



Task Force of Border Health Officials Recommendations Report

**As Required by
Texas Health and Safety Code Section
120.051(c)**

November 2024

Table of Contents

Executive Summary	2
Introduction.....	3
Recommendations.....	4
Vector-borne Disease	4
Public Health Workforce.....	4
Binational Initiatives	5
Health Information and Data	5
Communicable Diseases	6
Technical Support.....	7
Maternal and Child Health	7
Community Mental Health	9
Conclusion	10
Appendix A. Task Force of Border Health Officials Members	11

Executive Summary

The role of the Task Force of Border Health Officials (TFBHO) is to advise the Texas Department of State Health Services (DSHS) on addressing major public health issues impacting the border region.

This report makes 11 recommendations in eight priority topics:

- Vector-borne diseases
- Public health workforce
- Binational initiatives
- Health information and data
- Communicable diseases
- Technical support
- Maternal and child health
- Community mental health

Introduction

Texas Health and Safety Code, Chapter [120](#), charges TFBHO with advising DSHS on health issues impacting the border region. [Appendix A](#) lists current TFBHO members, which include legislators, local health department (LHD) leadership, and DSHS regional medical directors. Texas Health and Safety Code, Section [120.051\(c\)](#), requires TFBHO to submit a report of recommendations to DSHS by November 1 of each even-numbered year.

This report uses the definition of the U.S.-Mexico border area outlined in the [La Paz Agreement of 1983](#), the area 100 kilometers (62.5 miles) north and south of the international boundary. This zone includes 32 Texas counties. The constant flow of people and international commerce makes the Texas portion of the U.S.-Mexico border one of the busiest international boundaries in the world. This creates a unique public health environment. Because of the diversity of the public health issues impacting the border region, TFBHO focused this report on eight priority areas that fall within the purview of DSHS.

TFBHO would like to thank DSHS for addressing the border region's public health concerns. TFBHO submits the recommendations in this report to bring attention to public health efforts where the members believe DSHS is making and will continue to make significant progress.

Recommendations

Vector-borne Disease

1. Enhance vector-borne disease mitigation.

Discussion: Vector-borne diseases spread to people from certain insects, including mosquitos, fleas, and ticks. Cross-border movement can introduce infected insects (vectors) into the local environment and infected persons can introduce diseases into local vector and human populations. This increases the risk of introduction of diseases uncommon to the U.S., such as malaria and yellow fever. Recent outbreaks, lack of awareness, and limited testing further impact the risk of vector-borne disease. Proactively addressing vector-borne disease threats helps protect the health of border communities. Effective mitigation requires binational collaboration among local health agencies and community organizations. It is important that healthcare providers in the border region are aware of outbreaks in Mexico, such as Rocky Mountain Spotted Fever (RMSF). Asking patients if they have recently traveled abroad can help with diagnosis and ensure timely treatment.

DSHS created the [Support and Response Plan for Mosquito-Borne Diseases Along the U.S.-Mexico Border Region of Texas](#) in 2023. The plan should continue to be promoted and implemented throughout the region. In areas with border traffic, there should be increased prevention activities, including:

- More frequent and comprehensive surveillance through trapping and testing of mosquitos;
- Larval source reduction;
- Targeted pesticide application;
- Expand testing for RMSF, malaria, and unusual vector-borne diseases; and
- Research partnerships with academic centers.

Public Health Workforce

2. Expand programs to train the future public health workforce.

Discussion: Addressing the shortage in public health providers is necessary to improve access to care. Providing opportunities for students to gain experience encourages more students to work in public health after graduation. Border

communities could build on established programs and existing collaboration with higher education institutions to provide more internships, fellowships, and residency programs for medical, nursing, and other public health professions.

DSHS administers a fellowship program that allows people early in their public health careers to get hands-on experience and professional development. TFBHO recommends continuing the DSHS Fellowship program. DSHS should work with LHDs in the border region to establish similar programs.

Binational Initiatives

3. Improve and reinforce local binational communication and coordination.

Discussion: The sister cities and binational communities in the border region share similar health challenges. Community public health coalitions and binational health councils, known in Spanish as consejos binacionales de salud (COBINAS), promote collaboration between health officials on both sides of the border.

DSHS should continue supporting the COBINAS. DSHS and local public health entities should participate in activities including exercises to prepare to act quickly during outbreaks and emergencies.

