

HE&AL

PASO DEL NORTE
HEALTH FOUNDATION
HEALTHY EATING & ACTIVE LIVING

2019-2021 Strategic Plan

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HEAL History

The Paso del Norte Health Foundation (Health Foundation) has a long history of promoting healthy eating and active living. Major initiatives that influence physical activity and diet prior to the establishment of the HEAL initiative include:

Walk El Paso Walk (1998-2003): Along with Camino Juárez, Walk Doña Ana, and Walk Otero, this initiative was based on community input that indicated a simple, easy, and free form of exercise was in need. The Health Foundation used a three-prong approach of 1) media to promote walking, 2) walking kits and groups to promote safety and peer groups for walking, and 3) celebration events, like the Mariachi Mile, to celebrate individual and community success. Evaluation showed public interest in walking kits, walking groups, and special events. This helped create a culture of walking for exercise in the region.

Step It Up (2005-2007): This shorted-lived initiative built on Walk El Paso and encouraged residents who currently were walking to increase the frequency, duration, or intensity of walking.

Qué Sabrosa Vida (2001-2007): The 4 C's of Cooking, Choosing, Controlling, and Celebrating drove this program that targeted primary meal preparers, mainly middle-aged women, who were ready to make positive changes in home cooked meals. The six-hour course was implemented over 3 or 6 weeks by grantees with professionally produced materials from the University of Texas School of Public Health's Human Nutrition Center. A seventh class, the chef lesson, served as a capstone. Evaluation showed that participants learned how to prepare healthy food and tried new recipes at home. An updated 4-hour course, rebranded as Sabrosa Vida, will be implemented in 2019.

CATCH (1997-2007): The Coordinated Approach to Child Health was implemented in partnership with Region 19 Education Service Center for area schools. The program provided materials for physical education classes along with training of PE teachers. CATCH emphasized movement and involvement of all students versus learning sports skills and rewarding athletic students. Research in El Paso showed that CATCH was adopted by many regional schools with positive results among students; YISD and SISD continue to use CATCH.

Get HIP Now (2009-2011): In 2009, the El Paso Independent School District (EPISD) received a multi-year award from the Health Foundation to develop and implement the Get HIP Now initiative, a coordinated school health (CSH) program that focuses on improving elementary and middle school-aged students' health literacy and fitness levels. The program taught students about health and wellness throughout the school day and provides students with opportunities to be involved in physical activity before or after school through structured activity zones at the elementary level and wellness centers at the middle school level. There were two distinct curricula for the elementary and middle school levels. The program was found to yield positive results for student health knowledge, attitudes, behaviors, and fitness. The trajectory of the Get HIP Now program

was positive, especially with the recognition that individual-level and institutional-level change is expected to be challenging and slow.

A 2009 study (Hoelscher, et. al.) emphasized that extensive regional implementation of community programs contributed to a reduction in obesity among El Paso youth. Of paramount importance is the fact that a combined effort of programs and policies from multiple stakeholders, led by the Health Foundation, was responsible for the change. It is unlikely that any single program would result in similar positive results. The Health Foundation learned that multiple sectors, including schools, community, government, and others must be engaged with multiple strategies, such as policy advocacy, health education, capacity building, media campaigns, and others to reach population level health goals. More recent work has involved more community partners through grant funding through the HEAL initiative:

Community and School Gardens: The Health Foundation has funded community and school garden projects since 2011. An evaluation conducted in 2012 of three garden projects identified the best practices including: 1) systematically selecting locations for gardens based on the needs of the community, the population to be serviced, and existing infrastructure; 2) establishing community partnerships for resources and buy-in; 3) understanding the regional environment and planning for efficacious water use; and 4) including food tasting and culturally appropriate cooking lessons as part of the garden curriculum a prototype community garden. Later evaluations also emphasized the importance of including an education component to gardens. Gardens continue to be highly desired by community groups, organizations, and schools.

School Health: In 2012, Deming Public Schools received a grant from the Health Foundation to design a coordinated school health program emphasizing health education and physical education instruction, and in 2016, Ysleta Independent School District received a grant to implement the CATCH program districtwide. Recognizing that school districts must have the adequate infrastructure to integrate health education, physical education, and wellness, the Health Foundation funded Las Cruces Public Schools (2015-18) to strengthen the school system's comprehensive school health efforts. In 2018, the El Paso Healthy Schools Coalition was established to promote and advocate for strong school wellness policies, School Health Advisory Councils, and policies and practices around recess, physical education, and school nutrition.

Consumer Purchasing: In 2012-15, New Mexico State University received a grant to pilot innovative marketing strategies in grocery stores to promote the purchase of fruits and vegetables. By the end of the intervention, there was a 10% increase in fruit and vegetable purchases, without increasing shopper budgets or decreasing store profitability. More recent strategies include in-store nutrition and cooking programming that teach consumers easy and inexpensive ways to prepare healthy foods at home.

Eat Well! El Paso and Otero: The City of El Paso helped restaurants create healthy options for children's menus in 2012-17. During this period, 25-30 restaurants were

active in the program. The Health Council of Otero County began a similar program in 2017. Survey results from consumers are positive about the menu modifications.

Case management for the food insecure: The Fresh Start Program at Kelly Memorial Food Pantry identifies clients who are motivated to make changes towards self-sufficiency and provides case management to these individuals. A choice pantry that allows members to choose their own food along with nutrition education is also part the program. Evaluation of 70 clients in 2016-17 showed that participants had significant gains food security, self-sufficiency, and diet quality.

Institute for Healthy Living: The Institute for Healthy Living (IHL) has served as the backbone organization for the HEAL initiative since 2014. In this role, the IHL evaluates HEAL grantee programs, provides technical assistance to HEAL grantees and coalitions, promotes HEAL in the region through events and workshops, promotes policies that promote healthy eating and active living by working with HEAL coalitions, and has developed and implemented some HEAL programming to address needs in the region.

County-line and Playa Drain Trail: The Health Foundation commissioned a master plan for a county-line to county-line trail in 2017. Completed in 2018, the plan considers demographic, economic, and health-related trends to support investing in a trail system that will serve the region, especially in areas that have traditionally been underserved. The plan also includes recommendations to implement the plan, including the establishment of a trail corporation. The full report can be accessed here: <https://www.pasodelnortetrail.org/>. in 2017 and 2018, the Health Foundation completed the construction of 3.4 miles of the trail on the Playa Drain from Ascarate Park to Riverside High School.

