



# **Pan American Health Organization**

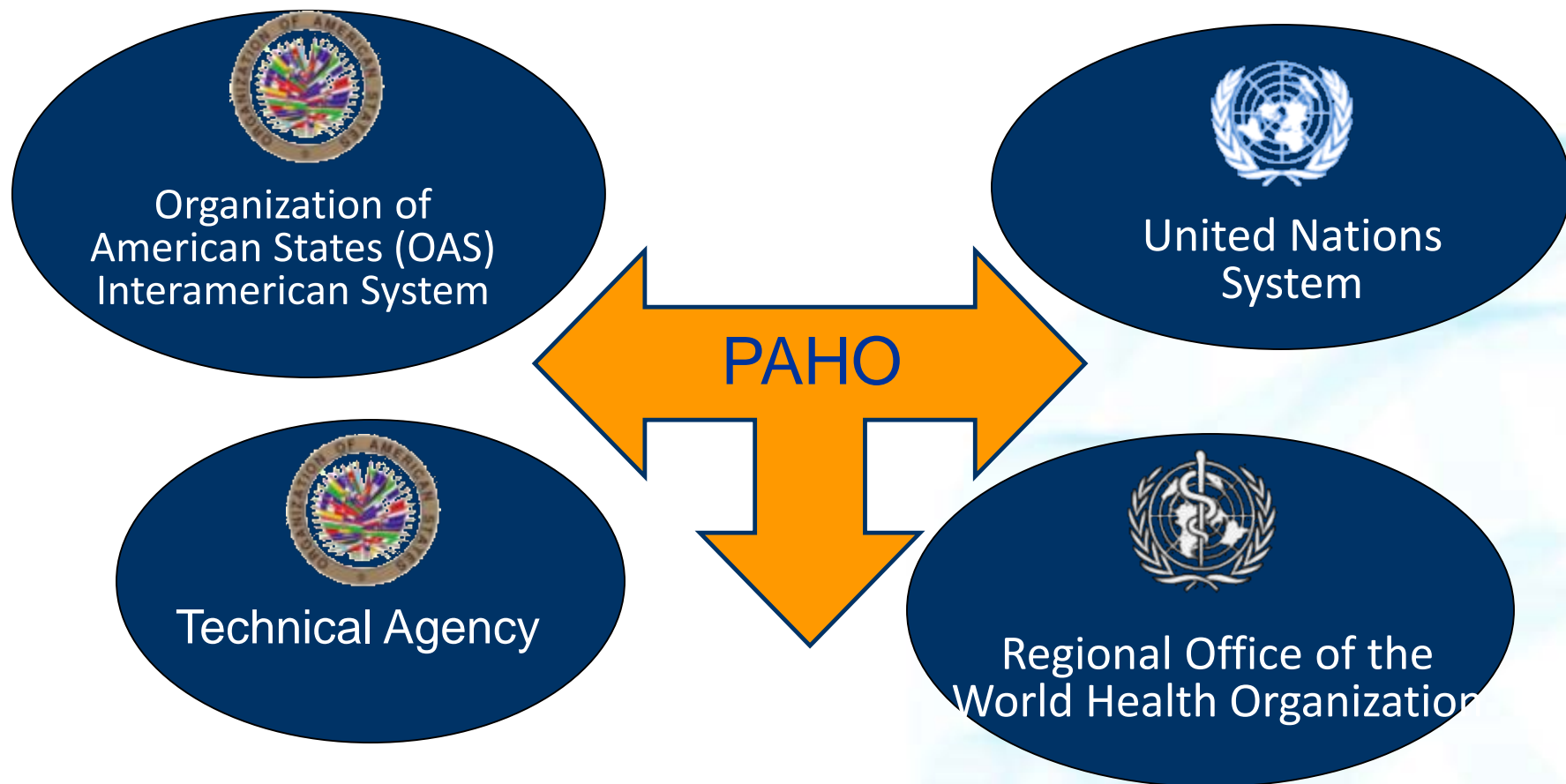


*Regional Office of the  
World Health Organization*

**“Healthy Kids, Healthy Communities: Supporting  
Community Action to Prevent Childhood Obesity”  
El Chamizal- El Paso, Texas**

**Maria Teresa Cerqueira, MS, Ph.D  
Chief, PAHO/WHO  
U.S. – Mexico Border Office**

# PAHO a Specialized Agency in Health



# WHO Global and Regional Structure



WHO Member States are grouped into six regions. Each region has a regional office. The map shows the 6 WHO regions and the location of the regional offices and HQ.

