

Discussion for the 2023-2024 Recommendations Report

Communicable Diseases

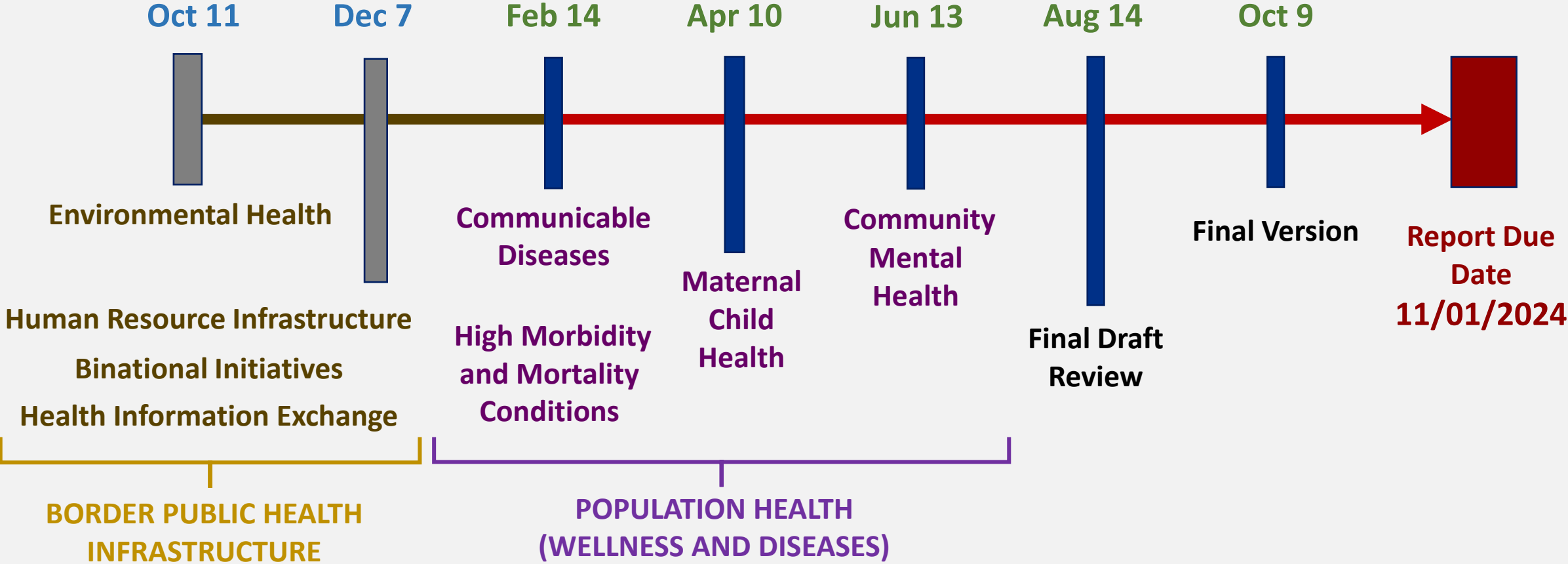
High Morbidity and Mortality Conditions

Task Force of Border Health Officials Meeting
February 14, 2024

2023-2024 Report Timeline Overview

Scheduled Meetings 2023-2024

TOPICS TO DISCUSS DURING EACH MEETING



Recommendations Discussion Guidelines

- Members may take turns leading the discussion for each topic
- The recommendations must be differentiated between **long-term** and **short-term** per legislative mandate:
 - [HEALTH AND SAFETY CODE CHAPTER 120. TASK FORCE OF BORDER HEALTH OFFICIALS \(texas.gov\)](#)
- The discussion will be based on the proposed recommendations submitted by Members before each meeting
 - New recommendations may be generated during the meeting because of the discussion
- All Members should participate in the discussions
- OBPH support staff will modify the proposed recommendations according to the discussion during the meeting
- The Chair may select Members to meet as a subcommittee to conduct additional work on proposed recommendations that are not resolved during the meeting
- The recommendations may be discussed and modified by Members until the August 14 final draft review deadline

Communicable Diseases

Short-term Recommendations

- 1. Create a state public health response plan for border regions with a focus on strengthening surveillance and medical countermeasures distribution.**
 - Establish a state list of high-priority diseases for border counties to respond to and safeguard Texas communities.
 - Expand state surveillance support along border counties to include genotyping/genetic testing capabilities for specific diseases of interest.
 - Invest in the improvement and modernization of existing electronic reporting systems (NEDSS) to improve data collection and analysis.
 - Review and plan a distribution strategy of medical countermeasures specific to border communities using medical infrastructure and population vulnerability.
 - Support efforts made by Texas universities creating new vaccines.
- 2. Invest in wastewater surveillance.**
 - To enhance the detection of both reportable and non-reportable communicable diseases, facilitating a more targeted and efficient response for border communities.