Why are healthy eating and active living important?

Healthy Eating

When it comes to improving nutrition, a complete approach is required. Not only do people need to consume a diet rich in nutrients, but they also need to consume the amount of energy (calories) their body needs. Caloric overconsumption leads to obesity, which leads to a multitude of other health problems including increased risk of type 2 diabetes, heart disease, stroke, hypertension, osteoarthritis, sleep apnea, asthma, some cancers, gallbladder disease, high cholesterol, pregnancy complications, psychological difficulties and disorders, and premature death (Office of the Surgeon General, 2001).

Regardless of weight, a high-quality diet can combat many chronic diseases. Of the important components to a healthy diet, consumption of fruits and vegetables is especially poor. Less than 25% of Americans consume the recommended amounts of fruits and vegetables (even fewer achieve that goal in the Paso del Norte region). Fruit and vegetable intake are important because of the inverse relation between intake and cardiovascular disease (Oude Griep 2011; Joshipura, 2001; He, 2006; Wang, 2014), type 2 diabetes (Carter; 2010), some cancers (World Cancer Research 2007), and all-cause mortality (Bellavia, 2013; Wang, 2014).

Active Living

Active living involves two important and distinct components: being physically active and minimizing sedentary time.

Physical activity can be defined as movement that enhances health (US DHHS, 2008). In addition to reducing the risk of cardiovascular disease, type 2 diabetes, and some types of cancers, physical activity strengthens bones and muscles, improves mental health and mood, and increases chances of living longer (Physical Activity Guidelines Advisory Committee, 2008). Current recommendations for physical activity are at least 60 minutes per day for children (including aerobic, muscle strengthening, and bone strengthening activities) and, for adults, at least 150 minutes per week of moderate to vigorous aerobic activity plus muscle-strengthening activities 2 days per week (US DHHS, 2008).

Sedentary behavior, or physical inactivity, includes sitting, watching television, reading, playing video games, and using a computer. Health scientists are discovering that sedentary behavior can have negative health consequences – even for those who engage in recommended amounts of physical activity. For example, the odds of developing a disability were more strongly related to sedentary time than to time spent in moderate or vigorous physical activity (Dunlop, 2014). Another study found that the negative effects on fitness levels of about 6 hours of sedentary time were similar in magnitude to the beneficial effects of one hour of exercise (Kulinski, 2014). In fact, the World Health Organization has warned that sedentary lifestyles could be one of the ten leading causes of death (WHO, 2002).

The importance of combating bias against obesity, healthy eating, & active living

Even though the majority of Americans are either overweight or obese, weight bias is common in U.S. society, with weight discrimination affecting as many people as racial discrimination (Andreyeva, 2008). Weight bias leads to discrimination in employment, education, health care, the legal system, and the media (Puhl, 2009; Schvey, 2013). Weight bias can lead to negative psychological outcomes such as reduced self-esteem, negative body image, binge eating, anxiety, depression, and suicidality (Friedman, 2008; Puhl, 2007; Schvey, 2011). In addition to psychology consequences, there is evidence that weight bias induces negative biological consequences including arterial pressure (Major, 2012), glycemic control (Tsenkova, 2011), cortisol levels (Schvey, 2014), and morbidity (Muennig, 2008). To combat negative health consequences of obesity and create an environment that promotes healthy eating and active living, we must combat weight bias.

Healthy Food Access

The term food desert refers to an area where people do not have ready access to fresh, nutritious, and affordable food. The specific definition changes for different purposes, but typically takes into consideration income level, distance to a grocery store, and access to a vehicle.

More specifically, the USDA, Treasury, and Health & Human Services have defined a food desert as a census tract that meets low-income and low-access thresholds (AMS-USDA, 2014):

1. They qualify as "low-income communities", based on having:
a) a poverty rate of 20% or greater, OR b) a median family income at or below 80 percent of the area median family income;
AND

2. They qualify as "low-access communities", based on the determination that at least 500 persons and/or at least 33% of the census tract's population live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).

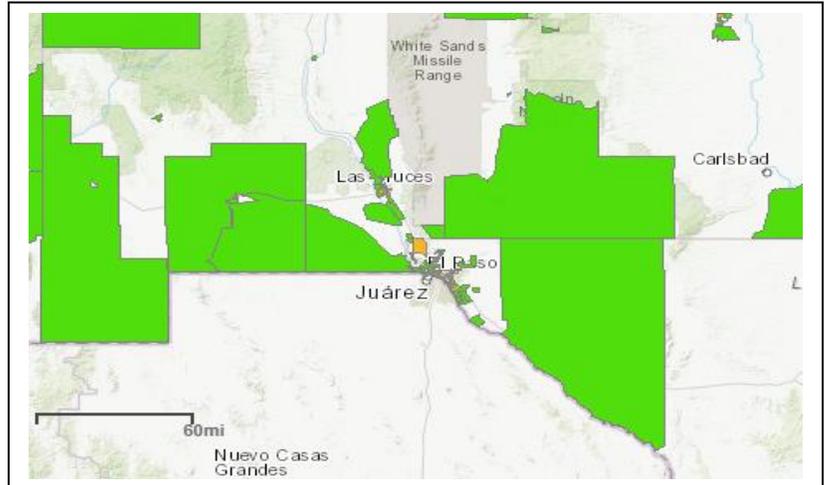


Figure 1: Food desert designations for the Paso del Norte region 2015 (data available for US only). Green sections = "low-income" and "low access" at 1 mile from a supermarket or large grocery store in urban areas. Orange area + green areas combined = same definition but 1/2 mile distance in urban and 10 mile distances in rural areas. (<http://www.ers.usda.gov/data-products/food-access-research-atlas/>)

As shown in Figure 1, all or most of Hudspeth, Luna, and Otero counties are considered food deserts, as are significant portions of the El Paso and Las Cruces areas. Although there are some data that indicate lower income level is associated with decreased access to healthier foods, and it seems logical that decreased access to healthy food would result in consumption of a less healthy diet, the scientific evidence is mixed. In fact, one recent pilot study of the impacts of opening a new grocery store in a food desert showed no change in fruit and vegetable intake or BMI (Cummins, 2014), highlighting the need for comprehensive approaches that target not just availability but also additional strategies to increase purchases and consumption of healthy foods, while keeping in mind the economic impact on low-income residents in targeted areas.

