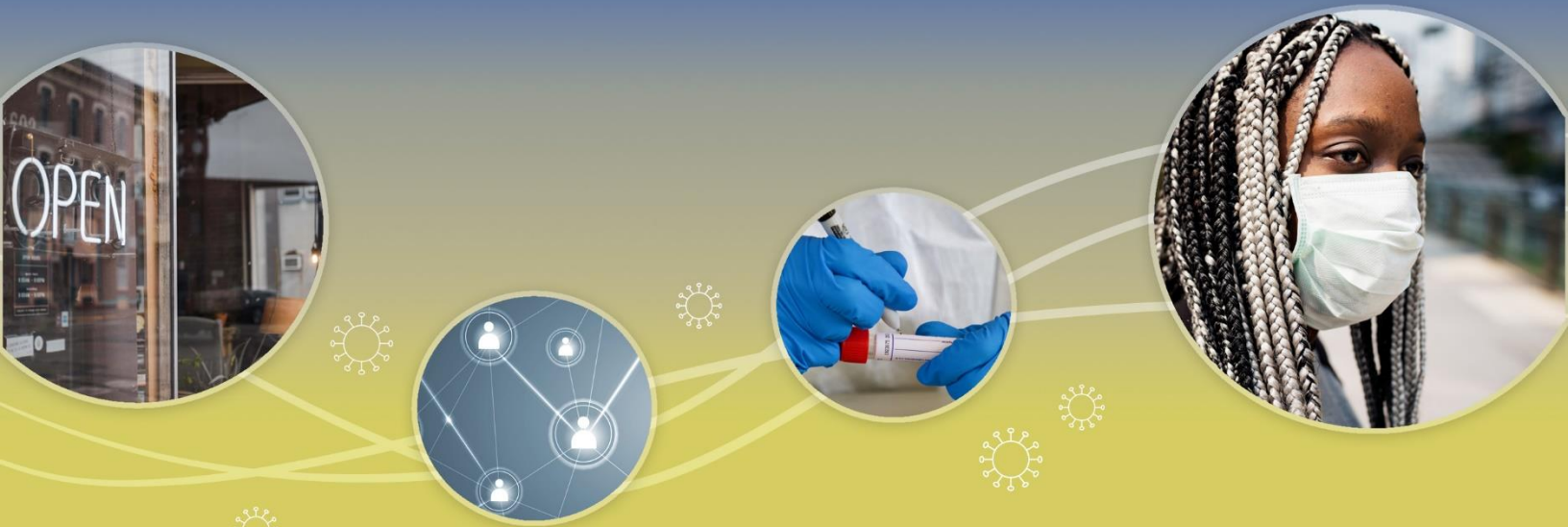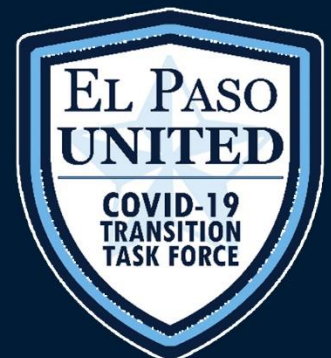# EL PASO UNITED
COVID-19 Transition Task Force

Submitted to:

Commissioners Court for the County of El Paso
500 E San Antonio Ave #301
El Paso, TX 79901

City Council of the City of El Paso
300 N. Campbell
El Paso, Texas 79901

July 2020

EL PASO UNITED
COVID-19 TRANSITION TASK FORCE

El Paso United COVID-19 Transition Task Force

Strategy for the Path Forward in the COVID-19 Pandemic

Prepared by:
Members of the El Paso United COVID-19 Transition Task Force

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July 2020
Rev1: August 2020
Rev2: August 2020

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Task Force Members

Ogechika Alozie, MD, MPH, FACP, AAHIVS
Del Sol Medical Center
Co-Chair, El Paso United COVID-19 Transition Task Force

Ogechika Alozie (MD MPH FACP AAHIVS) is a graduate of the University of Minnesota's Infectious Diseases fellowship program. Prior to this he received his medical degree from the University of Benin in Nigeria and then completed an internship and residency at the Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota, where he got his introduction to Digital Health. He is also board-certified in clinical informatics by the American Board of Preventive Medicine (ABPM), making him one of less than 100 such certified physicians in the state of Texas. Dr. Alozie is the Chief Medical Officer (CMO) at Del Sol Medical Center, where he oversees clinical quality, physician alignment and partners on healthcare innovations. He has also been the CEO of Southwest Viral Med (SWVM) a non-profit organization in El Paso responsible for the care of over 1000 clients living with HIV since 2014. *Dr. Alozie believes that patient care is the most important part of medicine. "Technology is not a replacement for patient care, but rather a way to enhance and catalyze the care our patients deserve."* As the chair, co-chair or member on multiple state committees, he represents El Paso, focused on how Health information technology can improve care. He gave a TedX - El Paso talked titled "The Digital Immigrant" in 2016, and in the same year was awarded "Best Doctor in the City 2016" by the El Paso City Magazine. In 2017, the El Paso Pharmacy Association gave his clinic the "Award for Innovative Practice."

Hector I. Ocaranza, MD, MPH
City-County Public Health
Co-Chair, El Paso United COVID-19 Transition Task Force

Dr. Hector I. Ocaranza is a native of the borderland community. He has served the people of El Paso, Texas as the Local Health Authority for over 13 years. Dr. Ocaranza completed his General Pediatrics residency training in 1999 at Texas Tech University Health Sciences Center in El Paso and has been board certified in general pediatrics since 1999. His passion for Public Health and serving his community led him to earn a Master in Public Health from the University of Texas Houston-School of Public Health in 2014. In his role as the Local Health Authority, he has supported efforts for the H1N1 pandemic response; the Tuberculosis exposure of infants, the Ebola plan for the region; lead the Measles outbreak in El Paso; among a variety of other regional health issues. He has been the medical director of the Sexually Transmitted Diseases clinic at the Department of Public Health since 2016 and the newly created Community Care Clinic since 2019. Dr. Ocaranza has also run a successful general pediatrics clinic for 20 years in Anthony, New Mexico; a rural, underserved community located in the southern part of Dona Ana County. The practice aims to make a difference in the lives of many children who live in the rural community by improving the overall immunization rates for children and adolescents. Additionally, Dr. Ocaranza has held clinical instructor appointments from the University of New Mexico and Texas Tech University Health Sciences Center.

Nicole Brennan, MPH, DrPH
Battelle Memorial Institute

Nicole Brennan, MPH, DrPH, joins the El Paso United COVID-19 Transition Task Force with over 20 years of experience working in both public health and health care quality improvement. Dr. Brennan holds a Master in Public Health from Ohio State University and a Doctorate in Public Health Leadership from the University of Illinois at Chicago. As the Director of Health Outcomes Research for Battelle Memorial Institute, Dr. Brennan and her team focus on improving health and wellbeing via healthcare quality improvement, environmental public health, health policy and emergency response. Dr. Brennan has focused much of her public health career working within complex systems, creating networks focused on increasing health equity, equality, and wellbeing through sustainable public health action. Prior to joining Battelle, Dr. Brennan held public health leadership roles in the areas of chronic disease prevention and control, infectious disease prevention and control, cancer prevention and surveillance, injury prevention, HIV/AIDS prevention, immunizations, public health preparedness, and risk reduction/health promotion. Dr. Brennan is passionate about creating resilient and healthy communities, where all citizens have access to safe environments and exceptional healthcare.

Martin Rogelio Covarrubias Gil Lamadrid, MD
Juárez Public Health

Martin Rogelio Covarrubias Gil Lamadrid, MD, is a graduate of the Public Health Institute in Mexico City where he received his MD and epidemiology certification. Dr. Covarrubias has a Master in Public Health from the Superior Institute of Medical Sciences in Havana, Cuba, and he received his physician certification from the National Norm Committee of General Medicine in Mexico City. Dr. Covarrubias is currently the employee physician at the Social Security Zone 35 Hospital in Cd. Juárez, where he helps employees improve their quality of life through specific health programs and medical evaluations. He is a member of the medical residues infect-contagious committee of the hospital. Prior to his current position, Dr. Covarrubias was the hospital's supervisor of health programs. Before moving to Juárez, Dr. Covarrubias was the public health director in Ojinaja, Chihuahua. He is also the former vice president of the Health Border Association Mexico-United States. He is also the former president of the College of Physicians at Ojinaga, Chihuahua, Mexico, and is the founder of College of Physicians at Ciudad Juárez, Chihuahua, Mexico.

Dr. Alison Days, MD, MPH
El Paso County Medical Society

Dr. Alison Days is originally from New York and did her training in Rhode Island, Connecticut and New York City. She came to El Paso in 2002 to complete a 2-year commitment to the National Health Service Corps but has remained for 18. Dr. Days was initially employed as faculty in Pediatrics at Texas Tech University Health Sciences Center from 2002–2012. She saw pediatric patients in Horizon City, TX, collaborated on the new medical curriculum for the Paul L. Foster School of Medicine (PLFSOM) and was a community preceptor for 1st and 2nd year medical students. In 2009, she took over the position of Editor of the El Paso Physician Magazine, a position she still holds. In April of 2012, Dr. Days left Texas Tech to open her private pediatric practice, Healthy Days Pediatrics. In 2018, Dr. Days was nominated for the position of Chief of Staff at El Paso Children's Hospital and in February of 2020, she took on the role of President of

the El Paso County Medical Society. Dr. Days is Board Certified in Pediatrics and also holds a Master of Public Health degree from University of Texas Houston School of Public Health. She speaks English and Spanish and is married with a stepson and 2 daughters. She is very happy to be part of the COVID-19 United Transitional Task Force.

Joel Hendryx, DO
University Medical Center of El Paso

Joel Hendryx serves as Chief Medical Officer of the University Medical Center of El Paso, a position he has held at the hospital since June 2017. Prior to his current position, he was the leading OB/GYN at the Advanced Center for Women's Health at Tenet, Baptist Healthcare System in El Paso. Dr. Hendryx has more than 38 years of experience as a physician, with the last 20 years having served in senior leadership roles throughout healthcare. He served as a Trustee on the Hospitals of Providence East as well as the Baptist Health Care Systems boards. He also served as the Chief of Staff at Del Sol Medical Center in El Paso, as well as Vice Chief of Maternal Child at Hospitals of Providence East. Dr. Hendryx has Board Certification from the American Board of Osteopathic Obstetricians and Gynecologists. He also has both Medical and Pharmacy licenses. Dr. Hendryx is a graduate of the University of Texas at El Paso (1977) with a Bachelor of Philosophy degree; and he is a graduate of the Texas College of Osteopathic Medicine with a Doctor of Osteopathic Medicine degree. He has current Affiliations with the American Osteopathic Association, the American College of Osteopathic Gynecologists (Fellow), and the American College of Osteopathic Obstetricians and Gynecologists.

Michael Kelly, PhD
Paso del Norte Health Foundation

Dr. Kelly joined the Health Foundation in 1999, moving from his position as Assistant Professor of Health Science at UTEP. In his role as Vice President of Programs, he provides leadership for the Health Foundation's health priority areas and supervises a talented program staff. Dr. Kelly plays a central role in Health Foundation leadership, including staffing the Allocations Committee and overseeing grantmaking. He also is instrumental in designing, implementing, and evaluating initiatives and leading special projects. Previously, he served as Program Officer for work in early childhood, sexual health, clinic-based health education, tobacco control, as well as healthy eating and active living. Currently, Dr. Kelly leads the Foundation's REALIZE leadership programs and is designing an approach for funding diabetes prevention and management. His philosophy is for all people to have the ability, environmental support, and freedom to pursue health and quality of life. He has an unsurpassed ability to predict and navigate the many complex vicissitudes in philanthropy and population health. A native of Houston, Dr. Kelly received a PhD in health education from Texas A&M University. He also holds a Master of Education in Health Education and a BA in biology. His experience includes a brief time at Harris County Health and Brazos County Health Departments, a soil analysis lab, and substitute teaching middle and high school.

Robert A. Kirken, PhD
University of Texas, El Paso

Robert A Kirken, PhD, has greater than 25 years of leadership, administrative, strategic planning and research experience within academia and government institutions. He is currently the Dean of the College of Science at The University of Texas at El Paso (UTEP), the second-largest university in the United States to have a majority Mexican American student population. Dr. Kirken has also actively promoted and initiated partnerships with national and international entities, regional healthcare leaders, universities and medical centers to support faculty excellence, student success, innovative inter-disciplinary programs and engaged communities. In addition to his strong commitment to students and faculty, he has an extensive track-record as a scientific leader serving as the Principal Investigator of the recently awarded $20M grant from the National Institutes of Health (NIH) focused on cancer health disparities which has been competitively renewed for more than 15 years. He has also successfully secured greater than $50M in funding from biotechnology and pharmaceutical companies, foundations, state agencies and grants from several NIH Institutes, including the National Institute of Minority Health and Health Disparities and National Cancer Institute (NCI). He has trained and mentored many students at all levels resulting in more than 100 publications and been the recipient of multiple patents for his inventions. His current efforts are focused supporting faculty and minority undergraduate and graduate students at UTEP and 22 other Minority Serving Institutions that span Puerto Rico to Hawaii comprised of Hispanic, Asian Pacific Islanders and African Americans. Prior to his role as Dean, Dr. Kirken was the Professor and Chair of the Department of Biological Sciences at UTEP. He was also an Assistant and Associate Professor in the Department of Pharmacology and Integrative Biology with a joint appointment in the Department of Surgery at The University of Texas Health Science Center at Houston and held a secondary appointment in the Department of Bioimmunotherapy at MD Anderson Cancer Center in Houston. Prior to his academic positions, he was a postdoctoral fellow and then staff scientist in the NCI at Fort Detrick, Frederick, Maryland. Dr. Kirken received his BA in Chemistry from Olivet College in Southeastern Michigan and completed his PhD in Biomedical Sciences at Wright State University in Ohio.

