

Summary Report for the **Pacific Childhood Obesity Stakeholder Meeting**

Honolulu, Hawaii
April 30 to May 2, 2010



United States Department of Agriculture
National Institute of Food and Agriculture

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Preface

In 2008, the ADAP project adopted five focus areas to direct our efforts and resources: Climate Change, Food Security, Energy Security, Invasive Species and Biological Threats, and Health and Lifestyle Impacts. In our efforts to address both food security and health and lifestyle impacts, we planned the Childhood Obesity in the Pacific Region Project, of which a stakeholder meeting was the most prominent feature. Three project objectives were identified:

- Support research and extension across the Pacific community that empowers individuals, schools and institutions, communities, and local governments to make positive changes that decrease the prevalence of childhood obesity.
- Develop working groups to explore each island's challenges to childhood obesity, and explore the cultural and economic barriers to a healthy lifestyle.
- Build a coordination committee to develop, support, monitor, and evaluate interventions that support healthy lifestyles of children in various settings of diverse communities of the Pacific region, in order to prevent young child overweight and obesity.

Additionally, the stakeholder meeting facilitated discussion on research and extension efforts across the Pacific region in the area of childhood obesity. Participants were expected to discuss the available data sources, research and extension efforts, and a balanced and broad-view analysis of their local and regional needs. This project will expand capacity, build infrastructure, form partnerships, and implement broad environmental and behavioral changes that will prevent young child overweight and obesity in the Pacific Region. The project will also serve as a model for other regions.

This meeting met all the project objectives, such as supporting research and extension, and developing working groups and a coordinating committee. Additionally, the partnerships developed here have led to the Coordinating Committee, in conjunction with the working groups, to develop a grant proposal to the USDA for a regional childhood obesity program.

Follow-up: "Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region" was accepted by USDA-NIFA for funding on April 20, 2011, for up to 5 years, to combat obesity in children ages 2-8. Its goal is to build social/cultural, political/economic, and physical/built environments that promote active play and intake of healthy food to prevent childhood obesity in the Pacific region. CHIL is a partnership among remote Pacific States and other jurisdictions of the U.S., and includes Hawai'i, Alaska, American Samoa, the Commonwealth of the Northern Marianas, Guam, the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands.

This publication, *Summary Report for the Pacific Childhood Obesity Stakeholder Meeting*, contains the meeting agenda, select reports and meeting materials, stakeholder supplied data, and meeting notes on the formation of the coordinating committee and working groups.

Jim Hollyer
ADAP Project Manager

Introduction to Obesity Prevalence in the Pacific Islands

By Rachel Novotny

The prevalence of overweight and obesity in the Pacific Islands is estimated at 60 to 90% of the adult population. Few data are available on children in the US Affiliated Pacific region, which is not included in the US National Health and Nutrition Examination Survey (NHANES). Our data show rates of 45% among 7-9 year old children (Paulino et al 2008), higher than levels seen on the mainland US. The Pacific region is composed of thousands of very remote islands, creating an extremely fragile food system, with population centers separated by thousands of miles of ocean. In such environments, it is vital to have a very thoughtful, environmentally appropriate and sustainable food production and distribution system that contains healthy foods that are physically and economically accessible to the population. There are few professionals in these regions that trained to develop, monitor and evaluate effective multidisciplinary interventions to address the modern mix of food resource availability and demand.

Several previous projects have laid the groundwork for this multidisciplinary, multi-state coordinated agricultural program (CAP) to prevent child obesity. Especially relevant are the USDA-funded Healthy Living in the Pacific Islands Initiative (HLPI), which was sponsored by the Agricultural Development of the Pacific (ADAP). ADAP and HLPI link Land Grant Colleges around the US Affiliated Pacific, in nutrition and health priority setting and implementation, through a stakeholder driven process (Davison et al.2004). The USDA National Research Initiative (NRI) competitive grant, HLPI-Healthy Pacific Child Program (HPCP) developed dietary assessment tools for the region (the Pacific Tracker, PacTRAC) that contains the local tropical foods and dishes (Martin et al. 2008, Murphy et al.2009), which is now available on a publically-available website (HawaiiFoods- <http://hawaiifoods.hawaii.edu>); conducted food store based intervention (Gittelsohn et al 2010), which improved child diet and parent perceptions about healthy eating; and conducted a population-based nutritional assessment of 6mo-10yo children in the Commonwealth of the Northern Marianas Islands (Paulino et al.