The Built Environment: Trails

The built environment includes all physical elements of where people live, including homes, buildings, streets, open spaces, and infrastructure. The built environment influences residents' behavior around physical activity and sedentary behavior. Factors such as urban sprawl (uncontrolled expansion), lack of sidewalks, and lack of walking and biking paths has a negative association with physical activity and health (Sturm, 2004, Centers for Disease Control, 2011). In contrast, connectivity (the ease of moving between households and destinations) has been associated with physical activity (Frank, 2005). Adding trails into neighborhoods and communities increase opportunities for residents to walk or bike for daily activities, such as shopping or going to school, and recreation.

Theory of Change and Collective Impact

Social-Ecological Model

Although individuals are responsible for their own choices and behaviors, those choices can be largely influenced by the social and physical environment in which they live. Healthy eating and active living exist along a continuum that includes individual choices and behaviors, but also the environment within a person's family and social network, organizations in which they function (school, work, etc.), the broader community, and the region in which they live. Focusing efforts to increase healthy eating and active living to just one aspect of the continuum without making changes across the entire continuum are less likely to be successful and sustainable long-term. Therefore, the approach of this strategic plan will use the concept of modified social-ecological model and employ strategies across all five levels of the continuum (2).

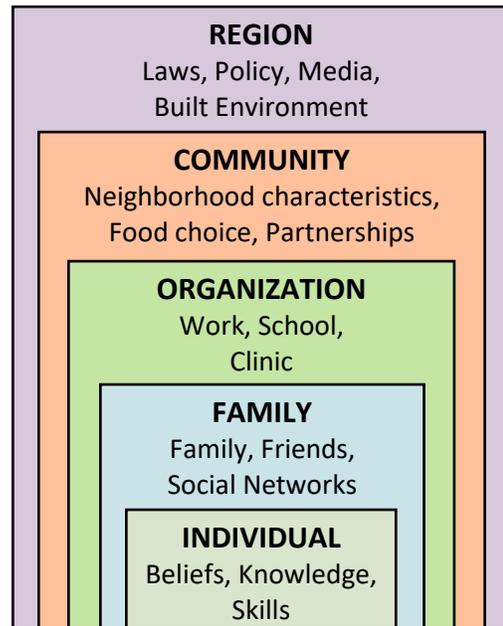


Figure 2: The above adapted Social-Ecological Model addresses the dynamic interplay between individuals and their environments

Collective Impact

For the HEAL initiative to achieve significant success in increasing healthy eating and active living on a large scale across the Paso del Norte region, the model of Collective Impact will be employed (3).

For the HEAL initiative to have Collective Impact, the following five conditions will be met:

- **Common Agenda:** All participants have a shared vision for change that includes a common understanding of the problem and joint approach to solving it.
- **Shared Measurement System:** Collecting data and measuring results consistently at the community or regional level across all organizations will ensure efforts are aligned with the Common Agenda.

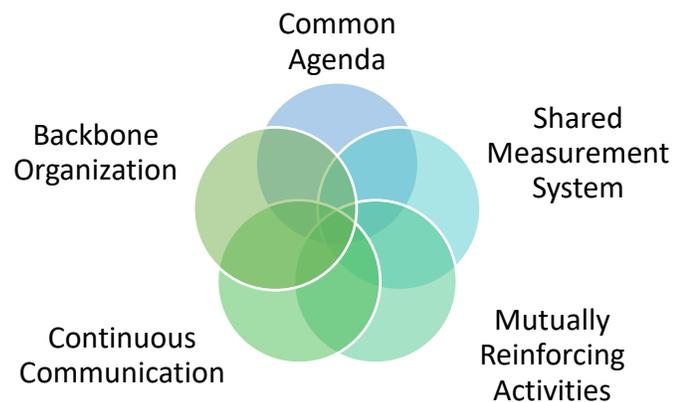


Figure 3: Core Conditions of Collective Impact

- **Mutually Reinforcing Activities:** Activities of a diverse group of stakeholders will be coordinated through a mutually reinforcing plan of action.
- **Continuous Communication:** Building relationships and developing trust among stakeholders will be achieved through consistent and open communication to assure mutual objectives.
- **Backbone Support Organization:** The IHL serves as the backbone organization for the HEAL Collective Impact initiative. This supporting infrastructure supports the overall effort to improve HEAL within the Paso del Norte region. This includes casting a vision, motivating partners, creating a sense of urgency, planning, managing, and supporting the initiative through facilitation, technology support, data collection and evaluation coordination, and logistical and administrative coordination. The IHL ensures the other elements of Collective Impact are present and robust.

Data

Chronic disease trends and indicators related to physical activity and fruit and vegetable consumption can be found in Appendix A. These data and other data trends related to healthy eating and active living can be found on the Healthy Paso del Norte website: <http://www.healthypasodelnorte.org/>.

Evaluation of healthy eating & active living programs and initiatives

Any effort to improve healthy eating and active living must be conducted with appropriate evaluation to determine if the intervention is having the intended impact and to inform future efforts. In some cases, traditionally used evaluation methods can lead to meaningless or false conclusions (Schoeller, 2013). For example, using self-reported food intake to assess total energy (calorie) intake has been shown to be invalid due to substantial biases and inaccuracies (Schoeller, 1990; Trabulsi, 2001; Scagliusi, 2008). Methods of evaluation require a balance of accuracy, cost, and feasibility, as well as invasiveness and risk to the recipients of the intervention.