Jon Law
University Medical Center of El Paso

Jon is the Chief Strategic Officer of the University Medical Center of El Paso. In this role, he leads the hospital strategic and business planning for the hospital system's emerging projects. Jon leads the health district's Baldrige Performance Excellence Program. During the COVID-19 pandemic, he coordinates efforts between El Paso's hospitals to prepare for possible demand for hospital beds that would exceed the community's current capacity. Jon has over twenty-five years of experience in public health and healthcare, including two years as a full-time volunteer at Annunciation House, serving at homeless shelters for migrants in Cd. Juárez and El Paso. He previously spent 12 years serving the Paso del Norte Health Foundation (PDNHF) in various roles, including Chief Operating Officer and President. While at PDNHF, he founded PHIX (El Paso's health information exchange). Jon is currently a board member of the El Paso Downtown Management District and FEMAP Foundation, non-profit philanthropy that provides funding for a hospital system and nursing school in Cd. Juárez, Chihuahua. Jon completed his Bachelor of Arts in Political Science at the University of Arizona and his Master of Public Administration at the University of Texas at El Paso (UTEP). He is currently enrolled in the Doctor of Science (DSc) Healthcare Administration program at the University of Alabama at Birmingham (UAB).

Linda Lawson, DNP, RN, NEA-BC
Hospitals of Providence

Dr. Linda Lawson, DNP, RN, NEA-BC, is the Chief Nursing Officer for The Hospitals of Providence Transmountain Campus and is the Group CNO for The Hospitals of Providence in El Paso, Texas. Linda is a 2012 Robert Wood Johnson Foundation Executive Nurse Fellow and a member of the action learning team from the RWJF ENF 2012 cohort focused on addressing bullying and incivility in Healthcare. She is a member of the Texas Team, an action coalition of the initiative on the future of nursing to assist in actualizing the Initiative on the Future of Nursing (IFN) goals by 2020, and is co-chair of the Upper Rio Grande Region of the Texas Team. Linda is a Magnet and a Pathway to Excellence Appraiser for the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program. She serves as chair of Senator Jose Rodriguez's healthcare subcommittee and is a clinical assistant professor at the Texas Tech University Health Sciences Center El Paso Gayle Grieve Hunt School of Nursing. Linda is board certified as an Advanced Nurse Executive (NEA-BC). She earned her undergraduate degree in nursing from the University of Texas at El Paso, her master's degree in nursing leadership from the University of Massachusetts at Boston, and her Doctor of Nurse Practice in Executive Nurse Leadership from Texas Tech University Health Sciences Center in Lubbock, Texas.

Jose Luna, MD, MBA
Centro San Vicente

Dr. Luna is currently working as a primary care provider at Centro San Vicente, focusing on patients recently released from incarceration, those with substance use disorders, and those infected with hepatitis C. He previously served as CEO of Centro San Vicente, interim CEO and Medical Director of the Thomas Cares outpatient clinics for the El Paso County Hospital District, Medical Director at Providence Primary Care Clinics, Chairman of the Department of Community Medicine, and Assistant Clinical Professor for Texas Tech School of Medicine during which he was the recipient of "Outstanding Faculty Teaching Award" presented by the Department of Family Medicine. Dr. Luna also was in the National Hispanic Medical Association's Leadership Class of 2000. In 2004, he earned his MBA from Regis University and completed his residency in Family Medicine in 1983 from the University of New Mexico. Dr. Luna has served on numerous community boards such as the El Paso County Hospital Board of Managers, the Hispanic Chamber of Commerce, El Paso Symphony, El Paso First Health Plan, Hispanic Leadership Institute, El Paso Empowerment Zone, Careers Centers of Texas, and as advisory board member of the UTEP School of nursing. Throughout his career, Dr. Luna has received numerous awards and honors for his performance and visionary leadership in the El Paso Community. Some of these awards include the Oak of Justice from Catholic Diocese of El Paso; Humanitarian of the Year from Project Amistad; Person of Vision from the El Paso Diabetes Association; Public Citizen of the Year Award from the El Paso Chapter of the Texas Association of Social Workers; Recognition for community service from the Mexican American Bar Association; Moving Forward Award, from the El Paso Hispanic Chamber of Commerce and McDonald's Hispano Triunfador. As a co-founder of the Social Justice and Equity department at Centro San Vicente, he has been leading efforts to expand access to health care equity for various populations including minorities, those recently released from incarceration, LGBT community and those suffering from substance abuse disorders.

Kristina Mena, MSPH, PhD
University of Texas, Houston School of Public Health
Kristina D. (Crabtree) Mena, MSPH, PhD is the Dean of the El Paso Campus of University of Texas—Houston School of Public Health (UTHealth). She is Associate Professor and Program Head of Environmental and Occupational Health Sciences for all campuses of UTHealth's six-campus structure. Dr. Mena earned a BA in Biology and English at Franklin College (Indiana), a MSPH at the University of South Florida, a PhD in environmental microbiology and epidemiology at The University of Arizona, and completed a Post-Doctoral Fellowship at Kansas State University in the Food Animal Health & Management Center. Dr. Mena has over 25 years of experience addressing disease transmission through communities using risk assessment and epidemiological studies. She conducted the risk assessment that informed mitigation strategies for athletes at the 2016 Olympics in Rio. She is currently evaluating the health risks of children playing on beaches impacted by oil spills. To further NASA's Mars exploration goals, as well as support President Trump's launch of the United States Space Force, Dr. Mena completed the design of a health risk-based mechanism for NASA that will allow flight crew to grow food in space. Dr. Mena recently completed second terms on both the USEPA Chartered Science Advisory Board and the USEPA Drinking Water Committee, serving under both Obama and Trump presidential administrations. She is also an Expert Panelist for the National Water Research Institute. She is published in the peer-reviewed literature in addressing the assessment and mitigation of disease risk, and an invited speaker at national and international conferences. In addition, she has provided consulting throughout the United States, as well as in Germany and Australia regarding food manufacturing, medical waste treatment technologies, and water reuse practices. Locally, Dr. Mena is Chair of the El Paso Public Service Board and serves on the University Medical Center of El Paso Board of Managers.

Edward Michelson, MD
Texas Tech University, El Paso
Dr. Michelson is Professor and Chairman of the Department of Emergency Medicine, Paul L Foster School of Medicine, Texas Tech University Health Sciences Center. He is also Chief of Emergency Medicine at University Medical Center of El Paso. Dr. Michelson is residency trained and board certified in Internal Medicine and Emergency Medicine, and a Fellow of the American College of Emergency Physicians. Prior to coming to El Paso in 2016, Dr. Michelson was Chairman of Emergency Medicine at Case Western Reserve University School of Medicine in Cleveland, Ohio for 12 years.

COL Neil Nelson
William Beaumont Army Medical Center

Commissioner Vincent Perez
County Government

Vincent Perez has been a long time resident and active community member of the El Paso county area. Vince graduated from Bel Air High School, and then went on to earn his undergraduate degree from the Edmund A. Walsh School of Foreign Service at Georgetown University. After earning his master's degree in Government from the Georgetown University, he began his work in public service. Prior to his current position as County Commissioner of El Paso County, Vince worked in the U.S. House of Representatives as a Communications Director for the 16th Congressional District of Texas. Vincent Perez was elected to the El Paso County Commissioners Court in November of 2012. As the County Commissioner of Precinct 3, he represents the more than 200,000 residents that live in the Lower Valley and East El Paso County. Vince has spearheaded a wide variety of initiatives and policy reforms in the areas of criminal justice, budget management, quality of life improvement, transportation and historic preservation. In 2016 Vince Perez was named the 2016 National County Leader of the Year for his work and success in passing critical reforms to the local criminal justice system. He is the current chair of El Paso Metropolitan Planning Organization's Transportation Policy Board as well as the current chair of the Board of Directors for the El Paso Central Appraisal District (Chair). He is also a member of the Secretary of State's Texas Border Trade Advisory Committee, and the El Paso County Purchasing Board.
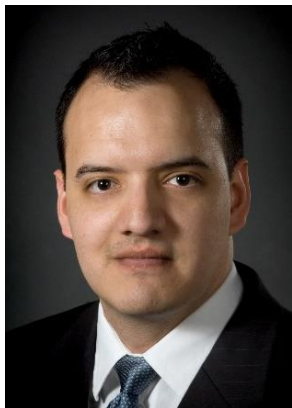
Mario Rascon, MD, MHCM
El Paso County Office of the Medical Examiner

Dr. Rascon has been the Chief Medical Examiner for El Paso County, TX since 2014, overseeing the medicolegal death investigation agency trusted with of scrutinizing sudden, unexpected, unexplained, or violent deaths in El Paso. Dr. Rascon is an Assistant Professor of pathology at Texas Tech University Health Sciences Center (TTUHSC) El Paso and teaches students from the Paul L. Foster School of Medicine (PLFSOM). He received his MD degree from the Autonomous University of Chihuahua, and he completed post-graduate training in pathology at Northwell Health System in New York, followed by a fellowship in forensic pathology at the University of New Mexico. He obtained his Master in Health Care Management from the Harvard T.H. Chan School of Public Health, and is a fellow of the College of American Pathologists and of the National Association of Medical Examiners.

Representative Claudia Rodriguez
City Government

Claudia Lizette Rodriguez is a first generation American and the oldest of three siblings. El Paso is the only home she's ever known. She always believed in the American dream and knew that for her, challenges will always be limitless. Claudia attended Texas Tech College of Architecture in El Paso Texas as well as Sci-Arch in Los Angeles California. Growing up, Claudia always had a love, passion and appreciation for Architecture and design. Currently she is again enrolled at Texas Tech University where she is now working on her MBA. She is currently married and, together with her husband, they are raising 4 children— two boys and two girls. Being brought up by a family of risk takers and entrepreneurs, Claudia has always ventured into the world of being a small business owner. She has seen the value in running a successful business that gives back to her community by creating job opportunities for families in her beloved

El Paso. Claudia loved her city so much that she wanted to make a more positive impact and change. In January 2020 she ran a campaign to gain a seat in El Paso's city council as a representative of District 6. With a very minimum budget but with lots of love, devotion and passion, her and family and friends succeeded in convincing community members of El Paso's District 6 that she would be the right choice to represent them. On February 25th, 2020 she swore an oath to protect the United States constitution and to honorably serve and represent the city of El Paso Texas as the newest member of the city council.

Jeff Schuster, MD
El Paso Children's Hospital

Jeffrey D. Schuster, MD is a fourth-generation physician from El Paso. He is a pediatric cardiologist in private practice. Dr. Schuster is the Chief Medical Officer at El Paso Children's Hospital. Dr. Schuster graduated with a MD from the University of Texas Health Science Center in San Antonio. His pediatric training was at the University Medical Branch in Galveston and cardiology fellowships were at the University of Florida, and Northwestern University in Chicago. Dr. Schuster practices at every hospital in El Paso. He has a clinical appointment in the Department of Pediatrics at Texas Tech-El Paso.

Emma Schwartz, MPH
Medical Center of the Americas Foundation

Emma Wollschlager Schwartz is President of the Medical Center of the Americas (MCA) Foundation. The MCA developed the region's first biomedical incubator: the Cardwell Collaborative (60,000 sf) and the first free-standing mental health clinic for the VA (33,000 sf). The MCA also works to harness a Life Sciences industry for the region through its Innovation Center; BIO El Paso-Juárez, representing the bi-national medical device manufacturing industry; MCA Clinical Trials Consortium; MCA Health Care Think Tank; and STEM camps. Before the MCA, Ms. Schwartz worked in healthcare management, revenue cycle improvement, strategic planning and regulatory compliance for a variety of healthcare companies in Texas, Hawaii, Oregon and California. Ms. Schwartz is on the boards of WestStar Bank, Progress321, Workforce Solutions Borderplex and Borderplex Alliance, as well as on the CPRIT Product Development Advisory Committee (PDAC) and co-chair of El Paso's chapter of Stanford OVAL. Formerly, she served on the board of the PDN Center of Hope and the Federal Reserve Bank of Dallas' Emerging Leaders Council. In 2016, Ms. Schwartz was inducted into the El Paso Business Hall of Fame, and she was named 2017's El Pasoan of the Year. In October 2019, Governor Greg Abbott appointed Ms. Schwartz to the Texas Higher Education Coordinating Board (THECB) for a term that expires in August 2025. Ms. Schwartz received her BA in Human Biology concentrating in Comparative Health Policy from Stanford University and her MPH in Health Services Management from UCLA, where she was a Foley & Lardner Fellow.

Michael Woods, PhD
Burrell College
Michael E. Woods, PhD is an Associate Professor in the Department of Physiology & Pathology at the Burrell College of Osteopathic Medicine in Las Cruces, New Mexico where he also serves as the Director of Research Laboratories in the Office of Research & Sponsored Programs. Dr. Woods earned a BS in Microbiology from Texas A&M University and a PhD in Experimental Pathology from the University of Texas Medical Branch at Galveston. He was an Association of Public Health Labs Emerging Infectious Disease Post-Doctoral Research Fellow in the Division of Vector-borne Infectious Diseases at the Centers for Disease Control and Prevention. Prior to joining Burrell College, Dr. Woods was a scientific staff member in the Chemical and Biological Threat Awareness Program, Global Security Principal Directorate at Lawrence Livermore National Laboratory where he worked on issues relevant to biodefense. Dr. Woods also earned a Certificate in National Security Affairs from the Bush School of Government & Public Service at Texas A&M University in 2015. Dr. Woods grew up in Las Cruces and is honored to have had the opportunity to return and contribute to the region's future.

