

CHILDREN'S HEALTHY LIVING PROGRAM



For Remote Underserved Minority
Populations In The Pacific Region



United States Department of Agriculture
National Institute of Food and Agriculture
Agriculture and Food Research Initiative (AFRI)
No. 2011-88001-30336







Children's Healthy Living Program For Remote Underserved Minority Populations in the Pacific Region

Aua Prevalence Survey Results



United States Department of Agriculture
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Executive Summary



I. Executive Summary

Introduction to the Report

The CHL program utilizes three major strategies towards its goals: 1) training, 2) extension – outreach, and 3) research - intervention. The purpose of this document is to report on the measures of these three strategies in your community. It includes information about CHL training, outreach and sustainability activities, and the research descriptive results of the Children’s Healthy Living Program Survey at the individual and household level and the results of the community level assessment. The community level assessment utilizes the Community Assessment Toolkit (CAT) – which comprises of assessments about the availability of food resources, parks, play spaces, and walkable streets – and a Food Cost Survey. Results of the intervention trial will be presented in a separate report following this one.

If you have any questions about this report, please contact *Rachel Novotny* at novotny@hawaii.edu or 808-956-3848.

Thank you for your interest and efforts for children’s health!



Children's Healthy Living Program



II. Children's Healthy Living Program (CHL)

The Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region (CHL) is a partnership among the remote Pacific jurisdictions of Alaska; American Samoa; Commonwealth of the Northern Mariana Islands (CNMI); the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), the Republic of Palau; Guam; and Hawaii to study childhood obesity among Pacific children, ages two to eight years old.

The program is funded by the United States Department of Agriculture (USDA), National Institute of Food and Agriculture, Agriculture and Food Research Initiative (Grant no. 2011-68001-30335). CHL is coordinated from the Department of Human Nutrition, Food and Animal Sciences in the College of Tropical Agriculture, at the University of Hawaii at Mānoa with contracts to the University of Guam, University of Alaska Fairbanks, American Samoa Community College, Northern Marianas College, and fees for nutrition analysis services conducted at the University of Hawaii Cancer Center.

The goal of CHL is to help to create a social, cultural, political, economic, and physical environment in the Pacific Region that supports active play, physical activity, and eating healthy food, in order to promote health. In partnership with participating communities, 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.

CHL strived for the following behavior targets:

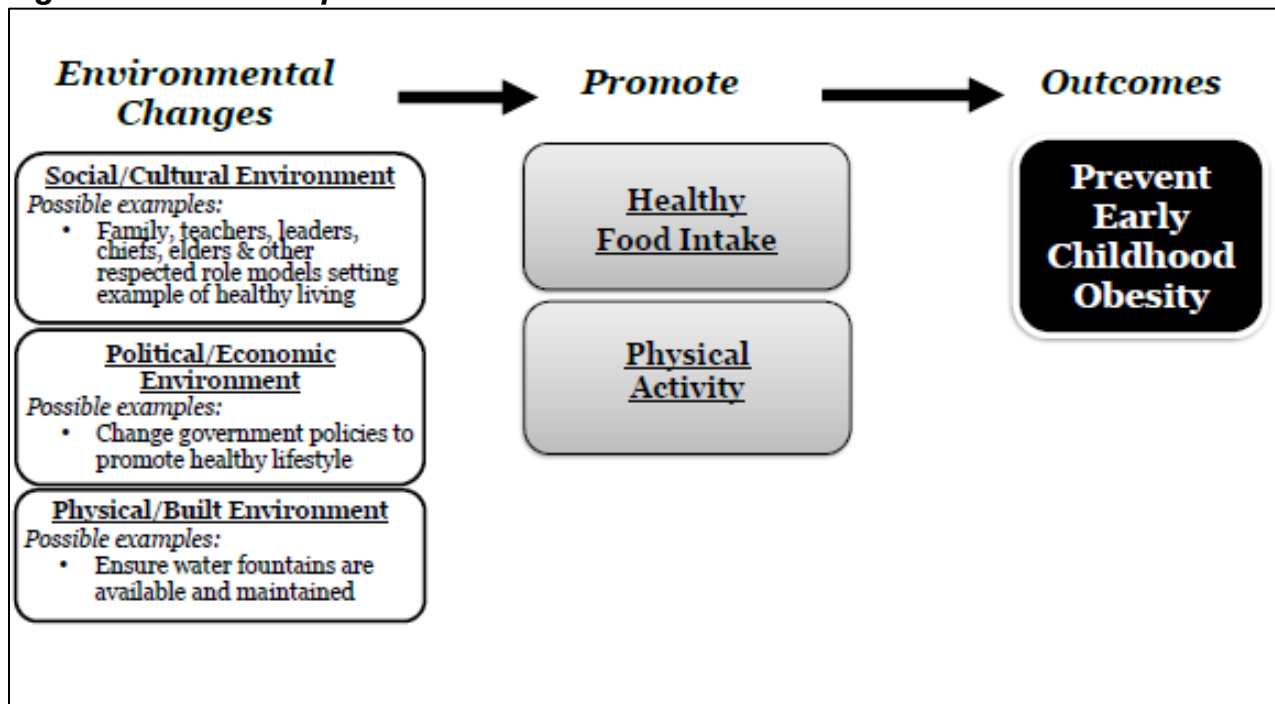
- 1) Lower prevalence of excess weight and waist circumference for height
- 2) Increased sleep
- 3) Reduced consumption of sugar-sweetened beverages (SSB)
- 4) Higher fruit and vegetable intake
- 5) Higher water intake



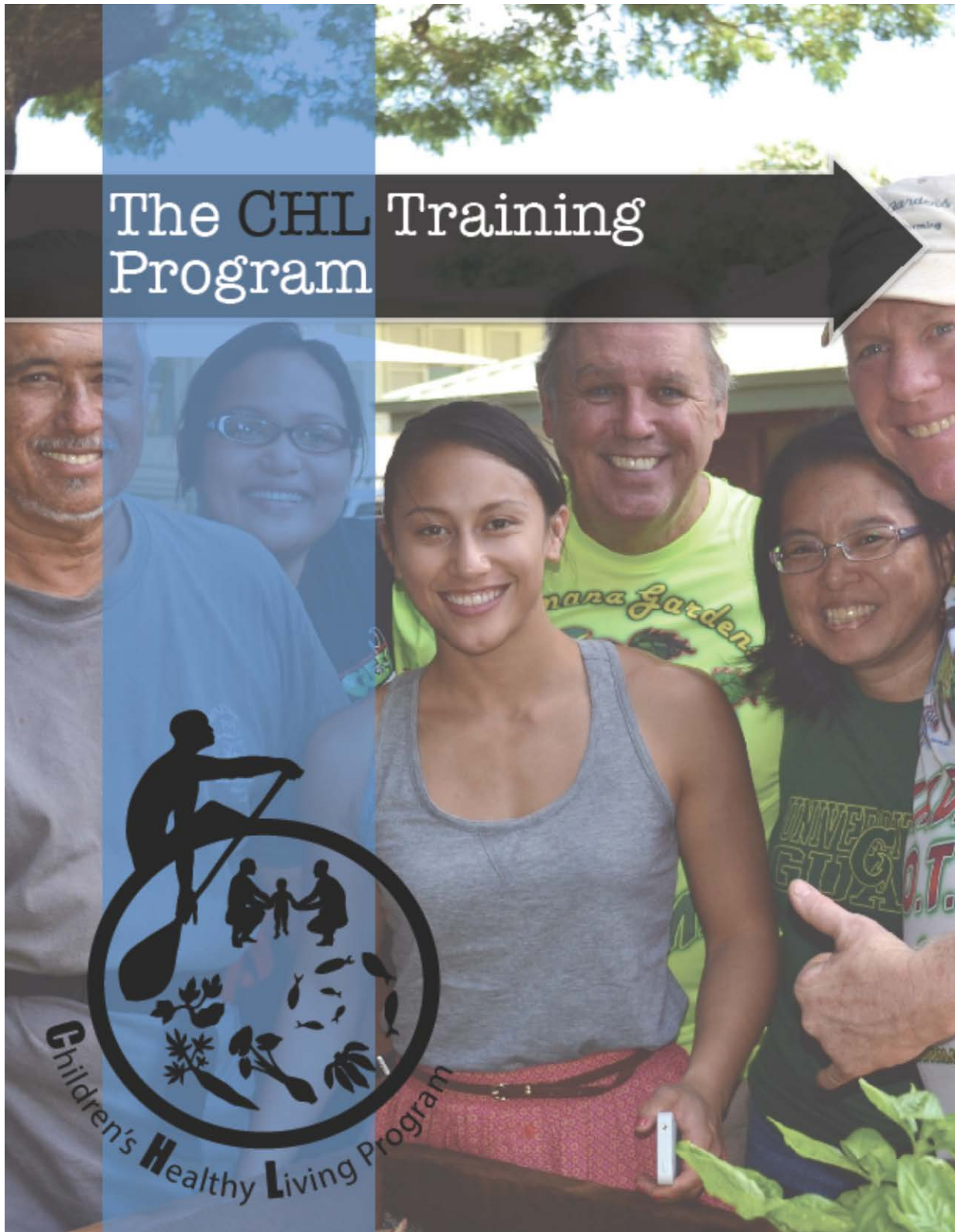
- 6) Reduced TV/video viewing
- 7) Increased physical activity
- 8) Lower prevalence of acanthosis nigricans (AN)

Figure 1 illustrates CHL's model to influence multiple aspects of the environment to promote healthy food intake and physical activity in young children ages two to eight years old (Braun et al., 2014).