When the 2015 Strategic Plan was written, the Health Foundation was interested in strong evidence that funded programs were impacting obesity in the region. This evaluation approach is complex and costly; therefore, there was agreement that evidence on nutrition would suffice. This level of evaluation is still complex and expensive. Rather than look outside the region for evaluators, the Health Foundation determined that building local expertise and capacity was more sustainable. The IHL was established for the chief purpose of evaluating HEAL programs. While some HEAL funded programs are ready for this level of evaluation, many are not. Therefore, evaluation from 2019 to 2021 will be conducted with an emphasis on program improvement versus experiments that collect strong evidence of effect. These evaluations be able to answer questions such as: 1) Does the program meet best practice standards? 2) What is the cost to deliver a school garden program and 3) How can we improve and expand policy work? The IHL evaluates a minimum of three grantee programs a year in coordination with the Health Foundation. The IHL assesses specific project elements and provide intervention specific evaluation reports. The IHL works also works with all grantee partners to ensure the optimal

evaluation approaches used through workshops and individual technical assistance to organizations.

Funded programs that are not being evaluated by the IHL are assessed through verification of progress by grantees and Health Foundation staff. Grantees submit reports describing the program successes and challenges as well as lessons learned. Health Foundation staff observe grantee programs noting examples of successes and challenges. Staff and grantees have the opportunity to reflect on lessons learned together.

Planning Process

Communities in the U.S. have implemented comprehensive HEAL program and policy initiatives with the focus of improving nutrition and physical activity. The IHL conducted a scan of communities, states, and other foundations with HEAL initiatives. Fourteen initiatives, including 11 communities, two foundations, and one research center were identified. The programs within each initiative were catalogued in a spreadsheet (Appendix B). The long-term underlying goal of many of these initiatives is to improve health and decrease the prevalence of obesity and chronic diseases, such as diabetes and heart disease. Each community has its own unique strategies; however, there are some common themes. Cooking and nutrition classes, farmer's markets, community gardens and associated local food promotion efforts, and school nutrition are common strategies. In active living, a focus on the built environment and physical activity and schools are common.

Systems Mapping

This strategic plan incorporated input from partners using a systems mapping approach. A systems map is a resource for identifying variables in a complex system and looking at how they interact and influence behaviors (Grantmakers for Effective Organizations, 2016). Foundation staff first engaged members of the Institute for Healthy Living's Scientific Advisory Board. These members are national experts in the areas of nutrition and obesity. Participants were asked to write variables that influence eating fruits and vegetables on post-it notes. Responses were grouped into common categories. Later, the responses were placed on a map, first by hand, and later through mapping software. Informally, four categories emerged: Access/Availability, Cooking at Home, Schools, and Workplaces.

Foundation and IHL staff conducted two focus groups, one in El Paso and one in Las Cruces to assist in the planning process.

Participants were provided copies of the systems map and were asked to note gaps in strategies listed on the map, and based on their experience, provide their assessment of gaps in the community.

Themes from the El Paso focus group are listed below:

- Appropriate messaging around nutrition is lacking in the community. There is incorrect information about nutrition, and even physicians may provide incorrect information to patients.
- Referrals to nutritionists and dietitians does not happen as frequently as needed, and there is a shortage of registered dietitians.
- Improve messaging about portion control. This has not been a major focus of the initiative.
- Individuals with chronic diseases are many times lacking the resources, knowledge, and skills to adequately manage their disease.

Themes from the New Mexico focus group are listed below:

- Messaging/education around portion control to businesses and the public is needed.
- Incorporate cooking healthy foods within cultural norms.
- Increased access to fruits and vegetables, but without increasing price. New Mexico has “Double your Bucks” SNAP benefits and WIC vouchers at Farmers Markets.
- Schools have policies about not selling unhealthy foods for fundraisers, but few enforce the policy.
- Doctors can be partners by writing prescriptions for fruits and vegetables that can be taken to food pantries (Veggie Rx program).
- Many resources are available to promote nutrition. Extension offices are good partners with resources that they can share.

HEAL Goals, Objectives, and Strategies 2021

The overarching goal of the HEAL priority area is to make healthy eating and active living the easy choice for all people in the Paso del Norte region.

The Health Foundation will guide the following goals, objectives, and strategies for HEAL. HEAL-funded projects and programs of the Health Foundation will be aligned with these goals and strategies but will likely have their own objectives that will be monitored by the grantee organization, IHL, or the Foundation as described in the Evaluation section.

Goal 1: Increase fruit and vegetable consumption and improve portion control.

Goal 2: Increase physical activity and decrease sedentary behavior.

Goal 3: Create an environment that supports healthy eating and active living

Goal 4: Achieve long-term sustainability of the Paso del Norte Institute for Healthy Living and HEAL initiative.

Objectives and strategies fall into four content areas: nutrition and physical activity, built environment, the Institute for Healthy Living, and diabetes.

Nutrition and Physical Activity

Objective 1: Issue grants to help organizations improve nutrition and physical activity in 2020 and 2021.

Strategies: Conduct open RFP's focusing on increasing fruit and vegetable consumption, improved portion control, increasing physical activity, or decreasing sedentary behavior. Examples include: programs that increase access to or opportunities to obtain, prepare, and consume healthy food and programs that provide increased opportunities for physical activity or decreased sedentary behavior. Some grants will may also address organizational or systems level changes. While the scope of the RFP programming criteria will remain broad, attention will be paid to how programs work together to create change. The IHL will provide technical assistance to applicants and grantees in identifying best practice programming and evaluation.

Objective 2: Lead active and engaged HEAL coalitions and workgroups to promote programs and policies to improve health and empower residents to be more active and have access to nutritious foods through 2021.

Strategies: Support IHL and El Paso Healthy School Coalition in implementing a policy agenda to strengthen school district policies to improve recess, school nutrition and advocate for Safe Routes to Schools activities and joint use agreements through 2021.

Support the IHL and partners to lead Healthy Food Financing Initiative implementation in El Paso County and related programming by HEAL coalitions.

Objective 3: Develop and deploy sustainable, evidence-based programs that improve nutrition or physical activity.

Strategies: Support IHL as it grows it repertoire of program offerings, including Sabrosa Vida, Practical Obesity Management, Exercise Toolkit for Patients with Obesity, and Healthy Celebrations, and makes plans to sustain them.

Built environment

Objective 4: Establish a non-profit trail corporation to work with community leaders to develop the county-wide Paso del Norte Trail by 2020.

Strategies: Establish an advisory board to recommend governance and organizational structure for the formation of a Paso Del Norte Trails non-profit.