2008) which provides basic data on eating patterns and nutritional status to guide program and policy planning. A current USDA NRI grant, Pacific Kids DASH for Health (PacDASH), collaborating with the University of Hawaii's Medical School and Kaiser Permanente well child clinics, examines multilevel influences on child obesity, as well as tests an intervention targeted to the child, parent and physician, in order to provide fruit/vegetable and physical activity advice according to child's stage of readiness to make change in a socio-ecological framework (McLeroy et al.1988).

Literature Review

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Agenda

Agenda

A Stakeholder Meeting on Childhood Obesity in Alaska, the US-Affiliated Pacific, and Hawaii

April 30 to May 2, 2010 CTAHR – UHM - Honolulu, Hawaii

April 30, 2010 (Friday) – Day 1

Meeting Location: UH-CTAHR, Gilmore Hall 212

<u>Time</u>	<u>Activity</u>	<u>Discussion Leader</u>
10:00 am	Welcome	Carol Lewis, Jim Hollyer
	Introduction to Regional Resources	
	<ul style="list-style-type: none"> • American Samoa Community College 	Aufa'i Ropeti Areta, Sharon Fanolua, Becca Fiame, Elsie Lesa
	<ul style="list-style-type: none"> • College of Micronesia 	Brian Isaac, Stevenson Kuartei, Salome Lanwi
	<ul style="list-style-type: none"> • Northern Marianas College 	Patricia Coleman, George Cruz, Ross Manglona, Bonnie Tudela
	<ul style="list-style-type: none"> • University of Alaska Fairbanks 	Roxie Dinstel, Deb Jones, Raajkumar Kurapati, Fred Schlutt
	<ul style="list-style-type: none"> • University of Guam 	Rachel Leon Guerrero, Yvette Paulino, Gena Rojas
	<ul style="list-style-type: none"> • University of Hawaii 	Michael Dunn, Christopher Edmonds, George Kent, Rachel Novotny, PingSun Leung, Corilee Watters, Sylvia Yuen
	Others	
	<ul style="list-style-type: none"> • Cancer Center of Hawaii • Windward Community College, UH 	Lynne Wilkens Jamie Kamailani Boyd

Agenda

A Stakeholder Meeting on Childhood Obesity in Alaska, the US-Affiliated Pacific, and Hawaii

April 30 to May 2, 2010 CTAHR – UHM - Honolulu, Hawaii

April 30, 2010 (Friday) – Day 1

Meeting Location: UH-CTAHR, Gilmore Hall 212

	Discussion of our mutual issues and strengths: What unites us as a region?	Donna Ching, Professional Facilitator
Noon	<i>Lunch on your own</i>	
1:00 pm	Discussion of national support to address childhood obesity	
	Conceptual Framework- Models of influences on obesity <ul style="list-style-type: none">• Socio-ecological• Multilevel	
	Key Components of Obesity Prevention Program <ul style="list-style-type: none">• Behaviors (Diet, Exercise)• Environment (Political/Policy, Physical Environment, Economic, Social Environment, Cultural Environment)• Locations/Level (Home, Church, School, Health Care in Community, State, National, Regional, Global)	
	Examples of successes in our region (with data) – STAKEHOLDERS PRESENT THIS DATA FOR YOUR AREA	
	Discussion of data sources for prevalence of obesity, and related health concerns- that can be leveraged – STAKEHOLDERS PRESENT THIS DATA FOR YOUR AREA	
	Discussion of resources and materials that can be leveraged (ie. ADAP Pacific cookbooks; EFNEP island-specific food evaluations; websites) – STAKEHOLDERS PRESENT THIS DATA FOR YOUR AREA	
4:00 pm	<i>Meeting adjourned for the day.</i>	

Agenda

A Stakeholder Meeting on Childhood Obesity in Alaska, the US-Affiliated Pacific, and Hawaii