Figure 1. CHL Conceptual Model



The CHL Training Program



III. The CHL Training Program

Training Program Objectives

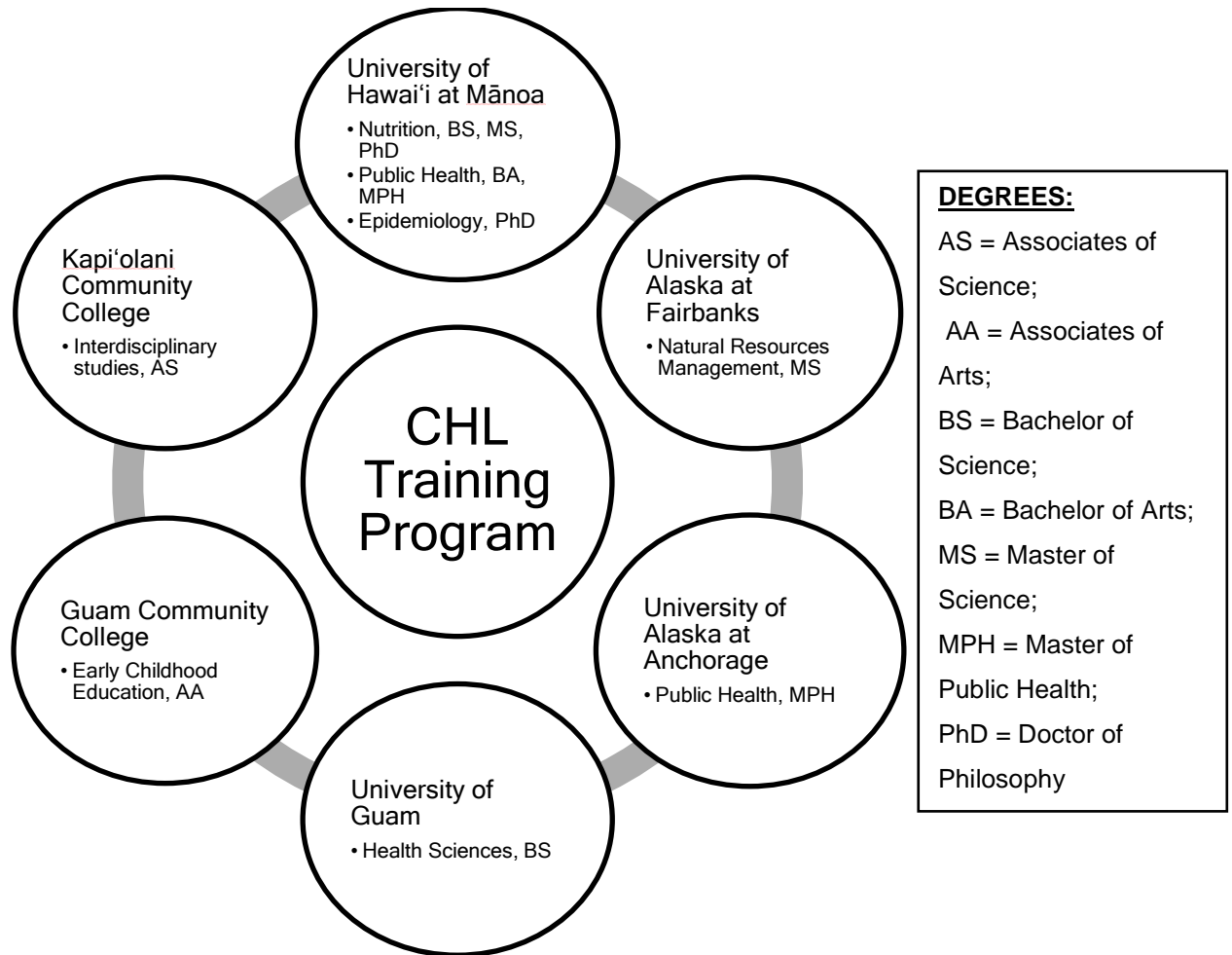
The development of the CHL Training Program (CHL-TP) was an essential component of CHL's multilevel approach to prevent childhood obesity. Approximately one third of the program's resources were invested in training. The CHL-TP's first objective was to train 22 United States Affiliated Pacific Region students in child obesity prevention through selected academic degree programs. A second objective was to enhance the students' academic education with training on childhood obesity prevention strategies and tools, through the offering of culturally appropriate and regionally relevant obesity prevention-related courses and programs.

Training Program Partnerships

The CHL-TP was a collaborative effort with institutions across the Pacific. Students selected for the program have attended courses at the University of Hawai'i at Mānoa, the University of Guam, Guam Community College, Kapi'olani Community College, and the University of Alaska at Fairbanks and Anchorage (Figure 2).

Partner jurisdictions created selection committees who screened and interviewed student applicants and identified the top candidates for the scholarship awards. Two students from each of Alaska, American Samoa, CNMI, Chuuk (FSM), Guam, Hawai'i, Kosrae (FSM), Pohnpei (FSM), the Republic of the Marshall Islands, the Republic of Palau, and Yap (FSM) were selected for a scholarship to enroll in a degree program at one of the partner institutions.

Figure 2. Institutions, Academic Program Areas and Degrees in the Children’s Healthy Living (CHL) Training Program



From: Fialkowski MK, et al. Indigenous Workforce Training by the Children’s Healthy Living Program (CHL) to Prevent Childhood Obesity in the Underserved US Affiliated Pacific Region. *J Health Care Poor Underserved*. 2015; 26(2 Supplement): 83-95.

Training Program Accomplishments

The CHL-TP developed a series of six 1-2 credit seminars that addressed the multiple causes of obesity and provided evidenced-based strategies for childhood obesity prevention. Conducting seminars using an online collaborative approach provided an opportunity for all the CHL trainees to engage in distance learning together while

strengthening their bond as a cohort and their ties to CHL and the region. The CHL-TP also partnered with the University of Hawai'i at Mānoa Public Health Program to allow CHL Trainees to take an indigenous health seminar as a part of their CHL seminar experience.

In addition to the CHL-TP seminar curriculum, CHL modified curriculum for the Food Science and Nutrition (FSHN) course, The Science of Human Nutrition (FSHN 185), offered both through the University of Hawai'i at Mānoa and the University of Hawai'i Outreach College. FSHN 185 utilized an online platform, which allowed for flexible and adaptive nutrition education delivery across the vast region of the Pacific and beyond. The modifications broadened the curriculum to reflect the unique environment and cultural diversity of the Pacific region. New modifications incorporate nutrition education with aspects of commonly consumed food and their significance in societal structure. To further support this Pacific adapted introductory nutrition course, a Pacific Food Guide was developed to help students enrolled in FSHN 185, to better connect the traditional foods of the Pacific with concepts of nutrition.

Other curriculum and education materials developed by the CHL-TP included a comprehensive workshop to provide standardized measurement training to staff and field workers conducting measurements in anthropometry, dietary intake, physical activity, and acanthosis nigricans. The measurement training workshops conducted by CHL were successful in standardizing over 100 measurers in 5 years across the Pacific region from Alaska to Micronesia. Workshop materials will continue to be utilized for standardization of educators and staff conducting regional measurements such as Head Start staff and community workers and will be part of future curriculum being planned.

Students accepted into the CHL-TP conducted a CHL project in their home jurisdictions that supported childhood obesity prevention. Students at the graduate level blended these projects with their final theses and dissertations. All trainees presented their projects and budgets to a selected project committee for approval prior to

implementation. Upon completion of their project all students submitted a formal write up and conducted an oral presentation. Examples of projects completed by graduates of the CHL-TP are outlined in Table 1.

Twenty-four students participated in the CHL-TP. Two Trainees dropped out of the program after their first year, due to personal reasons. The two vacant scholarship positions were offered to two other qualified Trainees from those respective jurisdictions. Two Trainees were released from the program due to poor performance. To date, 6 students (5 graduate and 1 undergraduate) have completed the CHL-TP and attained their degrees (Table 1). Two graduate-level Trainees from CNMI and Alaska are expected to complete their MPH degrees in the Spring of 2016 while 2 graduate level Trainees from American Samoa and CNMI, working towards a PhD in Epidemiology and an MPH, respectively, are expected to complete their degrees in Summer of 2016. Three undergraduate Trainees from American Samoa, Chuuk, and Kosrae are expected to graduate in Spring 2016 with Bachelor's degrees in Public Health (2) and Nutrition (1), respectively. One undergraduate Trainee from Yap is expected to graduate with a Bachelor's degree in Nutrition in Summer 2016. Four undergraduate Trainees from Pohnpei, Palau, Chuuk, and the Marshall Islands are expected to graduate in Fall 2017 with Bachelor's degrees in Health Science (3) and an Associate degree in Early Childhood Education (1), respectively.

Table 1. CHL Training Program Graduates by Jurisdiction, Degree Type, and Project Description

Student Name	Jurisdiction	Degree Name/Type	Project Description
Tanisha Aflague	Guam	PhD, Nutrition	To examine the willingness to try fruit and vegetables (F&V) and F&V intake among children, 3-12yrs, attending a cultural immersion camp compared to children from a camp without cultural immersion
Monica Esquivel	Hawaii	PhD, Nutrition	To build evidence on the effectiveness of Child Care Center wellness policies that promote intake of nutrient-dense food, healthy eating habits and nutrition education to improve child diet intake and prevent childhood obesity in Hawaii
Lenora Matanane	Guam	MS, Nutrition	To test whether access and availability to fruits and vegetables in food stores is associated with childhood overweight/obesity prevalence in selected Guam communities
Ashley Morisako	Hawaii	MPH, Native Hawaiian and Indigenous health	To outline the community engagement process instilled to effectively implement and evaluate a garden-based learning curriculum targeted for preschoolers in Hawaii in order to reduce and prevent childhood obesity
Ron Standlee-Strom	Alaska	MS, Natural Resource Management	To determine factors mediating the delivery of effective nutrition education as perceived by educators and Alaskan program participants
Trisha Johnson	Pohnpei	BS, Food Science and Human Nutrition	To determine traditional fruits and vegetables consumed by young children in Pohnpei, Federated States of Micronesia

PhD = Doctor of Philosophy; MS = Master of Science; MPH = Masters of Public Health; BS = Bachelor of Science

Long-term Plans

The CHL program provided guidance in identifying other funding to Trainees who did not complete their degree programs within the life of the CHL grant. The CHL-TP also continues to serve as a source of professional collaboration and career networking for

the Trainees. The CHL-TP plans to do long-term follow-up of the Trainees to gather information on the career trajectory of graduates.