# PAHO Presence in the Americas since 1902

## Member States

WHO 1948

Antigua and Barbuda	Haiti
Argentina	Honduras
Bahamas	Jamaica
Barbados	Mexico
Belize	Nicaragua
Bolivia	Panama
Brazil	Paraguay
Canada	Peru
Chile	Saint Kitts and Nevis
Colombia	Saint Lucia
Costa Rica	Saint Vincent and Grenadines
Cuba	Suriname
Dominica	Trinidad and Tobago
Dominican Republic	United States
Ecuador	Uruguay
El Salvador	Venezuela
Grenada	
Guyana	

### Associate Member State

- Puerto Rico

### Observer Member States

- Spain
- Portugal

### Member States from other Regions

- France
- Netherlands
- Great Britain



- Headquarters
- Field and Country Offices



# PAHO Historical Aspects



- 1902** The Pan American Sanitary Bureau (PASB) was established by the First International Sanitary Convention of American Republics
- 1942** The PAHO U.S. Mexico Border Office was established to provide technical cooperation in support to cross border collaboration among local, state and federal health authorities to promote health and prevent diseases.

# PAHO Mission, Vision and Values

## MISSION

- To **lead strategic collaborative** efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas (**U.S. Mexico Border**).

## VISION

- The Pan American Sanitary Bureau will **be the major catalyst** for ensuring that all the peoples of the Americas (**U.S. Mexico Border**) enjoy optimal health and contribute to the well being of their families and communities.

## VALUES

- **Equity-** Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.
- **Excellence-** Achieving the highest quality in what we do.
- **Solidarity-** Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.
- **Respect-** Embracing the dignity and diversity of individuals, groups and countries.
- **Integrity-** Assuring transparent, ethical, and accountable performance.

# HEALTH IN THE AMERICAS 2012



The Willard Intercontinental Hotel

[www.paho.org/hia](http://www.paho.org/hia)

[www.borderinfo.org](http://www.borderinfo.org)