April 30 to May 2, 2010 CTAHR – UHM - Honolulu, Hawaii

May 1, 2010 (Saturday) – Day 2

Meeting Location: UH-CTAHR, Gilmore Hall 212

<u>Time</u>	<u>Activity</u>	<u>Discussion Leader</u>
9:00 am	Continue framework discussion – Umbrella themes, plus: Review of illnesses associated with obesity <ul style="list-style-type: none">• Type II Diabetes• Cardio-vascular and Heart disease• Cancer What are approaches to curb childhood obesity <i>Promoting Physical Activity/Active Play:</i> <ul style="list-style-type: none">• Physical Education Program at school• Equipment for PE classes• Athletic clothing and shoes• Organized sports• Parks/Beaches <i>Promoting a Healthy Diet/Food System:</i> <ul style="list-style-type: none">• School Meal Programs• Farm-to-School Programs to get fresh produce in school lunch programs• Farmers Markets/Cooperatives• USDA Food related Programs - WIC, Headstart, EFNEP• Breastfeeding• Agriculture/Gardening/Fishing• Food Policy (Prices, Imports) Development of a list of regional priorities	
Noon	<i>Lunch</i>	
1:00 pm	Promoting a healthy environment (global, regional, national, state, community) for obesity prevention <ul style="list-style-type: none">• Cultural• Economic - Access to healthy options• Political - Public policy• Social - food at parties, community gatherings• Physical Environment - wild dogs, parks• Tools for communication – social media, others	
4:00pm	<i>Meeting adjourned for the day.</i>	

Agenda

A Stakeholder Meeting on Childhood Obesity in Alaska, the US-Affiliated Pacific, and Hawaii

April 30 to May 2, 2010 CTAHR – UHM - Honolulu, Hawaii

May 2, 2010 (Sunday) – Day 3

Meeting Location: UH-CTAHR, Gilmore Hall 212

<u>Time</u>	<u>Activity</u>	<u>Discussion Leader</u>
9:00am	Conclude discussion about regional problems and potential ways to address the critical issue of childhood obesity	
	Do we need to get back together? When?	
noon	<i>Meeting adjourned – Thanks everyone!</i>	

Please note:

On Saturday and Sunday, all parking on campus is open to everyone. If there is a guard at the kiosk as you enter campus, you will be charged \$5 for daily parking.

Gilmore Hall doors may be secured over the weekend. If you find yourself locked out, please call Jim's cell phone: 782-3725.

Meeting Participants (Stakeholders)

	First name	Last name	Institution	Email Address
1	Aufa'i Apulu Ropeti	Areta	American Samoa Community College	aareta@yahoo.com
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30	Sylvia	Yuen	University of Hawaii	syuen@hawaii.edu

Regional Resources

[Data collected from meeting participants]

Activity	Active Locations
Farm-to-School Programs	Alaska, American Samoa, Hawaii, Marshall Islands, Northern Marianas Islands
Programs that Promote Walking (or Exercise) (i.e. Walk on Wednesdays (CNMI); Walk Across Alaska and Village Ski Program (Alaska))	Alaska, American Samoa, Hawaii, Marshall Islands, Northern Marianas Islands
Data Collection on Prevalence of Obesity and Overweight	Alaska, American Samoa, Guam, Hawaii, Northern Marianas Islands, Palau
Farmers Markets	Alaska, American Samoa, Guam, Hawaii
Food Studies	Alaska, American Samoa, Hawaii, Federated States of Micronesia
Food Policy Councils	Alaska, American Samoa, Guam, Hawaii, Northern Marianas Islands (in planning phase)
Nutritional Analysis of Traditional Foods and Recipes	Alaska, American Samoa, Guam, Hawaii
Ongoing Research into linkages between Obesity and Chronic Disease	Alaska, American Samoa, Hawaii, Marshall Islands
Ongoing Research into linkages between Obesity and Cancer	Guam, Hawaii
Ongoing EFNEP, SNAP-Ed, or WIC Programs	Alaska, American Samoa, Guam, Hawaii, Northern Marianas Islands

Regional Issues, Strengths, and Challenges Surrounding Childhood Obesity

[Notes from Facilitated Discussion]

Is Childhood Obesity a Concern in Our Region?

- There is some data about obesity in the region, but need to compile more and find a systematic way to collect in the future. Need to tap a variety of sources (e.g. WHO, SPC, Brown University).
- Refine the definition of obesity so that is reflective of the Pacific culture. Are there existing definitions that do that?
- Are there common means or systems that assess/measure obesity that transcends jurisdictions?
- Are we only focusing on childhood obesity or are we including other health/disease issues?
- For our region, desire for an enhance view of child obesity that includes other factors (e.g., social, medical), which will result in different measurements during an assessment.

Key Features of a Regional Research and Extension Program

- Focus on obesity PREVENTION.
- Clarity about whether objective is to reduce incidence of childhood obesity, or promotion of health.
- Need for active management over time to steer project if intent is to reduce incidence.
- Look toward system-wide change.
- Need for sustainable interventions.
- Program must be transformational, such as a comprehensive, integrated environmental model.
- Program must be knowledge-based (science-based), but action (or behavior) focused.
- Build on relationships with existing programs and projects.
- Based on discovery, learning, and engagement to conduct instruction, research, and evaluation.
- Combining interventions in multiple settings.
- Have both expertise from principal stakeholders, and partnerships with end user groups.
- Based on collaborations, and testing of new assessment tools.
- Address some aspect of food consumption.