Curriculum developed by the CHL-TP will continue to be adapted for offering through multiple venues. The Pacific adapted online FSHN 185 has been included as one of the options offered to students at the University of Hawai'i at Mānoa in the Fall, Spring, and Summer semesters. This class has also been designated as meeting the Hawaiian, Asian, and Pacific Issues General Education Focus area for the University of Hawai'i system, including the University of Hawai'i Outreach College. The nutrition education resource, the Pacific Food Guide, has also been developed into a web resource available for free at www.manoa.hawaii.edu/ctahr/pacificfoodguide

The series of seminars developed for the CHL Trainees on the causes of childhood obesity and evidenced-based strategies for childhood obesity prevention are currently being adapted into a comprehensive distance-learning platform for offering through a CHL Summer Institute. The online platform of the CHL Summer Institute will allow for a wider audience to benefit from its unique and important content. The CHL Summer Institute will offer various courses and modules for credit and non-credit through the University of Hawai'i Outreach College. The University of Hawai'i Outreach College allows for non-University of Hawai'i students to access this unique training opportunity at in-state tuition rates. For further information on the CHL Training Program please see the following resources:

- Fialkowski MK, et al. Indigenous Workforce Training by the Children's Healthy Living Program (CHL) to Prevent Childhood Obesity in the Underserved US Affiliated Pacific Region. *J Health Care Poor Underserved*. 2015; 26(2 Supplement): 83-95.
- CHL Training Program available at:
<http://www.chl-pacific.org/trainingeducation/program-overview>



CHL Community Intervention



IV. CHL Community Intervention

Target Behaviors, Strategies, and Cross Cutting Functions

CHL's goal was to achieve healthy weight among young children (ages 2 to 8 years) by promoting **six target behaviors**:

1. Increase consumption of fruits and vegetables, preferably locally grown fruits and vegetables
2. Increase physical activity
3. Increase water consumption
4. Increase hours of sleep
5. Decrease consumption of sugar sweetened beverages
6. Decrease screen time

To promote these target behaviors in communities with young children, the CHL team conducted community meetings, reviewed literature, and worked together to identify strategies and activities that would be appropriate for young children and their caregivers. The culture and environment of children and families also were taken into account.

Based on these data, CHL jurisdictions agreed to engage in **six strategies** to promote the target behaviors.

1. Introduce, enhance, and support policy for healthy eating and physical activity of 2-8- year-old children
2. Engage 2 to 8-year-old children in growing and eating local healthy foods
3. Train and support role models to promote CHL's six target behaviors

4. Increase accessibility of environments for safe play and physical activity for young children
5. Increase accessibility of drinking water for young children
6. Provide other education and training related to CHL's six target behaviors

These six intervention strategies were collapsed **into four cross-cutting functions**, signifying the four action areas of the intervention:

1. Strengthen and actualize school wellness policies
2. Partner and advocate for environmental change
3. Promote the CHL message
4. Train trainers (capacity building)



Children making fruit-infused drinking water

Specific recommended activities under each cross-cutting function were provided. Relationships between these activities and the CHL's behavior-change objectives are shown in Table 2.

Table 2. Relationship of Areas of Focus to CHL Cross-Cutting Function and Target Behavior

Cross-Cutting Function	Target Behavior Addressed
1) Review Assessment Data for the Policy and Physical Environment related to the 6 CHL behaviors	
a) Review preschool wellness policy assessment data to identify training needs.	All behaviors (Increase fruit & vegetable consumption; Increase physical activity; Increase water consumption; Increase sleep; Decrease sugar sweetened beverage consumption; Decrease screen time)
i) Review preschool wellness policy assessment data to identify policy gaps	
ii) Address policy gaps with preschool administration	
iii) Assess policy implementation quality identify strengths and weaknesses)	All behaviors
iv) Work with preschool administrators to address weaknesses in policy implementation	All behaviors
b) Review CAT (community assessment toolkit) data related to the physical environment to identify areas for advocacy.	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
i) Assess the physical environment using the CAT	
ii) Review CAT data related to the physical environment to identify areas for improvements and advocacy	
iii) Improve CAT-indicated physical activity environments	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
iv) Advocate (with partners, stakeholders, role models, coalitions, etc.) for CAT-indicated physical activity environment changes	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
2) Partner and Advocate for Environmental Change	
a) Work with existing community organizations and coalitions and/or form new coalitions to advocate for:	Increase physical activity
i) Better access to parks that are safe and inviting	
ii) Better access to clean water	
iii) Safer environments for walking, biking, etc. (e.g., bike lanes/racks, sidewalks, greenways)	Increase physical activity

Cross-Cutting Function	Target Behavior Addressed
iv) Better food placement in stores	Increase fruit & vegetable consumption Increase Water consumption Decrease sugar sweetened beverages
v) Gardens and hydroponics	Increase fruit & vegetable consumption
b) Partner with existing entities to purchase or obtain sponsorship for: i) Water in the preschools and childcare centers	
ii) Gardening supplies for preschool kids	Increase fruit & vegetable consumption
iii) Sports/play equipment for preschool kids	
iv) Campaigns and messages	All behaviors
3) Promote the CHL Message	
a) Support Role Models to deliver CHL messages in various ways (using the CHL role model curriculum as a guide)	All behaviors
b) Enhance existing social marketing campaigns in the intervention communities, and/or develop low-cost local social marketing campaigns related to the 6 CHL behaviors	All behaviors
c) Advertise CHL or other activities that promote 6 CHL target behaviors	All behaviors
4) Train the Trainers	
a) Train individuals to promote gardening in preschools and communities	Increase fruit & vegetable consumption
b) Train individuals to lead interactive, hands-on sessions to promote the 6 CHL behaviors	All behaviors
c) Train individuals to organize and lead family-based activities that support the 6 CHL behaviors (park clean-ups, hikes, cooking sessions, etc.)	All behaviors
d) Provide Technical Assistance (TA) to preschool and childcare staff on wellness policies	All behaviors
e) Train childcare providers and preschool teachers in curricula related to 6 CHL behaviors	All behaviors
f) Train role models (community champions, role celebrities, role models)	All behaviors

CHL Research Activities



V. Research Activities

CHL Research Aims and Design

CHL measured two to eight year-old children to identify young child overweight and obesity, acanthosis nigricans, and health behavior information about sleep, physical activity, screen time, eating of fruits and vegetables, and consumption of sugar-sweetened beverages and water.

Research Methods

Study Design

The cross-sectional CHL study design collected data on body size, functional outcomes of obesity (acanthosis nigricans), food intake, physical activity, lifestyle behavior which included screen time, and demographics (baseline or prevalence). These were measured through anthropometry (height, weight, and waist circumference), Food and Activity Logs, questionnaires, accelerometry, and visual inspection (of the neck).

Data were collected between October 2012 and September 2013 in American Samoa, Alaska, Commonwealth of the Northern Mariana Islands (CNMI, Guam and Hawaii, and between October 2013 and June 2015 in FAS.

This CHL research includes the data from the Federated States of Micronesia (Yap, Chuuk, Kosrae, and Pohnpei), the Republic of the Marshall Islands, and the Republic of Palau; referred to collectively in CHL as the Freely Associated States (FAS), and all other CHL jurisdictions -- Alaska, American Samoa, CNMI, Guam, and Hawaii.

Selection of Communities

Communities were identified in Alaska, American Samoa, CNMI, Guam and Hawaii using the 2000 U.S. Census tract data (U.S. Census Bureau). In the FAS, 2010 country census data were used to inform selection of sites. The community eligibility criteria included population size of >1000 (except for FAS), >25% of the population of

indigenous/native descent (except 15% in Alaska due to no targeted census tract within the CHL catchment area with a population of more than 1000 having more than 25% indigenous /native), and >10% of the population under age 10 years. Additional selection criteria included adequate settings for measuring children (e.g., schools), reasonable accessibility for the CHL team, and geographic representation for FAS.

Longitudinal Study

For the study of the effectiveness of the CHL intervention in American Samoa, CNMI, Guam and Hawaii, communities were selected as matched pairs. Four communities were selected (two matched-pairs). Two communities were selected (1 matched-pair) in Alaska. The matching included similar criteria as above, as well as community characteristics such as access to food stores and ethnic distribution. In each pair, one community was randomly assigned to intervention and the other to a delayed optimized intervention (community will receive intervention at the end of the main study). Two additional non-matched communities (third and fourth for Alaska and fifth and sixth for other jurisdictions) were selected from the eligible list of communities to serve as temporal indicators.

A second round of measurement occurred around 24-months from the baseline in Alaska, American Samoa, and Commonwealth of the Northern Mariana Islands (CNMI), Guam, and Hawaii to examine if CHL intervention activities in those jurisdictions were effective. Smaller amounts of data were collected from the “temporal” communities. The temporal communities served to show changes in BMI over time, in communities that did not have any CHL activities.

This report includes only the baseline data and a few questions that were not in the baseline survey that were collected at a second data collection period in some jurisdictions. The results of the CHL-wide intervention study examining changes between baseline and 24-month data will be available later in a separate report.

This report includes only the baseline data. The results of the CHL-wide intervention study examining changes between baseline and 24-month data will be available later in a separate report.

