



**Task Force of Border Health Officials Meeting
1100 W. 49th Street, Austin, TX (M-100)
September 5, 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		✓	represented by Julian Whitaker
Senator Eddie Lucio	✓		also represented by Daniel Esparza and Elsa Garza

Attendees Present

Dr. John Hellerstedt, David Gruber, Dr. RJ Dutton, Francesca Kupper, Allison Banicki, John Villarreal, Jordan Hill, Alberto Perez (via phone), Edith DeLaFuente, Brianna Mendoza, Henry Presas, Bernadette Mason, Christina Phamvu, Rachael Hendrickson, Mackenzie Spahn, Christy Torrez.

Agenda Item I: Call to Order, Welcome/Chair Remarks, Meeting Logistics and Roll Call

Chair Guajardo called meeting to order at 1:05 p.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.

Dr. Hellerstedt thanked Task Force members for their dedication and continued efforts to promote border public health.

Senator Lucio thanked Task Force members for their attendance and spoke of the forethought of SB 1680 and its integral role of having border health officials lead the charge as the most knowledgeable voice to represent the unique challenges that affect border public health, looking forward to success at the next legislative session.



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

Agenda Item II: Approval of June 27-28-18 Meeting Minutes

Chair Guajardo asked Task Force members to review the June meeting minutes. Robert Resendes referenced minimal corrections that had to be made regarding three corrections, including a dollar figure noted in the minutes. A motion to approve minutes with the corrections mentioned by Mr. Resendes was made by Josh Ramirez and Dr. Hector Gonzalez seconded the motion. Minutes were unanimously approved.

Agenda Item III: Discussion of September 1, 2018 Report

Chair Guajardo introduced Dr. Dutton who reviewed the items addressed in the DSHS September 1st Report, which was submitted through Dr. Hellerstedt to the Executive commissioner.

Chair Guajardo thanked Dr. Dutton, John Villarreal and Dr. Hellerstedt for their work on this report. Dr. Dutton also referenced the first draft template of the November 1st Report, stating that it was missing recommendations, the most essential component, to be finalized by Task Force Members. He explained that the September 1st Report was a DSHS report and that it differed statutorily from the November 1st Report, which is a required formal recommendations written by Task Force members.

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

Chair Guajardo spoke of focusing on finalizing the proposals and asked Dr. Gonzalez to start. He thanked Task Force members for their input and referenced the need for the five workgroups to detail priorities per group.

Dr. Gonzalez referenced the importance of highlighting best practices and enhancing mosquito surveillance capacity locally. He also mentioned the need to educate providers on recognizing the difference between vector-borne or human-related cases (i.e. misdiagnosis of TB with bronchitis – justification for training medical community as well). He continued by referencing the Chronic Disease workgroup having similar challenges regarding heart disease and stroke and the need for self-management education. He also noted the importance improved information exchange and reporting with Mexico, referencing the previous EWIDS Binational Program and cross-reference commonalities across the border.

Chair Guajardo thanked Dr. Gonzalez and wished him well before departing to a family need. She asked Dr. Dutton to expand on three internal recommendations the Task Force could benefit from. He explained how the three internal objectives align with Task Force workgroup priorities and how they coincide with what the Office of Border Public Health (OBPH) efforts.