**Organización  
Panamericana  
de la Salud**

Oficina Regional de la  
Organización Mundial de la Salud

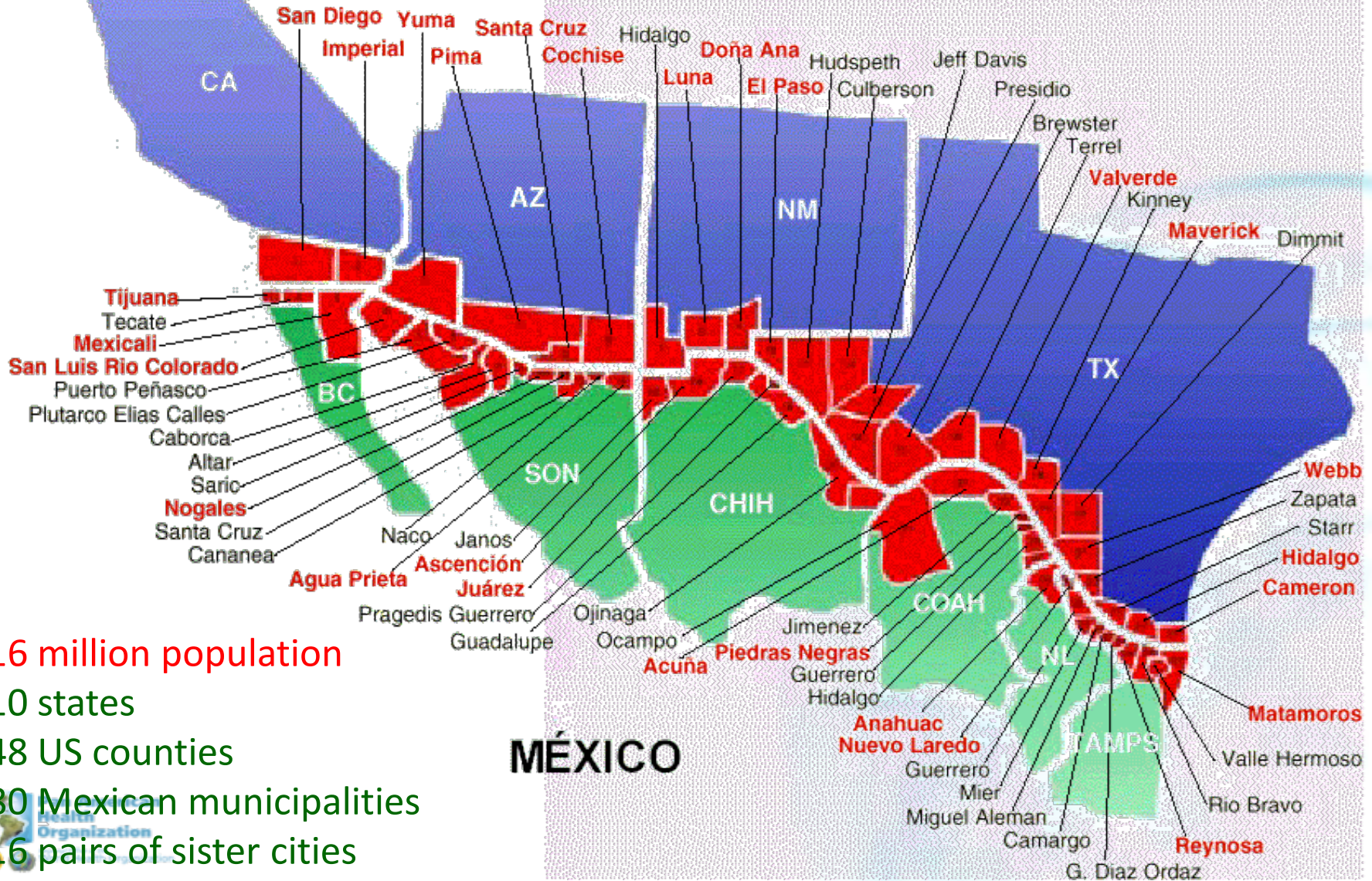


**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization



# UNITED STATES



16 million population

10 states

48 US counties

80 Mexican municipalities

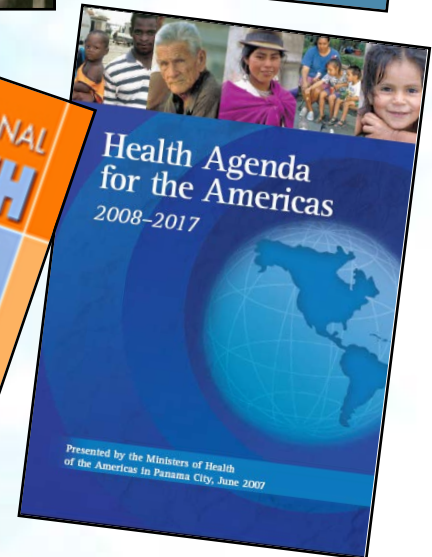
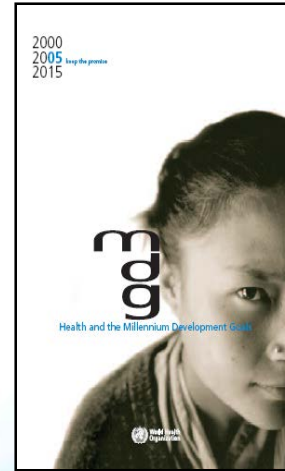
16 pairs of sister cities





# Guidelines to Set Priorities for Technical Cooperation in the Americas

- WHO program of work
- WHO Commission on the Social Determinants of Health
- The UN Millennium Development Goals
- WHO International Health Regulations
- PAHO Strategic Plan 2008-2012
- The Health Agenda for the Americas
- National Health Plans, Program sand Priorities



