The Children's Healthy Living (CHL) Program for Remote Underserved Minority Populations in the Pacific is a comprehensive program among partners in the U.S. Affiliated Pacific to build capacity and catalyze policy change to prevent young child obesity. The program targets young children aged 2-5 years living in remote underserved minority regions across the Pacific Region.

### Objectives

**Objective 1.** Conduct program/data inventories and situation analysis (SA) using community-based participatory approaches to identify culturally and economically sustainable approaches to affect healthy food intake and physical activity of children.

**Objective 2.** Train 22 current and future professionals and para-professionals in childhood obesity prevention.

**Objective 3.** Develop a Pacific food, nutrition, and physical activity data management, monitoring and evaluation system pertinent to young child obesity.

**Objective 4.** Develop and conduct an environmental intervention to prevent, maintain or decrease young child overweight and obesity in the Pacific Region.

**Objective 5.** Evaluate the community-based environmental intervention against target outcomes for young child overweight and obesity (decrease by 8%); and its functional outcomes.

**Objective 6.** Use Pacific food and nutrition, and physical activity data and intervention information to inform at least one "environmental" policy change per state/jurisdiction.

### Methods

**Training Program (TP)**
- 21 degree candidates, enrolled in or graduated from undergraduate and graduate programs, received the CHL Scholarship to study at Univ. Hawaii, Univ. Guam, and Univ. Alaska.
- Student focus areas include public health, nutrition, and agricultural systems.
- Learning Outcomes and Competency areas for the TP were developed.

**Data Center (DC)**
- 24 month measurement data collection begun for all Obj. 5 variables.
- Data entry systems developed/modified to inform future data management, monitoring, and evaluation.
- Community reports featuring information from baseline (BMI category, diet intake, physical activity, screen time, and sleep duration) were distributed in each jurisdiction.
- Networking and building partnerships within each jurisdiction to develop sustainable obesity prevention monitoring activities and data systems.
- Conducted child health prevalence survey in the US Freely Associated States (FAS).
- Ongoing quality assurance of data collection including anthropometry and data management.

**Intervention (INT)**
- A multilevel community randomized controlled intervention (INT) was developed using the ANGELO model, building on preferences and assets identified by communities and drawing from evidence-based literature.
- INT quality assessment (QA) was completed and showed that activities being conducted are well received within each community.
- INT focus shifting to facilitating optimized intervention in control communities and continuing to track and implement activities in the INT communities.

### Results

**Training Program**
- Four CHL Trainees graduated from University of Hawaii - Spring 2014 and 2015: MPH, (2) PhD Nutrition, MS Nutrition.
- Two distance Pacific introductory nutrition courses offered to CHL TP. CHL staff in FAS, and other UMH students - 96 Students enrolled from Hawaii, Yap, Pohnpei, Chuuk, Marshall Islands, Colorado, California, and Montana.

**Data Center**
- Baseline/Prevalence data collected for 10 of 11 jurisdictions (11th to be done May 2015).
- Conducted 3 CHL wide and additional Hawaii data entry training sessions.
- Conducted 15 anthropometry standardization (re)training sessions for 24-month assessment; 51 trainees and 172 participants.
- 39 trainees qualified (by Zerfas Criteria) to conduct field anthropometry measurements.
- Modified baseline data entry programs to reflect changes to forms, improve ease-of-use and accommodate new forms outline.

### Conclusion

**CHL Publications**