- OBPH may receive funding to expand mosquito surveillance along the border from Brownsville to El Paso with UTRGV and UTEP, which may include support to local public health departments to increase community awareness and education related to mosquito vector control.
- CDC has expanded Border Infectious Disease (BIDS) projects in the past with binational components and there is potential for this to happen to support sister-city binational health councils to establish Binational Epi Surveillance Teams (BESTs) and encourage to binational information exchange.
- OBPH was approved as a Community Health Worker/Promotores Training Center, which addresses Task Force recommendations in support of public health issues. This also includes an opportunity with the Supplemental Nutrition Assistance Program (SNAP Ed) supporting prevention, nutrition and physical activity projects along the border, which align with programs such as “Tu Salud Si Cuenta.”
 - Task Force members discussed BIDS and agreed it was a good concept but had stringent requirements that were too labor-intensive when compared to funding allocation but that new leadership might prove helpful.
 - Dr. Dutton explained that the BIDS Program used to be quite restrictive but now has more flexibility and could include a binational component to improve local public health needs. Mr. Olivarez agreed the infrastructure for BIDS improved, especially with the inclusion of UTRGV, UTEP and Texas A&M.
 - Mr. Rodriguez concurred but challenged with the thought of not confusing infrastructure verses capacity of LHDs and referenced recent Rider 33 as a high priority and the lack of definition for LHDs and the difference between LHD definition and capacity as future agenda item 4. Task Force members discussed the issue and decided to reference this subject at a later time. Chair Guajardo called for a motion to address the issue. Dr. Prot called for a motion to address the definition vs. capacity, gaps in services and fiscal impacts as it relates to Task Force Recommendations and it was seconded by Mr. Olivarez.
 - Chair Guajardo mentioned her support of the OBPH Training Center. Mr. Resendes expressed the Training Center be mobile and community-focused and expressed the issue of tele-health. Dr. Dutton agreed and referenced CHW Advisory Committee as a resource to further discuss CHW-related issues.

Senator Lucio referenced the importance of public health and the immigration issue handled in a positive light. Mr. Olivarez acknowledged that a state-wide dialogue be established to focus on the public health and security aspect of immigration as part of national security. Senator Lucio mentioned that this Task Force can address this issue as a statewide issue, focusing on immigration health, especially when they come in contact with Texas residents.

Mr. Olivarez recommended that Task Force concentrate on short-term recommendations that can be accomplished within one year.



Dr. Prot mentioned a recent conference focusing on teen pregnancy, family planning, cultural competency and other related issues with local stakeholders and trainers. Chair Guajardo acknowledged its success. Mr. Olivarez suggested that the Task Force document this conference as an outcome with the recommendation that this type of conference continue to take place along the border with CMUs for future prevention of common illnesses, prevention of teen pregnancies and other public health, since it was funded by OBPH. Mr. Rodriguez agreed and asked for it to continue with the notion of increasing skill set and capacity in border communities relating to performance measures and outcomes. Chair Guajardo agreed to incorporate into recommendations.

Agenda Item V: Break

The break was taken at 2:42pm and the meeting reconvened at 3:00pm.

Agenda Item VI: Convene first two workgroups to prioritize recommendations and produce discussion narratives

Ms. Kupper provided instructions and referenced the Recommendations Template. Task Force members should detail one or two priorities from previous recommendation topics and the differences between short/long-term recommendations. Workgroups broke out into groups to discuss recommendations and narratives.

Chair Guajardo stated that Border Health Infrastructure Workgroup reported that they had three recommendations while the Communicable Diseases Workgroup reported on two recommendations. Environmental Health and Chronic Diseases Workgroups met to initiate recommendations and continue with reporting tomorrow with presentations from each group.

The meeting reconvened at 4:48pm to continue with Public Comment.

Agenda Item VII: Public Comment

Christy Torres, a Yale University graduate student expressed that the Task Force Meeting was an eye-opening experience. She was excited to see the process unfold as a path to possible legislation. She recommended that special emphasis be given to the education piece on binational transparency and the incorporation of disease management with providers so that they have some engagement with community members to enrich the health of the clinics and communities on the border.

Agenda Item VIII: Adjourn/Thank you

Chair Guajardo adjourned the meeting at 4:53pm. and announced that members would reconvene tomorrow at 8:30 am.



**Task Force of Border Health Officials Meeting
1100 W. 49th Street, Austin, TX (M-100)
Thursday, September 6, 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		✓	Represented by Julian Whitacre
Senator Eddie Lucio		✓	Represented by Daniel Esparza and Elsa Garza

Attendees Present

Dr. Hellerstedt, David Gruber, Dr. RJ Dutton, Francesca Kupper, Allison Banicki, John Villarreal, Edith DeLaFuente, Gilberto Cedillo, Brianna Mendoza, Bernadette Mason, Henry Presas, Christina Phamvu, Racheal Hendrickson.