Communicable Diseases

Short-term Recommendations

3. Provide more funding and resources to combat Tuberculosis.

- Establish a contingency fund to cover, when necessary, the cost of transportation for patients in border counties who need to travel to the Texas Center for Infectious Diseases (TCID).
- Include specific tuberculosis goals in Binational Commission efforts towards a common TB binational elimination plan, considering border infrastructure for screening, testing and treatment of TB patients.
- Utilize existing COBINAS partners to strengthen relationships with Mexican counterparts.
- Increase funding to support binational efforts for the prevention and control of tuberculosis, recognizing the importance of collaboration across borders in addressing this public health concern.
- Support border health regions and border health departments with extra funding to send laboratory samples for MDRO testing (available in NY and CA).



Communicable Diseases

Long-term Recommendations

1. Reinforce Public Health continuing education for health care providers.

- Require Health Care professionals in Texas to take continuing education units (CEUs) focused on topics involving best practices and latest updates in Public Health.
- At least 3 hours of the CEUs received when renewing a license must be related to the most current notifiable conditions list and how, when, and where to report positive cases.
- Create relevant curriculum for the required Public Health CEU training.
- Reinforce Public Health training in medical, pharmacy, veterinary, and dental schools, and all other healthcare professions that deal with infectious illnesses.



Communicable Diseases

Long-term Recommendations

2. Reduce multi-drug-resistant organisms.

- Confront the imminent public health crisis posed by multi-drug-resistant organisms by advocating for enhanced antimicrobial stewardship.
- Address the issue of easy access to antibiotics among border residents to mitigate the risks associated with misuse.
- Create a database/EMR to register and flag patients with novel or targeted MDROs, such as *Candida auris* that can be accessed by healthcare providers for new patients to prevent facility-to-facility spread.



High Morbidity and Mortality Conditions

Short-term Recommendations

- 1. Encourage increased certification in lifestyle medicine among healthcare and public health professionals.**
 - Encourage increased certification in lifestyle medicine among physicians.
This initiative aims to influence lifestyle modifications, reducing both mortality and morbidity rates associated with chronic diseases for border communities.
 - Partner with community colleges to develop curriculum for an industry certificate in Lifestyle Medicine for non-physician healthcare and public health professionals.



High Morbidity and Mortality Conditions

Long-term Recommendations

1. Prevent Chronic Diseases through evidence-based programs and interventions that reduce the incidence in at-risk populations.

- Allocate funds for the start-up and creation of local health departments in rural areas and small and medium-sized urban municipalities that can focus their efforts on the development of preventative, primary care programs that address chronic illnesses at the local level.
- Provide support and consult with newly created local health departments on the development of their scope of work and services to avoid duplication/overlap with existing higher level (county, state) health departments.
- Create a roadmap and structure that can be used by new health departments to plan programs that tackle chronic illnesses and that can be replicated by other health departments.
- Support Public Health Regions to help them organize existing Public Health Departments and create new ones within their areas, to build the necessary PH infrastructure that allows for better inter-communication and for effective planning, mitigation, preparedness, response, and recovery during emergencies.



High Morbidity and Mortality Conditions

Long-term Recommendations

- 2. Build capacity and infrastructure to increase access to preventative primary care and lifestyle medicine and to deliver Telehealth services to patients with chronic health conditions.**
 - Allocate funds for healthcare services through videoconferencing, remote monitoring, electronic consults, and wireless communications.
 - Provide funding for programs that offset infrastructure costs related to telecommunications services, information services, and the devices necessary to provide telehealth and other virtual services to patients at their homes or mobile locations.
 - Ensure capacity for telehealth by reimbursing healthcare professionals and hospitals for investing in the necessary infrastructure for telehealth services.



Thank you!

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Office of
Border
Public Health