Support Team

Nicole Ferrini, Chief Resilience Officer, Director of Community and Human Development, City of El Paso

Betsy Keller, Chief Administrator, County Administration, El Paso County

Joaquin Rodriguez, Senior Policy Adviser, Commissioner Vince Perez, El Paso County Precinct 3

Karla Mack, Principal Research Scientist, Battelle Memorial Institute

Tanya Maslak, Principal Research Scientist, Battelle Memorial Institute

Jessica Ruble, Principal Research Scientist, Battelle Memorial Institute

Executive Summary

Insights and leadership from regional experts who understand the public health threat, as well as unique characteristics of El Paso, are essential to formulate recommendations for reopening El Paso in a way that reduces health risk for everyone and prepares for the next public health crisis. As such, the El Paso United COVID-19 Transition Task Force resolution was set forth and passed on May 17, 2020 by the County of El Paso, Texas. The mission of the COVID-19 Task Force was to synthesize city and county information to create evidence-based, data-driven, and actionable recommendations for government officials to reopen El Paso and the Paso del Norte Region, respond to the COVID-19 crisis, and prepare for future public health threats.

Task Force members put forth 28 short-, mid-, and long-term recommendations (Table E-1) that should be implemented within 30 days, 6 months, or 18 months, respectively, of issuing this report. The recommendations were crafted based on real-time events and available data. It is understood that resource and funding availability, as well as emerging data, may impact the development and implementation of the recommendations. The recommendation timeframes serve as a guideline; some recommendations may be completed in a shorter timeframe, while others may require longer given the ever-evolving environment in which officials operate to combat the COVID-19 pandemic. The Task Force also recognizes that some of these recommendations may already be in the process of implementation.

Table E-1. Summary of Recommendations and Required Capabilities

THEME	RECOMMENDATIONS	TIMEFRAME		
		Short	Mid	Long
Overarching	Create a COVID-specific scorecard using available data	▓		
	Implement recommendations in a regional, cross-sector, public/private, collaborative way using available resources	▓	▓	▓
Preparedness	Advise on the development and dissemination of school reopening and sustainment plans	▓		
	Provide performance improvement reports	▓		
	Integrate and strengthen communication across border health agencies	▓		
	Initiate a process to develop a model and strategic plan to address future public health organization, funding, resources, and staffing	▓		
	Continue to act as a resource for schools as they develop, implement, and revise their COVID-19 health and safety plans		▓	▓
	Develop a model for public health organization and strategic plan for future public health emergencies		▓	▓
	Invest in ongoing population health and behavioral change research, resources, and interventions			▓
Data	Increase accessibility and quality of data	▓		
	Implement surveillance studies to assess community transmission and prevalence of COVID-19, as well as create a predictive tool	▓		
	Continue to invest in ongoing COVID-19 epidemiological research and surveillance		▓	▓

THEME	RECOMMENDATIONS	TIMEFRAME		
		Short	Mid	Long
Testing and Contact Tracing	Expand testing resources to ensure accessibility, quick turnaround times, and demand	■		
	Support testing strategy development for private businesses and schools	■		
	Expand contact tracing capabilities by leveraging partnerships	■		
	Coordinate community members' ability to access testing resources using a patient navigation model	■		
	Incorporate other pathogen testing at current testing sites	■		
	Expand passive disease surveillance and existing syndromic surveillance methods		■	
	Develop, preserve, and promote partnerships to expand and diversify COVID-19 testing throughout the community		■	■
Communication	Institute a cross-sector collaborative partnership to create a communication strategy	■		
	Centralize and coordinate COVID-19 information and health communication resources	■		
	Partner with community health workers to create a communication outreach strategy	■		
	Promote modelling of public health behaviors by various community leaders	■		
	Establish a process for stakeholders to provide input on pandemic response for the government to take under advisement	■		
	City/county, working with cross-sector collaborative, should continue to effectively communicate with target audiences about COVID-19 by creating and launching a unified, dynamic health communication campaign		■	
	City/county, working with the cross-sector collaborative, should conduct an ongoing communication assessment that solicits stakeholder perceptions of the current communication strategy and creative elements, with the goal of improving the efficacy and local relevance of communication materials/media		■	
	To provide consistent quality COVID-19 communication resources, the cross-sector collaborative should advise on the production of COVID-19 communication resources		■	
	For accountability, to facilitate learning, and to document effort, the city/county, collaborating with public/private partners, should provide an after-action report that details COVID-19 communication activities (the implementation of this recommendation may extend beyond 18-months given the unpredictable nature of the current pandemic)			■

Timeframe Key:		
Short-term: Recommendation should be implemented within the next 30 days of issuing report.	Mid-term: Recommendation should be implemented within 6 months of issuing report.	Long-term: Recommendation should be implemented within 18 months of issuing report.

1. Introduction

1.1 Paso del Norte Region

The Paso del Norte region is an intersection of resources, capital, labor, and culture, serving over 2.5 million people and spanning two countries—the United States (U.S.) and Mexico—and three states—Texas, New Mexico, and Chihuahua. The region has six international points of entry and connection between the U.S. and Mexico, including the Bridge of the Americas, the Ysleta International (Zaragoza) Bridge, the Paso del Norte (Santa Fe Street) Bridge, the Stanton Street Bridge, the Marcelino Serna Bridge, and the Santa Teresa port of entry. In 2018, El Paso point of entry reported over 800,000 trucks, more than 12 million cars, more than 22 million passengers, and 7 million pedestrians crossing the borders. The region is a major center for manufacturing, including automobiles and automobile components, electronics, textiles, and medical equipment. The region plays an important role in international trade, serving as the largest port of entry on the U.S.-Mexico border, with over $79 billion in trade occurring in this region in 2019. The U.S. region includes areas in Texas (El Paso and Hudspeth Counties), New Mexico (Doña Ana, Luna, and Otero Counties), and in the Mexican state of Chihuahua (Ciudad Juárez), with Doña Ana and Juárez bordering El Paso county. The El Paso-Juárez surrounding area is the second largest bi-national metropolitan areas on the U.S.-Mexico border (second to San Diego and Tijuana), with El Paso county serving as home to 839,238 individuals as of July 1, 2019 and Juárez having an estimated population of 1.5 million reported in 2019.

1.2 SARS-CoV-2

In late 2019, a novel coronavirus causing severe acute respiratory syndrome (SARS-CoV-2) emerged, eventually spreading to over 117 countries and causing a global pandemic. On March 4, 2020, the first locally acquired presumptive positive case in Texas was identified and laboratory confirmed as positive on March 9, 2020. On March 19, 2020, Texas Governor Greg Abbott declared a statewide public health disaster as the virus spread, authorizing use of all resources necessary to respond to the disease known as COVID-19. In response to the emerging crisis, the Governor of Texas, the Texas Department of Health and Human Services, and El Paso city and county governments issued a series of orders to slow the spread of the disease, minimize impact to the healthcare system, and ensure safety and health of El Pasoans. These orders included physical distancing measures, limiting non-essential travel, and closing businesses and schools. Furthermore, on March 21, 2020, the U.S. and Mexico entered a joint initiative to restrict non-essential travel along the U.S.-Mexico border through September 21, 2020. Travelers may be subject to health screenings, including temperature checks and may be denied admission if the purpose of their visit is determined to be non-essential.

Timeline

March 11	World Health Organization classifies COVID-19 as a pandemic.
March 13	U.S. declares federal emergency. El Paso declares local emergency.
March 19	Texas declares statewide public health disaster.

1.3 SARS-CoV-2 Impact on El Paso

The first presumptive case in El Paso was identified on March 13, 2020. According to the El Paso Strong website, as of August 28, 2020, 20,072 positive cases have been identified and 415 deaths have occurred. In general, cases have occurred at an equal rate between males and females. And, while those aged 20–60 years have had the highest case incidence, most COVID-related deaths occurred in individuals aged 60–90. Many individuals who died from

COVID-19 also had underlying conditions, such as hypertension (58%), diabetes (45%), or an unspecified condition (52%).

1.4   SARS-CoV-2 Impact on Doña Ana County

The first confirmed case in Doña Ana County in southern New Mexico was reported on March 20, 2020. According to the New Mexico Department of Health, as of August 28, 2020, the New Mexico Department of Health reported 2,772 confirmed cases and 41 deaths in Doña Ana County. Cases in Doña Ana County have been slightly more skewed towards females (53%) versus males (47%). Almost one quarter of cases (24%) have been recorded in individuals aged 20–29 years, but the majority of deaths have occurred in those in older age groups. Among the zip codes in southern New Mexico that border El Paso County, there have been a total of 603 documented cases.

1.5   SARS-CoV-2 Impact on Ciudad Juárez

The first confirmed case in Ciudad Juárez, Mexico was reported by Chihuahua public health officials on March 17, 2020. According to Gobierno de México, as of August 28, 2020, the Mexican government reported 4,271 confirmed cases and 752 deaths in Juárez. Cases in Juárez have been slightly skewed more towards males (56%) versus females (44%). The majority of cases in Juárez span an age range of 25–64 years, but the majority of deaths occurred in those aged 40–79 and are primarily male (63%). Comorbidities among those who have died from SARS-CoV-2 in Juárez include hypertension (49%), diabetes (38%), and obesity (30%). It is important to note that testing and reporting may be ongoing challenges that impact the potential accuracy of the situation across many communities in Mexico and the U.S.

2. Origins of Task Force

In order for El Paso health officials and government leaders to slow and reduce transmission, it is necessary to understand and contain real-time spread of COVID-19 in the community through surveillance, testing, contact tracing, isolation of cases, and quarantine of contacts. This is especially important to protect high-risk groups, which include individuals who have certain medical conditions, live in congregate housing, provide care to COVID-19 patients, and work in essential or public-facing businesses.

Insights and leadership of local experts who understand the medical and public health threats, as well as unique characteristics of El Paso, are essential to formulate recommendations on responding to the crisis, for reopening El Paso in a safe, equitable way, and to prepare for the next public health crisis. As such, the El Paso United COVID-19 Transition Task Force resolution was set forth and passed on May 17, 2020 by the El Paso County Commissioners Court.

2.1   Task Force Mission

The mission of the Task Force is to recommend strategies that decision-makers may consider as they work to protect population health and well-being of residents in the Paso del Norte Region during the COVID-19 pandemic.

2.2   Task Force Guiding Principles

Recommendations from the Task Force are based on guiding principles centered around evidence-based decision making, equity, preparedness, resilience, and transparency.

Evidence-Based Decision Making

The Task Force will rely on evidence-based decision making, drawing upon best practices and the guidance of subject matter experts in recommending strategies that are responsive to new information.

Equity

The Task Force will recommend strategies that are inclusive of all populations in the Paso del Norte region and be mindful of people who are at high risk of infection or more vulnerable to adverse outcomes.

Preparedness

The Task Force will recommend approaches in anticipation of subsequent waves of the virus and future phases of the pandemic.

Resilience

The Task Force will consider recommendations that will increase the region's capacity to survive and thrive as future public health challenges present themselves.

Transparency

The Task Force will strive for transparency in presenting meaningful and informative data to the public and will present its conclusions openly.

2.3   Task Force Priorities

Keeping in mind the intent of the Task Force and the overall objectives of understanding and containing the spread of COVID-19 while enhancing the public health system for future emergencies, the Task Force was comprised of four subcommittees—Communication, Data, Preparedness, and Testing and Contact Tracing. These subcommittees met weekly to identify evidence-based, data-driven, and actionable recommendations in their respective areas. A series of appendices provides more detail on each recommendation and highlights the importance of each topic area.

The recommendations outlined throughout the report were crafted based on real-time events and available data. It is understood that resource and funding availability, as well as emerging data, may impact the development and implementation of the recommendations. The recommendation timeframes serve as a guideline; some recommendations may be completed in a shorter timeframe, while others may require longer given the ever-evolving environment in which officials operate to combat the COVID-19 pandemic. The Task Force also recognizes that some of these recommendations may already be in the process of implementation.

3. Methodology

The Task Force consisted of medical and public health experts, city and county government officials, and members of academia and non-governmental organizations. The Task Force members met weekly as a group to listen to presentations on relevant topics, including employment and labor law, data collection and analysis, and testing resources. In addition, Task Force subcommittees met to formulate recommendations, which were then discussed and approved by the larger Task Force.

The Task Force members met with a subset of community stakeholders (public schools, private business operators) and disseminated a survey to collect information that informed some of its recommendations. In addition, the members synthesized information from multiple sources—city and county data requests, peer-reviewed and open-source literature, research on COVID-19, and experts—to create evidence-based, data-driven recommendations for government officials to reopen El Paso, respond to the current COVID-19 crisis, and prepare for future public health threats. The members reviewed and agreed upon the recommendations before putting forth these recommendations to the city and county.

