



Hawai'i Dietetic Association Conference

May 2, 2014, 2:45-3:45pm

Building a Pacific Way to Wellness

Professor Rachel Novotny, Principal Investigator, University of Hawai'i



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



Session Outline

- Overview & Vision for Community Change in the Pacific - Novotny, PhD RDN LDN
- Engaging the Pacific Community - Fialkowski, PhD RDN LDN
- Gathering Data from Remote Underserved Minority Populations of the Pacific - Ettienne, PhD RDN
- Engaging the Pacific Student - Leslie, DrPH RDN LDN
- Building a Pacific Wellness Workforce - Delormier, PhD PDt
- Networking Data, People, Programs and Policies to Support a Pacific Way to Wellness - Novotny, PhD RDN LDN



Session Learning Outcomes

1. Explain Pacific-based strategies that can be applied to clinical, private or community programs to prevent (childhood) obesity
2. Explain skills needed to contribute to positive change in the Pacific

Young children
in the Marshall
Islands



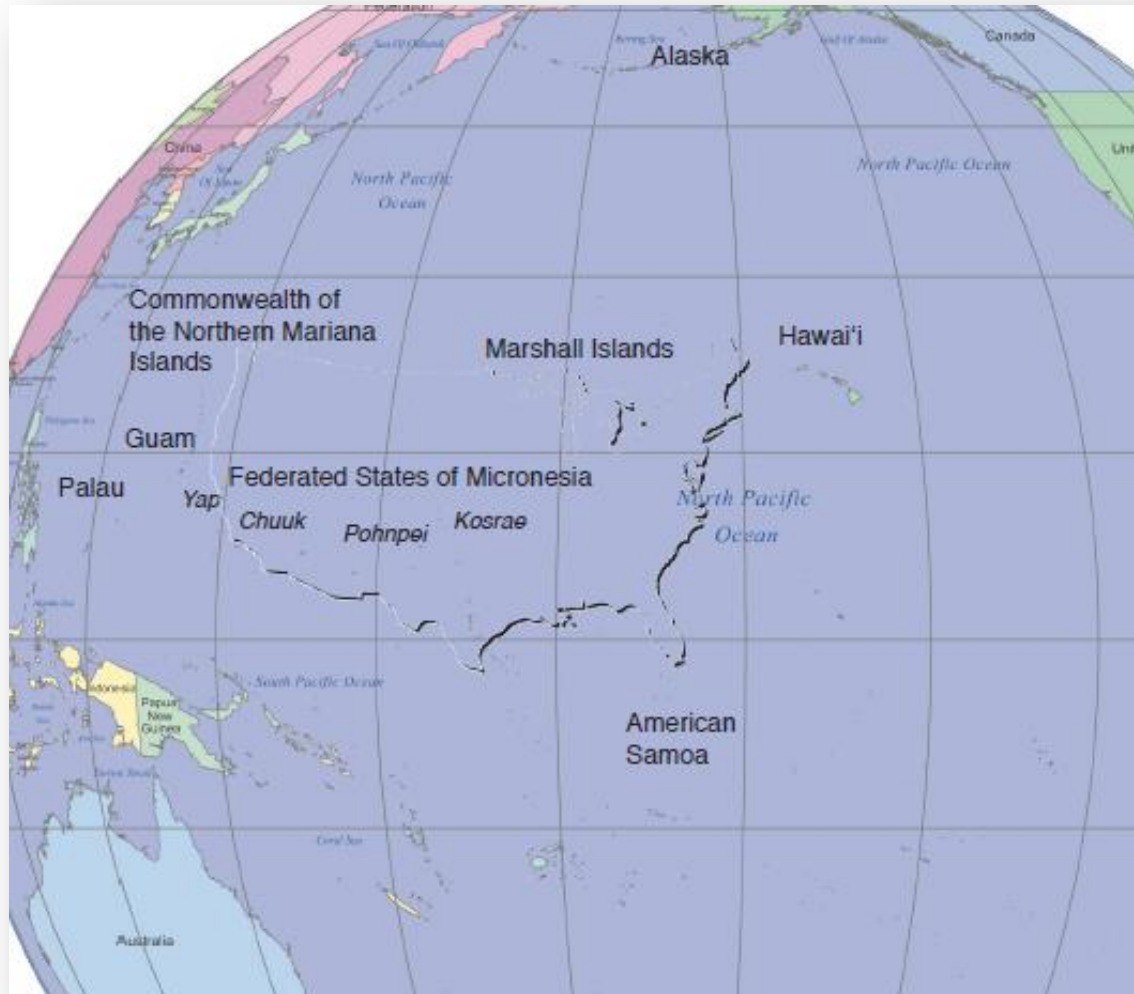
Session Objectives

- Describe:
 - CHL Vision, Mission and Goal
 - CHL Structure and Strategies
 - Positive Deviance Approach to Community Engagement
 - Positive Disruption and Pacific Ways to Wellness
 - Pacific Data Needs & Plans
 - Skills Needed for this Work
 - Training of Pacific Students
 - Future Plans