Regional Strengths/Challenges

- Highlight our uniqueness because traditional diets in our region/area are more expensive, not as available, etc.
- Acknowledge up and down side of “uniqueness” argument. Furthering new knowledge is a benefit.
- Genomic studies in the region that show significant difference between populations (in Pacific and Alaska).
- Social institutions (such as caregiver and community relationships) have contributed to obesity, and must be addressed.
- There is an opportunity in the project to address policy issues (e.g. banning bad food). Any work really needs cross-sector buy-in to have this kind of impact. The region has many existing associations that we can tap. Also, any work needs top-level community buy-in and may require program to liaison with groups/associations (church, community, women’s groups, etc.). We might want to think about engaging those who market food to children.
- Sometimes we deal with key policy makers and the message/effort does not trickle down to the people who we need to impact
- Need to have top-down and bottom-up activities. Also, need to engage many stakeholder groups.
- Educational programs (Certificates, 2-yr, BS, MS, or PhD) must undergo a paradigm change: Rather than sending people out of the region to received advanced training or education, we need to use resources to bring people into community colleges and other educational institutions. Previous work has provided lots of training, but was episodic and did not result in sustainability.

Regional Success Stories

Representatives from Alaska reported on a successful Physical Activity and Nutrition Training Program aimed at teachers and parents, and exercise initiatives such as Walk Across Alaska, and Village Ski Programs, aimed at Alaska Native communities. Ongoing data collection from the US Department of Health and Human Services has resulted in the publication, *Obesity and American Indians/Alaska Natives*. This 169-page report is available online at <http://aspe.hhs.gov/hsp/07/AI-AN-obesity/>.

Representatives from American Samoa presented a written report, detailing the efforts to improve the school lunch program. Written report is presented in the Attachments Section of this publication.

Representatives from Guam reported on annual healthy summer camps, educational workshops, and the success of the Expanded Food and Nutrition Education Program (EFNEP) program.

Representatives from Hawaii presented data collection efforts, gardening courses, and university efforts to raise awareness of Hawaiian, Asian and Pacific Island (HAP) issues.

Representatives from the Northern Mariana Islands reported on a successful Farm-to-School Program, on public health screenings for diabetes, BMI and BP, on the passages of the Smoke Free Air Act, and a community driven exercise initiative, Walk on Wednesdays (WOW).

Development of Framework to Review Regional Progress

[Notes from Facilitated Discussion]

Development of a 2-tier organizational structure that includes both a scientific coordinating committee and local working groups.

Goal

- Reduce the incidence of childhood obesity in a culturally sensitive and sustainable way.
- Address behavior, prevention, and obesity.

Purpose

- Need to deal with the obesity issue from an intergenerational approach.
- Focus on Environment and/or Behavior
- Involve many partners, including native, faith-based, or community partnerships.
- Promote evidence-based interventions across all regions.
- Look for positive influences and build on them.
- Adapt interventions to diversity in the region.

Functions

- Create “menus” for organizations that show best performing activities in the region and then help adapt the activity to novel locations.
- Create teams with representation from each jurisdiction that focus on core areas or functions.
- Commonality are things that we don’t do commonly. Share strategies for things we each struggle with (e.g. working collaboratively with the Department of Education to reach into schools).
- Concerned with sustainability of activities beyond implementation.
- Involve deans of land grant institutions.
- Promote home and community food production. Facilitating the exchange of information to support home food production might make a big impact.
- Involve families in intervention.
- Develop local capacity. Capacity Building is essential because they have a shortage of people with degrees of higher education (the challenge are their low salaries).
- Develop training component.
- Need to share resources (ex. IT) across our region so that more people can be reached, with our limited human resources.