The Task Force submitted recommendations with suggested timeframes. The implementation timeframe is based on urgency of the topic and the resources required to effectively execute the recommendation. These timeframes include the following:
- Short-term recommendations, which should be implemented within 30 days of issuing the report
- Mid-term recommendations, which should be implemented within 6 months of issuing the report
- Long-term recommendations, which should be implemented within 18 months of issuing the report

The Task Force recognizes the need to keep the mid- and long-term recommendations succinct, flexible, and easily adaptable given the ever-evolving nature of the pandemic. As such, these recommendations are less prescriptive and broader than the short-term recommendations, and, therefore, are not outlined in further detail in appendices. The mid- and long-term recommendations are embedded within the summary descriptions of the main report; the timeframe of each recommendation is noted in the summary table within each section.

4. Recommendations

4.1 Overarching

A summary of overarching recommendations discussed across all key areas is outlined in Table 1. Appendix A contains detailed information on how to implement the recommendations.

Table 1. Summary of Overarching Recommendations

RECOMMENDATIONS		TIMEFRAME		
		Short	Mid	Long
1.	Create a COVID-specific scorecard using available data			
2.	Implement recommendations in a regional, cross-sector, public/private, collaborative way using available resources			

4.1.1 Recommendation #1: Create a COVID-specific scorecard using available data

Existing COVID-19 data requires context so leaders can assess the current COVID-19 response impacts, identify existing risks, prioritize high-impact mitigation strategies, and guide the reopening strategy. A collaboration of top researchers created a unified set of metrics, with defined risk levels, to help communities assess their current response efforts and facilitate data-driven decision making. These metrics are framed within a scorecard, which can be modified by tailoring the existing metrics and redefining parameters based on factors specific to El Paso. The Task Force provided an initial draft of the El Paso-specific metrics.

The scorecard should be updated regularly (on a daily or weekly basis), leverage existing health impact assessments of the border region, and align to reopening phases based on key progress indicators. The scorecard indicators serve as progression/regression markers and, when aligned with stages of the reopening strategy, can indicate whether El Paso is ready to move onto the next stage of reopening or whether additional public health measures are required. The scorecard can be used in conjunction with the Texas Medical Association risk levels. The scorecard's data source should be consistent and reliant. Currently, COVID-19 data differs between state and city/county numbers. This difference should be reviewed for discrepancies and reconciled.

4.1.2 Recommendation #2: Implement recommendations in a regional, cross-sector, public/private, collaborative way using available resources

The recommendations within this report require a multifaceted approach to successfully implement. This approach should leverage regional, cross-sector, and public/private partners to ensure all available resources and expertise are leveraged, and that recommendations are implemented in a comprehensive, timely, and cost-effective manner with optimal buy-in from key stakeholders.

4.2 Preparedness

A summary of the recommendations related to preparedness is outlined in Table 2. Appendix B contains detailed information on how to implement the recommendations.

Table 2. Summary of Preparedness Recommendations

	RECOMMENDATIONS	TIMEFRAME		
		Short	Mid	Long
1.	Advise on the development and dissemination of school reopening and sustainment plans	▓		
2.	Provide performance improvement reports	▓		
3.	Integrate and strengthen communication across border health agencies	▓		
4.	Initiate a process to develop a model and strategic plan to address future public health organization, funding, resources, and staffing	▓		
5.	Continue to act as a resource for schools as they develop, implement, and revise their COVID-19 health and safety plans		▓	▓
6.	Develop a model for public health organization and strategic plan for future public health emergencies		▓	▓
7.	Invest in ongoing population health and behavioral change research, resources, and interventions			▓

4.2.1 Recommendation #1: Advise on the development and dissemination of school reopening and sustainment plans

Public and private schools need assistance in developing their health and safety reopening plans, including modifications to class size, physical plant, and food services; alternatives to extracurricular activities; and policies on quarantine, isolation, testing, and masking. Current recommendations continue to be broad, with limited harmonization between regional public,

private, and charter school districts, which can cause confusion and non-compliance with families who work at and/or attend different schools across the region. Much of the federal and state guidance addresses curriculum delivery options but does not comprehensively address health and safety measures. The community is unsure of next steps due to lack of guidance from federal, state, and local authorities, and absence of a communication plan that conveys the notification process if there are positive cases within a school.

The objective is to harmonize a mechanism for school preparedness across the region, tailoring state and national guidance for local needs. Showing alignment and success with short-term recommendations will build public trust and lead to long-term solutions. Implementation of this recommendation would require the creation of an advisory committee, made up of city/county public health representatives, key Task Force experts, and El Paso Pediatrics Society (EPPS), to coordinate with school officials, parents, and students to tailor the reopening plans. The plan should include educational-based guidelines underpinned by health safeguards.

Additionally, the advisory committee will seek to align public/private/charter school systems by facilitating a process for unified messages and common themes. Surveillance should be established within schools to determine transmission rates. Tailored training/education aimed at teachers, students, and parents should be considered prior to reopening and in-person instruction.

4.2.2   Recommendation #2: Provide performance improvement reports

After-action reports (AARs) and improvement plans are used to analyze and provide feedback on performance during an event. These reports can include correction actions that aid in improving future practices. As such, use an independent entity to prepare a progress report to identify and address fundamental issues faced during the pandemic and lessons learned during the first four months of the pandemic. Follow-up with additional reports as needed and/or at defined intervals (e.g., at each transition phase). Consider after-action and performance reporting strategies that integrate input from stakeholders.

4.2.3   Recommendation #3: Integrate and strengthen communication across border health agencies

Given the fluid nature of cross-border transportation of goods and people, it is essential for public health entities in the Paso del Norte region to have a coordinated method to share relevant information in a timely manner. Currently, communication between public health and medical providers across borders is informal and inconsistent. El Paso must consider creating stronger, formal ties with Juárez by institutionalizing a structure for information exchange. This structure will facilitate an understanding of public health activities across borders, identify best practices (local, national, international) and lessons learned, and evaluate current health risks.

4.2.4   Recommendation #4: Initiate a process to develop a model and strategic plan to address future public health organization, funding, resources, and staffing

Public health organizations have varying priorities and must often execute their broad mission with limited resources, including funding and staffing. Oftentimes, more-immediate issues take precedence over long-term planning and preparedness, consuming what little resources are available. As a result, preparedness and response planning efforts may be pushed to the future, or when the budget and resources can accommodate these initiatives. In the next 30 days, the city/county should begin to plan for a robust benchmarking and strategic planning process that will ensure a strong, regionally coordinated, and comprehensive public/private response to

future public health crises. Begin identifying key partners and resources to develop the strategic plan and model. Preparedness starts with having a strong organizational structure (to include testing capacity, hospital surge capacity, and public health communications) and adequate funding for public health roles. This planning should consider partnerships and laboratory/epidemiology expansion and scalability. Consider examining benchmarks in cities with similar demographics (e.g., San Antonio, Brownsville, San Diego) to develop preparedness recommendations specific to El Paso.

4.2.5   Recommendation #5: Continue to act as a resource for schools as they develop, implement, and revise their COVID-19 health and safety plans

Related to preparedness recommendation #1 to provide public health guidance to schools on their reopening plans, the Task Force recommends city and county consistently strengthen public health presence across all school districts by assisting area schools with COVID-19 response, including capitalizing their own assets (e.g., nurses and counselors) for public health preparation and response, as well as providing guidance on effective COVID-19 testing strategies. Continue bi-directional communication between city/county public health and school district stakeholders regarding infectious disease surveillance within schools. Consider using EPPS as a resource in long-term planning. Show alignment and success with the short-term recommendation (recommendation #1) to build public trust and facilitate solutions to emerging problems/challenges.

4.2.6   Recommendation #6: Develop a model for public health organization and strategic plan for future public health emergencies

Related to preparedness recommendations #2 and #4 to create AARs, improvement plans, and initiate a strategic planning process, the Task Force recommends the city develops a model for public health organization and a strategic plan for future public health emergencies. Use COVID-19 AARs, lessons learned, and performance improvement reports to inform these efforts. During the planning process and within the plans, promote collaboration between key stakeholders and non-traditional stakeholders (e.g., veterinarians) and utilize them as resources in future plans. Within the plans, highlight ways to continue to strengthen relationships with regional partners, both across state lines and international borders. During the planning process, examine current resources and determine how to best utilize them, as well as examine information from similar cities to establish benchmarks for El Paso to address similar needs within the health department. After the planning process is completed, consider executing table-top and full-scale exercises to evaluate plans for public health emergencies and modify, as needed. Should a task force need to be convened in the future, ensure cross-sector stakeholders are included (e.g., public health, economic experts).

4.2.7   Recommendation #7: Invest in ongoing population health and behavioral change research, resources, and interventions

Understanding motivations that facilitate unhealthy behaviors and negatively impact health is important to create effective interventions. Work with academic and community partners to continue to support behavioral health research. Identify and create behavioral change expertise that will facilitate health education and population-level behavior change. Optimize resource alignment and continue to collect data to address health disparities.

4.3 Data

A summary of the recommendations related to data is outlined in Table 3. Appendix C contains detailed information on how to implement the recommendations.

Table 3. Summary of Data Recommendations

RECOMMENDATIONS		TIMEFRAME		
		Short	**Mid**	**Long**
1.	Increase accessibility and quality of data	▨		
2.	Implement surveillance studies to assess community transmission and prevalence of COVID-19, as well as create a predictive tool	▨		
3.	Continue to invest in ongoing COVID-19 epidemiological research and surveillance		▨	▨

4.3.1 Recommendation #1: Increase accessibility and quality of data

Partners within the healthcare industry and medical sector require access to the data so that they can effectively treat patients, make decisions, and understand the current state of the COVID-19 outbreak. Ensuring public and private testing entities provide high quality data that reflects true numbers of tests performed, positive and negative test results, and certain performance metrics as outlined below and in the scorecard (Appendix F).

Increase accessibility of information to healthcare providers and decision-makers. Enhance information coming back from private testing to obtain and better understand the true number of tests conducted, and to track data changes over time. Methods to increase data accessibility include the following:

- Utilize third-party resources to understand how testing data can be collated and shared
- Monitor data surrounding demand for testing at the site level
  - Collect and provide data surrounding appointment vs walk-up clinics
  - Track time of request and wait time for testing appointments, per geographical area, along with other demographics (e.g., high-risk and vulnerable populations)
- Utilize a health information exchange, specifically, the Paso del Norte Health Information Exchange (PHIX), to allow for transparency of test results across different health agencies
- Leverage central hubs of testing information and ensure private providers can access data
- Clearly identify and report on a set of standard and universal data points that can be used as COVID progress indicators, including test rate positivity on a rolling 7-day period
- Ensure that historical testing data (current and cumulative), delineated by CDC weeks, can be reviewed by public health officials and decision-makers
- Make data publicly available and provide free online tools for analysis (e.g., Tableau, Power BI)

4.3.2 Recommendation #2: Implement surveillance studies to assess community transmission and prevalence of COVID-19, as well as create a predictive tool

The Task Force recommends creating a surveillance program within the Health Department, or with existing community partners (e.g., University of Texas (UT) Houston School of Public

Health in El Paso, University of Texas at El Paso [UTEP], Texas Tech University Health Sciences Center [TTUHSC], Texas A&M) to execute surveillance studies that assess community transmission rate and prevalence of SARS-CoV-2. Use the data to create a predictive tool. First, use antibody testing to determine prevalence of COVID-19 in the community and evaluate the utility of serological surveillance based on current scientific evidence. Second, conduct a random sampling study using a community grid system to assess COVID-19 prevalence and identify communities requiring additional public health resources (i.e., testing and tracing). Third, work with partners collecting wastewater for surveillance of zip codes that appear to have low incidence of COVID-19 cases and determine background levels of COVID-19 and any increases in these levels to serve as an early indicator of spread. And fourth, develop surveillance of school-aged students and determine transmission rate.

4.3.3   Recommendation #3: Continue to invest in ongoing COVID-19 epidemiological research and surveillance

Related to data recommendation #2 to implement community-based surveillance, partner with academic research institutes to facilitate epidemiological research and surveillance to better understand COVID-19, including antibody response, reinfection rate, community transmission, and prevalence within the community.

4.4   Testing and Contact Tracing

A summary of the recommendations related to testing and contact tracing is outlined in Table 4. Appendix D contains detailed information on how to implement the recommendations.

Table 4. Summary of Testing and Contact Tracing Recommendations

RECOMMENDATIONS		TIMEFRAME		
		Short	Mid	Long
1.	Expand testing resources to ensure accessibility, quick turnaround times, and demand	■		
2.	Support testing strategy development for private businesses and schools	■		
3.	Expand contact tracing capabilities by leveraging partnerships	■		
4.	Coordinate community members' ability to access testing and treatment resources using a patient navigation model	■		
5.	Incorporate other pathogen testing at current testing sites	■		
6.	Expand passive disease surveillance and existing syndromic surveillance methods		■	
7.	Develop, preserve, and promote partnerships to expand and diversify COVID-19 testing throughout the community		■	■

4.4.1   Recommendation #1: Expand testing resources to ensure accessibility, quick turnaround times, and demand

Expand availability and accessibility of current private/city/county testing resources (e.g., hours and location) to ensure symptomatic and asymptomatic individuals can receive testing appointments within 24 hours of initial request and results within 24–48 hours of specimen collection (see scorecard for testing metrics by phase, Appendix F). Ensure testing capabilities accommodate rural areas, high incidence areas, and vulnerable populations, including

undocumented workers. Arrangements with additional private testing partners may be required to ensure testing scalability in high-demand situations, when testing supplies and capacity of individual labs may become constrained.