# Guidelines to Set Priorities for Technical Cooperation for the U.S. Mexico Border

- **Health Priorities and National**
  - Programs (USA-Healthy People,  
Programa Nacional de Salud de México)
- **Healthy Border 2010**
- **Border 2012 Environment Program**



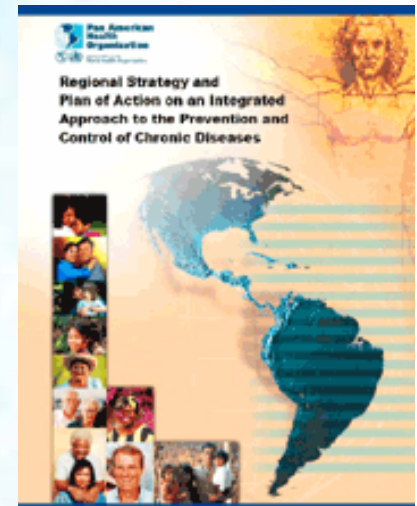
# Pan American Health Organization / World Health Organization Chronic Disease Mandates

In September 2006, the PAHO Directing Council approved a *Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health*, for 2006–2015 (NCD Strategy).

Following the endorsement of the Ministers of Health for the NCD Strategy, it is PAHO's responsibility to implement activities in order to achieve its objectives.

The Regional Strategy calls for four lines of action:

- Public Policy
- Surveillance
- Health Promotion
- Prevention and Integrated Management of Chronic Diseases and Risk Factors





# Health Indicators El Paso County, Texas

- **23.6%** - 2008 age-adjusted estimate of percentage of adults who are obese (Lower 95% Confidence Limit 20.6, Upper 95% Confidence Limit 26.9, SD=1.6)
- **7.6%** - 2008 age-adjusted estimate of the percentage of adults with diagnosed diabetes (Lower 95% Confidence Limit 6.4, Upper 95% Confidence Limit 9.0, SD=0.7)

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System.  
Available online at: <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>. Retrieved 9/13/2011.

# Social Economic Indicators

<b>Social Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>
Average household size	2.96	(X)	2.60	+/-0.02
Average family size	3.49	(X)	3.19	+/-0.03
Population 25 years and over	353,643			+/-1,162
High school graduate or higher	(X)	72.4	84.6%	(X)
Bachelor's degree or higher	(X)	20.9	27.5%	(X)
Civilian veterans (civilian population 18 years and over)	41,389	10.1	10.1%	+/-1,302
With a Disability	(X)	(X)	(X)	(X)
Foreign born	154,861	25.7	12.4%	+/-2,465
Male, Now married, except separated (population 15 years and over)	111,020	54.1	52.3%	+/-1,681
Female, Now married, except separated (population 15 years and over)	109,508	45.6	48.4%	+/-1,659
Speak a language other than English at home (population 5 years and over)	397,642	73.1	19.6%	+/-2,756
Household population	597,913			+/-914
Group quarters population	(X)	(X)	(X)	(X)

Source: U.S. Census Bureau, 2005-2009 American Community Survey

# Social Economic Indicators

## ACS Demographic Estimates - show more >>

	Estimate	Percent	U.S.	Margin of Error
Total population	602,672			+/-100
Male	284,596	47.2	49.3%	+/-1,282
Female	318,076	52.8	50.7%	+/-1,277
Median age (years)	31.7	(X)	36.5	+/-0.2
Under 5 years	58,448	9.7	6.9%	+/-789
18 years and over	416,440	69.1	75.4%	+/-1,077
65 years and over	68,330	11.3	12.6%	+/-577
One race	588,879	97.7	97.8%	+/-1,269
White	467,253	77.5	74.5%	+/-4,001
Black or African American	17,954	3.0	12.4%	+/-815
American Indian and Alaska Native	3,831	0.6	0.8%	+/-564
Asian	7,552	1.3	4.4%	+/-426
Native Hawaiian and Other Pacific Islander	407	0.1	0.1%	+/-134
Some other race	91,882	15.2	5.6%	+/-3,685
Two or more races	13,793	2.3	2.2%	+/-1,287
Hispanic or Latino (of any race)	482,186	80.0	15.1%	+/-1,136