CHL Community walking
intervention -
American Samoa



US Affiliated Pacific Region



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau

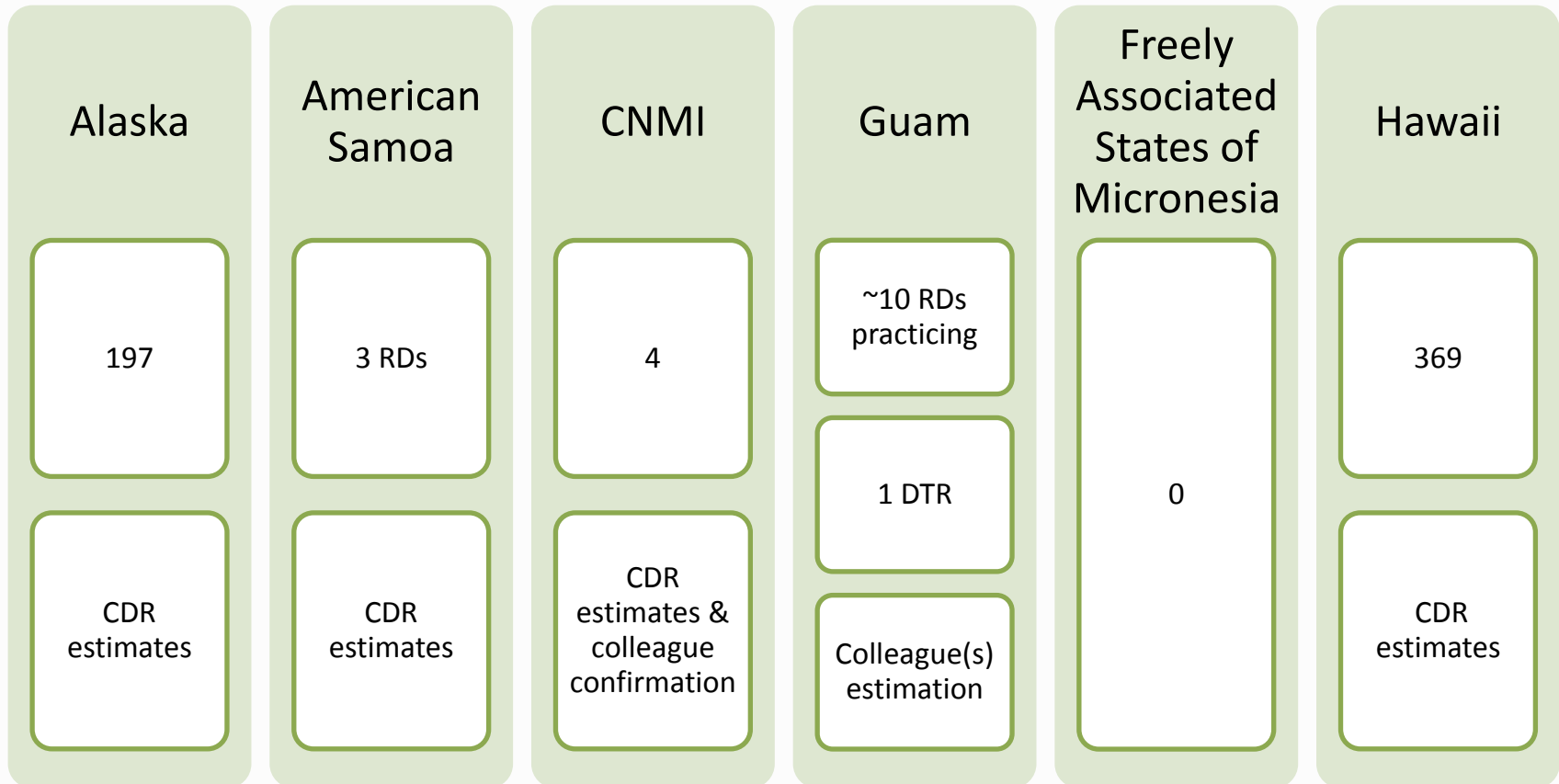


US Affiliated Pacific Region Needs & Approaches

- Obesity prevention- obesity linked to major chronic diseases – Type 2 diabetes, cancer, heart disease
- Start young for true prevention – childhood
- Build data - minimal data on obesity in region – no NHANES
- Build Capacity – few trained professionals in nutrition & obesity prevention in region
- Distinct geography and culture – need locally tailored approach



Addressing the Workforce Gap: Estimates of Registered Dietitians in the Region



CDR = Commission on Dietetic Registration 2014

PREVALENCE OF YOUNG CHILD OVERWEIGHT AND OBESITY IN THE US AFFILIATED PACIFIC REGION: A META ANALYSIS FROM THE CHILDREN'S HEALTHY LIVING PROGRAM (CHL)*

RACHEL NOVOTNY¹, MARIE KAINOA FIALKOWSKI¹, FENFANG LI¹, DONALD VARGO², YVETTE PAULINO³, PATRICIA COLEMAN⁴, ANDREA BERSAMIN⁵, CLAUDIO R NIGG¹, JODI LESLIE¹, RACHAEL LEON GUERRERO³, JONATHAN DEENIK¹, JANG KIM⁴, LYNNE R WILKENS¹

¹UNIVERSITY OF HAWAII, ²AMERICAN SAMOA COMMUNITY COLLEGE, ³UNIVERSITY OF GUAM, ⁴NORTHERN MARIANAS COLLEGE, ⁵UNIVERSITY OF ALASKA, FAIRBANKS

Introduction: US NHANES not conducted in US Affiliated Pacific (USAP) Region (USAP Islands, Hawai'i, Alaska).

Purpose: Meta-analysis of published literature and publicly available agency reports conducted to estimate overweight and obesity prevalence of 2-8 year (y) old USAP children.

Methods: Literature search 2-8y USAP children data from 2000 to 2013; CDC 2010 overweight and obesity reference data; USAP region sources (n=23); contiguous US data (NHANES) served as reference (n=3).