4.4.2   Recommendation #2: Support testing strategy development for private businesses and schools

Support private business owners with their testing needs by coordinating a testing strategy based on business size and function. Also support regional pre-K through higher education schools with their testing needs based on size and situation. Coordinate with employers and schools to ensure adequate and timely data sharing and reporting of test results. Include guidance on how to interpret test results and subsequent response actions.

4.4.3   Recommendation #3: Expand contact tracing capabilities by leveraging partnerships

Work with public health partners across the state (e.g., UT Houston School of Public Health in El Paso, UTEP, TTUHSC, Texas A&M) to coordinate contact tracing initiatives and resources (see scorecard in Appendix D for contact tracing metrics by phase).

4.4.4   Recommendation #4: Coordinate community members' ability to access testing and treatment resources using a patient navigation model

Create a centralized capability to improve communication of testing resource options to the community and coordinate community members' ability to access these testing resources in an efficient and timely manner. Symptomatic and asymptomatic individuals should have access to specimen collection within 24 hours of their initial request and results within 24–48 hours of specimen collection at testing centers. Individuals should be able to get tested at locations that are closest to them and on days and times that accommodate individual needs (see scorecard in Appendix D for metrics by phase). Patients should also be given information on which medical facilities and providers are treating COVID-19 patients.

4.4.5   Recommendation #5: Incorporate other pathogen testing at current testing sites

Expand city/county testing center capabilities to accommodate other seasonal infectious diseases. COVID-19 symptomology is similar to these common infectious diseases. As seasonal transmission of common infectious diseases begins, symptomatic patients will require a means of seeking care and treatment. However, many physicians are not allowing symptomatic patients in their offices, utilizing telemedicine instead. In order to accurately diagnose these patients and provide them with appropriate treatments (and to avoid an increase in defensive medicine and over-treatment), testing for these other seasonal infectious diseases will be of paramount importance.

4.4.6   Recommendation #6: Expand passive disease surveillance and existing syndromic surveillance methods

Passive surveillance relies on passive reporting of disease by physicians, laboratories, or other healthcare providers. Syndromic surveillance focuses on surveillance of symptoms rather than physician-diagnosed or laboratory-confirmed reporting. Both can serve as early detection methods for emerging illnesses in a community or assess whether prevalence is exceeding baseline thresholds. As such, enhance and expand current syndromic surveillance methods to

include COVID-like illness and leverage partnerships with stakeholders in the academic community who are conducting ongoing research on COVID-19.

4.4.7 Recommendation #7: Develop, preserve, and promote partnerships to expand and diversify COVID-19 testing throughout the community

Use available federal, state, and local funding to expand COVID-19 testing—sample collection and processing— in the El Paso region. Expand laboratory capacity throughout the county by leveraging partnerships throughout city-run or contracted labs to access and incorporate different testing modalities (e.g., mobile laboratory units, pool testing). Create a plan for scalable testing response that leverages current city initiatives to expand testing capacity and local partnerships (e.g., academic, private sector) to meet expanding/contracting testing thresholds. Provide a publicly available information repository on validated tests, testing supplies, costs (e.g., testing supplies, panels, processing), verified vendors, and methods to coordinate group purchasing orders for clinics and other business operators.

4.5   Communication

A summary of the recommendations related to communication is outlined in Table 5. Appendix E contains detailed information on how to implement the recommendations.

Table 5. Summary of Communication Recommendations

	RECOMMENDATIONS	TIMEFRAME		
		Short	Mid	Long
1.	Institute a cross-sector collaborative partnership to create a communication strategy	▓		
2.	Centralize and coordinate COVID-19 information and health communication resources	▓		
3.	Partner with community health workers to create a communication outreach strategy	▓		
4.	Promote modelling of public health behaviors by various community leaders	▓		
5.	Establish a process for residents and stakeholders to provide input on pandemic response for the government to take under advisement	▓		
6.	City/county, working with the cross-sector collaborative, should continue to effectively communicate with target audiences about COVID-19 by creating and launching a unified, dynamic health communication campaign		▓	
7.	City/county, working with the cross-sector collaborative, should conduct an ongoing communication assessment that solicits stakeholder perceptions of the current communication strategy and creative elements, with the goal of improving the efficacy and local relevance of communication materials/media		▓	
8.	To provide consistent quality COVID-19 communication resources, the cross-sector collaborative should advise on the production of COVID-19 communication resources		▓	
9.	For accountability, to facilitate learning, and to document effort, the city/county, collaborating with public/private partners, should provide an after-action report that details COVID-19 communication activities (the implementation of this recommendation may extend beyond 18 months given the unpredictable nature of the current pandemic)			▓

4.5.1 Recommendation #1: Institute a cross-sector collaborative partnership to create a communication strategy

Commission and fund a trusted neutral community organization to manage a cross-sector collaborative partnership that will develop a high-level communication strategy that results in a comprehensive Health Communication effort.

Promoting and protecting the health of El Pasoans requires science-based methods to develop an effective communication strategy. Public health communication is grounded in multiple disciplines, including health education, marketing, public relations, psychology, informatics, and epidemiology. As such, a cross-sector collaborative is needed to develop a communication strategy to promote health communication efforts across El Paso and the Paso del Norte region. The collaborative should meet regularly, share information, and adjust the communication strategy based on new information. In the short-term, the partisanship should:

- Inventory existing regional communication resources and conduct a nation-wide rapid scan of other communication resources and strategies.
- Agree on an effective COVID-19 health communication strategy for community health benefit. This includes strategy that promotes wearing masks, social distancing, and other behaviors that reduce the risk of virus transmission, target audiences with relevant messages, and address children as potential asymptomatic carriers. Identify target population and behavior that needs to be addressed through messaging campaigns and then identify appropriate dissemination methods.
- Agree on effective COVID-19 communication resources, such as a common symbol for wearing masks and social distancing, creating training videos on COVID-19 preventive measures as part of businesses onboarding process for new hires, and what it means to quarantine and how to do so effectively given various living and working situations.
- Agree and advise on an effective COVID-19 information communication strategy. This includes providing advice about communicating factual public updates related to schools, transportation, retail environments, and government facilities. Also include factual COVID-19 information such as updated government orders, testing locations and recommended procedures, contact tracing, outbreak locations, and epidemiological metrics. Coordinate the development of a data dashboard that can be disseminated to the community. Communicate data using rates versus only raw numbers; use a 7-day rolling average graphs for infection and hospitalization.

4.5.2 Recommendation #2: Centralize and coordinate COVID-19 information and health communication resources

The public requires a centralized, coordinated platform for accessing updated information relevant to COVID-19, including protective health measures, local ordinances, and resources. The site should contain links to community resources, like mental health counseling and rental assistance, which may be in high need during the pandemic. In addition, the site should have the ability to accept public recommendations and have personnel support to update the site regularly. The site should be promoted widely throughout the community. It may be possible to use existing websites (EPStrong.org and EPCOVID19.org), but ensure information is coordinated, messaging is consistent, and information is hyperlinked between the two sites, as well as any ancillary sites.

4.5.3 Recommendation #3: Partner with community health workers to create a communication outreach strategy

Create and implement a dynamic health communication outreach strategy in collaboration with home healthcare workers, promotoras, and medical providers benefiting those most at risk for COVID-19 complications, such as individuals with underlying health conditions.

Community health workers (CHWs) have access to populations that typical government channels may lack and have a unique ability to disseminate important public health information in an easily accessible way. The CHWs share culture, ethnicity, language, and life experiences with the individuals they serve and are essential for providing culturally appropriate health education and information. The CHWs impact on community members they serve has shown to improve access to health services, foster a better understanding of the health and social service systems, enhance communication with health providers, and improve adherence to health recommendations. The cross-sector collaborative should incorporate CHWs into the communication strategy planning to ensure key messages are developed for community members served by CHWs, as well as strategize dissemination methods that meet the needs of this community.

4.5.4 Recommendation #4: Promote modelling of public health behaviors by various community leaders

Community leaders (e.g., elected, faith-based, business) should continue to model protective health behaviors essential for the safety of residents. For example, leadership should wear masks and social distance at public events to align with city orders. Community leaders often model behavior for their constituents, whether those constituents are voters or members of a congregation, school, or business. As it relates to COVID-19, the Task Force recommends the city/county:

- Provide training to community leaders (e.g., government, faith-based, teachers, business operators, athletes) on COVID transmission and the importance of public health measures, such as masking and social distancing
- Create mutual compacts (e.g., "I took the pledge") for leaders to sign and publish on social media

4.5.5 Recommendation #5: Establish a process for residents and stakeholders to provide input on pandemic response for the government to take under advisement

Understanding the concerns and needs of the community is important prior to governmental action. The cross-sector collaborative, identified in communication recommendation #1 (i.e., to institute a cross-sector collaborative), can work with elected officials and community leaders to hear from El Pasoans, clients, voters, students, and the medical community, among others, on their COVID-19 concerns and recommendations. Beyond input for messaging campaigns, citizens need to be heard by decision-makers before orders are issued. Tasks to implement this recommendation include the following:

- Create a citizen feedback form on the EPStrong.org website; make public aware of feedback opportunities
- Establish a medical and population health advisory group for the Health Authority
- Establish or continue to host virtual townhall meetings
- Create and disseminate a survey to garner feedback

4.5.6 Recommendation #6: City/county, working with the cross-sector collaborative, should continue to effectively communicate with target audiences about COVID-19 by creating and launching a unified, dynamic health communication campaign

Working with the cross-sector collaborative, leverage behavioral health expertise to craft and disseminate messaging. Using strategic collaborations, create and launch a dynamic communication campaign addressing the COVID-19 pandemic. The health communication campaign should consider the use of different platforms in digital and printed materials, targeting groups identified in the strategy (outlined in communication recommendation #1), as well as local needs, including language and comprehension levels.

4.5.7 Recommendation #7: City/county, working with the cross-sector collaborative, should conduct an ongoing communication assessment that solicits stakeholder perceptions of the current communication strategy and creative elements, with the goal of improving the efficacy and local relevance of communication materials/media

The intended audience of the communication campaign—stakeholders and community members—should have an opportunity to provide their assessment of media products, such as storyboards and scripts for televised commercials and public service announcements. Likewise, content and behavioral health experts should advise on the content prior to production and broadcast. The city and county, working with the cross-sector collaborative, should assess communication efforts, using techniques such as focus groups or interviews. And, based on community and expert input, modify and adjust messages, creative elements, and other tools to be most responsive to population health.

4.5.8 Recommendation #8: To provide consistent quality COVID-19 communication resources, the cross-sector collaborative should advise on the production of COVID-19 communication resources

Create electronic resource templates (e.g., pdf signs) and physical products (e.g., window clings) that can be used by stakeholder groups including businesses, schools, churches, and community centers. Create a resource section on the city website that contain these materials and work with partner websites to hyperlink these resources between websites.

4.5.9 Recommendation #9: For accountability, to facilitate learning, and to document effort, the city/county, collaborating with public/private partners, should provide an after-action report that details COVID-19 communication activities (the implementation of this recommendation may extend beyond 18 months given the unpredictable nature of the current pandemic)

A section of the city/county after-action report should summarize the health communication process, strategy, product samples, and related information so that it may serve as both a learning and accountability tool. Best practices related to communications should be reviewed and incorporated into current and future pandemic plans. The report would then be submitted to stakeholders, along with others who may be funding health communication efforts. Understanding the pandemic is an ongoing event, it is likely this recommendation cannot be fully completed within the 18-month timeframe, as suggested.

5. Partnerships and Key Stakeholders

Most of the Task Force recommendations require partnering with various organizations in order to ensure successful, timely, and efficient implementation. These stakeholders may include academia, non-governmental and non-profit organizations, Paso del Norte residents, and business operators or other private sector entities. The partnerships are described in greater detail in each appendix.

Appendix A: Overarching Recommendations

Introduction

There were two recommendations that crosscut all other topic areas—the scorecard for monitoring progress of the pandemic as it relates to a phased reopening strategy and implementing recommendations in the report using a cross-collaborative approach.

Recommendations

Scorecard

There is a large amount of data concerning COVID-19 in El Paso, including case and death counts by age, race, gender, and pre-existing conditions, as well as hospitalization and testing rates. However, context around this data—how COVID-19 is impacting the community, over time—is needed to ensure the data is interpreted appropriately, risk is understood, and leaders can make informed decisions in a rapidly changing environment. A scorecard, consisting of key indicators and metrics, estimates risk of disease spread within a community and can provide context around existing data. Scorecards provides a framework to guide evidence-based decision making and help leadership assess the current COVID-19 response impacts, identify existing risks, prioritize high-impact mitigation strategies, and guide the reopening strategy.

Indicators and Metrics

Scorecards use a series of indicators and metrics that help leaders interpret risk and make proactive decisions. Indicators and metrics provide a method for quantifying performance or, with regard to COVID-19, providing an indication of current risk and the ability to move to the next phase of reopening. Ultimately, the scorecard acts as a self-assessment tool for leaders to monitor the community's progress across all metrics in each phase and provide data-driven, transparent decisions on reopening.

A collaborative group of top researchers across the U.S. created a unified set of metrics, with defined risk levels, to help communities assess their current response efforts and facilitate data-driven decision making. These metrics are framed within a scorecard, which served for the development of an El Paso COVID-19 scorecard (Appendix F).

The scorecard was divided into five sections:
- Infection Rate
- Diagnostic Testing & Surveillance
- Case and Contact Investigations
- COVID-19 Severity & Healthcare Readiness
- Protection of At-Risk Populations

The scorecard uses metrics, as outlined above, to assess a region's ability to move to the next phase of its reopening strategy. The metrics are provided in a checklist format and the city/county can assess whether each metric is met or incomplete. As each metric is met/completed, the city/county can then consider moving to the next stage of its reopening strategy.