Selection of Participants

Recruitment activities involved schools and other community venues and activities. Recruitment took place at Head Start sites, preschools, day care centers, kindergartens, WIC sites, community health centers and other appropriate venues (e.g., parks and community recreation centers). Recruitment efforts, led by CHL staff in each jurisdiction, involved close collaboration with community liaisons (e.g., teachers, school staff, program directors, matai, mayors) to enhance participation. The teams in all jurisdictions tailored the recruitment strategies to work effectively with the stakeholder organizations while meeting recruitment goals of CHL.

NOTE: The following numbers are based on consented, rather than those who completed the measures.

Table 1: Number of Participants Consented in each Jurisdiction for CHL Research

Number of Participants Consented in each Jurisdiction for CHL Research	
Jurisdiction- Communities	Number Consented
Alaska- Anchorage, Fairbanks, Kenai, Mat-Su Valley	713
American Samoa Fagaitua/Pagai/Amatau/Auto/Utusia, Leloaloa/Aua, Onenoa/Tula/Alao, Aolobau/Aasu	978
CNMI - Koblerville/San Antonio, Oleai, Kagman, San Roque, Saipan, Village	924
Guam- Yigo, Yona, Agat, Sinajana	885
Hawaii - Nanakuli, Waimanalo, Hilo, Wailuku, Kauai, Molokai	988
CHL Intervention Study Data (total)	4,488

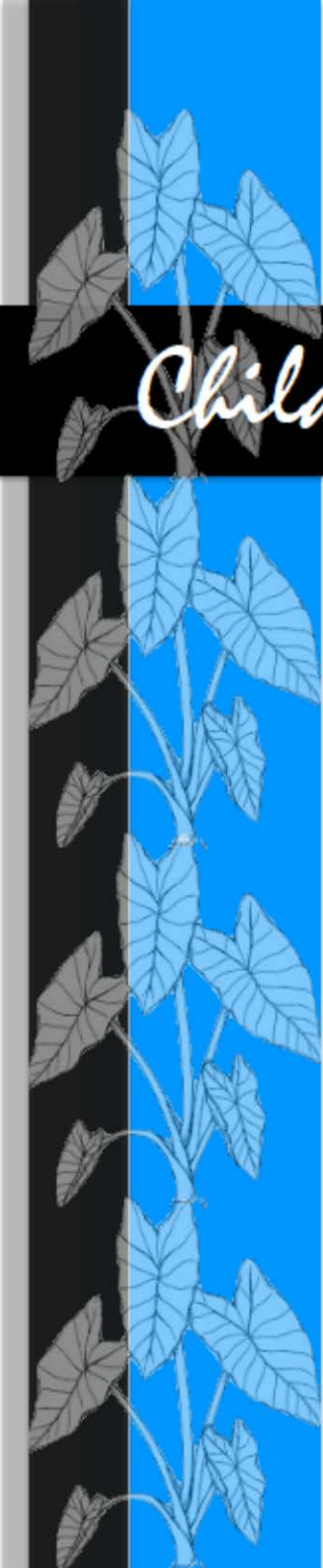
Freely Associated States	
Jurisdiction- Communities	Number Consented
Pohnpei <i>Nett, Mand, Sekere, Wenik</i>	212
Republic of the Marshall Islands <i>Majuro, Ebeye (Kwajalein atoll), Ailinglaplap</i>	218
Palau <i>Koror, Ngaraard, Melekeok, Airai</i>	214
Yap <i>Rull, Tomil, Weloy, Ulithi</i>	205
Kosrae <i>Tafunsak, Lelu, Sansrik, Malem, Utwe/Walung</i>	207
Chuuk <i>Weno (Sapuk, Iras), Tol, Tonoas, Uman</i>	231
FAS Prevalence Data (total)	1,287
CHL Total (CHL Intervention + FAS Prevalence)	5,775

Community Report



VI. Aua Community Report

The total number of responses for each question may not match the total number of consented participants. Parents identified their children as eligible (including age eligible) and consented, upon which children participated in the study. In data analysis, upon calculation of age by study metrics, some children were outside the defined age range and were excluded from the analysis. In addition, not all who consented to participate in the study completed all parts or all items of all the questionnaires, so the results for each item reflect only those who answered that question or whose data were available at the time of this report. Potential outliers with extreme values (defined as those with a value of 3 standard deviations (SD) above or below the mean) were also excluded from this report. The total percentage may not add up to 100 because of rounding.



Child Demographics



Section 1. Child Demographics

A total of 182 children participated from Aua. Parents / caregivers answered multiple questions about their child participating in the CHL research program. The following section reports some of that information collected, including child's sex, age, race and ethnicity.

Sex: 182 children participated had data on sex.

Table S.1.1. Number and Percent of Participants by Sex

Sex	Number	Percent
Boys	96	52.8%
Girls	86	47.3%
Total	182	100%

Age: Child's age was calculated between age in years elapsed between child's date of birth and the date when anthropometry was measured. The distribution of age of the children is shown below.

Table S.1.2. Number and Percent of Participants by Age

Age in Years	Number	Percent
Age 2	5	2.8%
Age 3	25	13.7%
Age 4	28	15.4%
Age 5	29	15.9%
Age 6	38	20.9%
Age 7	50	27.5%
Age 8	7	3.9%
Total	182	100%

Table S.1.3. Number and Percent of Participants by Age Group

Age in Years	Number	Percent
2-5 years old	87	47.8
6-8 years old	95	52.2%
Total	182	100%

Racial and Ethnic Heritage

The data collection questions used in this section and for the household demographics came from various sources. Some items were generated by CHL staff; some came from The Center for Alaska Native Health Research Demographic and Medical Screening Questionnaire, the Behavioral Risk Factor Surveillance System 2011 survey, and the 2011 Middle School Youth Risk Behavior Survey.

Table S.1.4. The Distribution of Race of the Children Using the U.S. Office of Management and Budget (OMB) Definition

Race of child of OMB definition	Number	Percent
Native Hawaiian or other Pacific Islander	174	97.8%
More than one race	4	2.3%
Total	178	100%

Table S.1.5. The Distribution of Race/Ethnicity of the Children Using the CHL Pacific Definition Which Prioritize the Indigenous Ethnic Groups in the Jurisdiction (CHL Pacific)

Race of child of Pacific definition	Number	Percent
Samoan	173	97.2%
Other*	5	2.8%
Total	182	100%

*Including Mixed race, Mixed Aian, Native Hawaiian Pacific Islander mixed with other race group, Mixed Samoan, and Native Hawaiian Pacific Islander mixed with Samoan

Child's Birth Place

Parents or caregivers responded to the question: "In what city or country was your child born?"

Table S.1.6. Child's Place of Birth

Birth Place	Number	Percent
America Samoa	165	90.7%
Hawaii	6	3.3%
Other (including Texas, Arkansas, Utah, and New Zealand)	7	3.9%
West Samoa	4	2.2%
Total	182	100%

Parents responded to the question about residence: "How many years has your child lived here?"

Among the 182 children, 168 had information on this question. Among them, 147 (87.5%) lived their whole life in Aua and the rest 21 (12.5%), spent 18 to 85 percent of their life there.

Language Child Speaks

The language distribution of the children in the survey is listed in the following table.

Note: Language responses may total over 182 and 100% because some respondents could speak more than one language.

Table S.1.7. Top Languages Child Speaks

Top languages child speaks	Number	Percent
Samoan	111	61.3%
English and Samoan	67	37.0%
English	3	1.7%
Total	181	100%

Samoan was the top language spoken at home (86.2%). Other languages children in Aua spoke at home were English and English and Samoan. Sixty-one percent of children spoke a language other than English at home. Thirty-seven percent of children spoke only English and one or more other languages and the other two percent only spoke English at home.

Summary

Among the 182 children, 86 (47.3%) were girls and 96 (52.8%) were boys. Furthermore, 87 (47.8%) were of age group 2-5 years and 95 (52.2%) were of age group 6-8 years. All 182 children had information on race, of which 173 (97.2%) were Samoan and 5 (2.8%) were mixed.



Child Anthropometric Measurement Results



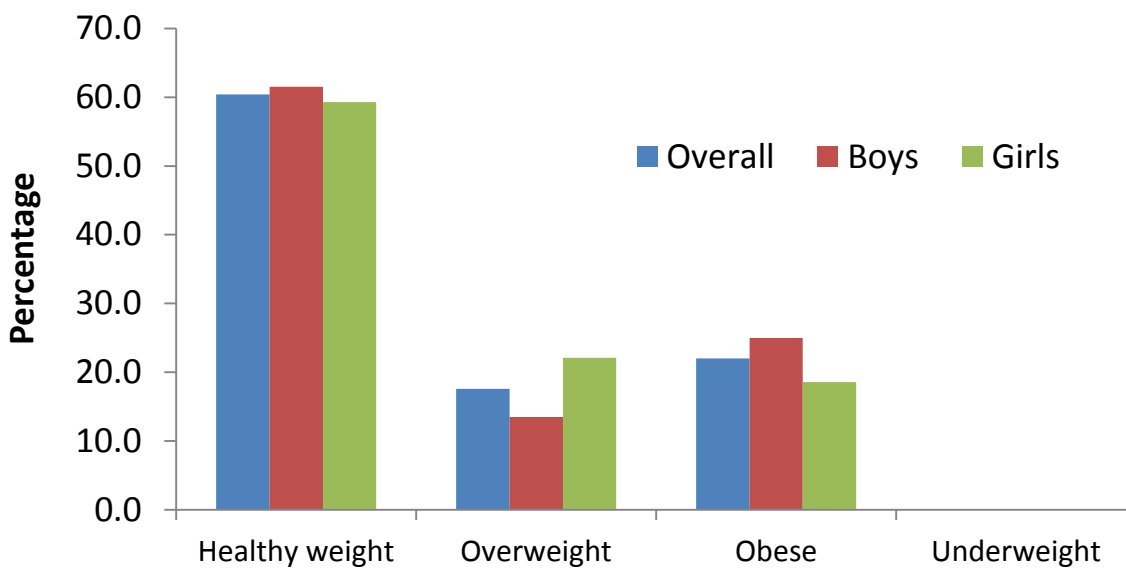
Section 2. Child Anthropometric Measurement Results

Body Mass Index

Among the 182 children who participated in Aua, all 182 had valid measurements of Body Mass Index (BMI).