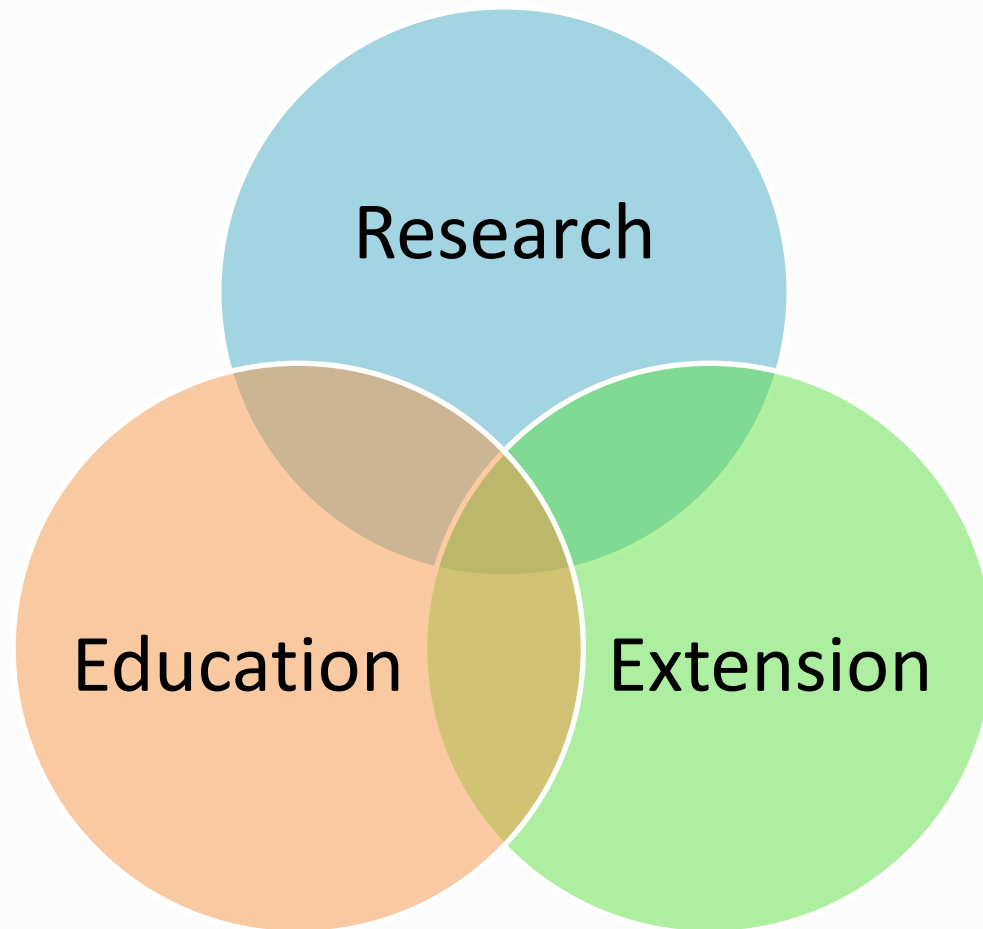
Results: USAP overweight plus obesity increased from 21% at 2y, to 39% at 8y ($p < 0.0001$). In comparison, NHANES overweight plus obesity increased from 24% at 2y to 35% at 8y ($p < .0001$). USAP data showed with a sharp increase in prevalence at 5y. Obesity component increased from 10% at 2y, to 24% at 8y ($p < 0.0001$) whereas overweight component was stable from 2y (13%) to 8y (15%).

Discussion: Further examination, monitoring and understanding of USAP young child obesity is needed.

*PRESENTED AT AMERICAN SOCIETY OF NUTRITION ANNUAL MEETING IN SAN DIEGO, APRIL 2014. ABSTRACT TO BE PUBLISHED IN FASEB JOURNAL. PAPER SUBMITTED TO AJPH.



Integrated Capacity Building Program



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



CHL Goal: Build the social/cultural, physical/built & political/economic environment to promote active play and intake of healthy food to prevent early childhood (2 – 8 y) obesity in the Pacific Region

Environmental/ Community Changes

Social/Cultural Environment

Example:
Family, teachers, leaders, other respected role models setting example of healthy living

Political/Economic Environment

Example: Influence leash laws

Physical/Built Environment

Example: Ensure water fountains are available and maintained



Promote

Healthy Food Intake

Decrease in sugar-sweetened beverage intake
Increase in water intake
Increase in fruit and vegetable intake

Physical Activity

Decrease in recreational screen time
Increase in sleep
Increase in physical activity



Outcomes

Obesity Prevention

**Overall Outcome:
Healthy Young Child**



CHL Vision

We envision sustainable community-based systems and environments to raise healthy children in the Pacific Region



Children from the Republic of the Marshall Islands



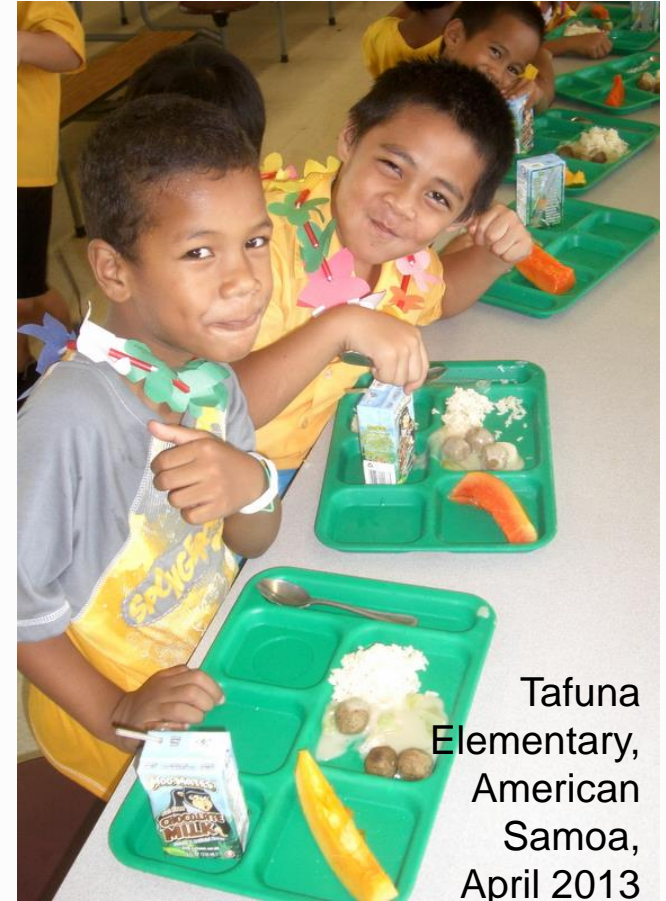
United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



CHL Mission

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 in the Pacific region



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



CHL Organizational Structure



External Advisory Committee
 Jennifer Anderson
 Kathryn Kolasa
 Suzanne Murphy
 Wendy Snowdon
 Boyd Swinburn

Program Steering Committee
 Lead :
 Deenik, Kim, Bersamin,
 Leon-Guerrero/Barber, Novotny,
 Vargo/Ropeti