Recommendation #1: Create a COVID-specific scorecard using available data

Overarching
Recommendation: Create a COVID-specific scorecard using available data.
Description: Existing COVID-19 data requires context so leaders can assess the current COVID-19 response impacts, identify existing risks, prioritize high-impact mitigation strategies, and guide the reopening strategy. A collaboration of top researchers created a unified set of metrics, with defined risk levels, to help communities assess their current response efforts and facilitate data-driven decision-making. These metrics are framed within a scorecard, which can be modified for El Paso by tailoring the existing metrics and redefining parameters based on factors specific to El Paso. The Task Force will provide an initial draft of the El Paso-specific metrics. These adopted metrics are forthcoming. The scorecard should be updated regularly (on a daily or weekly basis), leverage existing health impact assessments of the border region, and align to reopening phases based on key progress indicators. The scorecard indicators serve as progression/regression markers and, when aligned with phases of the reopening strategy, can indicate whether El Paso is ready to move onto the next phase of reopening or whether additional public health measures are required. The scorecard can be used in conjunction with the Texas Medical Association risk levels. The scorecard's data source should be consistent and reliant. Currently, COVID-19 data differs between state and city/county numbers. This difference should be reviewed for discrepancies and reconciled.
Assumptions: • Data will be made available to the public • In the absence of data, recommendations will be made based on best practices, expertise, and known information • ICU capacity will not be used as a metric • Elected official willing to adopt and stick to the scorecard for making decisions on transitioning from one phase to another of the reopening strategy.

Lead: TBD	Partners: • Border Regional Advisory Council (RAC) • Emergency Operations Center • City/county • Hospitals • Testing sites • UT Houston • UTEP • Paso del Norte Health Foundation

Required Capabilities:
• Data from city and county public health agencies and from Juárez and southern New Mexico • A stepwise approach should be identified to allow a fluid back-and-forth shift in recommendations • Personal protective equipment (PPE) and other necessary medical equipment and supplies (e.g., face coverings/masks) should be identified as a readiness factor; identify an algorithm to determine how much PPE is needed each week • A risk/benefit ratio to show level of risk and how activities are affected

Data Indicators:	
Infection/infection rate	Testing
Death counts	Contact tracing
Hospitalization counts (admits, ICU, ventilators, capacity)	https://www.covidlocal.org/guide/ https://www.covidlocal.org/metrics/

Timeliness: Short-term

Cross-Collaborative Partnerships

A large effort will be required to implement the set of recommendations within this report. Leveraging a cross-sector team of individuals with different expertise will ensure the recommendations are implemented in a comprehensive, timely, and cost-effective manner while lessening the burden on overtaxed government officials. Each partner will apply their own resources, skills, and expertise, making up a collaborative of diverse points of view and facilitate buy-in from key stakeholders and end-users.

Recommendation #2: Implement recommendations in a regional, cross-sector, public/private, collaborative way using available resources

Overarching
Recommendation: Recommendations should be implemented in a regional, cross-sector, collaborative way using available resources, including public/private partnerships.
Description: The recommendations within this report require a multifaceted approach to successfully implement. This approach should leverage regional, cross-sector, and public/private partners to ensure all available resources and expertise are leveraged, and that recommendations are implemented in a comprehensive, timely, and cost-effective manner with optimal buy-in from key stakeholders.
Assumptions: • Partners are willing to work together to implement recommendations • Partners will have time to participate in cross-sector collaborative • Cross-sector collaborative will be supported by government partners • Funding is available to implement recommendations

Lead:	Partners:
• City/county	• Public/private testing entities • Academic partners • Foundations and other non-governmental organizations • Medical and health industry partners • Various public entities

Required Capabilities: TBD
Timeliness: Short-term, mid-term, and long-term

Appendix B: Preparedness Recommendations

Introduction

Preparedness

Preparedness is an important phase in emergency management and facilitates effective response and coordination of information and activities during an incident. Preparedness activities include planning, educating, training, and evaluating, all of which promote resiliency.

Preparedness Objectives and Recommendation Process

The objective of the Task Force was to create recommendations for preparedness activities that ensure an informed, comprehensive, coordinated, and effective response among all stakeholders within the El Paso community. Task Force members met weekly to discuss regional challenges and ongoing efforts to respond to the COVID-19 outbreak, as well as future public health preparedness initiatives that would foster resiliency. Based on available data, best practices, and expertise from local, state, federal, and international public health entities, these recommendations are presented as short-term achievable outcomes over a 30-day period.

Short-Term Recommendations

Recommendation #1: Advise on the development and dissemination of school reopening and sustainment plans

Preparedness
Recommendation: Work with schools to advise on their school reopening and sustainment plans.
Description: Public and private schools need assistance in developing their health and safety reopening plans, including modifications to class size, physical plant, and food services; alternatives to extracurricular activities; and policies on quarantine, isolation, testing, and masking. Current recommendations continue to be broad, with limited harmonization between regional public, private, and charter school districts, which can cause confusion and non-compliance with families who work at and/or attend different schools across the region. Much of the federal and state guidance addresses curriculum delivery options, but does not comprehensively address health and safety measures. The community is unsure of next steps due to lack of guidance from federal, state, and local authorities. The Task Force should work with schools to assist in refining and developing communication plan to parents/employees on positive case notification. The objective is to harmonize a mechanism for school preparedness across the region, tailoring state and national guidance for local needs. Showing alignment and success with short-term recommendations will build public trust and can then convey to long-term solutions. Implementation of this recommendation would require the creation of an advisory committee, made up of city/county public health, key Task Force experts, and El Paso Pediatrics Society (EPPS), to coordinate with school officials, parents, and students to tailor the reopening plans. The plan should include educational-based guidelines underpinned by health safeguards. School officials and community members need specific health and safety recommendations for school reopening plans. The advisory committee should work with schools to support ongoing efforts to develop reopening plans.

Preparedness
Recommendation: Work with schools to advise on their school reopening and sustainment plans.

Additionally, the advisory committee will seek to align public/private/charter school systems by harmonizing a process for unified messages and common themes. Surveillance should be established within schools to determine transmission rates. Tailored training/education aimed at teachers, students, and parents should be considered prior to reopening and in-person instruction.

Assumptions:

- Schools have PPE available for students/teachers/staff.
- Schools have access to funding to implement the necessary changes to the physical plant (e.g., HEPA filter installation), classrooms (e.g., expansion of room size, installing plexiglass barriers) and other rooms, as well as the appropriate guidance to plan for these changes.
- Schools have funding to increase staffing required for in-person teaching to account for symptomatic teachers to be quickly taken out of classes, to increase sanitation frequency, to limit class sizes, etc.
- School nurses have resources (e.g., PPE, symptomatic isolation rooms) and telemedicine capabilities to connect with pediatricians.
- Schools are academically ready (including ability to deliver hybrid or distance learning).
- Schools have access to mental and emotional support needed for reopening during and after a pandemic.

Lead: Co-leads: Task force subcommittee and school officials	**Partners:** • School officials, teachers • Community stakeholders • El Paso Collaborative for Academic Excellence • TEA • El Paso Pediatrics Society

Required Capabilities:

- Effective communication from schools
- Equitable access to resources
- Understanding of the following:
    - Positivity rates and impact on school closure
    - Efficacy of temperature checks
    - Associated actions that are affected when schools close (e.g., meals)
    - Facility capacity in different response phases
    - Compliance with wearing masks
- Schools should have PPE and masks/face coverings available for students/teachers/staff in the event replacement PPE is needed during the school day
- Schools modify the physical infrastructure of the schools to accommodate for social distancing and barriers
- Schools have sufficient school supplies and activity equipment (e.g., basketballs) to prevent sharing
- Schools have adequate funding for personnel, PPE, construction and other physical modifications needed
- Plans for school-related sports/events, to include physical education

Timeliness: Short-term

Recommendation #2: Provide performance improvement reports

Preparedness
Recommendation: Provide performance improvement reports.
Description: Use an independent entity to prepare a progress report to identify and address fundamental issues faced during the pandemic and lessons learned during the first four months of the pandemic. Follow-up with additional reports as needed and/or at defined intervals (e.g., at each transition phase). Consider after-action and performance reporting strategies that integrate input from stakeholders.
Assumptions: • City and county reporting mechanisms will align with efforts to collect information

Lead:	Partners:
• Task Force	• Emergency Operations Center • Public Health Stakeholders

Required Capabilities:
• Need accountability for input and production • Cross-functional team • Established frequency for reporting • Participation of all stakeholders, including elected officials
Timeliness: Short-term

Recommendation #3: Integrate and strengthen communication across border health agencies

Preparedness
Recommendation: Integrate and strengthen communication across border health agencies.
Description: Communication between public health and medical providers across borders is informal and inconsistent. El Paso must consider creating stronger, formal ties with Juárez by institutionalizing a structure for information exchange. This structure will facilitate an understanding of public health activities across borders, identify best practices (local, national, international) and lessons learned, and current health risks.
Assumptions: • Epidemiology will inform decisions

Lead:	Partners:
TBD	• BorderRAC • City/county public health agencies • Hospitals • Additional public health groups • Nonprofits (e.g., Medical Center of the Americas Foundation; Paso del Norte Health Foundation)

Required Capabilities: • Effective bi-directional communication between El Paso and Juárez • Understanding of unique populations (e.g., workers crossing borders) • Understanding of different health systems in the U.S. and Mexico • Binational response
Timeliness: Short-term

Recommendation #4: Initiate a process to develop a model and strategic plan to address future public health organization, funding, resources, and staffing

Preparedness
Recommendation: Begin the planning process to develop a model and strategic plan to address future public health organization, funding, resources, and staffing.

Description:

Public health organizations have varying priorities and must often execute their broad mission with limited resources, including funding and staffing. Oftentimes, more-immediate issues take precedence over long-term planning and preparedness, consuming what little resources are available. As a result, preparedness and response planning efforts may be pushed to the future, when the budget and resources can accommodate these initiatives. In the next 30 days, the city/county should begin to plan for a robust benchmarking and strategic planning process that will ensure a strong, regionally coordinated, and comprehensive public/private response to future public health crises. Begin identifying key partners and resources to develop the strategic plan and model. Preparedness starts with having a strong organizational structure (to include testing capacity, hospital surge capacity, and public health communications) and adequate funding for public health roles. This planning should consider partnerships and laboratory/epidemiology expansion and scalability. Consider examining benchmarks in cities with similar demographics (e.g., San Antonio, Brownsville, San Diego) to develop preparedness recommendations specific to El Paso.

Assumptions:
- City/county public health will share organization and budget information, and task force members have authority to review and make recommendations
- The model will allow decisions to be made in an efficient manner

Lead: TBD	**Partners:** • BorderRAC • City/county public health agencies • UTHouston and UTEP Schools of Public Health • Hospitals, clinics, federally qualified health centers (FQHCs) • Medical Center of the Americas Foundation • Paso del Norte Health Foundation • Additional public health groups • National Association of County and City Health Officials (NACCHO) • Association of State and Territorial Health Officials (ASTHO) • American Public Health Association (APHA) • Juárez and southern New Mexico public health authorities

Required Capabilities:
- Existing public health budgets, organization charts and roles/responsibilities (as well as dependencies on external organizations such as BorderRAC, hospitals and other committees/task forces) are required in order to make a recommendation
- Benchmarks specific to El Paso (similar size communities, preferably along the border and/or with large minority populations)
- Scalability of public health functions for pandemic and non-pandemic periods
- Binational public health coordination (outside of pandemic)
- Understanding of financial stability of county
- Regular public health updates will be made available to the community and stakeholders

Timeliness: Short-term

Appendix C: Data Recommendations

Introduction

Data

Systematic application and interpretation of data in emergency response situations drives credible decision-making by providing a unified metric by which to facilitate public health recommendations. Data analytics supports the advancement of information to increase response times and provides the opportunity for equitable mitigation of local, state, federal, and international challenges.

Data Objectives and Recommendation Process

The objective of the Task Force was to create recommendations for a data-centric strategy that ensures relevant, accurate, accessible, and understandable data on COVID-19 is provided to all El Pasoans. Task Force members met weekly to discuss regional challenges and ongoing efforts to communicate COVID-19 public health information to the wider Paso del Norte community. Based on available data, best practices, and expertise from local, state, federal, and international public health entities, these recommendations are presented as short-term achievable outcomes over a 30-day period.

Short-Term Recommendations

Recommendation #1: Increase accessibility and quality of data

Data
Recommendation: Ensure partners within the healthcare industry and medical sector have access to the data they need to effectively treat patients, make decisions, and understand the current state of the COVID-19 outbreak. In addition, ensure public and private testing entities provide high quality data that reflects true numbers of tests performed, positive and negative test results, and certain performance metrics as outlined below and in the scorecard (Table D1 in Appendix D).