Agenda Item I: Call to Order, Chair Remarks, Meeting Logistics and Roll Call

Chair Guajardo called the meeting to order at 8:43 a.m. and thanked and welcomed everyone to the Task Force of Border Health Officials (Task Force) Meeting. She stated that there was still much work to be done and that each group should revise their recommendations to ensure they're consistent with the original problem statements to reflect the work done by the Task Force throughout the year.

Chair Guajardo asked Mr. Daniel Esparza share some insight on the process and apologized for Senator Lucio's absence. He spoke of Senator Lucio's legislative intent for the Task Force to advise the Commissioner of Health on everyday problems and challenges among border public health issues, concentrating on the scope of problems and solutions that can lead to policy change/creation.

Chair Guajardo asked Task Force members to revise recommendations to be consistent with problem statements. Mr. Rodriguez asked that Task Force members consider the work of



other advisory committees. Mr. Esparza concurred but asked that Task Force Members do so with the thought of ensuring that work produced reflect unique, day-to-day border public health challenges, which might differ from non-border regions. Ms. Kupper conducted the roll call and ensured a quorum was established.

Chair Guajardo asked if Dr. Hellerstedt wanted to share any comments. Dr. Hellerstedt thanked Task Force members for their participation, acknowledging that Task Force work was very important. He agreed that Task Force members address public health challenges specific to the border and looked forward to receiving the November 1st Report, which includes Task Force recommendations.

Agenda Item II: Convene last three workgroups to prioritize recommendations and produce discussion narratives

Chair Guajardo asked Ms. Kupper to address work related to draft recommendations and asked Task Force to prioritize the recommendations and pick one or two topics to concentrate on and write a narrative that coincides with the recommendations, based on problem statements. She explained that workgroups that met yesterday, revise their recommendations accordingly, specifying that DSHS staff can't write the recommendations and narrative discussions that accompany the recommendations.

Dr. Hellerstedt agreed with Ms. Kupper's comments and stated that Task Force recommendations be the voice of the Task Force. Chair Guajardo agreed and asked workgroups to continue working on recommendations, based on scope of problem statements. Task Force members were asked to share their input on how to move forward. Task Force members asked clarifying questions shared views and regarding recommendations/problem statements regarding their respective workgroups. Much of the conversation dealt with lab capacity as part of the Infrastructure Workgroup, including conducting a lab assessment and working with local partners to improve lab capacity border-wide.

Chair Guajardo, acknowledged Task Force Members input and agreed to have the Infrastructure and Maternal Child-health workgroups meet first, with potential for other members to finalize other recommendations. Chair Guajardo had the Workgroups commence at 9:40am.

Agenda Item III: Lunch Break

Agenda Item IV: Final review of proposed recommendations

Task Force members met in groups and reconvened at 11:57 am. Chair Guajardo asked if all Task Force members were available to meet on September 21, 2018 with the possibility of an abbreviated teleconference meeting on October 1, 2018 if needed. The October 31-November 1, 2018 meetings were cancelled.



Maternal Child-health Workgroup

Dr. Ringsdorf mentioned that the group's effort to narrow the focus to short-term priority goals resulted in leaving out the funding flexibility portion of the original problem statement, since it was being addressed by the Infrastructure Workgroup and was a general need related to all workgroup topics. Credible data presently exists regarding teen pregnancy and repeat teen pregnancy in border regions. Therefore, the revised problem statement will be edited.

The recommendations will include:

- Issues of empowerment for teens to have more autonomy over their own reproductive healthcare to avoid pregnancies, repeat pregnancies and family planning.
- A public health representative should be involved with School Teen Advisory Councils.
- Funding should be considered for the development of teen advisory boards.
- The Task Force should serve as a Teen Advisory Committee for OBPH's CHW Training Center to address disparities along the border, highlighting the South Texas Summit that took place recently to ensure this training continues in border communities with educational assistance and healthcare navigation to address disparities along the border.