Make grant for operating expenses to Trail Corporation and monitor progress.

Objective 5: Complete design of Phase II of the Playa Drain Trail by 2020.

Strategy: Monitor contract of the design of the Playa Drain Trail segment from Riverside High School to Ysleta High School.

Objective 6: Recommend an RFP process for programming along the Paso del Norte Trail by 2020.

Strategy: Learn about trail programming in other communities to guide recommendations for a separate RFP process for trail programming.

Institute for Healthy Living

Objective 7: Support the Institute for Healthy Living at UTEP through 2021.

Strategies: Monitor IHL grant objectives and provide technical assistance to staff as needed and provide support as UTEP as they plan for the long-term sustainability of the IHL and write grant proposal for funding in 2020-21. Fund IHL through 2021 and monitor progress.

Specific IHL projects through 2021 include: Professional development and technical assistance to community providers in obesity management and treatment; food access policy and program alignment and oversight; school health coalition facilitation and technical support; and providing technical assistance, content expertise, and evaluation support to HEAL grantees.

Diabetes

Objective 8: Understand strengths, weaknesses, and gaps in type 2 diabetes prevention and management by 2020.

Strategies: Lead the El Paso Diabetes Leadership Council in the commission of a regional diabetes assessment that also provides strategies for implementation.

Select and fund some of the recommended strategies.

Work closely with the El Paso Diabetes Association to build their capacity.

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Appendix A: HEAL Data

Figure 1: Adults Who are Obese in the Paso del Norte Region (U.S. only), 2016.

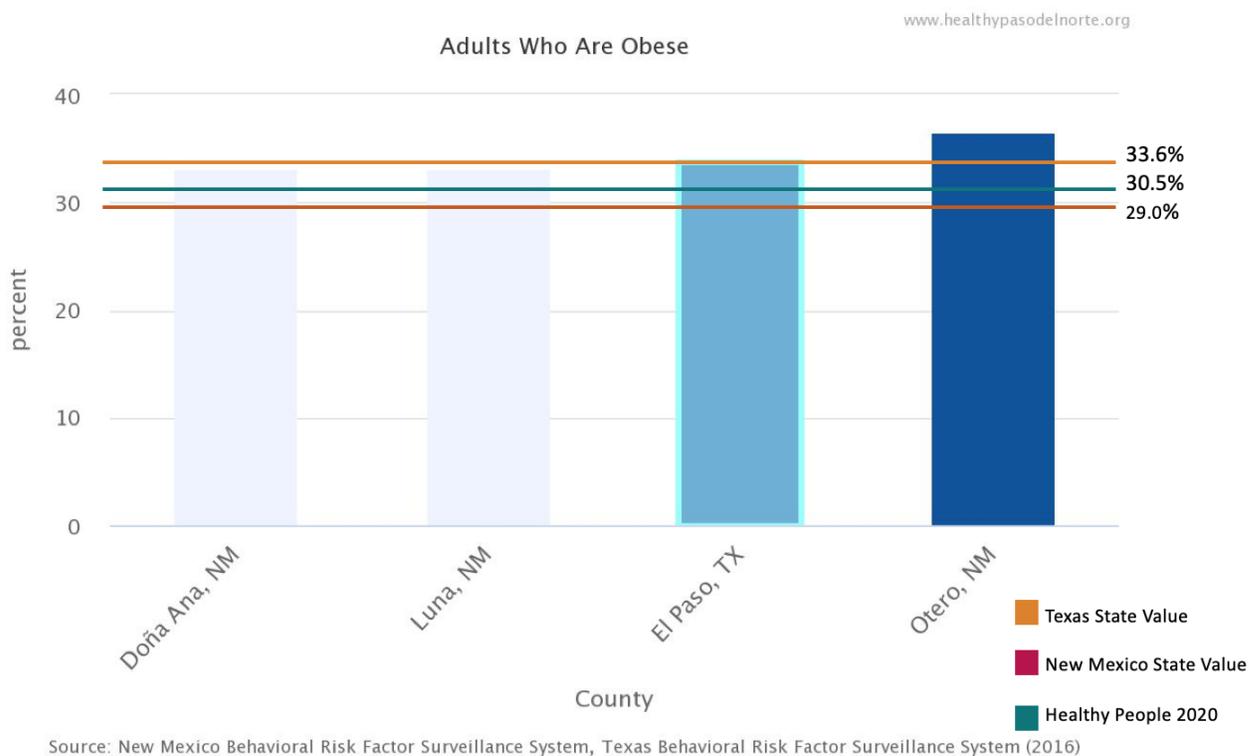


Figure 2: Adults Who are Obese, El Paso County, 2011-2016.

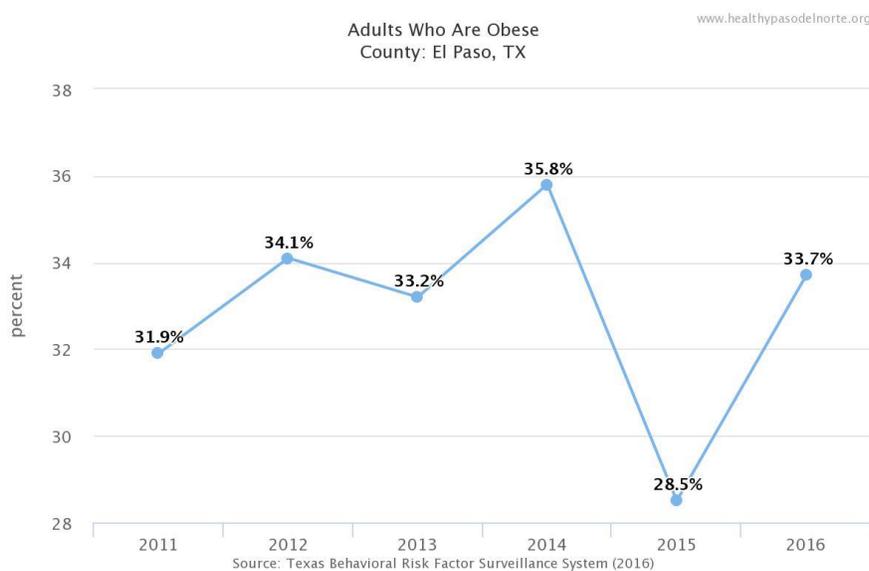


Figure 3: Adults Who are Obese, Doña Ana County, 2012-2017.