Overweight was defined as the 85th - 94th percentile for BMI (weight, kg/(height, m²)) and obesity was defined as greater than or equal to the 95th percentile for BMI (Centers for Disease Control and Prevention, 2000).

Prevalence of Overweight and Obesity of Study Children in Aua



A total of 182 children were included for this analysis. Among them, 60.4% were healthy weight, 17.6% were overweight, 22.0% were obese, and none were underweight. No difference was found between boys and girls, or between children ages 2-5 and those 6-8 years old.

Abdominal Obesity

The International Diabetes Federation (IDF) suggests that children 6 years or older with a waist circumference equal or greater than the 90th percentile be considered as having abdominal obesity (Zimmet, et al., 2007). For children younger than 6 years of age, currently there is insufficient information for such classification. Using children ages 6-8 years in the CHL data set as the reference data, the 90th percentile cutoff value is 71.47cm. The 90th percentile cutoff value reported from the IDF, which uses “a nationally representative sample” of boys and girls, is 67.65 cm for 7-year olds.

Among the participants in Aua between the ages 6-8 years, using either the CHL cutoff or IDF cutoff value, **15 (15.8%) or 20 (21.1%) of children 6-8 year olds were considered as having abdominal obesity, respectively.**

Acanthosis Nigricans (AN)

Acanthosis nigricans is an indicator of high insulin levels, which can lead to insulin resistance and Type 2 diabetes. Acanthosis nigricans presents as a light brown, black velvety, rough, or a thickened lesion on the surface of the skin. These features are usually seen in body folds and creases, on the nape of the neck, armpits, and over the knuckles. This screening suggests a problem with handling the body’s insulin, and the possibility of having pre-diabetes or diabetes. CHL staff encouraged the parents/caregivers of these children to make an appointment for these children to see a doctor for further information and care.

Burke’s (1999) quantitative scale was utilized, with scores given for the severity of AN. Among the 182 children who participated, 181 had data on AN, of which 38 (21.0%) screened positive for AN.

Summary

Overall, 39.6% of children measured in Aua were overweight or obese. Strategies that have found to be effective in the prevention of childhood obesity include: (1) A healthy

lifestyle, which encourages children to move more, sleep more and spend less screen time. (2) A healthy diet, which encourages children to drink more water, eats more fruit and vegetables and consumes fewer sugar sweetened beverages.



Child Nutrition And Diet Reports



Section 3. Child Nutrition and Diet Reports

Parents and caregivers completed logs of everything their children ate and drank for two assigned days. The design of the logs was based on previous research conducted by the principal investigator as well as other team members.

For Aua, 130 Food and Activity Logs were reviewed by CHL staff and are included in this report.



The top five foods, beverages or condiments reported that children ate are shown in the table below.

Table S.3.1. Top 5 Foods, Beverages, or Condiments Most Commonly Reported

Food description	Aua	
	Number of times reported	% of all foods reported
#1 White Rice, Not Enriched, Short Grain	276	4.7%
#2 Milk, 1%	254	4.4%
#3 Milk, 2%	188	3.2%
#4 White Rice, Enriched, Short Grain	185	3.2%
#5 White Bread	184	3.2%

Fruit and Vegetable Intake

The United States Department of Agriculture (USDA) daily recommended amounts of fruits and vegetables for children 2-8 years of age are shown in the table below.

United States Department of Agriculture's My Daily Food Plan		
Daily recommended amount of fruits and vegetables	 VEGETABLES	 FRUITS
2 years	1 cup	1 cup
3 years	1 ½ cup	1 cup – 1 ½ cup
4-5 years	1 ½ cup – 2 cups	1 cup – 1 ½ cup
6-8 years	1 ½ cup – 2 ½ cups	1 cup – 2 cups

Children should consume at least 1 cup of fruit and 1 cup of vegetables daily, with these recommendations (as shown in the table) increasing as children age. This aligns with the CHL behavioral intervention target or goal: to eat more fruits and vegetables daily.

In Aua, children ate 2.5 servings of fruits and vegetables per day on average as recorded by parents/caregivers on the two-day food log. The average servings of fruit was 1.5 per day and the average servings of vegetables was 1.0 per day.

117 children (65.0 %) in Aua met the U.S. national recommendations for daily fruit consumption.

34 children (18.9 %) in Aua met the U.S. national recommendations for daily vegetable consumption.

Note that the percentages meeting the fruit and vegetable recommendations may be underestimated as two days of food records may not reflect the true long-term diets of the children. However, a low proportion of children meeting the recommendation even using two days of records can be used as an indication that the population should increase intake.

Water

Children should consume at least 32 - 40 fluid ounces (4 - 5 cups) of water from all beverages (milk, juice, drinking water) daily. CHL behavioral intervention target or goals were to encourage children to drink more water.

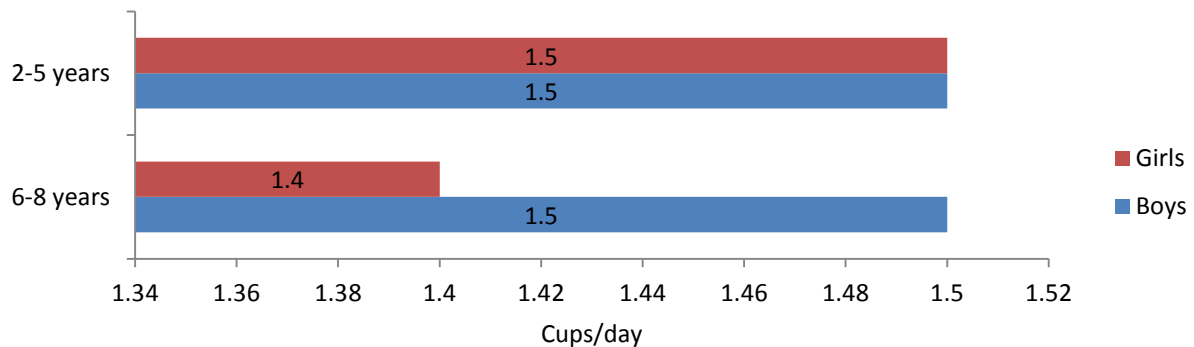
91.2% of parents / caregivers reported on the two-day Food and Activity Log that their child drank water over these two days.

On average, children in Aua drank 1.5 cups of water daily.

Table S.3.3. Intake of Daily Drinking Water by Age Group and Sex

Drinking water intake (cups / day) by sex	Aua	
	Number	Average
Boys		
2 – 5 years	46	1.5
6 – 8 years	49	1.5
All	95	1.5
Girls		
2 – 5 years	35	1.5
6 – 8 years	52	1.4
All	87	1.5

Recorded intake of Daily Drinking Water (cups / day) by Sex and Age for all Children



Sugar-Sweetened Beverages (SSB)

CHL behavioral intervention targets or goals are to limit (or avoid) the consumption of sugar-sweetened beverages (SSB).

From the two-day food record, 145 (79.7%) of parents/caregivers in Aua reported that their child consumed SSBs.

Children drank 1.1 cups of sugar-sweetened beverages on average daily.

For Aua, the most frequently consumed SSB included milk (1%), milk (2%), and canned sweetened tea.

Children's intake of Sugar-Sweetened Beverages (cups/day) for Aua

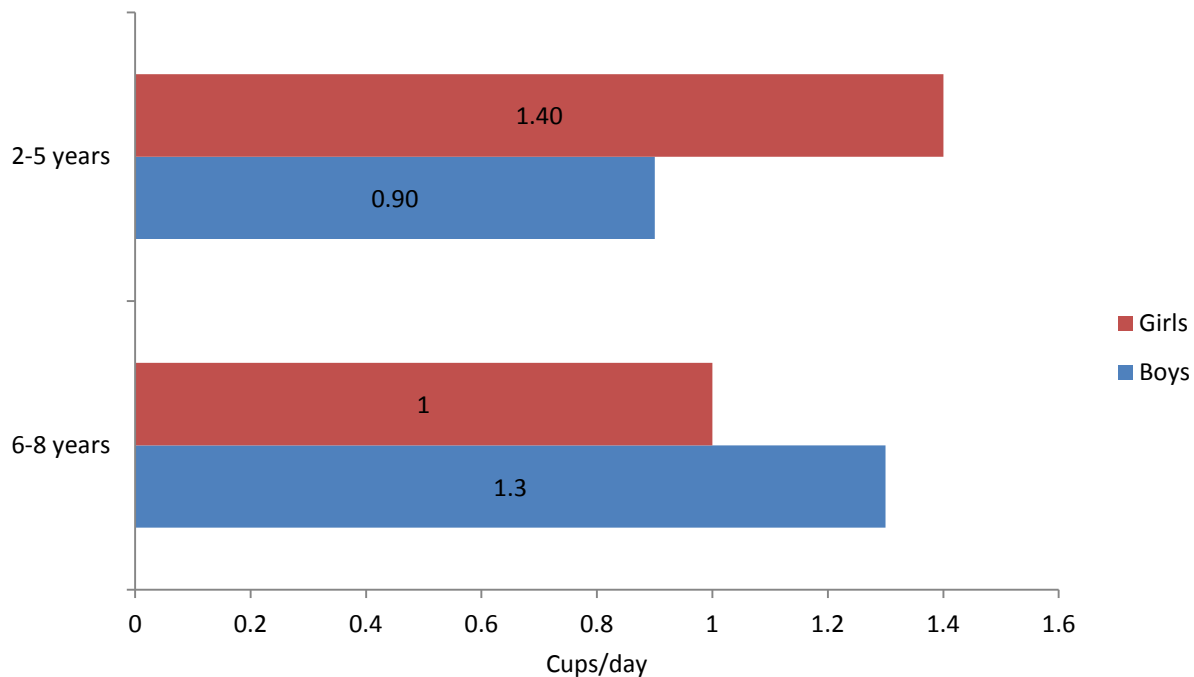


Table S.3.4. Mean SSB intake (cups/day) for all Children and those with SSB's Recorded for Aua

