated reports were produced. The legislative requirements include:

- HHS Executive Commissioner submit a report detailing the actions taken by the Task Force by September 1 of even-numbered years.
- Task Force submit a recommendations report to the DSHS Commissioner for short-term and long-term border plans by November 1 of even-numbered years.

## 2. Background

The Task Force of Border Health Officials (Task Force) was established as an advisory body to address border public health issues affecting Texans living in the Texas-Mexico border region. It was created by Senate Bill 1680, 85<sup>th</sup> Legislature, Regular Session, 2017, and is codified in [Texas Health and Safety Code Section 120](#).

The statute 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 extends from the Gulf of Mexico at the southernmost tip of Texas near Brownsville to El Paso, which borders New Mexico. The border region consists of 1,254 miles and includes the following eight sister communities:

- Brownsville – Matamoros
- McAllen – Reynosa
- Rio Grande City – Miguel Alemán and Camargo
- Laredo – Nuevo Laredo
- Eagle Pass – Piedras Negras
- Del Rio – Ciudad Acuña
- Presidio – Ojinaga
- El Paso – Ciudad Juárez

The Texas border also is home to two tribal nations, resulting in tri-national communities including the Kickapoo Traditional Tribe of Texas near Eagle Pass and the Ysleta del Sur Pueblo tribe in El Paso.

With a young, growing population, the border region is home to one of the busiest international boundaries in the world. The current border population is more than 2.8 million on the Texas side<sup>1</sup> alone. In the Texas border counties, 87.3 percent of residents are of Latino or Hispanic ethnicity, compared to only 34.7 percent of the

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<sup>1</sup> The total population of the border counties was calculated from the 2018 Texas Population Projections for 2020, Texas Demographic Center, released July 18, 2019. These are the most recent projections as July 2, 2020. Accessed at <https://demographics.texas.gov/Data/TPEPP/Projections/>

residents of Texas non-border counties<sup>2</sup>. The Texas border region has higher rates of poverty (25.3 percent of the Texas border population is in poverty, compared to only 13.7 percent of non-border residents<sup>3</sup>) and low levels of health insurance coverage (35.0 percent of border adults ages 18-64 have no health insurance coverage, compared to only 25.3 percent for non-border adults in the same age range<sup>4</sup>).

Additionally, the Texas border has significant challenges. One critical issue is limited access to primary, preventive, and specialty care. The Texas border is also disproportionately affected by obesity, type 2 diabetes, certain contagious diseases like tuberculosis, and additional public health concerns.

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<sup>2</sup> The percent of population with Hispanic ethnicity was calculated from the total population and population of Hispanic ethnicity fields in the 2018 Texas Population Projections for 2020, Texas Demographic Center, released July 18, 2019. These are the most recent projections as of July 2, 2020. Accessed at <https://demographics.texas.gov/Data/TPEPP/Projections/>

<sup>3</sup> The estimate of people of all ages in poverty in border counties was tabulated from county-level poverty and population estimates from the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program. 2018 Estimates. These are the most recent estimates as of July 2, 2020. Accessed at <https://www.census.gov/data-tools/demo/saie/>

<sup>4</sup> The percent uninsured among adults 18-64 years old in border counties was calculated from county-level estimates of population and persons without insurance from the U.S. Census Bureau, 2018 Small Area Health Insurance Estimates (SAHIE). These are the most recent estimates as of July 2, 2020. Accessed at <https://www.census.gov/data-tools/demo/sahie>

### 3. Task Force Activities

#### Task Force Meeting Dates and Attendance of Members

Date	Attendance	Quorum
March 8, 2019	Nine of twelve members participated in person	Yes
June 7, 2019	Six of twelve members participated in person	Yes
September 13, 2019	Six of twelve members participated in person	Yes
December 13, 2019	Eight of twelve members participated in person and two via conference call	Yes
February 20, 2020	Seven of twelve members participated in person and two via conference call	Yes
May 7-8, 2020	Cancelled due to COVID-19 Response	
June 18-19, 2020	Cancelled due to COVID-19 Response	
August 27-28, 2020	Cancelled due to COVID-19 Response	
September 15-16	Pending	
December 3-4	Pending	

Please note that there was one vacancy on the Task Force for all of 2018 and most of 2019. It was filled in the fall of 2019. Additionally, two members retired in May 2020 (Mr. Robert Resendes, El Paso and Dr. Hector Gonzalez, Laredo).