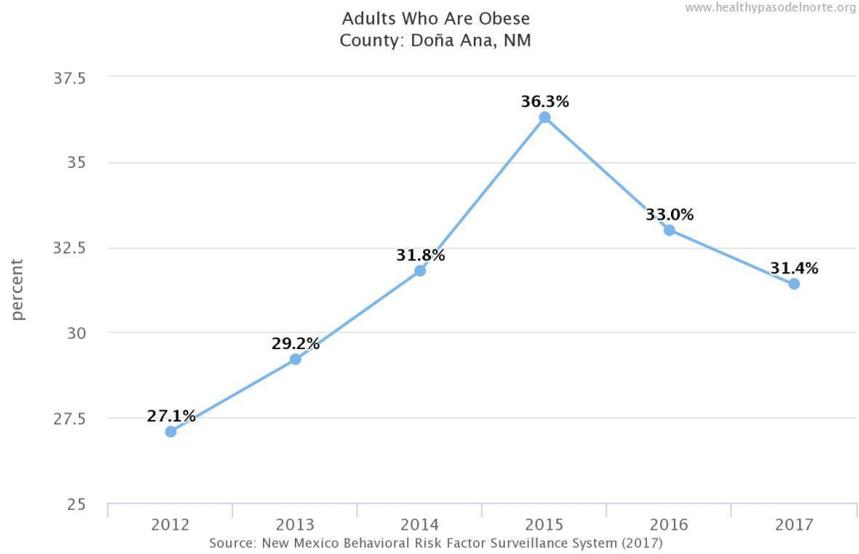


Figure 4: Adults with Diabetes, Paso del Norte Region (U.S. only), 2016.

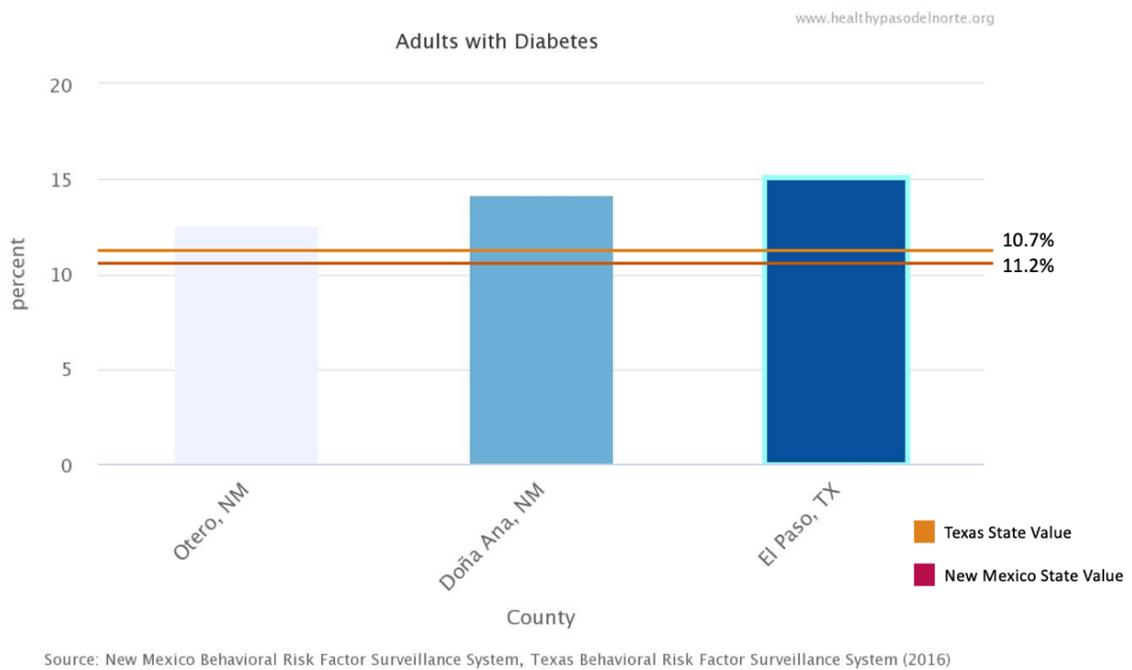


Figure 5: Adults with Diabetes, El Paso County, 2011-2016.