Principal Investigator
 Novotny

Local Advisory Committees
 Land Grant Dir.
 Chair:
 Currie, Samson,
 Taro;
 Manglona; Sparrow,
 Yudin, Gallo, Aga

Performance Sites
 FAS: FSM, RMI, Palau;
 CNMI; Alaska;
 Guam; Hawaii; Am. Samoa

Data Center
 Lead: Wilkens
 Li

Training / Education Center
 Lead: Dunn / Fialkowski
 Leslie / Delormier

Coordinating Center
 Program Director: Novotny
 Assistant Program Director: Fialkowski
 Program Administrator: Yan
 Conference Coordinator: Chun
 IT Manager: DeBusk

External Communication Center
 Lead: Hollyer / Takahashi

Situation Analysis Center
 Lead: Fialkowski / DeBaryshe

Intervention Center
 Lead: Nigg / Braun
 Butel



CHL Target Population

- Grant requirement: children ages 2 – 8 years
 - Head Start
 - Preschool
 - Day Care
 - Kindergarten
 - Community Health Centers
 - Community Centers
 - Community Events
 - Supplemental Feeding Program for Women, Infants, & Children



Images from CHL brochure, courtesy of Center on the Family



CHL Objectives

1. Conduct program / data inventories & situation analysis
2. Train 22 professionals & paraprofessionals in obesity prevention in degree programs
3. Develop Pacific food, nutrition & physical activity data management & evaluation system
4. Develop & conduct an environmental intervention (to prevent, maintain or decrease young child overweight & obesity in the Pacific Region)
5. Evaluate the community - based primary - prevention environmental intervention
6. Incur at least one obesity prevention policy change per state / jurisdiction

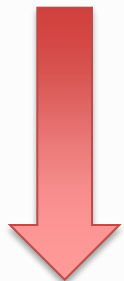


CHL (6 behavioral outcomes, 3 health outcomes)

Primary



1. Sleep by 15 min/day
2. Moderate to vigorous physical activity by 10 min/day
3. Fruit & vegetable intake by 1 serving/day (1/2 c/day)
4. Water intake by ½ cup/day



5. Sedentary behavior (screen time) by 10 min/day
6. Sweetened beverage intake by ½ cup/day
1. Prevalence of obesity by 8% (0.10 kg/m² decrease in BMI z-score)
2. Waist circumference by 2%

Secondary



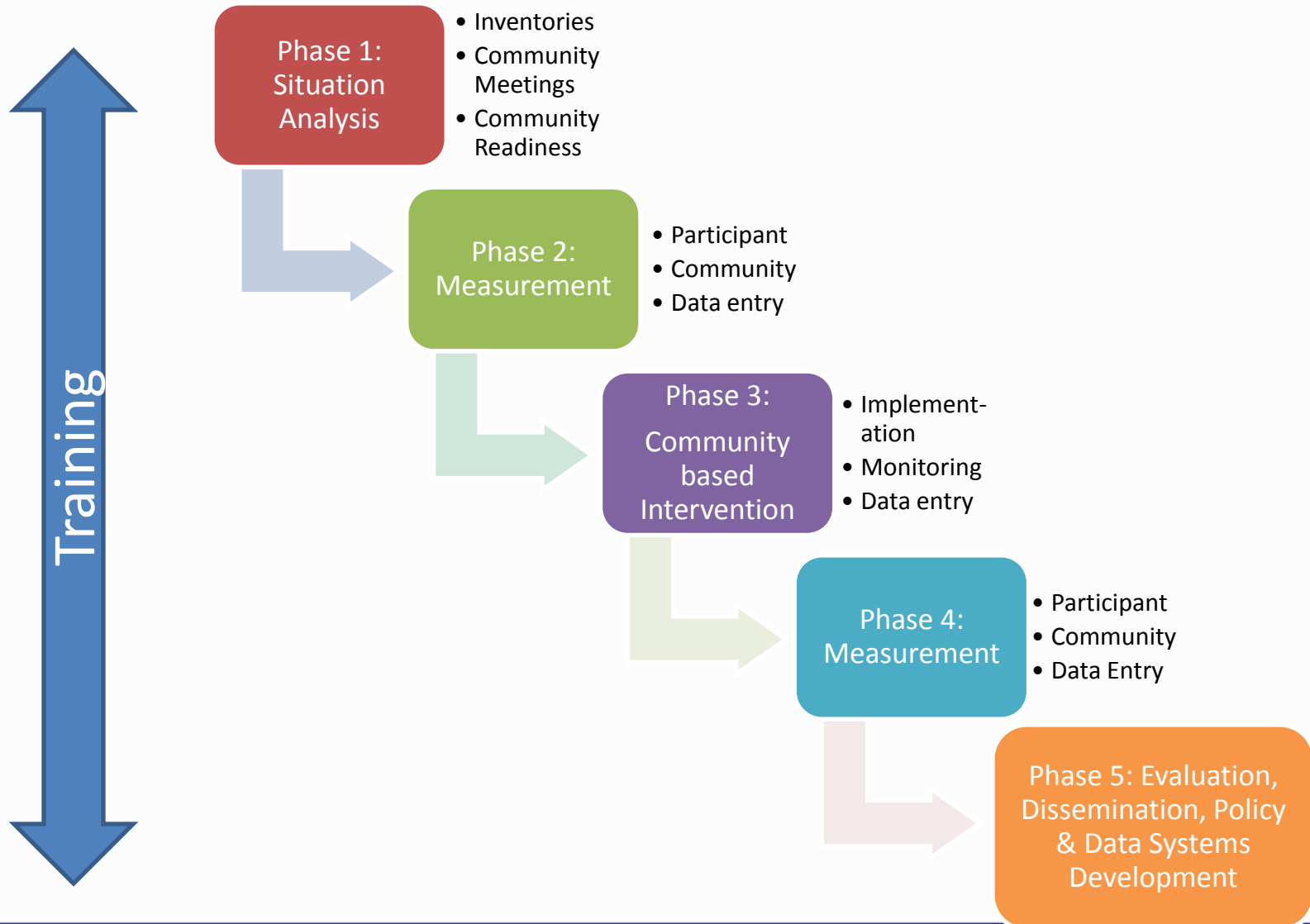
3. Acanthosis nigricans by 5%



Positive acanthosis nigricans screen, CHL Study



CHL Phases



Dr. Marie Kainoa Fialkowski

CHL Assistant Program Director



Engaging the Pacific Community

**Community
knows best**

Participants

Partners

Flip the Paradigm

Community driven

Asset driven

**Bottom up
approach**


Need for Community Engagement

- Addressing childhood obesity requires multiple perspectives, including the community to address the issue
- Community needs vary
- Application of positive deviance
 - Identify individuals in a community engaging in behaviors that are health promoting
- Take advantage of the community's existing assets or strengths
 - Identify what is **working** in a community NOT what is wrong