Description:

Increase accessibility of information to healthcare providers and decision-makers. Enhance information coming back from private testing to obtain and better understand the true number of tests conducted, and to track data changes over time. Methods to increase data accessibility include the following:

- Utilize third-party resources to understand how testing data can be collated and shared
- Monitor data surrounding demand for testing at the site level
  - Collect and provide data surrounding appointment vs walk-up clinics
  - Track time of request and wait time for testing appointments, per geographical area, along with other demographics (e.g., high-risk and vulnerable populations)
- Utilize a health information exchange, specifically, the Paso del Norte Health Information Exchange (PHIX), to allow for transparency of test results across different health agencies
- Leverage central hubs of testing information and ensure private providers can access data
- Clearly identify and report on a set of standard and universal data points that can be used as COVID progress indicators, including test rate positivity on a rolling 7-day period
- Ensure that historical testing data (current and cumulative), delineated by CDC weeks, can be reviewed by public health officials and decision-makers
- Make data publicly available and provide free online tools for analysis (e.g., Tableau, Power BI)

Assumptions:

- Historic and current data will be made available to the public in a useable format

Lead:	Partners:
Department of Public Health	- New Mexico public health agencies (for understanding of negative tests) - San Antonio (as model city) - Paso del Norte Health Information Exchange (PHIX) - Juárez public health officials

Required Capabilities:

- Access to and agreement on data sources
- Methods to unify data
- Centralized and direct data resources for units of local government
- All El Paso hospitals should submit data to PHIX
- Ideally, southern New Mexico hospitals would submit data to PHIX

Timeliness: Short-term

Recommendation #2: Implement surveillance studies to assess community transmission and prevalence of COVID-19, as well as create a predictive tool

Data
Recommendation: Strongly recommend creation of a surveillance program within the Health Department, or with existing community partners (e.g., UT Houston School of Public Health in El Paso, UTEP, TTUHSC, Texas A&M) to execute surveillance studies that assess community transmission rate and prevalence of SARS-CoV-2. Use the data to create a predictive tool. First, use antibody testing to determine prevalence of COVID-19 in the community and evaluate the utility of serological surveillance based on current scientific evidence. Second, conduct a random sampling study using a community grid system to assess COVID-19 prevalence and identify communities requiring additional public health resources (i.e., testing and tracing). Third, work with partners collecting wastewater for surveillance of zip codes that appear to have low incidence of COVID-19 cases and determine background levels of COVID-19 and any increases in these levels to serve as an early indicator of spread. And fourth, develop surveillance of school-aged students and determine transmission rate.
Description: Surveillance is important to monitor the spread of disease, understand the disease severity, risk factors, and monitor changes in the behavior of SARS-CoV-2. Surveillance can guide decision-makers on implementation of control measures and targeting public health resources for vulnerable populations. Random sampling studies aid in approximating an entire population's prevalence rate of COVID-19, without expending the resources to test everyone. Results of this sampling can target areas where additional testing is needed or where risk mitigation strategies can be implemented, as well as other public health resources. Similarly, environmental sampling can help detect background levels of infectious disease and serve as an early warning system for rising levels of disease prevalence, helping to guide early intervention strategies that reduce transmission. SARS-CoV-2 transmission rates among children are not well understood. Conducting sampling studies of school-aged children will help identify asymptomatic prevalence and transmission rates of the disease. To implement this recommendation, the city/county should work with foundations that provide financial support for surveillance of vulnerable/marginalized populations and with academic partners that have the capabilities and resources to implement such studies.
Assumptions: • Funding for sample collection • City/County government support for collection and surveillance

Lead:	Partners:
• City/County	• UTEP, UT Houston, TTUHSC • Collection sites • Community health workers • Water utilities

Required Capabilities:
• Funding • Principal investigators • Personnel for sample collection • Understanding of testing data, including sample collection and processing capacity (to include distribution, collection, and analysis) • Health informatics/network platform
Timeliness: Short-term

Appendix D: Testing and Contact Tracing Recommendations

Introduction

Testing and Contact Tracing

Understanding the dynamics of disease transmission within a community is essential to slowing and stopping the spread of disease. Understanding transmission requires continuous surveillance, contact tracing, and testing of suspected COVID-19 cases. Surveillance is essential to understanding where cases are occurring, who the disease is impacting, and the rate at which disease is occurring in the community. Understanding these epidemiological components of COVID-19 allows for public health officials to target testing resources where they are most needed and implement contact tracing to identify potential new cases.

Testing and Contact Tracing Objectives and Recommendation Process

The objective of the Task Force was to create data-driven, evidence-based recommendations on testing and contact tracing to slow, contain, and stop the spread of COVID-19 in the El Paso region. Task Force members met weekly to discuss regional challenges to achieve widespread diagnostic testing and contact tracing, and form recommendations to address these challenges and create the foundation for strong public health response for future surges of COVID-19 and other public health emergencies. These recommendations included short -term achievable outcomes over a 30-day period.

In order to identify and form these recommendations, the Task Force developed a series of requests for information that focused on current capabilities, invited guest subject matter experts to speak to the subcommittee and Task Force on a range of topics, including employment and labor law relevant to COVID-19, as well as city and county testing and surveillance practices. In addition, Task Force members spoke with public school leaders and business operators to understand their needs and challenges in preparing to open their classrooms and workplaces during the ongoing pandemic. These efforts ensured recommendations were data-driven and evidence-based.

Short-Term Recommendations

Recommendation #1: Expand testing resources to ensure accessibility, quick turnaround times, and demand

Testing and Contact Tracing
Recommendation: Expand availability and accessibility of current private/city/county testing resources (e.g., hours and location) to ensure symptomatic and asymptomatic individuals can receive testing appointments within 24 hours of initial request and results within 24–48 hours of specimen collection (see scorecard for testing metrics by phase, Appendix D). Ensure testing capabilities accommodate rural areas, high incidence areas, and vulnerable populations, including undocumented workers. Arrangements with additional private testing partners may be required to ensure testing scalability in high-demand situations, when testing supplies and capacity of individual labs become constrained.
Description: Although reports indicate sufficient capacity at El Paso testing sites, incidents are reported in which individuals have struggled to obtain testing appointments within 24 hours of their request due to

appointment availability, were turned away for being asymptomatic or not have a doctor's order, or appointments were only available at locations distant from the person seeking testing. There are several tasks that should be considered to implement this recommendation, including:

- Establish mobile testing units to facilitate cross-regional capability that can be used for current and future public health incidents.
- Adjust testing capacity to meet symptomatic and asymptomatic needs within the recommended timeframe (based on phases in the scorecard) for specimen collection and testing result turn-around time at convenient locations (see scorecard for testing metrics by phase).
- Expand testing to include children under two years old at city/county testing sites.
- Establish a testing site located on El Paso/Stanton Street for individuals crossing the border.
- Establish confidential testing sites for undocumented employees working in El Paso (e.g., FQHCs — Project Vida, La Fe, San Vincente).
- Enhance testing capacity to prepare for second wave of COVID-19 cases in the autumn by ensuring current laboratory partners, whether state-based or private sector, have the resources for sample collection (e.g., swabs, vials, PPE) and sample processing (e.g., reagents). Identify additional testing partners to supplement current capacity.

Assumptions:
- City/county will have enough tests to accommodate the priority populations outlined in Table D1 and the ability to perform at least 3,434 test per day (based on recommendation for a population of 850,000) for mitigative purposes.

Lead:	**Partners:**
• City/County	• Texas Military, CVS, Walmart, GynPath, Quest, LabCorp, Curative, PHIX, UTEP, and others

Required Capabilities:
- Test collection:
  - Supplies (swabs, PPE), personnel, and location (to facilitate appointment times within 24 hours)
  - Supplies/kits to collect samples for other illnesses/pathogens
  - Specialty supplies and training for testing for children ages 2 and under
- Test processing:
  - Supplies (reagents), equipment, local laboratory facilities (to facilitate results within 24 hours)
  - Panels/platforms to process additional pathogens
- Communicating results:
  - Personnel
  - Secure, electronic platform for data collection/consolidation of tests; sharing results with patients

Timeliness: Short-term

Recommendation #2: Support testing strategy development for private businesses and schools

Testing and Contact Tracing
Recommendation: Support private business owners with their testing needs by coordinating a testing strategy based on business size and function. Also support regional pre-K through higher education schools with their testing needs based on size and situation. Coordinate with employers and schools to ensure adequate and timely data sharing and reporting of test results. Include guidance on how to interpret test results and subsequent response actions.
Description: Provide employers with informational resources to coordinate their testing options, including a list of validated tests, reliable commercial testing services, broad physician orders from the Department of Health to cover testing needs for El Paso business operators, and consultation on interpreting test results and next steps. Provide guidance to employers on workplace policy centered on testing (e.g., isolation of laboratory confirmed cases, quarantine of close contacts/non-laboratory confirmed cases, return-to-work) and notification to other employees, vendors, contractors, and customers. Consider the following tasks to implement the recommendation: • Request data from commercial testing vendors on key information; validate and certify third party vendors • Create central repository of information (i.e., toolkit listed below) for business operators and schools and map hotspots • Work with state public health to have COVID-19 listed as reportable disease and/or amend contracts with third-party laboratories to ensure negative results are reported
Assumptions: • Continued state support of testing capabilities • City/county fully or partially fund testing for certain, qualifying essential infrastructure personnel, such as utilities, transportation, food services • Willing partnership with private sector employer testing resources

Lead:	Partners:
• City/County	• Better Business Bureau • Chambers of Commerce • Other associations that represent employers • Schools • PHIX

Required Capabilities:

• Statistician to complete the testing prioritization matrix
• Efficient, clear, and updated communication strategy on testing resources available to the public
• Online platform to provide a toolkit for employers that includes:
    ○ Physician orders
    ○ HIPAA compliance training and methods for storing confidential information (e.g., test results)
    ○ Templates for consent, authorization to release test results to employers
    ○ Methods to notify employees, contractors, vendors, and, in some instances, customers with close contact to an employee that tested positive
    ○ Guidance on quarantine and return-to-work policies as it relates to current labor law
    ○ Other labor law guidance
    ○ Validated, reliable tests
    ○ Reputable commercial testing services
    ○ Interpretation of test results

Timeliness: Short-term

Recommendation #3: Expand contact tracing capabilities by leveraging partnerships

Testing and Contact Tracing
Recommendation: Work with public health partners across the state (e.g., UT Houston School of Public Health in El Paso, UTEP, TTUHSC, Texas A&M) to coordinate contact tracing initiatives and resources (see scorecard in Appendix D for contact tracing metrics by phase).
Description: Contact tracing helps prevent further transmission of the virus by quickly identifying individuals that may have encountered an infected individual and taking precautions so that further transmission does not occur. For contact tracing to be effective, these contacts must be identified and contacted in a timely manner (e.g., within 24 hours of a positive test result). There are several universities in Texas that received grant or federal funding to expand the contact tracing workforce. Work with state public health partners to coordinate contact tracing with these entities of all El Pasoans exposed to positive COVID-19 cases. To implement this recommendation, the city/county should evaluate applications and other technology for assisting contact tracing efforts in some environments, e.g., schools, workplaces.
Assumptions: • Sufficient funding for and coordination of contact tracers to meet contact tracing requirements in scorecard

Lead:	Partners:
• City/County	• UTEP, UT Houston, Texas A&M, TTUHSC, EPCC, Western Tech and Southwestern University (vocational institutes) • El Paso County Medical Society • Employers/business operators • Schools

Required Capabilities:
• Electronic platform for integrated information sharing/data gathering among all entities • Personnel • Training • Scripts for tracers
Timeliness: Short-term

Recommendation #4: Coordinate community members' ability to access testing and treatment resources using a patient navigation model

Testing and Contact Tracing
Recommendation: Create a centralized capability to improve communication of testing resource options to the community and coordinate community members' ability to access these testing resources in an efficient and timely manner. Symptomatic and asymptomatic individuals should have access to specimen collection within 24 hours of their initial request and results within 24–48 hours of specimen collection at testing centers. Individuals should be able to get tested at locations that are closest to them and on days and times that accommodate individual needs (see scorecard in Appendix D for metrics by phase). Patients should also be given information on which medical facilities and providers are treating COVID-19 patients.
Description: Current information sharing platforms do not list all testing options and may not be easy for individuals seeking care to navigate. The city/county should use resources to hire and train dedicated personnel (i.e., COVID Navigators) to coordinate testing resources and appointments for individuals seeking COVID testing. Build a simple, tree-style navigation capability using various platforms (e.g., applications, call-in system, website) for individuals to determine best testing option and requirements for that option based on personal need (e.g., symptomatic vs asymptomatic, geographical location, young children). During these consultations, information should be provided to the individual on testing procedures, timeframes, and interpretation of results. Information sharing platforms should be updates regularly and provide information on testing site capacity and turnaround times. The COVID Navigators can help to keep COVID patients away from other populations that may get exposed to the virus as they are seeking testing (e.g., hospitals).
Assumptions: • Funding is available to hire COVID Navigators. • Data on testing and treatment options are current and the decision algorithm used by the navigators is accurate and updated.

Lead: • EOC/City/County	**Partners:** • Testing sites • Medical providers • UTH, UTEP to help develop the algorithms • Workforce Solutions Borderplex to help with hiring and training COVID Navigators
Required Capabilities: • Personnel • Training • Funding	
Timeliness: Short-term	

Recommendation #5: Incorporate other pathogen testing at current testing sites

Testing and Contact Tracing
Recommendation: Expand city/county testing center capabilities to accommodate other seasonal infectious diseases, which share symptomology with COVID-19.
Description: Transmission of seasonal infectious diseases, such as influenza, streptococcal, meningococcal, and pertussis is imminent. The symptomology of these illnesses may be similar to COVID-19. As seasonal transmission of common infectious diseases begins, symptomatic patients will require a means of seeking care and treatment. However, many physicians are not allowing symptomatic patients in their offices, utilizing telemedicine instead. In order to accurately diagnose these patients and provide them with appropriate treatments (and to avoid an increase in defensive medicine and over treatment), testing for these other seasonal infectious diseases will be of paramount importance. As such, multi-purpose testing capabilities at current testing sites should be instituted. The city/county should leverage medical expertise within the community to develop a strategy for testing COVID-19 and other seasonal illnesses.
Assumptions: TBD

Lead: • City/County	**Partners:** • Primary care physicians • FQHCs • El Paso County Medical Society • Urgent care centers • Test sites

Required Capabilities: • Test kits for seasonal infectious diseases • Training on specimen collection for different pathogens
Timeliness: Short-term

Appendix E: Communication Recommendations

Introduction

Communication

Communication is essential to any emergency response. People need to understand the risks and preventive actions required to protect their health and lives. Consistent, transparent, and clear communication provided early and often is essential during a crisis to ensure people feel safe and build resilience. Accurate and accessible information guides individuals in making informed choices and taking protective actions that help them adopt and cope to the situation.

