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

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PAHO a Specialized Agency in Health

Organization of American States (OAS) Interamerican System

Technical Agency

United Nations System

Regional Office of the World Health Organization
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

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

Associate Member State
- Puerto Rico

Observer Member States
- Spain
- Portugal

Member States from other Regions
- France
- Netherlands
- Great Britain
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

www.borderinfo.org
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
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)

### Social Economic Indicators

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

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

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

Source: U.S. Census Bureau, 2005-2009 American Community Survey
## Social Economic Indicators

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

Source: U.S. Census Bureau, 2005-2009 American Community Survey
### 2010 Chamizal Demographics (Census Tract 28)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>5,732</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5,620</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>112</td>
</tr>
<tr>
<td>Male</td>
<td>2,648</td>
</tr>
<tr>
<td>Female</td>
<td>3,084</td>
</tr>
<tr>
<td>Under 18</td>
<td>2,101</td>
</tr>
<tr>
<td>18 and over</td>
<td>3,631</td>
</tr>
<tr>
<td>Total Housing</td>
<td>1,983</td>
</tr>
<tr>
<td>Owner Occupied</td>
<td>434</td>
</tr>
<tr>
<td>Renter Occupied</td>
<td>1,409</td>
</tr>
<tr>
<td>Vacant Housing</td>
<td>140</td>
</tr>
<tr>
<td>Housing with Minors</td>
<td>741</td>
</tr>
</tbody>
</table>
# Crime Statistics – 79905

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

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

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.
Food Security

- In El Paso County, there are 0.634 restaurants compared to only 0.159 grocery stores for every 1000 residents¹

- In 2010, 712 food outlets were identified in the City of El Paso, 26 of which are in the Chamizal²

- 58% of the food outlets in the Chamizal consist of specialty stores: carnicerias, panaderias, torillerias and fruit / produce stores, [the rest are restaurants]²

- 5.9% of the City’s 712 food outlets are coded as supermarkets, 0 are located in the Chamizal²

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

La Mujer Obrera's Mercado Mayapan
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

- 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

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