Increase likelihood of sustainability

ANGELO –Analysis Grid for Elements Linked to Obesity (Swinburn & colleagues)

CHL SITUATIONAL ANALYSIS & SCAN	MERGE	PRIORITIZE	FORMULATE	GOALS
<p>Demographic, health, risk, and other data</p> <p>Community suggestions to address obesogenic environments</p> <ul style="list-style-type: none"> • Physical • Social • Policy <p>Scientific literature</p>	<p>Strategies from:</p> <p>Community Literature</p>	<p>Importance</p> <p>Do-ability</p>	<p>Action Plans</p>	<div style="border: 1px solid #00AEEF; border-radius: 15px; padding: 10px; background-color: #E0F0FF;"> <p><u>Healthy Eating</u></p> <ol style="list-style-type: none"> 1. Decrease in SSB intake 2. Increase in water intake 3. Increase in fruit & vegetable intake </div> <div style="border: 1px solid #00AEEF; border-radius: 15px; padding: 10px; background-color: #E0F0FF; margin-top: 10px;"> <p><u>Physical Activity</u></p> <ol style="list-style-type: none"> 4. Decrease in leisure screen time 5. Increase in sleep 6. Increase in physical activity </div>



CHL Community Engagement Process

Stage 1

- Develop Local Advisory Committees (LAC)

Stage 2

- Meet with Key Informants

Stage 3

- Hold Community Meetings

Stage 4

- Conduct Community Readiness Assessments

Stage 5

- Hold Community Feedback Meetings



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



Much of what the community wants is supported by the literature

Community wants	Supported by literature	Supported by community
Policies	X	X
Access to water	X	X
Environmental changes for PA	X	X
Healthy living education	X	X
Product and shelf labeling	X	
Access to affordable produce (including gardening)	X	X



CHL Intervention: Cross-Cutting Functions, Activities & Behavioral Targets	↓ SSB	↑ F/V	↑ PA	↑ Water	↓ Screen	↑ Sleep
Review Assessment Data for Policy & Physical Environment related to the 6 CHL behaviors						
a. Review preschool wellness policy assessment data to identify training needs	X	X	X	X	X	X
b. Review community assessment data to identify areas for advocacy for PA env.	X	X	X	X		
Partner and Advocate for Environmental Change						
a. Work with coalitions to advocate for						
i. Better access to parks that are safe & inviting			X			
ii. Better access to clean water	X			X		
iii. Safer environments for walking & biking			X			
iv. Better food placement in stores	X	X		X		
v. Gardens & hydroponics		X	X			
b. Partner with existing entities to purchase or obtain sponsorship for						
i. Water in the preschools	X			X		
ii. Gardening supplies for preschool kids		X	X			
iii. Sports equipment for preschool kids			X			
iv. Campaigns & messages	X	X	X	X	X	X
Promote the CHL Message						
a. Support role models to deliver CHL messages in various	X	X	X	X	X	X
b. Enhance existing social marketing campaigns related to 6 CHL behaviors	X	X	X	X	X	X
c. Advertise CHL or other activities that promote 6 CHL target behaviors	X	X	X	X	X	X
Train the Trainers						
a. Train individuals to promote gardening in preschools & communities	X	X	X	X	X	X
b. Train individuals to lead interactive, hands-on, & family-based sessions	X	X	X	X	X	X
c. Train preschool providers on wellness policies	X	X	X	X	X	X
d. Train preschool providers in curricula related to 6 CHL target behaviors	X	X	X	X	X	X
e. Train role models (community champions, role celebrities, role models)	X	X	X	X	X	X