Source: U.S. Census Bureau, 2005-2009 American Community Survey



# Social Economic Indicators

<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>
In labor force (population 16 years and over)	263,179	60.4	65.0%	+/-2,276
Mean travel time to work in minutes (workers 16 years and over)	21.7	(X)	25.2	+/-0.3
Median household income (in 2009 inflation-adjusted dollars)	36,147	(X)	51,425	+/-668
Median family income (in 2009 inflation-adjusted dollars)	40,706	(X)	62,363	+/-796
Per capita income (in 2009 inflation-adjusted dollars)	17,209	(X)	27,041	+/-238
Families below poverty level	(X)	22.1	9.9%	+/-0.7
Individuals below poverty level	(X)	25.3	13.5%	+/-0.8

Source: U.S. Census Bureau, 2005-2009 American Community Survey

## 2010 Chamizal Demographics (Census Tract 28)

Total Population	5,732
Hispanic or Latino	5,620
Not Hispanic or Latino	112
Male	2,648
Female	3,084
Under 18	2,101
18 and over	3,631
Total Housing	1,983
Owner Occupied	434
Renter Occupied	1,409
Vacant Housing	140
Housing with Minors	741

<http://2010.census.gov/c10cens.html>

# Crime Statistics – 79905

Crime Category	July 2011	YTD 2011*	July 2010	YTD 2010*
Assault (Agg.)	13	69	13	72
Assault (Simple)	39	245	37	291
Auto Theft & UUMV	3	46	8	70
Burglary	5	60	10	56
Homicide	0	2	0	0
Larceny (Theft)	64	304	52	350
Murder	0	0	0	0
Rape	2	12	1	11
Robbery	3	14	2	14

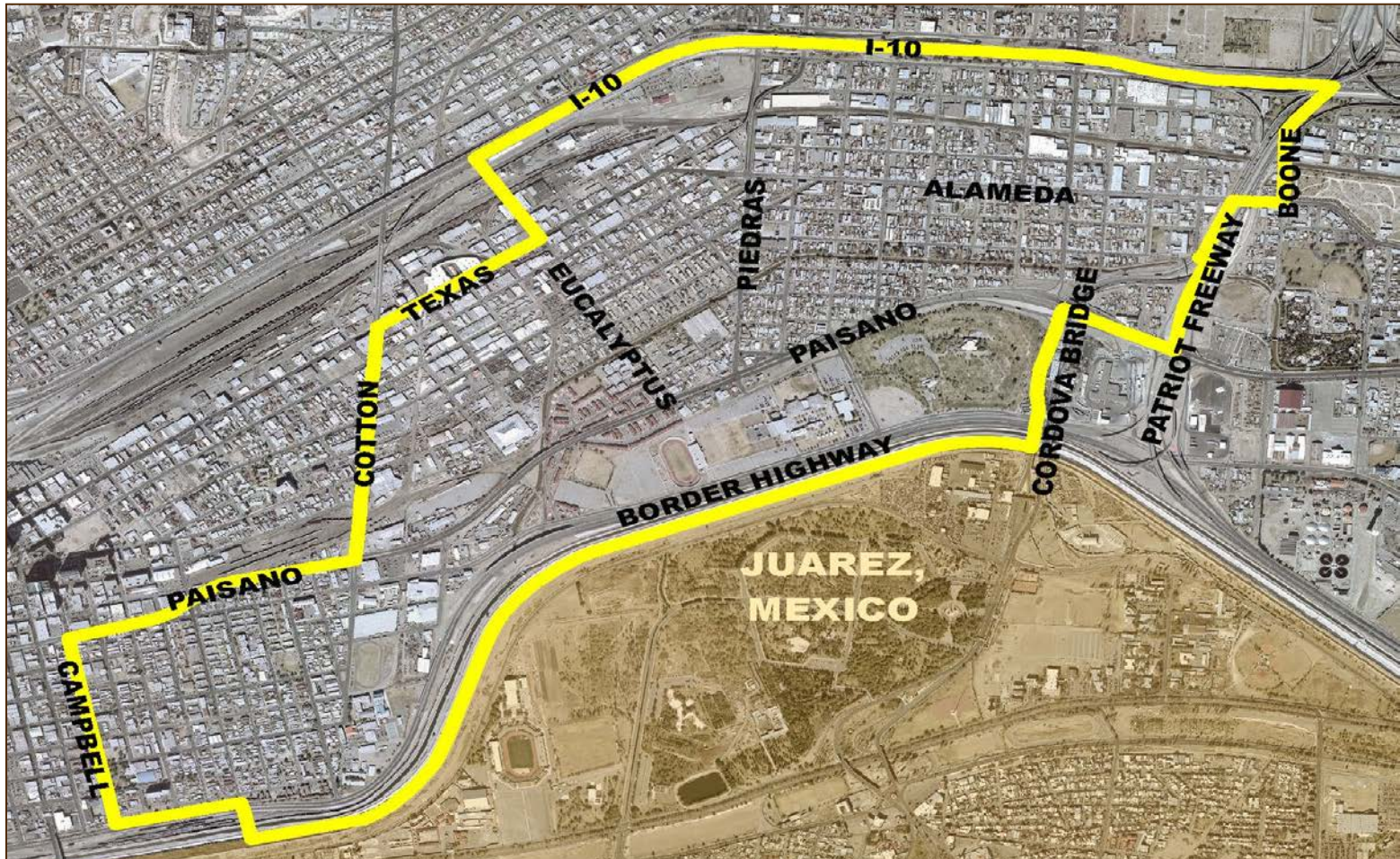
•Year to date totals are based on calendar year and include current month shown.