Nomination of Individuals to Scientific Coordinating Committee and Working Groups

Scientific Coordinating Committee

- Chairman – Rachel Novotny
 - Responsible for science and looking for funding opportunities.
- Committee Members
 - At core, select leaders who are our strongest scientists since this will be an important aspect of their role.
 - Open to others that represent partners organizations.
 - Nominees
 - American Samoa – Dr. Donald Vargo
 - Alaska – Dr. Bret Luick
 - Guam – Dr. Rachel Leon Guerrero
 - FSM – Dr. Gregory Dever
 - Others: statistician, social scientist (e.g. family resources), cultural anthropologist, economist, and researchers in policy, health, and education.
 - Need to return home to get names: Palau, RMI, CNMI

Local Work Groups

- Advisory Committee
 - Our Land Grant Directors
 - Others in the community who can represent it well. (i.e. Native groups)

Notes on Core Values and Action Statements

[Notes from Facilitated Discussion]

Core Values

- Respect
- Diversity
- Collaboration
- Purposeful
- Health/well-being
- Culturally relevant
- Family
- Holistic
- Sustainability
- State of the art
- Accountable
- Experience
- Integrity
- Passion
- Creativity/Innovation
- Well-being
- Partnerships
- Multi-level
- Futuristic
- Traditional
- Knowledge
- Dedication
- Sharing
- Transparency
- Fun

Clustered Values (votes)

- a) (15) Accountability, Integrity, Transparency
 - a. transparent and integrity leads to sustainability
 - b. assures continued funding
 - c. accountability to what end – to people in community, shared among ALL so that no one carries a heavier load
- b) (10) Collaboration, Partnerships, Sharing
 - a. ID who we are going to work with
 - b. Can't be done alone – need to work with others
- c) (15) Respect, Diversity, Culturally Relevant
 - a. culture – multiple ways of defining desired state
 - b. culture – Duh.
- d) (3) Sustainability, State of the Art, Futurist, Traditional
 - a. Sustainable – Intent is to make lasting change
- e) (10) Health, Well-being
 - a. Well-being means meeting obligations and includes accountability
- f) (0) Passion, Purposeful, Dedication
- g) (4) Holistic, Multi-level
 - a. multi-level project levels, plus other ages
- h) (1) Knowledge, Experience
 - a. understanding results in appropriate decisions at all levels
- i) (2) Family
- j) (8) Creativity, Innovation, FUN
 - a. fun and creativity – need to think out of the box – existing approaches have not worked

Action Statement for Values

Accountability, Integrity, Transparency

- Levels of accountability
- Need procedures for monitoring/assessing action/performance that apply across all parameters
- Need standards/expectations
- Common data and analysis delivered in different ways to relevant to various audiences
- Use verifiable/defensive claims
- Accountable behavior:
 - Acting in the public interest
 - Demonstrating/measurable outcomes
 - Measure performance against standards articulated in advance
 - Informed consent
 - Conclusions/recommendation -
 - Open to verification/confirmation by outside independent organizations
- We will hold ourselves to the highest standard of accountability, integrity, and transparency regarding our methods, approaches, claims, and conclusions. We will remain open and accountable to others.

Respect, Diversity, Culturally Relevant

- Redefine health for cultural appropriateness
- Include native languages
- Seek elder wisdom/guidance
- Individualized (e.g., assessment)
- Community inclusion
- Utilize appropriate spiritual practices, e.g. spiritual circle
- Celebrate success
- Listen

Creativity, Innovation, FUN

- Stay with program (integrate fun in activities so people stay)
- Involve non-traditional programs, interventions, stakeholders
- Respecting what kids find is fun
- Peers teachers peers, peer role models
- Capitalize on environment (national resources) – “Go Green”
- Be attentive to messages and relationships we are not used to (story telling, narrative)
- Be open-minded, know that we know very little
- Flexible and adaptable as program progresses
- Reflective to make needed changes
- Use appropriate modern technology

- Use media
- Listen to quiet voices and listen for absent voices
- Evoke positive feelings, emotions, attitudes
- Include extended family members and organizations in programs
- Hands-on with kids
- Don' be afraid to fail
- Create the structures that allow innovation (e.g, food policy council)
- Recognize that conflict and difference are opportunities for innovation
- Not have cookie cutter approach as we adapt to individual parameters

Collaboration, Partnerships, Sharing

- Ability to integrate at multiple levels, eg age groups, government, faith-based, traditional, individual families
- Ability to work at a team
- Finding common ground

Health, Well-being

- Define childhood obesity in the context of our definition of health
 - Aspects to consider:
 - Fitness (physical)
 - Meeting obligations – family, society, individual
 - Functional aspects
 - Sleeping
 - Mobility
 - Cognitive
- Define our model of understand of young (2-8) childhood obesity (ID available data / need data)
- Define our approach:
 - Aspects to consider:
 - Ownership of health and disease
 - Supporting environment for healthier behavior and choices
 - The economics and trade issues (food imperialism)
 - Safe eating

