Hawai‘i Journal of Medicine & Public Health

November 2013, Volume 72, No. 11, ISSN 2165-8218

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The Pacific Way to Child Wellness: The Children’s Healthy Living Program for Remote Underserved Minority Populations of the Pacific Region (CHL)

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The Cancer Center Connection is a standing column from the University of Hawai’i Cancer Center and is edited by Carl-Wilhelm Vogel MD, PhD; HJMPH Contributing Editor. Dr. Vogel is professor and former director of the University of Hawai‘i Cancer Center and has been the editor of this column since 2001.

The Children’s Healthy Living Program for Remote Underserved Minority Populations of the Pacific Region (CHL) is a partnership among land grant colleges in the US Affiliated Pacific region. The jurisdictions in the CHL partnership are American Samoa, Alaska, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Guam, Hawai‘i, the Marshall Islands, and Palau.

CHL responds to a recent regional declaration of emergency, as was similarly declared globally by the United Nations, due to the high prevalence of non-communicable chronic diseases (especially diabetes, heart disease, and cancer) and the important relationship that obesity has to all of these conditions. It was recognized that poor diet and low levels of physical activity in early life was linked to development of these often preventable conditions. It was further recognized that monitoring of these factors and conditions was lacking and was needed. Few data on diet, physical activity, obesity, or other health indicators are available in the Pacific region, especially for children. National and international nutrition and health monitoring systems do not include children from the US Affiliated Pacific region which includes the states of Hawai‘i and Alaska.

Thus, data to guide resource allocation, programs and policy actions are needed to curb the epidemic of non-communicable chronic diseases.

CHL builds on several prior initiatives. In 2001 a Pacific Islands Initiative with funding from a USDA Agricultural Development of the American Pacific project grant (Hashimoto: 99-38826-7854). In 2004, a USDA National Research Initiative grant (Novotny: 2004-35215-14252), the Healthy Living in the Pacific Islands: Healthy Pacific Child Project, emerged from that initiative, providing child obesity prevalence data for the Commonwealth of the Northern Mariana Islands; a food based intervention trial, Healthy Foods Hawai‘i; initial development of the Pacific Tracker dietary assessment tool; Child obesity prevalence data were further elaborated and the Pacific Tracker was further developed in 2008 with the Pacific Kids DASH for Health Study funded by a USDA National Institute for Food and Agriculture grant (Novotny: 2008-55215-18821). Additionally, two sequential NCI grants in 2003 and 2009 (Vogel: U56 CA96254 / Allen: U56 CA96278; Vogel: U54 CA143727 / Whippy: U54 CA143728) to address cancer disparities were developed during this time, between the University of Hawai‘i Cancer Center and the University of Guam, providing further development of obesity information for Pacific Islander adults, and which is developing a food frequency questionnaire for the Mariana Islands, a tumor registry in Guam, and a model of breast cancer risk for Pacific Islanders. The current CHL intervention efforts are also guided by a physical activity and nutrition program that served over 20,000 children in Hawai‘i.

CHL aims to build sustainable community-based systems and environments to raise healthy children in the Pacific Region. Our target group is children age two to eight. In partnership with our community, our mission is to elevate the capacity of the region to build and sustain a healthy food and physical environment to help maintain healthy weight and prevent obesity among young children. Our purpose is to incur change that results in a Pacific environment with an indigenous-led obesity prevention workforce, data systems and information sharing on health of young children, community leaders who model healthy living, and environments and policies that promote child health.

The specific CHL objectives and responsible CHL team units are:

1. Compile program and data inventories and conduct a situation analysis of Pacific communities (Situation Analysis Center)
2. Train 22 Pacific professionals & paraprofessionals in obesity prevention in formal degree programs ranging from Associates to Doctorates (Training/Education Center)
3. Develop Pacific food, nutrition and physical activity data management and evaluation system (Data and External Communications Centers)
4. Develop and conduct an environmental intervention to prevent, maintain or decrease young child overweight and obesity in the Pacific Region (Intervention Center)
5. Evaluate the community-based primary prevention environmental intervention (Data Center)
6. Incur at least one obesity prevention policy change per jurisdiction (Program Steering Committee and External Communications Center)

The CHL management structure includes an External Advisory Committee of international experts, Local (Jurisdiction) Advisory Committees of community leaders, a Program Steering Committee composed of CHL Co-investigators, and a CHL Coordinating Center that includes Situation Analysis, Data, Intervention, Training/Education, and External Communications Centers (Figure 1).

Our methods involve partnership among and support of leaders and role models in Pacific communities to build and sustain a healthy food and physical environment to help maintain healthy weight and prevent obesity among young children. Our methods involve community engagement, systems change, training in degree programs and community workshops, and supporting successful social, cultural, economic, political, and cultural policies.
physical aspects of communities and jurisdictions of the Pacific for enhancing child wellness.

CHL work is occurring in phases beginning with community engagement and selection of communities with a high proportion of indigenous populations for testing effective strategies. We conduct situation analysis of the environment and collect measures of nutritional status, physical activity, sleep, body size, and acanthosis nigricans in young children in the selected communities. An intervention template is developed based on a systematic literature review for effective relevant interventions and the results of the community-specific situation analyses. Interventions are tailored to respond to each jurisdiction’s level of readiness and to fit their cultures and contexts. Jurisdictions work to modify the school, food, and community policies and environments to improve healthy eating and increase physical activity, water intake, and sleep, and to decrease sedentary behaviors and sugar sweetened beverages intake by young children. Efforts are made to build on existing community strengths and to further empower existing leaders and groups to take up the CHL cause — to enhance the environment for child wellness. Formal degree training of two individuals from each jurisdiction is occurring in fields of health sciences, nutrition, nursing, public health, and resource management.

The support of people, community- and evidenced-based intervention activities, data systems and policies is occurring in these communities. Measures of the young children in these communities will allow CHL to identify approaches that showed improvement in child health, which will be disseminated. Please join CHL in supporting Pacific ways to enhance child wellness.

Conflict of Interest
None of the authors identify a conflict of interest.

Acknowledgements
Funding from the Agriculture and Food Research Initiative Grant no 2011-68001-30335 from the USDA National Institute of Food and Agricultural Science Enhancement Coordinated Agricultural Program. We thank the many CHL staff and community partners whose efforts form the Pacific way to wellness.

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References