THE CHILDREN’S HEALTHY LIVING (CHL) PROGRAM FOR REMOTE UNDERSERVED MINORITY POPULATIONS IN THE PACIFIC

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Summary Statement

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.

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 (increase sleep by 15 min/day; increase physical activity by 10 min/day; decrease sedentary behavior [screen time] by 10 min/day; increase healthy eating [fruit and vegetable intake by 1 serving/day, water intake by ½ cup/day]; decrease sweetened beverage intake by ½ cup/day)

Objective 6. Use Pacific food and nutrition, and physical activity data and intervention information to incur 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

• Learning Outcomes and Competency areas for the TP were developed

Data Center (DC)

• Completed Data collection for all Obj. 5 variables and data analysis is continuing

• Data entry systems developed/modified to inform future data management, monitoring, and evaluation

• Conducted child health prevalence survey in the US Freely Associated States (FAS) of Palau, Marshall, Pohnpe, Chuuk, Yap & Kosrae

• Networking and building partnerships within each jurisdiction to develop sustainable obesity prevention monitoring activities and data systems

Intervention (INT)

• A multilevel community randomized controlled intervention (INT) was developed and implemented 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 conducted were well received within each community

• Delayed optimized INT presented, adapted, and implemented in control communities

• Future analysis being conducted to determine INT dose effect, Activity Dose x number of activities conducted x [potential impact x (total number of participants/intended number of participants)]; The Potential impact summary scores were given to estimate Community INT Dose.

• Total Activities by Cross Cutting Function (CCF) CHL Wide: Environment Change 405; Messaging 372; Train the Trainer 254; Policy 86

External Communication (EC)

• Dissemination to the communities through presenting findings to the Local Advisory Committees and other jurisdiction stakeholder organizations

• Community reports on CHL target behaviors (prevalence of overweight/obese, diet, physical activity, sleep, screen time) generated and distributed using baseline data

• CHL website shares information on program; CHL quarterly electronic newsletter provided progress to distribution list of 400

Program Timeline

Community Intervention/ Training Program

Development of Health Monitoring Systems in the Pacific

CHL PROGRAM SUSTAINABILITY ➔ The Future

Research

Education

Extension

Food Security/Availability

1. How much do you think your family spends for food in the last month?
   • Never
   • Seldom
   • Sometimes
   • Most times
   • Always
   • Don’t know

2. How many hours per week do you spend on nutrition activities?
   • Less than 1
   • 10 or less
   • 15 to 20
   • More than 20

3. How many hours per week do you spend on physical activity?
   • Less than 1
   • 10 or less
   • 15 to 20
   • More than 20

Preliminary Intervention Results

The intervention analysis used analysis of variance techniques and community-randomized methods to compare change from baseline to 24 months between intervention and control communities.

• All CHL study group communities experienced a decline in the BMIz score over time.

• The change was larger, but not significantly, in the intervention than the control communities (-0.09 vs. -0.05, p=0.28)

• All communities experienced an increase in waist circumference (not adjusted for age).

• The increase was smaller in intervention than in control communities and the difference is borderline significant (0.17 vs. 0.90 cm, p=0.06)

• Intervention communities reported a decline in screen time (i.e., TV or computer activities), while control communities reported an increase (-0.04 vs. 0.05 hrs/day, p=0.11)

• No difference in sleep duration was observed among CHL study communities

• Analysis of change in physical activity and food targets are underway

Conclusion

• Outputs include: 10 Peer Reviewed Publications, 28 Posters, 32+ Oral Presentations (Over 41 Events with CHL representation)

• 24 month data collection concluded, with data entry almost complete

• Ongoing curricular development and sustainability efforts are being written into training grant proposals and existing curricula (CHAP, CHL-SI, Multistate grant)

• Sustainability efforts ongoing for data and CHL INT dissemination dashboard and obesity surveillance.

• Alignment of CHL program goals with local community programs, resources, and attributes

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