List of Regional Priorities

- 1) Mapping and inventory – *What are the measures of overweight and obesity?*
 - BMI
 - Mobility
 - Sleep
 - Blood pressure
 - Well-being
 - Fitness/activity levels
 - Quality of life
 - Self-esteem
 - Diet
 - Stress
- 2) Locally-lead assessments
- 3) Locally-designed projects
 - Curriculum and Training
 - Training:
 - Train Target Group:
 - Parents, family
 - After-school providers/programs
 - Teachers
 - Caregivers
 - Child-care providers
 - Train Training Group:
 - Trainers (Health educators)
 - Those managing grant (internal)
 - *Development of Community Resources
 - politicians
 - health care workers (MD's, Nurses, etc.)
 - community leaders
 - *How to change minds and build awareness in communities
- 4) Formal education, both classroom and distance education
 - AA's
 - BA's

Areas of Expertise (and Interest) of Meeting Attendees

Deb Jones: Qualitative research, youth development, conflict transformation w/ individuals/groups/community groups.

Gena Rojas: Qualitative, identifying local needs, A.I., strategic planning, and policy development.

Aufai Apulu Ropeti: Extension [getting the information out to the community and translating instruments to native language].

Rebecca Fiame and Sharon Fanolua: Data collection and research /extension/outreach programs.

Roxie Dinstel: Qualitative research, outreach delivery of programs, family economics.

Bryan Isaac: Help with data collection on obesity; help with discrimination of information.

George Kent: Interested in supporting policy development in relation to food/nutrition issues, especially through the creation of local food policy counsels. Also, interested in supporting development of online courses.

Salome Lanwi: Assist with data collection on childhood obesity.

Yvette Paulino: Intervention design, data management/analysis, evaluation.

Christopher Edmonds: Examining price/market determinants of food consumption, supply chain for food, economics of agricultural products in Pacific Islands, international trade. Survey research. Evaluation and impact assessment. Policy research.

Jamie Boyd: As a Nurse researcher in disease prevention: qualitative study design, health education. As a Nurse Practitioner: health assessment tool development, population based health evaluation. As a School of Medicine Fellow: qualitative

research, food as medicine (foods of the Pacific that increase satiety, and decrease blood sugar). As a Native Hawaiian: I'll do whatever is needed.

Sylvia Yuen: 1. Development of culturally appropriate educational materials for children and their families; 2. Indicator data, data analysis, data systems, and data reports.

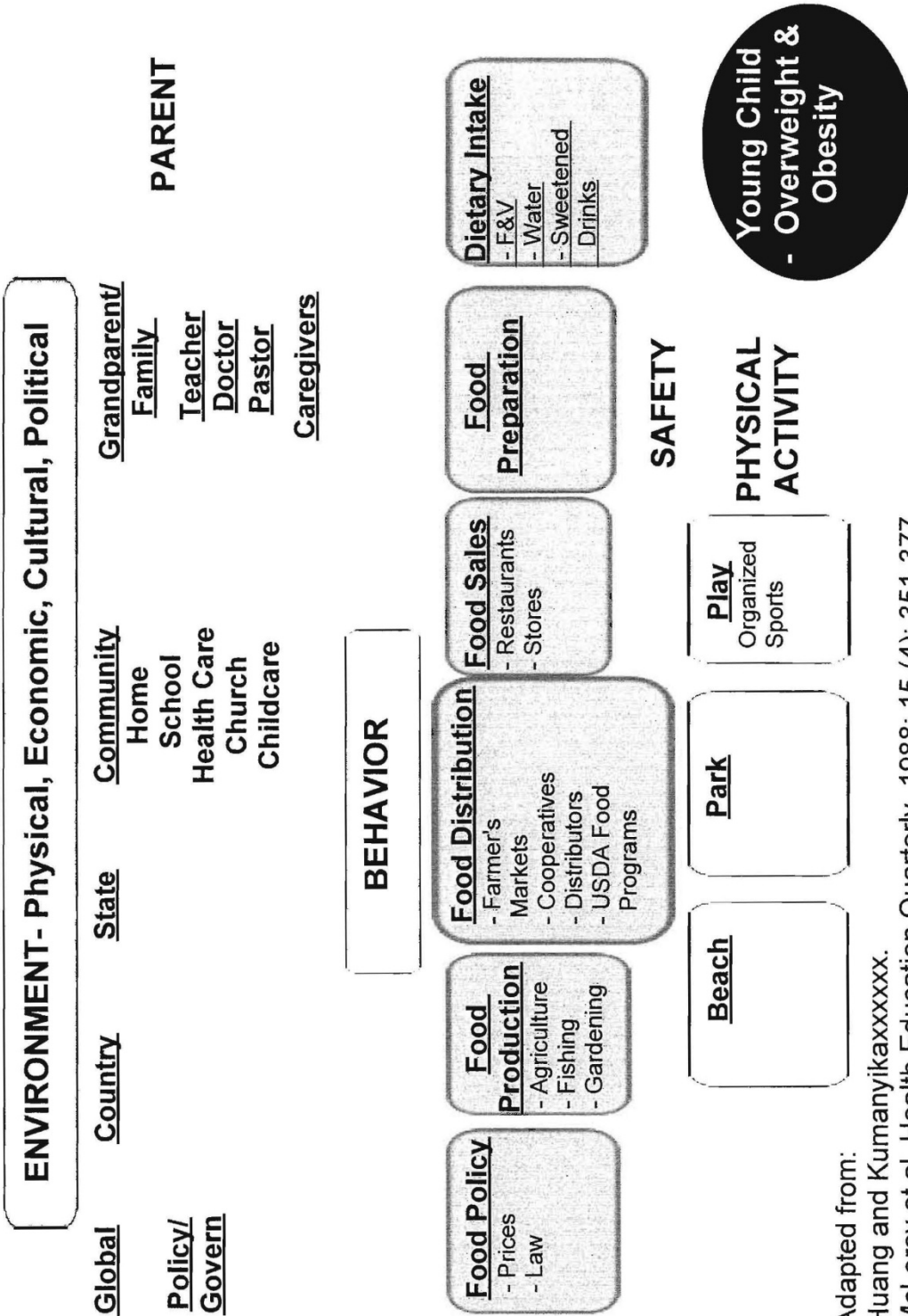
George Cruz: Prevention side and program implantation. Certified Prevention Specialist and Trainer. Worked with youth of various age groups and able to assist with program implementation of projects within the community and give feedback on progress, as well as, data collection.