Health Information and Data

4. Expand access to health information and data in the border region.

Discussion: Having appropriate access to data and the ability to securely exchange health information is crucial for border communities. It enhances public health monitoring, allowing for timely responses to disease outbreaks and emergencies. Having timely health information and data improves care coordination by ensuring local healthcare providers have access to integrated and complete patient information. This leads to better health outcomes and efficient resource allocation. A robust surveillance system can generate alerts and trends for community leaders to support public health decision-making.

DSHS should continue to improve data access for LHDs, finding innovative solutions to support prevention, monitoring, and response. DSHS should build off recent successes expanding data availability to eliminate any remaining challenges accessing data for LHDs in the border region, such as interoperability.

DSHS should keep LHDs informed about new developments in data availability. As capacity grows, DSHS should look for ways to help LHDs along the border implement, maintain, and operate data monitoring. When there is a suspected outbreak, LHDs should have access to the most current available data to guide response efforts.

Communicable Diseases

5. Support the increase of wastewater surveillance along the border.

Discussion: Wastewater surveillance detects both reportable and non-reportable communicable diseases and provides an early warning for disease outbreaks. It can also identify the presence of other substances that could affect the health of communities like illegal drugs or toxins. Wastewater surveillance allows LHDs to obtain real-time data and facilitate a more targeted and efficient response to disease threats within communities.

Wastewater surveillance presents great opportunities to interpret and respond to the data. DSHS should continue to build communication networks and convene experts to analyze infection trends. DSHS should also continue to encourage collaboration, training, and sharing of best practices for wastewater surveillance in communities along and across the border.

6. Enhance resources to combat tuberculosis.

Discussion: Tuberculosis (TB) is a significant public health issue in the border region. To control the spread and ensure patients can be placed on effective treatment as early as possible, detection of drug resistance is critical.

Many patients in border counties lack resources for the cost of transportation, imaging, multi-drug-resistant TB testing, and access to primary care. Treatment costs for these patients can become a financial burden on LHDs and providers. DSHS should examine ways to enhance local support for TB treatment and all associated costs.

DSHS operates an inpatient facility for the treatment of TB, the Texas Center for Infectious Diseases (TCID). DSHS should consider ways to improve treatment completion and patient outcomes for border communities including:

- Examining admission protocol for court-ordered commitments;
- Analyzing patient length of stay and treatment completion; and

- Collaborating with LHDs to ensure patients complete their treatment upon discharge.

7. Expand interventions to address multidrug-resistant organisms.

Discussion: Multidrug-resistant organisms (MDROs) are a particular concern in the border region. Residents can easily enter Mexico and purchase antibiotics over the counter, increasing the risk of antibiotic misuse. Healthcare professionals need more awareness to prevent transmission of MDROs among their patients.

Increasing education on MDROs and prescribing practices along the border could reduce the risk of MDRO transmission. To enhance MDRO intervention in the border region, DSHS should consider:

- Expanding outreach and education to providers and patients on prescribing practices and antibiotic misuse;
- Enhanced tracking of MDROs and care for patients; and
- Providing support for communities creating processes and policies to improve communication among healthcare facilities.

Technical Support

8. Provide technical support and guidance to communities and local health departments.

Discussion: New and existing LHDs need assistance developing their scope of work and service array. LHDs also need help to improve inter-communication, effective planning, mitigation, preparedness, response, and recovery during emergencies. DSHS should provide guidance documents for the start-up and creation of LHDs in the border region, as well as technical support as needed for new and existing LHDs.

Maternal and Child Health

9. Reduce barriers to comprehensive perinatal, prenatal, and postnatal care.

Discussion: Reducing maternal mortality and morbidity has been a major public health focus in border communities. A key component of improving outcomes for mothers is expanding access to comprehensive health services before, during, and after pregnancy. DSHS and other public health stakeholder should collaborate with border communities on an array of initiatives targeting maternal health including:

- Integrated behavioral healthcare access for women with mental health and substance use disorders;
- Improved programs to address violence, with an emphasis on intimate partner violence;
- Expansion of the DSHS High-Risk Maternal Care Coordination Services pilot program;
- Promotion of the [Hear Her Texas](#) social media and empowerment campaign; and
- Participation of birthing hospitals in the Texas Alliance for Innovation on Maternal Health ([TexasAIM](#)) learning collaboratives and the Texas Collaborative for Healthy Mothers and Babies ([TCHMB](#)).