Mean SSB intake (cups/day)	All children		SSB Recorded	
	Number	Mean (SD)	Number	Mean (SD)
Boys				
2 – 5 years	46	0.9	36	1.2
6 – 8 years	49	1.3	39	1.6
All	95	1.1	75	1.4
Girls				
2 – 5 years	35	1.4	31	1.5
6 – 8 years	52	1.0	39	1.3
All	87	1.1	70	1.4

Table S.3.5. Proportion of SSB Consumption Greater than 2 Cups per day Among all Children and Only Children with SSB Recorded for Aua

Proportion of children with SSB consumption greater than 2 cups per day	All children, number (%)		SSB Recorded, number (%)	
	0-2 cups	greater than 2 cups	0-2 cups	greater than 2 cups
Boys				
2 – 5 years	41 (89.1%)	5 (10.9%)	31 (86.1%)	5 (13.9%)
6 – 8 years	39 (79.6%)	10 (20.4%)	29 (74.4%)	10 (25.6%)
All	80 (84.2%)	15 (15.8%)	60 (80.0%)	15 (20.0%)
Girls				
2 – 5 years	28 (80.0%)	7 (20.0%)	24 (77.4%)	7 (22.6%)
6 – 8 years	44 (84.6%)	8 (15.4%)	31 (79.5%)	8 (20.5%)
All	72 (82.8%)	15 (17.2%)	55 (78.6%)	15 (21.4%)



Physical Activity From Accelerometers



Section 4. Physical Activity from Accelerometers

To provide data on their physical activity levels, about 100 children in each community were fitted with Actical accelerometers on the first day of measurement. Accelerometers are objective tools for measuring physical activity. Children were instructed to wear the accelerometers for 6 days without removal. Accelerometers were set to record children's movements at each second. Recorded movements are known as counts. The accelerometer counts were summed to derive the number of counts per minute (cpm). These cpm were then used to derive activity levels based on the following criteria:

- Sedentary, if $\text{cpm} \leq 40$
- Light, if $41 \leq \text{cpm} \leq 2295$
- Moderate, if $2296 \leq \text{cpm} \leq 6815$
- Vigorous, if $\text{cpm} \geq 6816$

Sedentary (physical inactivity) behaviors includes excessive sitting, lying, as well as screen time. In this study, time spent on sleeping was not excluded from the sedentary results and was also considered as sedentary. **Light** activities include things such as walking at a slow pace or cleaning. **Moderate** types of activities include brisk walking, dancing and some active play, while **vigorous** activities include running, fast cycling and fast swimming.

Potential outliers with extreme values (defined as those with a value of 3 standard deviations (sd) above or below the mean) were excluded from this report. In **Aua**, Actical accelerometers from 135 children provided valid data on their physical activity levels. After excluding outliers, on average children spent 10.5 hours on sedentary activities.

On average, children in Aua spent 12.1 hours (sd=1.6) on light activities. On average, children in Aua engaged 1.3 hours (sd=0.9) on moderate or vigorous activities.

Of the 135 children with accelerometer data, in Aua, 67 (55.8%) of children met the U.S. national recommendations for achieving at least 60 minutes of moderate or vigorous activity daily, which is also a CHL behavioral intervention target or goal.

This information can be found in the following table.

Table S.4.1. Hours of Physical Activity by Type

Physical activity from accelerometer	Mean hours/day (sd)	
Sedentary activities (weighted) per day	10.5 (1.7)	
Light activities (weighted) per day	12.1 (1.6)	
Moderate activities (weighted) per day	1.2 (0.7)	
Vigorous activities (weighted) per day	0.1 (0.3)	
Moderate and vigorous activities (weighted) per day	1.3 (0.9)	
	Number	%
Met national recommendation of ≥ 60 minutes of moderate or vigorous physical activity daily	67	55.8%

Summary

In Aua, a total of 135 children had valid accelerometer data. Among those 135 children, daily average minutes of moderate and vigorous physical activity (MVPA) per day were 78.0. No difference was found between the averages of those ages 2-5 and those 6-8 years old. Fifty-six percent of those 135 children met the national recommendation of 60 minutes a day of MVPA. No difference was found between those ages 2-5 and those 6-8 years old.



Screen Time



Section 5. Screen Time

The following set of questions was adapted from Buckworth, J., & Nigg, C. (2004); Nigg, C. R. (2005); Haas, S., & Nigg, C. R. (2009).

Parents were asked, "On usual weekdays (Monday to Friday), how many hours a day does your child spend watching Television and/or videos/ DVD?" They were asked the same question about the weekend days.

Among the 182 children participated in Aua, **time spent on TV watching per day was 2.3 hours/day** (sd=1.5) overall, 2.3 hours (sd=1.6) on weekdays, and 2.2 hours (sd=1.6) on weekends. The following table summarizes the distribution of duration of TV watching.

Table S.5.1. Hours per day of TV Watching

Hours per day child watches TV (n=156)	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	11.1%	14.4%	19.3%
More than 1/2 hour up to 2 hours	40.3%	43.3%	40.3%
More than 2 hours up to 4 hours	32.6%	28.9%	26.5%
More than 4 hours up to 6 hours	15.5%	11.7%	11.6%
More than 6 hours up to 7 hours	0.6%	1.7%	2.2%
Total	100%	100%	100%

INACTIVE Video Games (Per day, Per Weekday, and Per Weekend day)

Parents were asked, “On a usual weekdays (Monday to Friday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?” They were asked the same question about the weekend days.

Among the 182 children participated in Aua, a total of 175 had data on the overall time spent on inactive video games. The **overall average among those 175 children was 1.6 hours/day** (sd=1.5). A total of 172 children had data on weekday inactive video time. Average inactive video time on weekdays was 1.6 hours (sd=1.6). A total of 174 children had data on weekend inactive video time. Average inactive video time on weekends was 1.5 hours (sd=1.5). The following table summarizes the distribution of duration of inactive video playing time.

Table S.5.2. Hours per day of Inactive Video Games

Hours per day child spent on inactive video games	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	32.6%	37.2%	37.9%
More than 1/2 hour up to 2 hours	30.9%	36.1%	34.5%
More than 2 hours up to 4 hours	26.3%	14.4%	22.4%
More than 4 hours up to 6 hours	10.3%	9.3%	5.2%
More than 6 hours up to 7 hours	--	--	--
Total	100%	100%	100%

ACTIVE Video Games (Per day, Per Weekday, and Per Weekend day)

Parents were asked, “On a usual weekdays (Monday to Friday), how long on average a day does your child spend playing ACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?” They were asked the same question about the weekend days.

Among the 182 children participated in Aua, a total of 175 had data on the overall time spent on active video games. The **overall average among those 175 children was 1.8 hours/day** (sd=1.5). A total of 167 children had data on weekday active videotime. A total of 178 children had data on weekend active video time. Average active video time on weekdays was 1.7 hours (sd=1.5) and on the weekend was 1.9 hours (sd=1.6). The following table summarizes the distribution of duration of active video playing time.

Table S.5.3. Hours per day of Active Video Games

Hours per day child spent on active video games	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	26.3%	33.5%	29.2%
More than ½ hour up to 2 hours	36.0%	37.7%	33.2%
More than 2 hours up to 4 hours	26.3%	21.6%	27.0%
More than 4 hours up to 6 hours	11.4%	7.2%	10.7%
More than 6 hours up to 7 hours	--	--	--
Total	100%	100%	100%

Screen Time - Overall

This variable was created by adding the hours for watching TV and DVDs, the hours playing active video games, and the hours playing inactive video games. The overall mean is a weighted average of weekday and weekend hours.

Among the 182 children participated in Aua, 176 had data on the overall screen time, which averaged 5.6 hours (sd=3.7). A total of 176 had data on weekday screen time, which averaged 5.6 hours (sd=4.0). A total of 177 had data on weekend screen time, which averaged 5.5 hours (sd=4.0). The following table summarizes the distribution of duration of screen time.

Table .S.5.4. Hours per day of Screen Time

Hours per day child spent on screen time	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	5.1%	7.4%	10.7%
More than 1/2 hour up to 2 hours	15.3%	13.1%	14.1%
More than 2 hours up to 4 hours	18.8%	23.3%	18.6%
More than 4 hours up to 6 hours	18.2%	15.9%	19.2%
More than 6 hours	42.6%	40.3%	37.3%
Total	100%	100%	100%

Summary

A total of 176 children were included in the analysis of screen time. Among them, average screen time such as watching TV, video games, or DVD, or playing active or inactive video games was 5.6 hours. No difference was observed between the averages of boys and girls, or between those ages 2-5 and those ages 6-8 years old.

While the national recommendation is for each child to spend 2 or less hours of screen time every day, **only 37 (20.3%) of our study children met this recommendation.** No difference was found between boys and girls, or between those ages 2-5 and those ages 6-8 years old. A vast majority (79.7%) of children appear to be spending too much time watching screens! This is an opportunity for both parents and educators to intervene to help children spend less screen time.



Section 6. Sleep

The National Sleep Foundation **recommends** for 2 year olds: 11-14 hours of sleep/night; for 3 to 5 year olds: 10-13 hours/night; and for 6 to 8 year olds: 9-11 hours/night. The National Sleep Foundation also gives a **range** that may be appropriate for an individual child which is a bit wider with 9-16 hours for 2 year olds; 8-14 hours for 3 to 5 year olds; and 7-12 hours for 6 to 8 year olds.