Patricia Coleman: Environmental interventions – focus on policy

Selected Meeting Materials

SocioEcological, Multilevel Conceptual Framework

SocioEcological, Multilevel Conceptual Framework - CHIL



Adapted from:
 Huang and Kumanyikxxxxxx.
 McLeroy et al. Health Education Quarterly, 1988; 15 (4): 351-377

Spheres of Influence Conceptual Framework

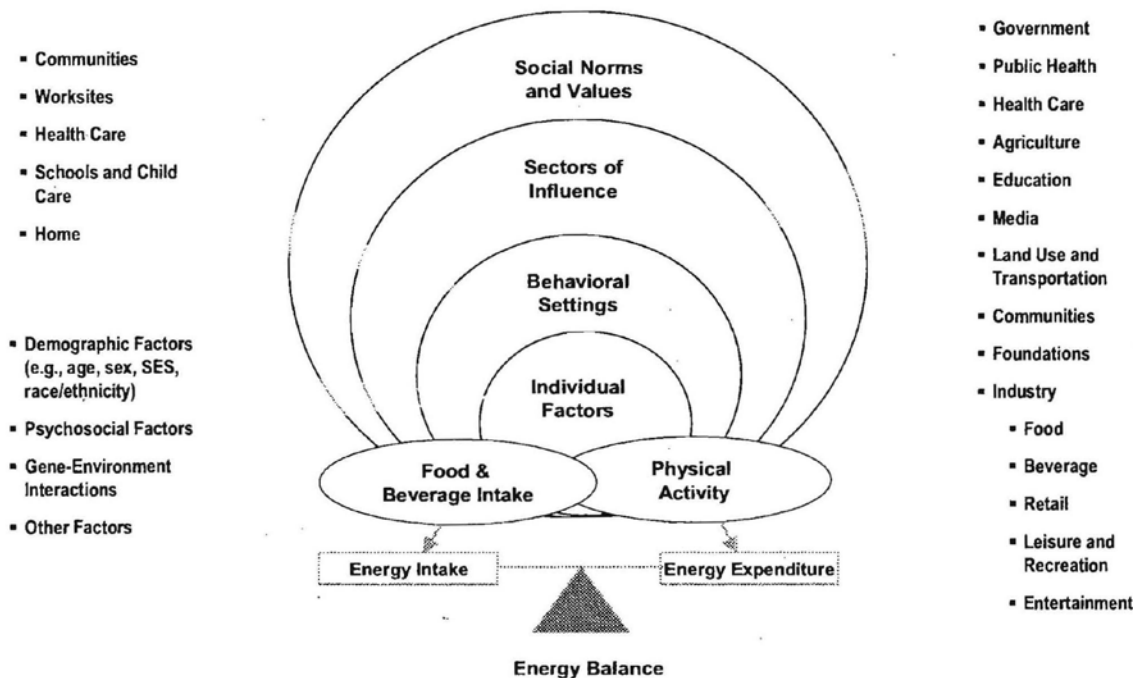


FIGURE 1-1 Comprehensive approach for preventing and addressing childhood obesity. Other relevant factors that influence obesity prevention interventions are culture and acculturation; biobehavioral interactions; and social, political, and historical contexts. See Figure 2-1 in Chapter 2.