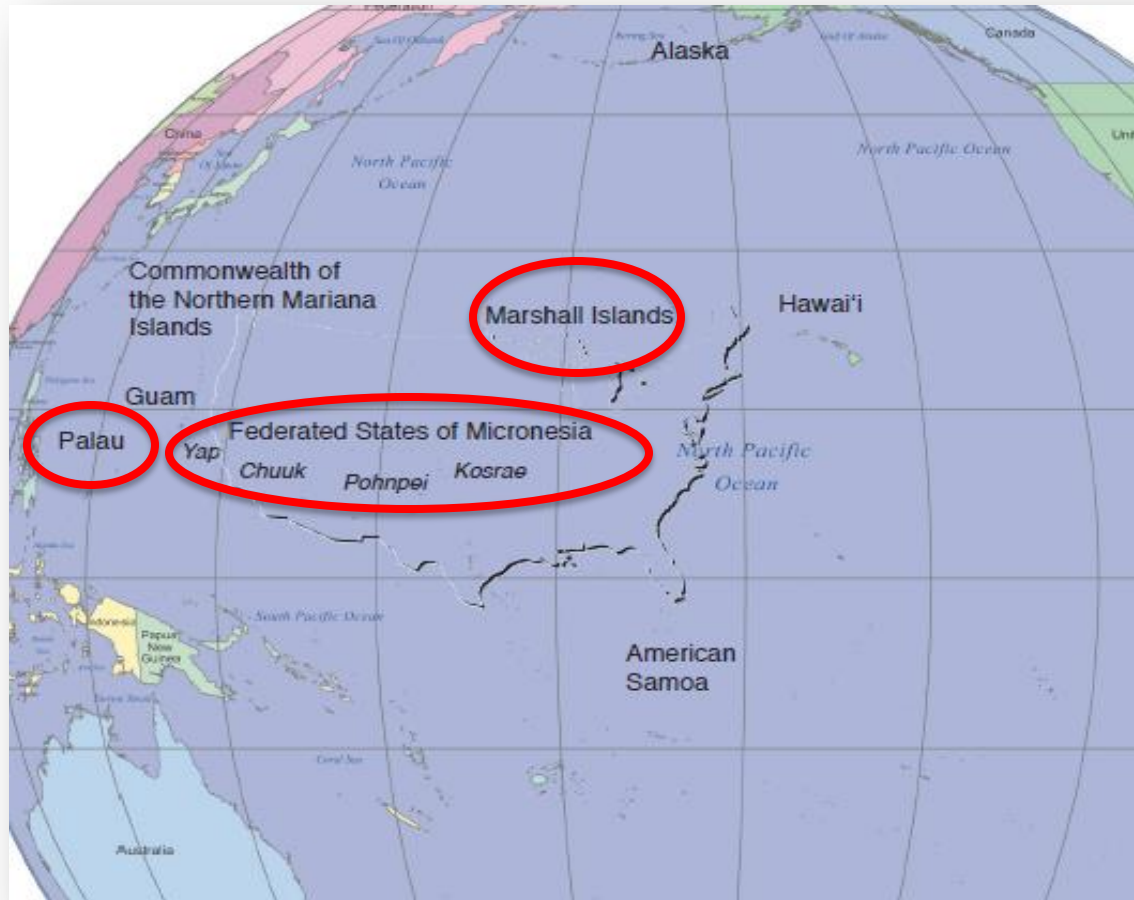


Implementing These Strategies

- Partners with, supports, and “adds value” to existing programs that are conducting activities related to CHL’s 6 behavioral outcomes (positive deviance)
- Builds local capacity to sustain programs and policy changes
- Promotes a common CHL message
- Collects process information on the implementation strategies, duration, and reach



Dr. Reynolette Ettiienne CHL Coordinator for the Freely Associated States of Micronesia



Underweight, Overweight & Obesity Prevalence Survey

Freely Associated States: Palau, Marshalls (RMI), Chuuk, Kosrae, Pohnpei, Yap

- Determine the prevalence of underweight, overweight, and obesity in a representative sample of young children, ages 2 – 8y, from each (FSM) jurisdiction
- Data: Anthropometry (height, weight, waist), Acanthosis Nigricans, Accelerometry, Questionnaires (Sleep, Sedentary Behaviors, Culture, Demographics, General Health screening), Food and Activity Logs (FAL), Community obesity prevention environmental assessment (CAT), Food & Utility cost survey
- Approximate sample size 200 children per FSM jurisdiction



Prevalence Survey (cont'd)

Freely Associated States: Palau, Marshalls (RMI), Chuuk, Kosrae, Pohnpei, Yap

- Surveys completed:
Pohnpei Oct 23 - Nov 7, 2013
RMI Jan 9 - Feb 3, 2014
Palau April 7 - 18, 2014
- Upcoming Surveys:
Chuuk July - Aug 2014
Yap Sept-Oct 2014
Kosrae Jan 2015 (tentative)




Child from Pohnpei being measured by CHL FAS staff



Gathering data with Remote Underserved Minority Populations of the Pacific

- Multilevel Measures unique to study and region
 - Adaptation of measures and questionnaires to the Freely Associated States of Micronesia
 - Food and Activity Logs (food sources, recipes)
 - Demographics (Betel nut, Tobacco, Alcohol, Water source, Food security/Resource availability)
 - Community Assessment Tool [addition of (region specific) response options e.g. “local foods” and “merchant ships” added to food availability survey, communal “play” spaces on park observation]



FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only											
		Child's ID: _____											
		Date: ____/____/____ MM DD YEAR											
Checked by: _____													

BETEL NUT USAGE

1. Have you ever chewed betel nut?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> No response
2. Do you now chew betel nut?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Don't know
If yes, how often do you chew betel nut?				
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly		<input type="checkbox"/> Don't know
<input type="checkbox"/> No response				
If yes, how long have you been chewing betel nut?				
_____ years		<input type="checkbox"/> Don't know		<input type="checkbox"/> No response
If yes, do you include:				
Tobacco (from cigarette, snuff, twist tobacco, Red Man) when chewing betel nut?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Don't know
<input type="checkbox"/> No response				
Lime when chewing betel nut?				



Gathering data from Remote Underserved Minority Populations of the Pacific (cont'd)

- Importance of involving local key community personnel (LAC and Local staff); should not be singular entity, but diverse group
- Be aware of the cultural norms of particular area; gathering norms, mode/code of dress etc.
- Language is important (important to have someone on your team who speaks the language)
- Sustainability: training local staff to carry on the vision and mission beyond CHL



Dr. Jodi Leslie

CHL Training Coordinator



Engaging the Pacific Student



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



Capacity Building Through Training Building the Future!



I. CHL Scholarship Program

Provide academic degree training for indigenous students in CHL region- 2 from each jurisdiction, including 2 from each state of Freely Associated States of Micronesia

II. CHL Capacity Building Program for the Pacific Region

Help develop sustainable, culturally appropriate, nutrition courses & programs & within existing academic institutions in the region



CHL Trainees Cohort 1



Left to right: Ashely, Rachel, Caleb, Lenora, Tanisha, Edumyle, Ron, Rose, Neelma, Monica, Patty

FIRST	LAST	JURISDICTION	DEGREE PROGRAM		INSTITUTION
Ron	Standlee-Strom	Alaska	MS	Natural Resources Management	University of Alaska Fairbanks
Rose	Castro	CNMI	MPH	Public Health	University of Alaska, Anchorage
Patricia	Coleman	CNMI	MPH	Public Health	University of Alaska, Anchorage
Neelma	Skilling	FAS - Kosrae	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Edumyle	Otobed	FAS - Palau	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Tanisha	Aflague	Guam	PhD	Nutrition	University of Hawaii at Manoa
Lenora	Matanane	Guam	MS	Nutritional Sciences	University of Hawaii at Manoa
Monica	Esquivel	Hawaii	PhD	Nutrition	University of Hawaii at Manoa
Ashley	Morisako	Hawaii	MPH	Public Health	University of Hawaii at Manoa