Parents were asked, “How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)?” The respondents were asked to choose from 0 hours to over 13 hours in half hour increments. For those who chose over 13 hours, 13.5 hours was assigned instead; hence, the maximum hours are at 13.5 hours.

Some participants misunderstood the question but put down child’s nap time or hours sleep on the previous night instead of average sleep duration. Therefore, observations where sleep duration was less than 3.5 hours were removed from this report as those values are more or less considered as biologically implausible values.

Table S.6.1. Number and Percent of Children’s Average Hours of Sleep per day by Age

Hours of sleep in 24 hours at night and in naps (on average and from parent / caregiver report)	Number	%
2 year olds	4	100%
Less than 9 hours	2	50.0%
9 hours to less than 11 hours	2	50.0%
11 hours or more (to 13.5 hours)	0	0%
3 – 5 year olds	58	100%
Less than 8 hours	18	31.0%
From 8 hours to less than 10 hours	15	25.9%
From 10 hours to 13.5 hours	25	43.1%

Hours of sleep in 24 hours at night and in naps (on average and from parent / caregiver report)	Number	%
6 – 8 year olds	78	100%
Less than 7 hours	21	26.9%
From 7 hours to less than 9 hours	29	37.2%
From 9 hours to 13.5	28	35.9%

Table S.6.2. Number and Percent of Children Meeting Recommended Hours of Sleep

Met recommended hours of sleep	Number	%
Two year olds met recommendation of 11 – 14 hours of sleep	0	0%
Three to five year olds met recommendation of 10 – 13 hours of sleep	25	43.1%
Six to eight year olds met recommendation of 9 – 11 hours of sleep	28	35.9%

The following questions were modified from The Tayside children’s sleep questionnaire (McGreavey, Donnan, Pagliari, & Sullivan, 2005).

Table S.6.3. Number and Percent of Minutes to Fall Asleep

How long after going to bed does your child usually fall asleep?	Number	%
0 to less than 15 minutes	49	26.9%
15 to less than 30 minutes	72	39.6%
30 to less than 45 minutes	24	13.2%
45 to less than 60 minutes	13	7.1%
60 minutes and more	124	13.2%
Total	182	100%

Table S.6.4. Number and Percent of Children with Difficulty Getting to Sleep

The child has difficulty getting to sleep at night (and may require a parent to be present)	Number	%
This sleep behavior never occurs	116	63.7%
The behavior occurs once or twice a month	26	14.3%
Occurs one to two times a week	13	7.1%
Occurs between three and five nights a week	8	4.4%
The sleep behavior happens every night	19	10.4%
Total	182	100%

Table S.6.5. Number and Percent of Children Not Falling Asleep in Own Bed

Child does not fall asleep in his or her own bed.	Number	%
This sleep behavior never occurs	126	69.2%
The behavior occurs once or twice a month	24	13.2%
Occurs one to two times a week	15	8.2%
Occurs between three and five nights a week	3	1.7%
The sleep behavior happens every night	14	7.7%
Total	182	100%

Table S.6.6. Number and Percent of Children Waking Up at Night

Child wakes up during the night	Number	%
This sleep behavior never occurs	102	57.0%
The behavior occurs once or twice a month	23	12.9%

Occurs one to two times a week	30	16.8%
Occurs between three and five nights a week	8	4.5%
The sleep behavior happens every night	16	8.9%
Total	179	100%

Table S.6.7. Number and Percent of Children Difficulty Falling Asleep After Wakening

After waking up in the night, child has difficulty falling asleep again by himself or herself.	Number	%
This sleep behavior never occurs	130	72.6%
The behavior occurs once or twice a month	19	10.6%
Occurs one to two times a week	13	7.3%
Occurs between three and five nights a week	7	3.9%
The sleep behavior happens every night	10	5.6%
Total	179	100%

Table S.6.8. Number and Percent of Children Sleeps Some of the Night in Parent's Bed

Child sleeps in the parent's bed at some time during the night	Number	%
This sleep behavior never occurs	100	55.9%
The behavior occurs once or twice a month	26	14.5%
Occurs one to two times a week	22	12.3%
Occurs between three and five nights a week	11	6.2%
The sleep behavior happens every night	20	11.2%
Total	179	100%

Table S.6.9. Number and Percent of Children Needing Parent to Replace a Comforter After Waking in Night

If child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it.	Number	%
This sleep behavior never occurs	149	83.2%
The behavior occurs once or twice a month	6	3.4%
Occurs one to two times a week	9	5.0%
Occurs between three and five nights a week	6	3.4%
The sleep behavior happens every night	9	5.0%
Total	179	100%

Table S.6.10. Number and Percent of Children Wanting a Drink During the Night

Child wants a drink during night (including breast or bottle-feed)	Number	%
This sleep behavior never occurs	110	61.8%
The behavior occurs once or twice a month	27	15.2%
Occurs one to two times a week	10	5.6%
Occurs between three and five nights a week	14	7.9%
The sleep behavior happens every night	17	9.6%
Total	178	100%

Table S.6.11. Number and Percent of Children with Sleeping Difficulties

Do you think your child has sleeping difficulties?	Number	%
No	164	91.6%
Yes	15	8.4%
Total	179	100%

Summary

Among the 62 two to five year olds, 42% met the national recommendation of sleep of between 11-13 hours daily. Another 33% of children slept more than 8 hours but less than 11 hours daily and 29% slept less than 8 hours. About 37 (60%) of our younger children (2-5 years old) did not meet the national recommendation of 11-13 hours daily of sleep. This is an opportunity for both parents and educators to intervene to help children get more sleep.



Section 7. Medical

Parents answered the question: Does your child have any current medical conditions diagnosed by a doctor? Among the 182 children, 179 had data on the question, 24 (13.4%) reported that their children had a medical conditions diagnosed by a doctor. The top medical condition was asthma (19, 10.4%).



*Early Life & Feeding
Of A Child*



Section 8. Early Life and Feeding of Child

Birth Weight

Among the 182 children participated from Aua, a total of 123 had information on birth weight. The distribution of birth weight into three groups is summarized in the following table.

Table S.8.1. Number and Percent of Children by Birth Weight

Birth Size	Number	%
Low birth weight < 2500 g	5	4.1%
Healthy birth weight (2500 – 4000 g)	104	84.6%
High birth weight > 4000 g	14	11.4%

Among the 182 children participated in Aua, a total of 15 had information on birth length. Among the 15 children, 6 (40.0%) had birth length below 5 percentile using the CDC 2000 reference data, which is at 45.57 cm.

Early Feeding Pattern

Among the 182 children participated in Aua, a total of 157 had information on breastfeeding. Among the 157 children, 130 (82.8%) of children were reported to ever have breastfed.

Table S.8.2. Number and Percent of Children ever Breastfed or Fed Breast Milk

Child ever Breastfed or fed Breastmilk	Number	%
Yes	130	82.8%
No	27	17.2%
Total	157	100%
If Yes, about children who were ever breastfed		

Mean age child stopped breastfeeding or being fed breast milk (months) (n=81)	15.4 months
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Among the 182 children participated in Aua, a total of 150 had information on formula feeding. Among those 150 children, 108 (72.0%) of children were reported to be ever formula fed. Mean age of children started formula feeding or stopped formula feeding is reported in the following table.

Table S.8.3. Number and Percent of Children ever Fed Formula

Child ever fed formula	Number	%
Yes	108	72.0%
No	42	28.0%
Total	150	100%
If Yes, about children who were fed formula		
Mean age child first fed formula (months) (n=75)	7.0 months	
Mean age child completely stopped drinking formula (months) (n=56)	13.5 months	

A total of 122 out of the 182 children had information on age when the child was fed anything other than breast milk or formula (juice, cow's milk, sugar water, baby food, or anything else, even water). The mean age of this was 8.1 months.



Household Demographics & Measures



Section 9. Household Demographics and Measures

Parents and other caregivers brought their children to participate in the CHL measurement study. The following section summarizes the participant's relationship to the child, the parent or caregiver's marital status, educational achievement, employment status, family income, and family structure.

Relationship

Relationship of the caregiver participant to the child is summarized in the following table.

Table S.9.1. Number and Percent of Caregiver's Relationship to Child

Relationship	Number	Percent
Biological mom	118	65.9%
Legal guardian, caregiver, other	26	14.5%
Birth dad	15	8.4%
Step mom	8	4.5%
Adoptive mom	5	2.8%
Other*	7	3.9%
<i>*Includes grandmother, adopted dad, and step dad</i>		

Marital Status

A total of 178 out of the 182 participants had marital status information of the respondent (see the following table).

Table S.9.2. Frequency and Percent of Caregiver's Marital Status

Marital Status	Number	Percent
Married	149	83.7%
Single and not living with boyfriend, girlfriend, or partner	9	5.1%
Other (not specified)	6	3.4%
Separated	6	3.4%
Single and living with boyfriend, girlfriend, or partner	4	2.3%
Other*	4	2.1%
<i>*Includes divorced and widowed</i>		

Household Size and Multi-generation Households

All 182 children had information on the number of people lived in the same household and their relationship to the child. Among them, 61 (33.5%) are from multi-generation households.

Mean size of household is 7, with the minimum of 2 and maximum of 29.

Education

The education levels of the caregivers – (the parents or guardians) are shown below

Table S.9. 3. Number and Percent of Caregiver's Education Level

Education	Number	Percent
Never attended school or only kindergarten	3	1.7%
Grades 1 up to 8 (elementary to middle)	11	6.1%
Grades 9 to 11(some high school)	17	9.4%
Grades 12 or GED (high school graduate)	101	55.8%
College or technical school 1 to 3 years	36	19.9%
College 4 years or more	13	7.2%
Total	181	100%

Employment Status of the Caregiver Participants

Among the 182 children participated in Aua, all had information on whether the respondent was employed for wages/salary, whether he/she was self-employed, whether he/she was out of work for more than a year or less than a year, whether the respondent was a homemaker, a student, unable to work or had more than one job.