SOURCES: Adapted from IOM (2005), CDC (2006a).

Koplan, JP, Livennan, CT, Kraak, VI, Wisham, SL, eds. 2007. *Progress in Preventing Childhood Obesity, How Do We Measure Up?* National Academies Press. Available online at <http://www.iom.edu/Reports/2006/Progress-in-Preventing-Childhood-Obesity--How-Do-We-Measure-Up.aspx>

Success Stories from American Samoa

Examples of Successes in American Samoa

School Lunch Program. In July 2007, at the invitation of ASDOE Director Dr. Claire Poumele, Mr. Kerwin M. Higashi, Vice-President of Sodexo, conducted a three-day assessment of the local School Lunch Program (SLP). Dr. Poumele's decision was prompted by the inefficient way local foods were procured by the AS Dept of Agriculture and accepted by the SLP and by the questionable nutrient value of commercial products. Over-ripe bananas, for instance, cost the SLP thousands of dollars in 2000. And in 2006, the SLP was accused of distributing moldy "Pop Tarts" over several weeks to the nearly 19,000 students who depended upon the program.

In October 2007, Sodexo was awarded a contract to train food service personnel to incorporate dietary guidelines in meal planning. Food service management skills were also provided to all SLP personnel.

One result was that each Monday the school breakfast and lunch menus were published in the local newspaper. The menus included more locally provided fruits and vegetables, and the introduction of brown rice and whole wheat flour. The first offering, served March 3, 2008, included scrambled eggs with spinach filling, muffin, orange juice, and milk for breakfast, and beef stew with vegetables, green peas, cucumber slices, rice, banana, and milk for lunch. It was received with mixed reviews. The new menus were accompanied by nutrition curriculum to promote healthier eating among the students.

In 2008, Sodexo initiated a change in the SLP bid process, allowing 10 vendors rather than two to participate in the awarding of \$2.25 million by lumping the milk and juice contracts with other items such as foods and dry goods.

Health Challenge. The ASDOE held its first annual Health Challenge for elementary schools on November 22, 2008, which took place during the ASDOE Health Week. Health Week comprised Alcohol & Tobacco Awareness Day; Physical Fitness Day; Obesity Awareness Day; Nutrition Day; and the preparation for the Health Challenge. The Health Challenge involved competition of knowledge of health-related issues and a poster competition based on the theme "Engineered to Live a Healthy and Active Lifestyle."

Physical Education Initiative Program (PEIP). In 2008, ASDOE implemented this pilot program in three elementary schools. Boys and girls in grades 3 to 5 were randomly selected to take part. The PEIP included push-ups, sit-ups, a 30-ft shuttle run, and broad jump. The three schools competed against one another in April 2009.

Wellness Fair. The first annual ASDOE (and more than 25 partners) Wellness Fair was held April 25, 2009 and open to all. In addition to another PEIP competition, children enjoyed aerobic dance, received various health screenings, ate healthy snacks provided by high school students and vendors, and participated in a variety of physical activities. The second Wellness Fair was held April 24, 2010.

Body Mass Index (BMI) screening: In March 2003, the American Samoa Nutrition Coalition piloted a Healthy Lifestyle initiative at one private school in the Territory. Children in grades 4 to 6 were checked for blood pressure, pulse rate, BMI, and a finger stick made to test for hemoglobin and blood glucose levels. In 2005, the American Samoa Community College's Division of Community and Natural Resources (ASCC CNR) repeated this study with 380 schoolchildren enrolled in grades 7 to 12 in three public elementary schools and three public high schools. The ASCC CNR study found that about 35% of the students were obese according to cutoffs established by the International Obesity Task Force. The results was a cooperative effort by ASCC CNR, ASDOE, AS Dept of Health, and the AS Community Cancer Network to screen schoolchildren aged 5 to 19 years over the following three years. The results confirmed that about 20% of students are overweight and 35% obese. As a consequence, these agencies together with representatives from other agencies are committed toward developing childhood obesity interventions to address this crisis.