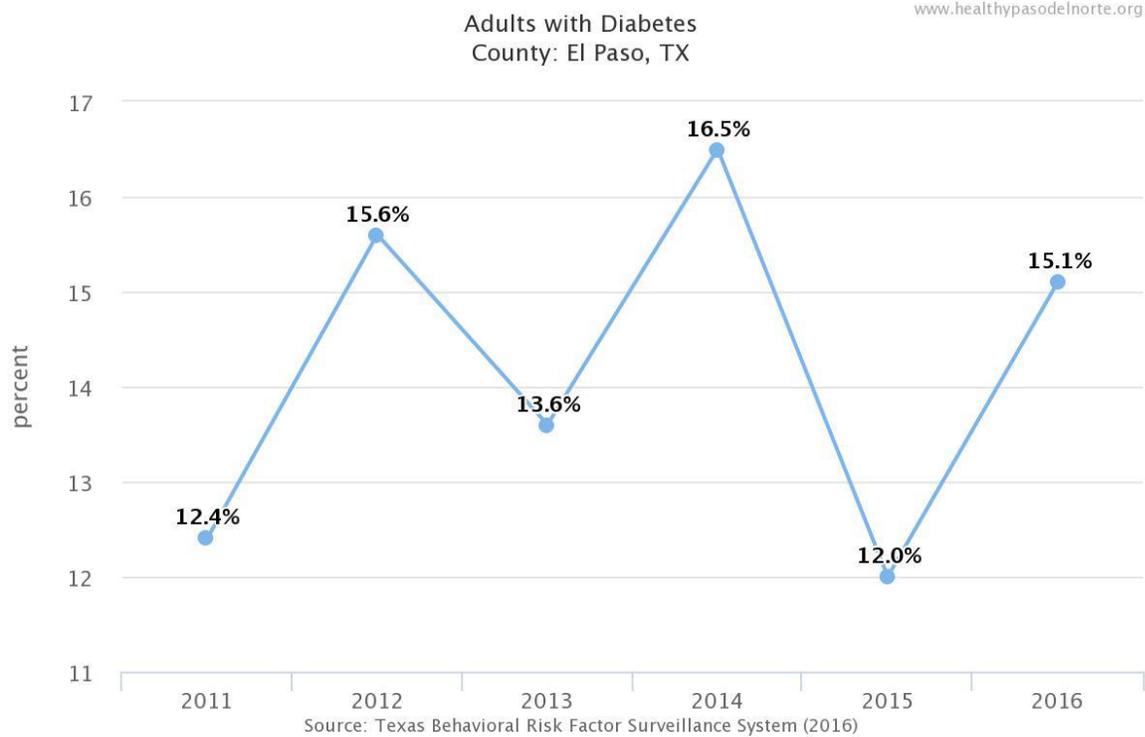


Figure 6: Adults with Diabetes, Doña Ana County, 2012-2017.

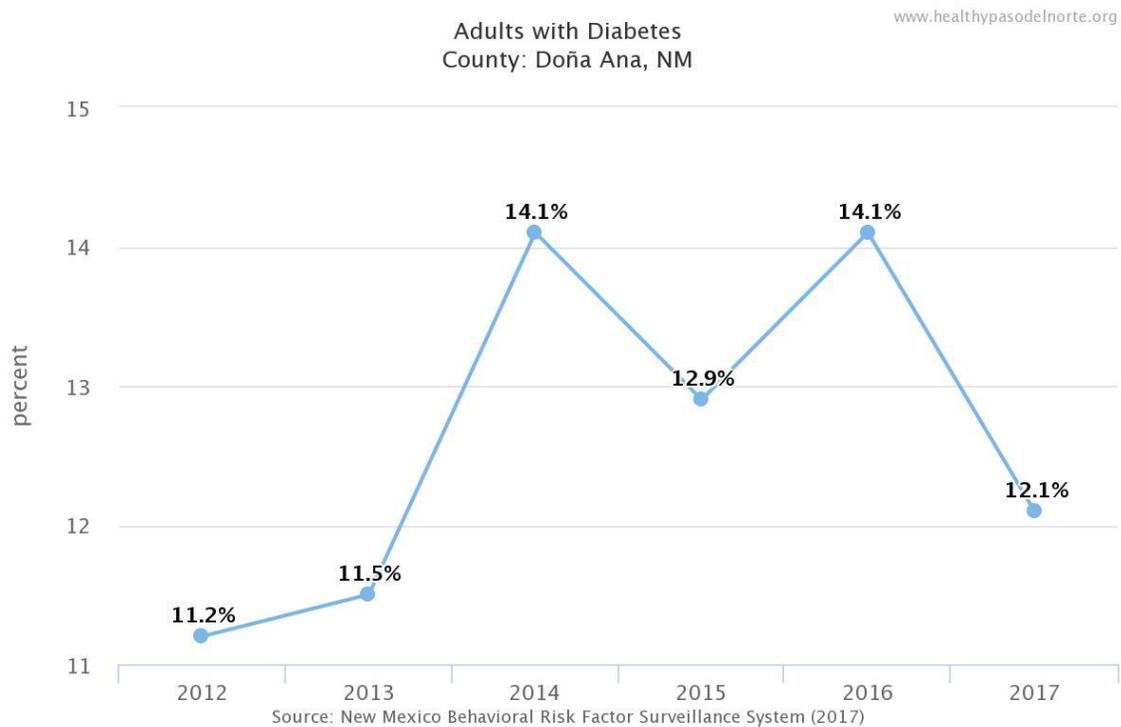


Figure 7: Adults Engaging in Physical Activity, Paso del Norte Region (U.S. only), 2016.

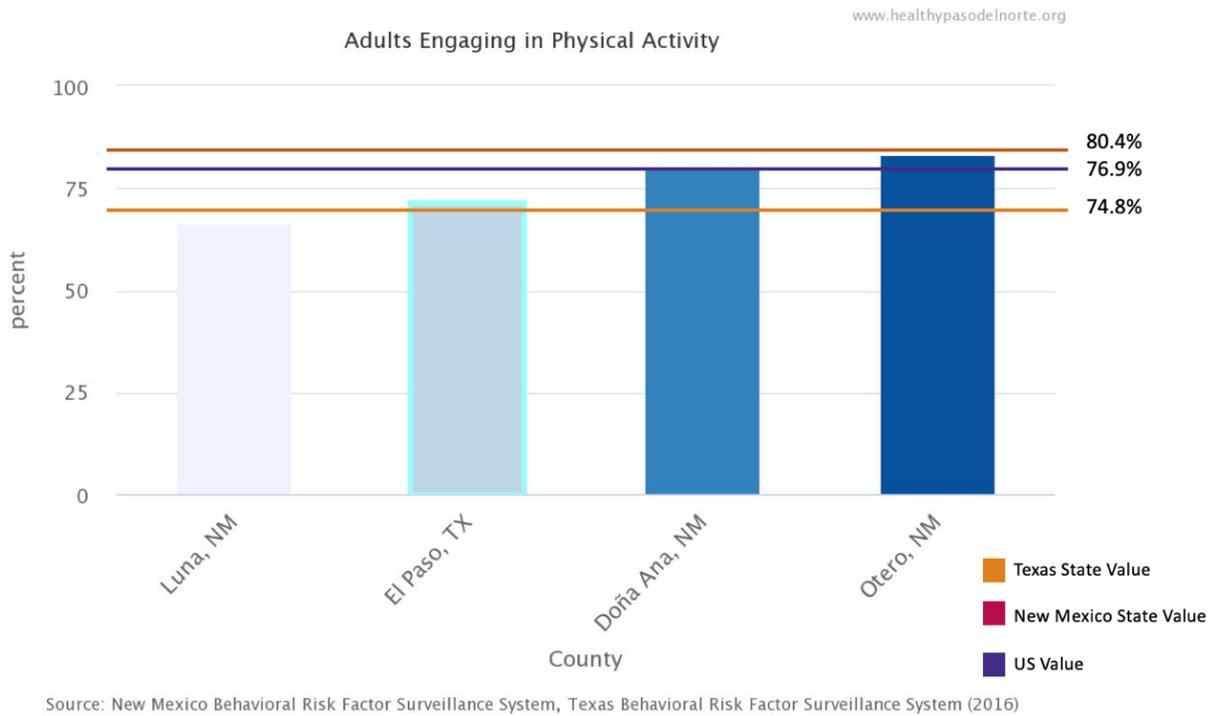


Figure 8: Adults Engaging in Physical Activity, El Paso County, 2011-2016.