Source: <http://www.elpasotexas.gov/police/statsbycc.asp?print=true>



# Goals and Objectives

- 1. Advocate with federal, state and local authorities, policy and decision makers and community leaders, to invest in healthy public policies, environmental changes that will encourage active living, and healthy eating strategies to prevent childhood overweight and obesity.**
- 2. Evaluate environmental changes implemented in the community to increase physical activity and sports among school-age kids and youth, and increase community awareness and availability of healthy food choices and opportunities for active living.**
- 3. Inform and involve community leaders and members, policy and decision makers, stakeholders, partners and the public in general of the consequences of childhood overweight and obesity; and share with them the results of the initiative and best practices.**



El Chamizal Project Boundary



# Food Security



- In El Paso County, there are 0.634 restaurants compared to only 0.159 grocery stores for every 1000 residents <sup>1</sup>
- In 2010, 712 food outlets were identified in the City of El Paso, 26 of which are in the Chamizal<sup>2</sup>
- 58% of the food outlets in the Chamizal consist of specialty stores: carnicerías, panaderías, torillerías and fruit / produce stores, [the rest are restaurants] <sup>2</sup>
- 5.9% of the City's 712 food outlets are coded as supermarkets, 0 are located in the Chamizal<sup>2</sup>

<sup>1</sup>US Department of Agriculture. *Food Environment Atlas*. Economic Research Services. <http://ers.usda.gov/FoodAtlas/>. (Accessed July 10, 2010.)

<sup>2</sup>Anchondo, Teresa (2010) "Neighborhood deprivation, neighborhood acculturation, and the retail food environment in a US-Mexico border urban area." Graduate Thesis Manuscript. The University of Texas at El Paso.

Retrieved from: Assessment of Poverty, Food Access and Hunger in El Chamizal. *La Mujer Obrera* (2010).