CHL Trainees Cohort 2

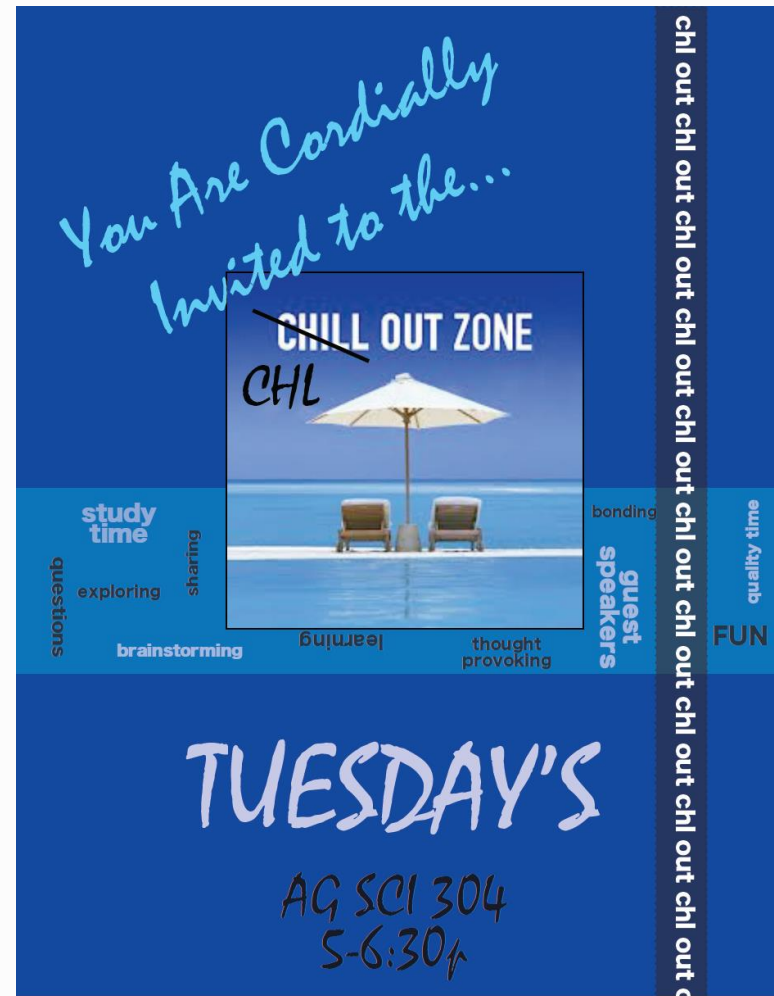


Left to right: Trisha, Rennie, Srue, Aifili, Lilian, Evigan, Kimo, Kim, Ivenglynn, Marietta

FIRST	LAST	JURISDICTION	DEGREE PROGRAM		INSTITUTION
Tara	Stiller	Alaska	MPH	Public Health	Univeristy of Alaska, Anchorage
Marietta	Lafaele	Am Samoa	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Aifili	Tufa	Am Samoa	PhD	Epidemiology	University of Hawaii at Manoa
Lilian	Billimon	FAS - Chuuk	BS	Health Sciences	University of Guam
Joachim	Castro	FAS - Chuuk	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Evigan	Sengebau	FAS - Kosrae	BS	Health Sciences	University of Guam
Srue	Wakuk	FAS - Kosrae	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Ivenglynn	Andon	FAS - Pohnpei	BS	Health Sciences	University of Guam
Trisha	Johnson	FAS - Pohnpei	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Kimberly	Areieta	FAS - RMI	BS	Nursing	University of Guam
Shra	Kedi	FAS - RMI	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Samuel	Foulchag	FAS - Yap	BS	Food Science & Human Nutrition	University of Hawaii at Manoa
Rennie Glenn Taiugmai	Kiyomasa	FAS - Yap	AS	Exercise & Sport Sciences	Kapiolani Community College

Educational and Transitional Support

- Student mentors
- TA support
- Academic advisors
- TRIO
- #CHLout
- CHL advisors
- CHL program support
- Cohort socials
- Cultural clubs



Advantages

- Development of professional Pacific network, trained in nutrition & obesity prevention
- Trained indigenous workforce
- Increased cultural sensitivity and understanding
- Teacher-student co-learning
- Student-student co-learning



Challenges

- Cultural differences:
 - Perspectives
 - Communication styles
- Transition to:
 - New location
 - Independence
 - College
- Balancing class content



Dr. Treena Delormier

CHL Training Program Collaborator

- Role is contributing to the CHL training curriculum for CHL trainees
- Co-instructing the CHL seminars with the trainees
- Exploring ways to sustaining CHL training program



Guest speaker and kupuna Amelia McGregor Shares a community perspective on research CHL trainees in Cohort 1.



CHL Training Curriculum

CHL Seminars (1 credit) – Pacific Perspectives on:

1. “Foundations of obesity”
2. “Evidenced-based approaches for childhood obesity prevention”
3. “Community engagement & capacity-building”
4. “Policy & advocacy in preventing childhood obesity”

Upcoming Fall 2014 - Spring 2015

5. Indigenous seminar with Native Hawaiian & Indigenous Health MPH cohort
6. CHL Seminar - knowledge translation & dissemination



Sustainability of CHL Training Goals

- Integrating CHL curriculum into Nutrition, Public Health, Nursing, Early Childhood Education
- CHL training tied to home jurisdictions
- CHL trainees integral to the CHL research
- Integrating CHL course content into Nutrition Program
- Introductory Nutrition course integrating a Pacific Perspective of Pacific food and nutrition
- Integrating trainees as instructors



CHL trainee Aifili Tufa PhD student (epidemiology) guest teaching CHL seminar



Innovative Aspects

- Creating opportunities for Pacific Islander students to address issue important to their communities
- Having Indigenous instructors with experience in nutrition, public health and community-based research experience
- Advocating/balancing trainee's needs, aspirations and listening to their concerns
- Building community capacity to address complex health issues