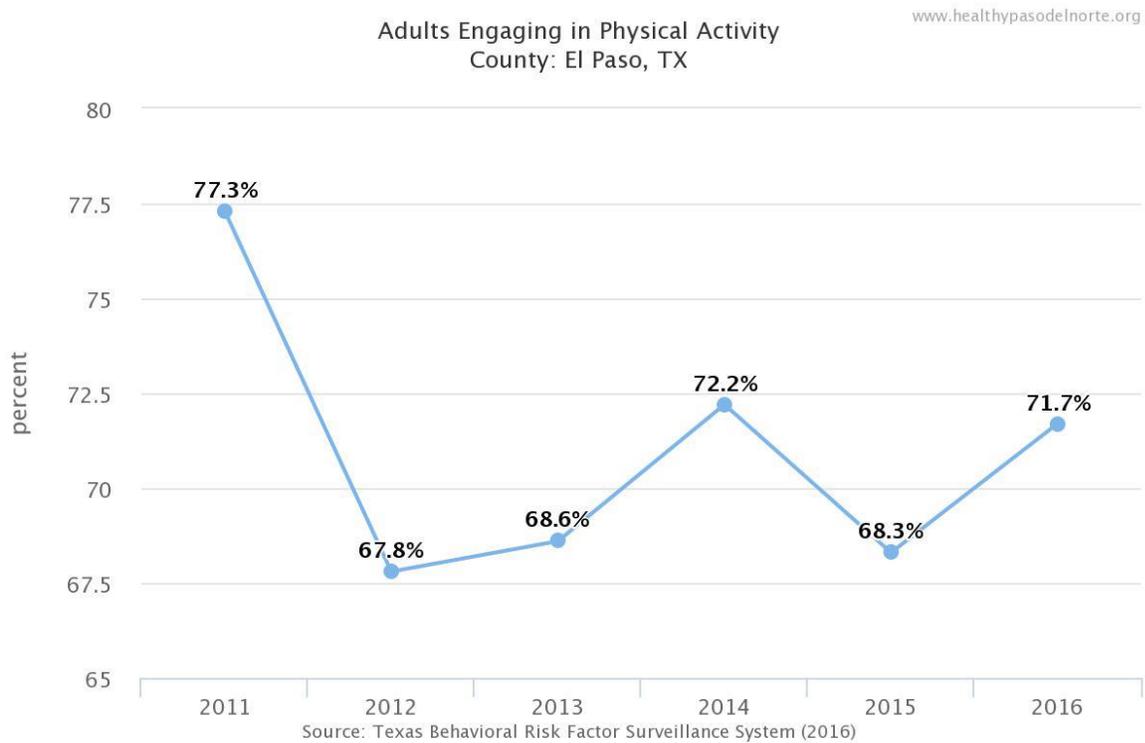


Figure 9: Adults Engaging in Physical Activity, Doña Ana County, 2012-2017.

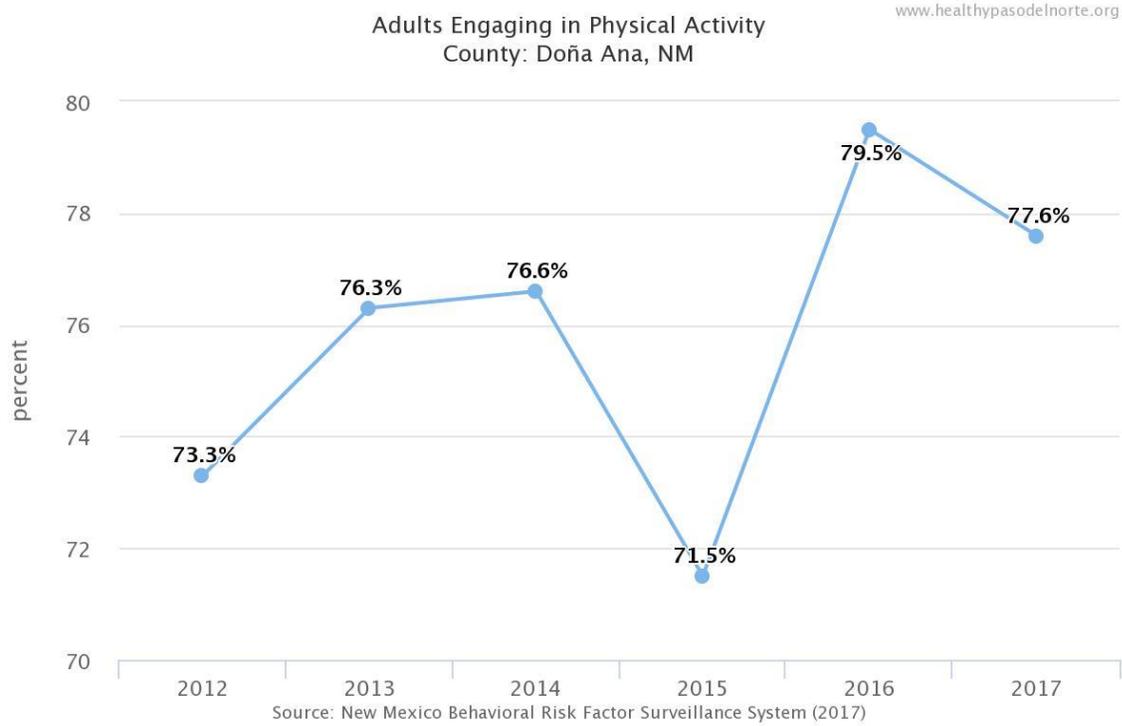


Figure 10: Adult Fruit and Vegetable Consumption, El Paso County, 2011-2015. (New Mexico data not available).