Individuals perceive risk and risk-reduction behaviors based on a number of variables, including social, economic, political, and cultural factors. It is important that any messaging campaign considers environmental, social, and psychological influences on behavior and health to ensure effective and meaningful communications. Messaging should account for perceptions, social norms, and emotions.

Above all else, trust is an essential component for communicating information to the public. Despite well-developed communication strategies, if the public does not trust the source from which the information comes, then crucial public health interventions run the risk of failure. To build trust, communication should be transparent, timely, easily understood, acknowledge uncertainty, address affected populations, and be disseminated using multiple platforms to reach the largest audience.

Communication Objectives and Recommendation Process

The objective of the Task Force was to create recommendations for a public health communications strategy that ensures relevant, accurate, accessible, and understandable information on disease prevention, health promotion, and well-being is provided to all El Pasoans.

Task Force members met weekly to discuss regional challenges and ongoing efforts to communicate COVID-19 public health information to the wider Paso del Norte community. These recommendations included short -term achievable outcomes over a 30-day period. These recommendations included creating a cross-sector collaborative partnership to develop and implement a communications strategy, centralizing community-wide COVID-19 information, collaborating with community health workers to create a dynamic communications outreach strategy, and ensuring leadership models protective health behaviors, among others. These recommendations are based on best practices and guidance from federal and international public health entities.

Short-Term Recommendations

Recommendation #1: Institute a cross-sector collaborative partnership to create a communication strategy

Communication
Recommendation: Commission and fund a trusted neutral community organization to manage a cross-sector collaborative partnership that will develop a high-level communication strategy that results in a comprehensive Health Communication effort.

Description:

Promoting and protecting the health of El Pasoans requires science-based methods to develop an effective communication strategy. Public health communication is grounded in multiple disciplines, including health education, marketing, public relations, psychology, informatics, and epidemiology. A cross-sector collaborative is needed to develop a communication strategy to promote health communication efforts across El Paso and the Paso del Norte region. The collaborative should meet regularly, share information, and adjust the communication strategy based on new information.

- Inventory existing regional communication resources and conduct a nation-wide rapid scan of other communication resources and strategies.
- Agree on an effective COVID-19 health communication strategy for community health benefit. This includes strategy that promotes wearing masks, social distancing, and other behaviors that reduce the risk of virus transmission, target audiences with relevant messages, and address children as potential asymptomatic carriers. Identify target population and behavior that needs to be addressed through messaging campaigns and then identify appropriate dissemination methods.
- Agree on effective COVID-19 communication resources, such as a common symbol for wearing masks and social distancing, creating training videos on COVID-19 preventive measures as part of businesses onboarding process for new hires, and what it means to quarantine and how to do so effectively given various living and working situations.
- Agree and advise on an effective COVID-19 information communication strategy. This includes providing advice about communicating factual public updates related to schools; transportation; retail environments; and government facilities. Also include factual COVID-19 information such as: updated government orders, testing locations and recommended procedures, contact tracing, outbreak locations, and epidemiological metrics. Coordinate the development of a data dashboard that can be disseminated to the community. Communicate data using rates versus only raw numbers; use a 7-day rolling average graphs for infection and hospitalization. Provide free access to all data maintained by the city/county; provide tools to analyze the data (interactive dashboard).

Assumptions:

- Members of collaborative partnership will be representative of all El Pasoans.
- Messages will be provided in culturally appropriate manner.
- Messaging should be tested for target population to maximize efficacy (consider demographic factors, such as socioeconomic and educational levels, and include targeting youth).

Lead:	**Partners:**
- TBD (trusted community organization accountable to city/county government)	- Cross-sector collaborative members: medical, behavioral, and public health experts; city/county officials; consultant/vendor - Focus group members: schools (primary through higher education); business sector; faith-based leaders; non-profit organizations

Required Capabilities:

- Communication strategy
- Wi-fi and broadband access
- Messaging platforms (radio, TV, web, social media); text messaging systems and print capabilities
- Medical, behavioral health, and public health expertise to inform and develop messaging

Timeliness: Short-term

Recommendation #2: Centralize and coordinate COVID-19 information and health communication resources

Communication
Recommendation: Centralize and coordinate community-wide COVID-19 information, health communication, and health communication resources on a single website for public access.

Description:

The public requires a centralized, coordinated platform for accessing updated information relevant to COVID-19, including protective health measures, local ordinances, and resources. The site should contain links to community resources, like mental health counseling and rental assistance, which may be in high need during the pandemic. In addition, the site should have the ability to accept public recommendations and have personnel support to update the site regularly. The site should be promoted widely throughout the community. It may be possible to use existing websites (EPStrong.org and EPCOVID19.org), but ensure information is coordinated, messaging is consistent, and information is hyperlinked between the two sites, as well as any ancillary sites.

Assumptions: TBD

Lead:	Partners:
• City/county government	• Government unemployment assistance • Workforce organizations (e.g., Workforce Solutions, Job Corps) • Mental health professional group • Non-governmental organizations (NGOs) • Non-profits

Required Capabilities:

- Staffing to update information and manage technical system
- 212 telephone system
- Web-hosting capabilities
- Existing EPStrong.org and EPCOVID19.org websites
- Mental health professional group and emergence health
- Scorecard
- Activities and related risks list (e.g., Texas Medical Association list)

Timeliness: Short-term

Recommendation #3: Partner with community health workers to create a communication outreach strategy

Communication
Recommendation: Create and implement a dynamic health communication outreach strategy in collaboration with home healthcare workers, promotoras, and medical providers benefiting those most at risk for COVID-19 complications, such as individuals with underlying health conditions.
Description: Community health workers (CHWs) have access to populations that typical government channels may lack and have a unique ability to disseminate important public health information in an easily accessible way. CHWs share culture, ethnicity, language, and life experiences with the individuals they serve and are essential for providing culturally appropriate health education and information. The CHWs impact on community members they serve has shown to improve access to health services, foster a better understanding of the health and social service systems, enhance communication with health providers, and improve adherence to health recommendations. The cross-sector collaborative should incorporate CHWs into the communication strategy planning to ensure key messages are developed for community members served by CHWs, as well as strategize dissemination methods that meet the needs of this community.
Assumptions: TBD

Lead: TBD	Partners:
	• Higher education programs that work on social mobilization (e.g., EPCC, Texas A&M, UTEP, Texas Tech) • El Paso Medical Society • Home healthcare providers • Project Vida, San Vincent, La Fe

Required Capabilities:
• Higher education programs • Existing messaging resources
Timeliness: Short-term

Recommendation #4: Promote modelling of public health behaviors by various community leaders

Communication
Recommendation: Community leaders (e.g., elected, faith-based, business) should continue to model protective health behaviors essential for the safety of residents. For example, leadership should wear masks and social distance at public events to align with city/county government orders.

Description:
Community leaders often model behavior for their constituents, whether those constituents are voters, members of a congregation, school, or business. • Provide training to community leaders (e.g., government, faith-based, teachers, business operators, athletes) on COVID transmission and the importance of public health measures, such as masking and social distancing • Create mutual compacts (e.g., "I took the pledge") for leaders to sign and publish on social media

Assumptions: TBD

Lead:	Partners:
City/county	• Mayor • County judge • Superintendent • Representatives • Bishop • Higher education deans/presidents • Highly visible individuals

Required Capabilities: TBD

Timeliness: Short-term

Recommendation #5: Establish a process for residents and stakeholders to provide input on pandemic response for the government to take under advisement

Communication
Recommendation: Government officials should establish a process in which residents and stakeholder groups can be notified of new executive orders and policy on mitigating the COVID-19 pandemic before these policies/orders are enacted. In addition, this mechanism should allow for residents/stakeholders to provide input on mitigative responses for the government to take under advisement.
Description: Understanding the concerns and needs of the community is important prior to governmental action. Elected officials should create a process to hear from El Pasoans, students, business operators, and the medical community, among others, on their COVID-19 concerns and recommendations. Beyond input for messaging campaigns, citizens need to be heard by decision-makers before orders are issued. Tasks to implement this recommendation includes: - Create a citizen feedback form on the EPStrong.org website; make public aware of feedback opportunities   - Establish a medical and population health advisory group for the Health Authority   - Establish or continue to host virtual townhall meetings to listen
Assumptions: TBD

Lead:	Partners:
- Elected officials - City/county	Community

Required Capabilities:
- Feedback mechanisms, such as those on EPStrong.org website and the 212-phone line for COVID questions and concerns   - Two-way communication between elected officials and constituents, such as listening sessions   - Survey mechanisms
Timeliness: Short-term

Appendix F: El Paso COVID-19 Task Force Scorecard

Key Metrics	Stage I	Stage II	Stage III	Stage IV
Infection Rate		☐ Sustained decline in daily cases for 14 consecutive days, as reflected in 7-day rolling average ☐ Less than 10% tests conducted are positive ☐ Less than 25 cases per 100,000 people per day[1]	☐ Continued decline or plateau for more than 14 consecutive days, as reflected in 7-day rolling average ☐ Less than 7.5% tests conducted are positive ☐ Less than 20 cases per 100,000 people per day[1]	☐ Continued decline in cases met in stage 3 or plateau for more than 21-days, as reflected in 7-day rolling average ☐ Less than 5% tests conducted are positive ☐ Less than 15 cases per 100,000 people per day[1]
Diagnostic Testing & Surveillance		☐ All symptomatic people, close contacts of a confirmed positive case, and all asymptomatic high-risk individuals can access testing within 72 hours of request ☐ Greater than 50% of test results at each testing site, county-wide, are returned within 48 –72 hours ☐ More than 100 per 100,000 individuals are tested per day	☐ All symptomatic people, close contacts of a confirmed positive case, and all asymptomatic high-risk individuals can access testing within 48 hours of request ☐ Greater than 65% of test results at each testing site, county-wide, are returned within 24–48 hours ☐ More than 150 per 100,000 individuals are tested per day	☐ All symptomatic people, close contacts of a confirmed positive case, and all asymptomatic individuals, regardless of risk, can access testing within 48 hours of request ☐ Greater than 85% of test results at each testing site, county-wide, are returned within 24 or less hours ☐ More than 200 per 100,000 individuals are tested per day
Case & Contact Investigations		☐ 60% of close contacts are elicited within 48 hours of positive test result (case investigation) ☐ 50% confirmed cases have been contacted for isolation within 24 hours of positive test results ☐ Less than 15% notified confirmed cases are lost to follow-up.[2]	☐ 75% of close contacts are elicited within 48 hours of positive test result (case investigation) ☐ 70% confirmed cases have been contacted for isolation within 24 hours of positive test results ☐ Less than 10% notified confirmed cases are lost to follow-up[2]	☐ 90% of close contacts are elicited within 48 hours of positive test result (case investigation) ☐ >90% confirmed cases have been contacted for isolation within 24 hours of positive test results ☐ Less than 5% notified confirmed cases are lost to follow-up[2]
COVID-19 Severity & Healthcare Readiness		☐ Number of individuals hospitalized related to COVID-19 has declined for the past 14 days ☐ Total COVID related hospitalizations do not exceed 200[3] ☐ El Paso hospital status check indicates readiness[4]	☐ Stage 2 indicators have been met for 20 days[5] ☐ Number of individuals hospitalized related to COVID-19 has declined for the past 14 days ☐ Total COVID related hospitalizations do not exceed 150[3] ☐ El Paso hospital status check indicates readiness[4]	☐ Stage 3 indicators have been met for 20 days[5] ☐ Number of individuals hospitalized related to COVID-19 has declined for the past 14 days ☐ Total COVID related hospitalizations do not exceed 100[3] ☐ El Paso hospital status check indicates readiness[4]
Protection of At-Risk Populations		☐ Less than 20% cases originate from congregate facilities over last 28 days	☐ Less than 10% cases originate from congregate facilities over last 28 days	☐ Less than 5% cases originate from congregate facilities over last 28 days

[1] Assumes a consistent level of testing.

[2] Lost to follow-up occurs after at least one initial contact notifying an individual they have tested positive for COVID-19.

[3] Hospital readiness thresholds are developed and maintained through a collaboration of the El Paso hospital system. Hospital CEOs will meet monthly to determine the number of COVID-19 hospitalizations that will best provide an indicator of disease severity and hospital readiness. Holidays, season changes, or special dates need to be taken into consideration as they impact demand.

[4] The hospital status check is governed by CEOs of each local hospital system and their commitment to readiness to move to the next phase. Indicators include PPE, staffing, beds, and medical supplies.

[5] Regardless of current data trends, healthcare readiness does not advance to the next phase until the current phase metrics have been met and sustained for 20 days.