Chronic Disease Prevention
(Obesity and Diabetes)

Situation Assessment
Reduction of risks for chronic diseases especially obesity, diabetes, hypertension, renal disease and cancer through early detection, preventive care and integrated disease self-management (DSM) coupled with community disease self-management is critically important to reduce and prevent the current epidemic in the United States. This is especially important to address the most vulnerable and most at risk—persons living along the US/Mexico Border. Early intervention is imperative i.e., 1.) allowing funds for prevention and wellness services and/or pilot projects on US/Mexico border in the Women, Infant and Children’s Program (WIC) and in the Supplemental Nutrition Assistance Program (SNAP); 2.) a SNAP policy change to only allow nutritious foods and health education for participants; 3.) institutionalize the Bienestar (well being) curriculum as a public health/school health obesity reduction model along the US/Mexico Border; 4.) reduce chronic disease risks through targeted high risk family focused DSM interventions; 5.) integrate DSM along with mental health into primary care and 6.) make healthier foods more affordable and accessible to high risk vulnerable populations.

Background
In Laredo (and other US/Mexico Border communities), obesity is an epidemic: 78.2% of males and 72.2% of females and 30% of primary school children are overweight. Also, Laredo has a disproportionate rate of Diabetes Mellitus (DM) (16% prevalence with 60 persons dying each year and 54% of deaths in women due to cardiovascular disease). More than 30% of pregnant women in Laredo have gestational diabetes and there is a 10% rise in hypertension and pregnancy in women under twenty-five (25) years of age. Furthermore, Mexican-American children in particular are at increased risk for developing adult onset diabetes. The National Center for Health Statistics reported that Mexican-American children are about twice as likely to be obese than other groups; the proportion of obese children in the 6-11 years of age group continues to increase since 1999. Finally, the US/Mexico Border population is aging increasing the risk to develop unmanageable chronic diseases. The health care economic impact of these issues, emerging continued risk of malnutrition, inadequate access to affordable and accessible healthier foods, lack of exercise and lack of early access to care and screening is overwhelming.

Potential Solutions
1. Fund WIC Healthy Learning Center Pilots to address obesity through the implementation of a Bienestar Early Childhood curriculum, healthier eating and exercise.
2. Implement the NIH evidenced based Bienestar School Based Health Program in public schools.
3. Provide support for family focused and community oriented DSM to address diabetes, physical activity, smoking sensation, cholesterol and high blood pressure on the US/Mexico border using the Laredo Health Department Healthy Living/Viviendo Mejor Model.
4. Provide access to healthier and affordable foods and incentivize grocers and merchants that promote healthier foods especially those in high risk and poor neighborhoods.

5. Change the SNAP policy to only allow nutritious foods and mandate nutrition and wellness education upon entitlement similar to WIC.

6. Develop policy to integrate DSM into primary care along with mental health support

**Progress**
Discussed WIC pilot with past Undersecretaries for Food and Nutrition. Funding through ACA is a start but not equitable for underserved communities especially those served through public health. SNAP policy change has been discussed but no agreement reached.

**Target Agencies**
United States Department of Agriculture (USDA)
United States Health and Human Services (Office of Global Affairs, Office of the Americas)
Health Resources Services Administration (HRSA)
Centers for Disease Control and Prevention (CDC)
National Institute of Health (NIH)
US Department of Education (school based programs)
Environmental Protection Agency (EPA)
Centers of Medicare and Medicaid Services

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