#### Description of Task Force Actions

The Task Force is proud of its vision and mission:

- 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 met quarterly in 2019 as required by statute. In 2020, they planned to meet quarterly to focus on border-wide short and long-term initiatives. However, the unforeseen response to COVID-19 has taken precedence, as each Task Force member is a local or regional health director working collaboratively with other entities, including emergency operation centers. The COVID-19 response led to the cancellation of recent meetings with future meetings pending until further notice. The goal of the Task Force was to meet by subcommittees this year to produce recommendations for the November 1, 2020 Report. Because several subcommittees meet simultaneously, virtual public meetings are not practical. For these reasons, the November 1, 2020 report will be delayed.

The September 1, 2018 and November 1, 2018 legislative reports were submitted on time. The Task Force met quarterly in 2019 and continued to develop and strengthen the plans on three priority border public health topics. At the December 13, 2019 meeting, David Gruber, Associate Commissioner for Regional and Local Health Operations, announced Chair Guajardo and Vice Chair Gonzalez would continue in their roles for the next two years, as supported by the Task Force bylaws. However, Dr. Gonzalez of Laredo retired shortly thereafter, and the Vice Chair position has yet to be filled.

In response to Task Force recommendations, DSHS initiated three plans of action to benefit public health throughout the border region. To date, three projects have been developed to strengthen border public health.

1. As part of the Epidemiology and Laboratory Capacity (ELC) grant, the Border Infectious Disease (BIDS) funds enhanced epidemiology and surveillance in US-Mexico border states. In recent years, the BIDS project has only been active in DSHS Public Health Region 9/10. Increased funding starting in 2019 is allowing Texas to expand the BIDS project border-wide. This supports Binational Epidemiological & Surveillance Teams (BEST) as well as sister-city binational health councils to improve the exchange of health data/information with Mexico.
2. DSHS Office of Border Health (OBPH) established a Border Community Health Worker/Promotores Training Center in 2017. The goal is to provide continuing education units to community health workers and promotores in border regions and address training considerations received from the Task Force. In 2019, OBPH hired the first Community Based Healthy Border Project Coordinator to standardize curricula across the border region to support public health themes. The position has been filled again with a start date of August 17, 2020.



3. Mosquito surveillance and insecticide resistance testing supports local public health departments through training and enhanced surveillance. This is done in partnership with The University of Texas Rio Grande Valley (UTRGV) and other border partners. This project also fosters community awareness and education for mosquito vector control in border communities.

The Task Force continues to support the three projects listed above as well as other OBPH efforts to engage with border communities to improve border public health. Furthermore, most Task Force members are leaders in their respective binational health councils, which also support BEST teams to enhance binational communication, coordination, and collaboration with our Mexican counterparts. This furthers the mission of a healthy binational community.

Part A of the Environmental Health Recommendation of the November 1, 2018 Report influenced elements of S.B. 1312 of the 86<sup>th</sup> Texas Legislative Session. This may affect how the Texas Department of Agriculture treats non-commercial applicator license requirements as well as its training and testing. There is also potential for improving DSHS' regional rapid response plans, which will enhance community resiliency after natural disasters and vector-borne disease outbreaks.

## **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 duties were conducted by existing staff.

## 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 DSHS Commissioner. Statute dictates that such a report be submitted by November 1, 2020. Due to the COVID-19 response, an extension for this report has been requested.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
BEST	Binational Epidemiological & Surveillance Teams
BIDS	Binational Epidemiological & Surveillance Teams Border Infectious Disease
DSHS	Department of State Health Services
ELC	Epidemiology and Laboratory Capacity
HHS	Health and Human Services System
OBPH	Office of Border Health

## **Appendix A. Members of Task Force of Border Health Officials**

<b>Members</b>	<b>Task Force Position/Title</b>
Esmeralda Guajardo, MAHS	Chair/Health Administrator, Cameron County Department of Health and Human Services
Vacant	Member, 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
Vacant	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
Rachel Sonne, MD, MPH	Member/Medical Director, Public Health Region 9/10, Texas DSHS
Eddie Lucio, Jr.	Ex-Officio Member, Texas State Senator, District 27
R.D. (Bobby) Guerra	Ex-Officio Member, Texas State Representative, District 41