# Issues for Healthy Eating

Bowie High School parking lot



Store on Alameda sells beer, tobacco and piñatas





# Food Availability – Healthy Eating

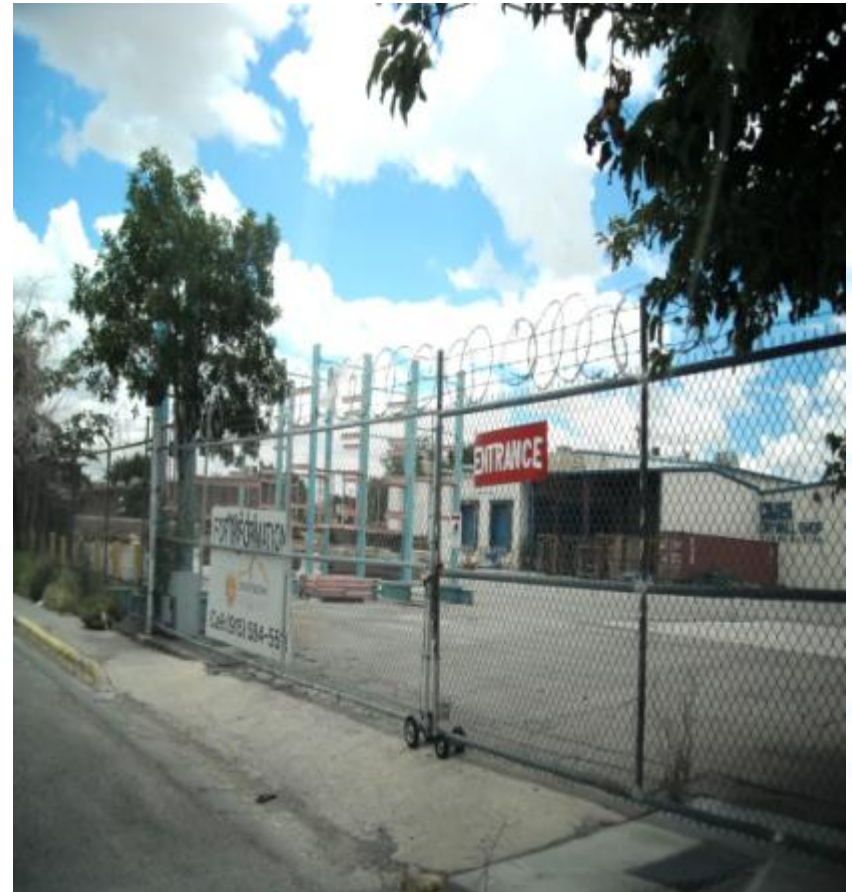


Chamizal resident walks to a corner store.

# Infrastructure



Lack of exterior maintenance and esthetics



Vacant buildings



# Safety



Crosswalk conditions, incomplete streets and major thoroughfares complicate active transportation in the Chamizal

## Chamizal Walkability and Mobility Assessment (2011)

Of the 223 GIS segments (streets) assessed:

- 87% exhibited problems with incomplete, missing sidewalks
- 56% exhibited problems with missing crosswalks, limited ramps and fast traffic signals
- 25% indicated problems with the behavior of drivers
- 80% exhibited problems with litter, auto exhaust, or scary dogs and scary people





# Recreation Space



Pera Luna "Pocket" Park – tagged with graffiti, no shade, and very small in size

# Perception of the Community

Lincoln Park located under US 54

Murals are protected by Lincoln Park Conservation Committee and the City of El Paso

Murals depict how the area's residents have tried to overcome racism, poverty and other barriers through culture, faith, family and unity.





## Chamizal Project Childhood Obesity Goals

- Advocate for healthy public policies
- Support environmental changes that encourage active living
- Promote healthy eating strategies to reduce and prevent childhood obesity



# Community Strengths





# Chamizal Ecoclub



Chamizal Project



Tays Housing Community



Project Vida

# Improving Food Access



Wujer Obrera's *Mercedo Matutino*



## Chamizal Food Policy Council

Initiated by La Mujer Obrera

- Funding obtained:  
USDA Hunger Free Communities Grant
- Public meetings and open houses being held to discuss issues with community food vendors, distributors, consumers and interested Chamizal residents



# Improving Access to Recreational Spaces



Chamizal National Memorial walking path



# Policy and Sustainable Environmental Change

Childhood Obesity Prevention Week Proclamation and Town Hall Meeting  
City of El Paso - July 2010



# Healthy Eating, Active Living Resolution and Action Plan City of El Paso – January 6, 2011

## Resolution acknowledges:

- In El Paso, Texas 29% of adults report themselves obese and 37% report themselves overweight (BRFSS)
- Obesity and Overweight are consequences of poor nutrition and physical inactivity
- Infants who are breastfed are less likely to become obese children or adults
- Individual effort alone is not enough: societal and environmental changes are also needed to combat obesity