10. Expand sexually transmitted disease awareness and testing for individuals of reproductive age.

Discussion: Syphilis and congenital syphilis rates continue to increase. Stillbirths and infant deaths due to congenital syphilis have increased significantly since 2016. Women of reproductive age and their sexual partners should be tested for sexually transmitted disease (STD) before pregnancy occurs. Texas Health and Safety Code, Section [81.090](#), requires all pregnant women to be tested for syphilis three times during pregnancy, during the first prenatal doctor’s visit, during the 3rd trimester no earlier than 28 weeks gestation, and at the time of delivery.

Proactive treatment is the best way to prevent congenital syphilis. For pregnant women who receive a positive syphilis result, it is important to begin timely treatment. Treatment is highly effective and can prevent birth defects and other detrimental consequences in babies.

DSHS should maintain continuing education for providers in the border region on evidence-based practices for screening, testing, and treatment of STDs, including congenital syphilis. Training for providers will ensure that the healthcare community is educating Texans of reproductive age on the importance of proper follow-through of all STD cases, especially pregnant women and their partners. Border communities should support efforts by community health workers to provide education on healthy pregnancies and STD prevention.

Community Mental Health

11. Increase community involvement in the prevention of opioid, stimulant, and abuse of other substances.

Discussion: DSHS should work with the Health and Human Services Commission (HHSC) to promote prevention education with public health and mental health partners on substance abuse harm reduction.

TFBHO recognizes and supports state efforts such as the HHSC Texas Targeted Opioid Response (TTOR) program, which coordinates prevention, treatment, recovery services, and the DSHS Texas Overdose Data to Action (TODA) program. TTOR prevention programs provide health professional education to prevent opioid- and stimulant-related harm, increase awareness of opioid misuse-related dangers and risk mitigation, and provide training to equip adults with strategies to help build children's self-regulation skills. One TTOR program, the Integrated Community Opioid Network (ICON), hires patient navigators who live and work in the community they serve. ICON is currently in five communities. Through TODA funding, ICON will expand to six more communities. Additionally, TODA prevention strategies include educating providers about evidence-based pain management techniques, prescribing practices, and linking people at risk of a drug poisoning to evidence-based treatment and recovery support. Both statewide programs prioritize the inclusion of community in the prevention of opioid, stimulant, and abuse of other substances.

Conclusion

TFBHO members continue to examine the data and analyze the impacts to public health along the U.S.-Mexico border. Collaboration and coordination with state and binational partners are crucial components of improving the health of border communities.

While TFBHO is tasked with making recommendations to DSHS, there are issues related to the health of border communities that fall under the purview of other agencies, such as the Texas Commission on Environmental Quality, HHSC, and the Texas Department of Agriculture. TFBHO looks forward to hearing from these agencies in future meetings.

Appendix A. Task Force of Border Health Officials Members

Members	TFBHO Positions/Title
Arturo Rodriguez, DNP, MPH, CPM	Chair / Health, Wellness and Animal Services Department Director, City of Brownsville
Hector Ocaranza, MD, MPH	Vice-Chair / Department of Public Health Interim Director, City of El Paso (through August 2024)
Veerinder Taneja, MBBS, MPH	Vice-Chair / Department of Public Health Director, City of El Paso (current)
Richard Chamberlain, DrPH, MPH, RS	Member / Public Health Department Director, City of Laredo
Esmeralda Guajardo, MAHS	Member / Health Administrator, Cameron County Public Health
Cynthia A. Gutiérrez, MD	Member / Public Health Department Director, City of Pharr
Shannon Harvill	Member / Environmental Health Director, City of Harlingen
Steven M. Kotsatos, RS, CPM	Member / Environmental Health, Vector and Animal Control Director, City of Mission
Eduardo Olivarez	Member / Health and Human Services Chief Administrative Officer, Hidalgo County
Nancy P. Treviño	Member / Environmental Health and Code Enforcement Department Director, City of McAllen

Members	TFBHO Positions/Title
Emilie Prot, DO, MPH	Member / Medical Director, Texas DSHS Public Health Region 11
Lillian Ringsdorf, MD, MPH	Member / Medical Director, Texas DSHS Public Health Region 8
Vacant	Member / Medical Director, Texas DSHS Public Health Region 9/10
Vacant	Ex-Officio Member / Texas Senate Representative
The Honorable R.D. (Bobby) Guerra	Ex-Officio Member / Texas State Representative, District 41