CHL trainee Sam Foulchag



Challenges

- University context - expectations, values and norms require trainees time and support to navigate
- Grant time frame and degree achievement
- Community expectations are added to degree expectations
- Diverse educational preparation of trainees requires extensive tailoring of curriculum, advising & cultural competence



CHL trainee Rennie Kyomasa



Dr. Rachel Novotny

CHL Program Director

Networking Data, People, Programs and Policies
to Support a Pacific Way to Wellness



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau



CHL Pacific food, nutrition & physical activity data management & evaluation (monitoring) system in development

- Partnerships developed or developing in CHL jurisdictions
 - Head start / Early Childhood Education (ECE) Centers to collect and share BMI data
 - DOE- BMI data collection & analysis
 - School entry physicals for BMI data
 - MCH program- growth monitoring data
 - MANA program- Pacific wide monitoring
 - BRFSS – behavioral risk monitoring



Other data needed & being collected to evaluate community based program & under consideration for ongoing data system/monitoring

- Community Food and Physical Activity Environment Assessment (e.g. parks, stores, etc...)
- Community Food Costs (cost of basic foods & utilities)
- Individual Diet and Physical Activity Tracking (subsample-using Pacific Tracker tool)

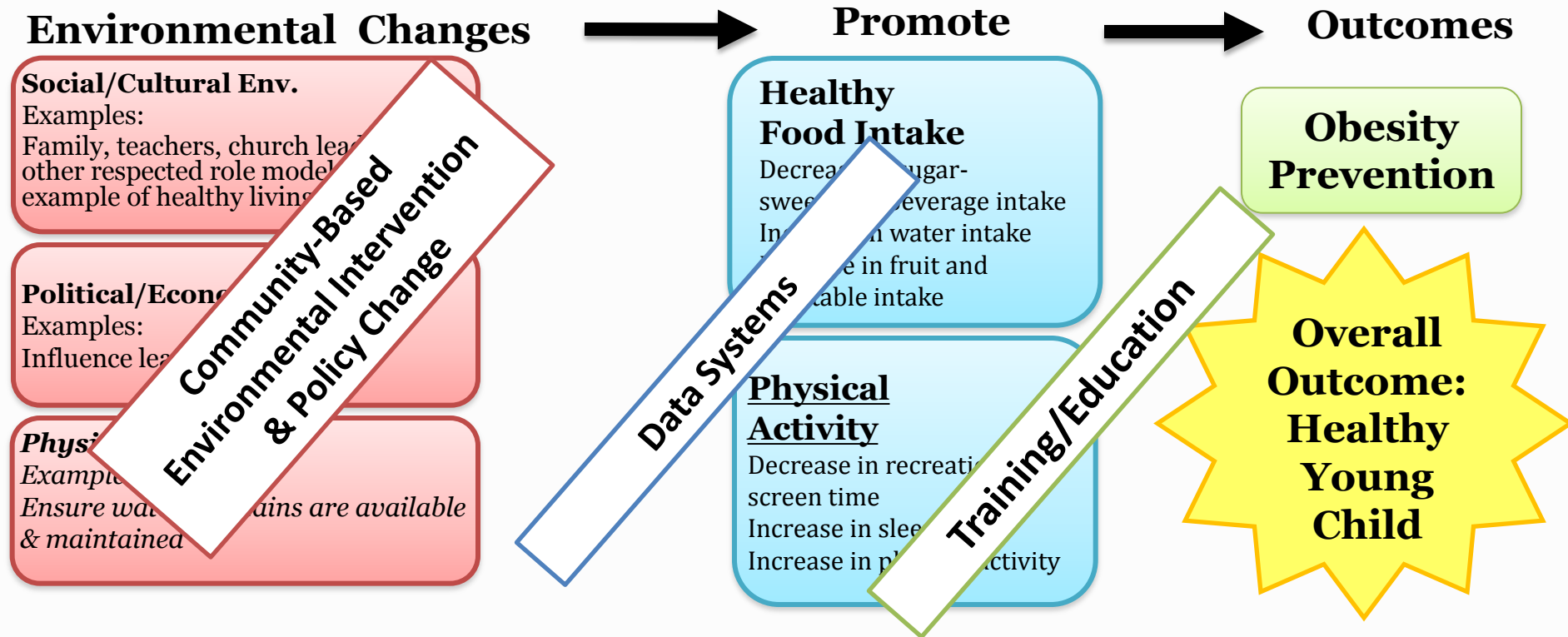


Working with nutrition related academic programs in colleges in Pacific

- **Nutrition** – UH-Hawaii, UOG-Guam
- **Public Health** – UH-Hawaii, UOG-Guam, UAA-Alaska, COM-Micronesia
- **Nursing** – UH-Hawaii, KCC-Kapiloani, WCC-Windward, UOG-Guam, NMC- Marianas, COM-Micronesia
- **Early Childhood Education** – UOG-Guam, NMC-Marianas, COM-Micronesia, ASCC-Samoa
- **Natural Resources** – UAF- Alaska



Children's Healthy Living Program



Skills: Role Modeling & Fostering Leadership in Communities

- Building on concepts of positive deviance and positive disruption
- Identified varied role models and fostered leadership among them in communities of the US Affiliated Pacific region

Community
Leaders meet in
CNMI



Summary

- Pacific strategies can be applied to clinical, private or community programs to prevent (childhood) obesity
 - community engaged, culturally adapted, built on strengths
- Skills needed to contribute to positive change in the Pacific
 - adapt, problem solve, partner, role model, build on what's working (support positive deviance & build positive disruption)



Implications for Dietetics

- Reach of dietetic work extends from clinical to community and region
- Impact of nutrition is both down stream (health and disease) and up stream (causes of diet and nutrition status)
- Dietitians - prepare for a diverse environment!



Thank you from the CHL Team!



CHL Annual
Meeting, Guam
June 2013



United States Department of Agriculture
National Institute of Food and Agriculture

CHL Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region
Alaska • American Samoa • Federated States of Micronesia • Guam • Hawai'i • Marshall Islands • Northern Mariana Islands • Palau