Task Force members shared comments regarding the Maternal Child-health recommendations. Mr. Esparza mentioned that giving minors autonomy regarding their own healthcare is existing law with exception of family planning. Dr. Ringsdorf stated she would edit the recommendations and problem statements associated with this workgroup.

Communicable Diseases Workgroup

Dr. Prot mentioned the slight edits to the original recommendations and problem statements. She covered issues that target border populations that are underserved, underinsured or not insured and incorporating response teams to address border health disparities.

The recommendations will include:

- Training opportunities to CEUs to include healthcare providers and potential funding to address public health issues, such as Tuberculosis, STDs including HIV, Hepatitis C and immunizations issues.
- Incorporating deployment/response teams to address border health disparities, such as TB, HIV/STDs and other infectious diseases.



- Healthcare system data reporting and navigation.

Task force members shared comments including how the strike/response teams can assist with emergency management and public health response teams that target diseases that are more prevalent in the border region with educational components for providers as well. The issue of health department inclusion was also covered regarding misdiagnosis of infectious diseases prior to discharging.

Chronic Diseases Workgroup

Dr. Prot clarified that the recommendations for this workgroup will largely remain the same with edits to highlight short-term recommendations. The rest of the original recommendation will remain in force but is associated with long-term goals, including the prevention of chronic disease along the border region. The recommendation will also address community programs within schools.

The recommendations will include:

- Collaboration with agencies to expand services referencing the CHW/Promotores model and contain academic and community partnerships to improve public health.
- Educational and nutritional concepts to address diabetes, hypertension and obesity.
- Improved data reporting at local level, understand the scope of border-related chronic disease to address issues and develop evidence-based curricula to work with schools, communities and healthcare providers.

Task Force members expressed the possibility of adding language regarding the uniqueness of border-centric issues, such as daily binational travel and drug-resistant diseases experienced in border communities. Discussions of addressing gaps of qualified, technical staffing and prospective partnerships with academic institutions regarding border-centric chronic disease.

Border Public Health Infrastructure Workgroup

Mr. Olivarez mentioned that the twelve topics will be abbreviated but still be captured in the newly revised recommendations with a focus on security, transmigration, surveillance and lab capacity.

The recommendations will include:

- Assessment of surveillance and lab capacity in border regions with subtopics to review epidemiological staffing based on caseload and proportion- and population-based capacity.
- Partnerships with higher education institutions to improve lab testing, capability and capacity.



- Request year-round arbovirus lab testing at state lab or potential for local lab testing and capacity due to year-round vector activity, especially for warmer, coastal areas.
- Development of a public health response team to address the uniqueness of local, border-related public health issues.

Task Force members commented on workgroup recommendations to include maximizing existing, regional response efforts that contain infectious and non-infectious disease (i.e. human, clinical, environmental and zoonosis capacity). Questions arose about incorporating private labs as partnerships. Regional collaborations and inter/intra-jurisdictional agreements and ongoing support to be considered as steps that may lead to long-term goals.

Agenda Item V: Discussion of Final Draft and Approval Process

Chair Guajardo asked Task Force members to complete recommendations and discussion narratives within the next week.

Agenda Item VI: Timelines, Next Steps, Items for next meeting and Chair Announcements

Chair Guajardo reminded Task Force members that the next meeting will be in two weeks on Friday, September 21 at 8:30am. She noted that the Environmental Health Workgroup was not covered and would share their final recommendations/discussions at the next meeting, along with other workgroups. Chair Guajardo reiterated that Task Force members had to write the final recommendations/discussion narratives. Ms. Kupper and Mr. Villarreal acknowledged that staff was available to assist with editing, etc. but that the work must be in the voice of the Task Force.

Agenda Item VII: Public Comment

There was no public comment.

Agenda Item VIII: Adjourn/Thank you

Chair Guajardo thanked Task Force members for their hard work and adjourned the meeting at 3:04 pm.