## Action Plan:

- Requires City Manager and Council to review zoning ordinances, planning and Smart Growth to increase access to healthy eating and physical activity opportunities
- Review and revise policies that create unnecessary barriers parks, recreation and health programs
- Review and revise policies that create barriers to breast feeding, community gardens, farmers markets, & related activities
- Identify transportation barriers to food access
- Promote Employee Wellness Programs within the City of El Paso

# Partnerships





# Local Partners

## Executive Steering Committee

- Chamizal Neighborhood Association
- Chamizal Project
- La Mujer Obrera
- Project Vida
- Chamizal National Memorial
- City of El Paso - Community Development / Parks & Rec.
- El Paso Independent School District
- City of El Paso Department of Public Health
- Paso del Norte Health Foundation

## Technical Advisory Group

- University of Texas at El Paso
- University of Texas at Houston – El Paso Campus
- Texas Tech University – El Paso Campus

## Media

- Chanel 26- Univision

# Regional, National and Global Partners



HKHC Communities: San Antonio, Texas,  
Houston, Texas and Silver City New  
Mexico  
Las Cruces, New Mexico

- Robert Wood Johnson Foundation  
Healthy Kids, Healthy  
Communities Partners and  
National Grantees
- Transtria, Inc.
- Pan American Health  
Organization / World Health  
Organization
- Pan American Health and  
Education Foundation

# Challenges to improve active living and healthy eating





# Project Challenges

## Data Collection:

- Accessing accurate and current baseline data (example: youth obesity rates, anthropometric data, nutritional status of children: dietary and water intake)
- Developing relationships that foster data and information sharing

## Knowledge Dissemination:

- Reaching policy makers, stakeholders, community leaders and members and children and youth
- Translating the evidence into practice, policies, environmental changes, relevant messages that everyone in the community can relate to and understand

# Project Challenges

## Community Engagement:

- Getting reluctant community residents interested and involved in project activities and efforts
- Engaging all agencies with a common purpose
- Increasing physical activity and enabling active living

## Advocacy:

- Sustaining engagement of policy makers and agency gate keepers
- Fortifying the Chamizal Neighborhood Association as a community voice for advocacy as a self-sufficient entity (501 (c) 3 non-profit, tax exempt status)

# Project Challenges

## Performance Monitoring and Evaluation:

- Implementing internal and external evaluation frameworks and methods
- Measuring the impact the project is having in the community
- Documenting the physical environmental and political changes before and after
- Are we working towards and reaching our goals and objectives?
- ***Are we making a difference?***



# Recommendations

- Strengthen interagency collaboration at the municipal level to continue with advocacy and policy development;
- Health services, increase access, quality, and timely care for children, to implement preventive activities, education and health-promotion (breast-feeding and child development, life skills and psychosocial competencies);
- Promote the participation and empowerment of families and children in local activities which can be achieved through public forums, children councils, intergenerational discussion groups, among other ways;
- Promote and provide healthy school meals and encourage the consumption of vegetables and water;
- Mobilize community and policy makers to improve walk ability and community recreation areas or spaces where children and families can interact, exercise, and play sports;

# UN General Assembly announces historic commitment to prevent non-communicable diseases

- Declaration on the prevention and control of non-communicable diseases such as diabetes, heart disease and stroke, chronic respiratory disease and cancer which together kill some 36 million people each year.
- Global heads of state and leaders have reached consensus in the General Assembly on concrete actions to tackle these diseases.
- Governments agreed on the need for global targets to monitor these diseases and their risk factors like tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.
- The UN General Assembly mandated WHO to develop a framework for monitoring global progress and to prepare, before the end of 2012, recommendations for a set of global targets to monitor trends and assess the progress in countries to reduce the toll of suffering, disability and premature death due to these diseases.
- Success will depend on the engagement of non-health sectors such as finance, agriculture, transportation, urban development, and trade. Governments will integrate policies to reduce non-communicable diseases into health planning processes and national development agendas.

**NEW YORK/ 21 September 2011**

# Questions?

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**Thank you!**