Table S.9.4. Number and Percent of Caregiver's Employment Status

Employment	Number	%
Employed for wages / salary	59	32.4%
Self-employed	8	4.4%
Out of work (less than 1 year)	17	9.3%
Out of work (more than 1 year)	36	19.8%

Homemaker	56	30.8%
Student	11	6.0%
Retired	12	6.6%
Unable to work	5	2.8%
More than one job	19	10.4%

*Note: responses may total over 100% because respondents could select more than one category.

Household Income Level

Among the 182 children participated in Aua, 149 had information on annual Household income from all sources over the past 12 months. The following table summarizes this information.

Table S.9.5. Number and Percent of Caregiver's Household Income Level

Annual household income in the past 12 months	Number	Percent
Under \$10,000	83	55.7%
From \$10,000 to less than \$20,000	47	31.5%
From \$20,000 to less than \$35,000	12	8.1%
From \$35,000 to less than \$60,0000	4	2.7%
From \$60,000 or more	3	2.0%
Total	149	100%

Religion

Among the 182 children, a total of 177 had information on family's religious affiliation. Out of the 177, 176 reported having any type of religious affiliation, the distribution of different religious affiliations is presented in the following table. A total of 15 had information on how often they engage in religious activities. The mean number of times per month attending religious activities was 10 among those participants.

Table S.9.6. Number and Percent of Respondents' Religious Affiliation

Religion Affiliation	Frequency	Percent
Catholic	56	31.8%
Mormon/Latter-day Saints	49	27.8%
Protestant	41	23.3%
Christian denomination not specified	15	8.5%
Pentecostal	10	5.7%
Other*	5	2.8%
Total	133	100%
*Includes Baptist, Episcopalian, and Other (not specified)		

Food Security / Resource Availability

Food security and availability was included in the demographic questionnaire, to help understand the support services used by participants in our geographically varied jurisdictions. The food security questions were adapted from questions used by USDA to Assess Household Food Security (USDA, 2008). NHANES (cdc.gov/nchs/data/nhanes/nhanes_11_12/fsq_family.pdf).

Participants were asked, in the past 12 months, how often money for food or money for utilities run out before the end of the month. Among the 182 children participated in Aua, a total of 153 had information on whether money for food runs out or not and a total of 152 had information on whether money for utility runs out or not. The following table presents the answers.

Table S.9.7. Number and Percent of Caregiver's Money for Food and Utilities

Food Insecurity and Utilities in past 12 months	Number	%
Money runs out for food before the end of the month.		
Never	24	15.7%
Seldom	33	21.6%
Sometimes	59	38.6%

Most times or Always	37	24.2%
Money for household utilities (water, fuel, etc.) runs out before the end of the month.		
Never	23	15.1%
Seldom	24	15.8%
Sometimes	68	44.7%
Most times or Always	37	24.4%

A total of 171 children had information on whether they received assistance to pay food. Among those 171 children, 138 (80.7%) reported they did receive assistance. The following table summarizes different types of benefits their households have received.

Table S.9.8. Number and Percent of Caregivers Who Receive Food Assistance

Food Assistance Benefits received for those who obtained food assistance	Number	%
EBT/ SNAP / NAP (formerly called Food Stamps)	29	22.0%
Food Assistance (Food Bank / Food Pantries or Commodity foods)	2	1.5%
WIC benefits	111	84.1%
Free or reduced cost breakfast or lunch at school	6	4.6%

Culture

The degree of participants' own group's cultural and U.S. mainland cultural identifications were assessed using an acculturation questionnaire originally designed for use with Native Hawaiians (Kaholokula, Grandinetti, Nacapoy and Chang, 2008). The following tables summarize responses to those questions.

Table S.9.9. Number and Percent of Caregiver's Knowledge of Traditional Culture and Lifestyle

Knowledge of traditional culture & lifestyle	Number	Percent
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Very knowledgeable	66	36.5%
Somewhat knowledgeable	103	56.9%
Neutral or no response	6	3.3%
Somewhat not knowledgeable	3	1.7%
Not at all knowledgeable	3	1.7%

Table S.9.10. Number and Percent of Caregiver' Involvement with Traditional Culture and Lifestyle

Involved with traditional culture & lifestyle	Number	Percent
Very involved	54	30.5%
Somewhat involved	94	53.1%
Neutral or no response	14	7.9%
Somewhat not involved	5	2.8%
Not at all involved	10	5.7%

Table S.9.11. Number and Percent of Caregiver's Feelings Toward Traditional Culture and Lifestyle

Feel towards traditional culture & lifestyle	Number	Percent
Very positive	74	42.3%
Somewhat positive	81	46.3%
Neutral or no response	14	8.0%
Somewhat negative	3	1.7%
Very negative	3	1.7%

Table S.9.12. Number and Percent of Caregiver's Association with Traditional Culture and Lifestyle

How often associate with people of your traditional culture & lifestyle	Number	Percent
Most of the time	56	30.1%
Somewhat often	90	49.5%
Neutral or no response	19	10.4%
Very little of the time	8	4.4%
Not at all	9	5.0%

Table S.9.13. Number and Percent of Respondents' Knowledge of U.S. Mainland/Lower 48 Culture and Lifestyle

Knowledge of U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very knowledgeable	29	15.9%
Somewhat knowledgeable	99	54.4%
Neutral or no response	23	12.6%

Somewhat not knowledgeable	10	5.5%
Not at all knowledgeable	21	11.5%

Table S.9.14. Number and Percent of Caregiver's Involvement in U.S. Mainland/Lower 48 Culture and Lifestyle

Involvement with U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very involved	24	13.4%
Somewhat involved	76	42.5%
Neutral or no response	33	18.4%
Somewhat not involved	11	6.2%
Not at all involved	35	19.6%

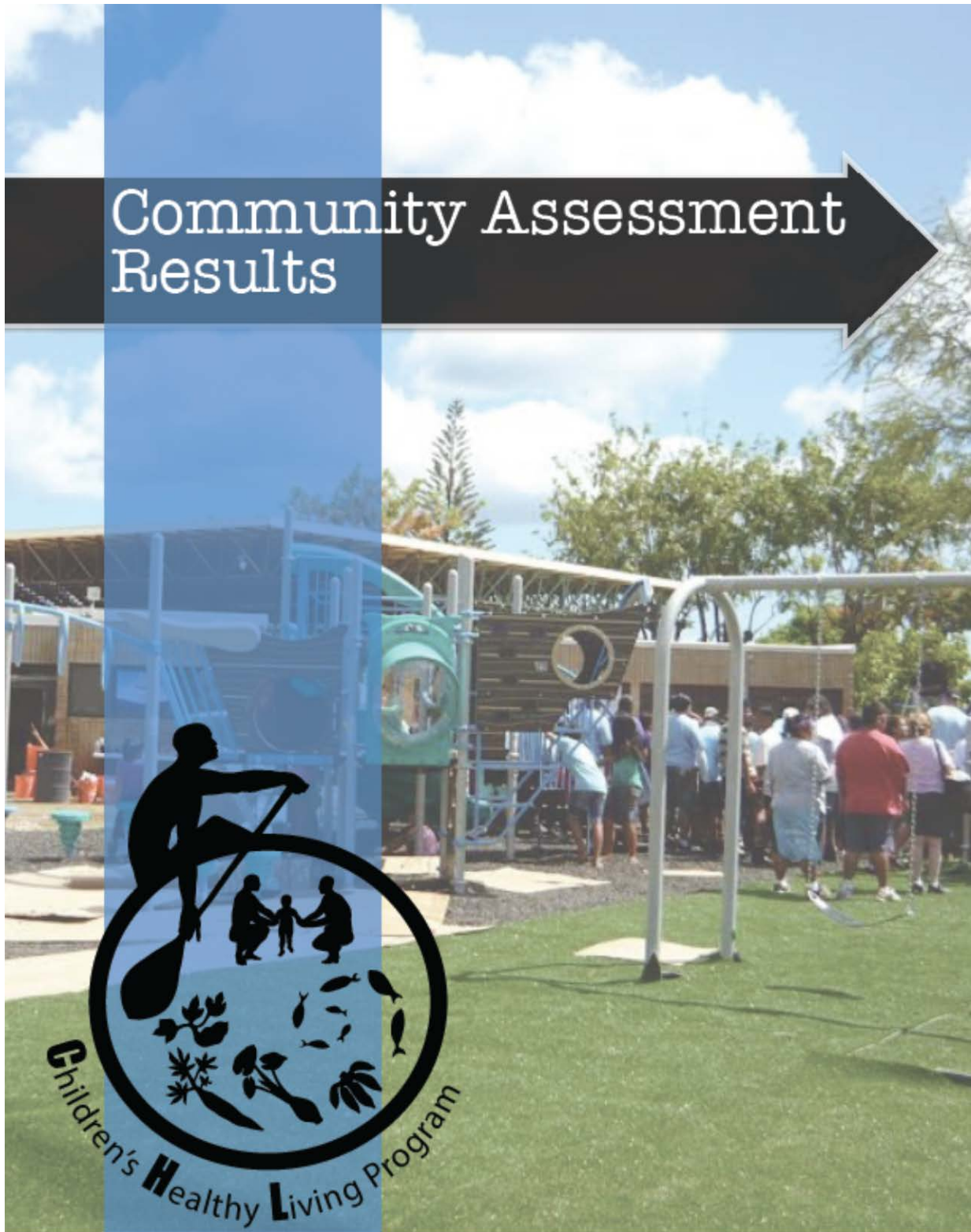
Table S.9.15. Number and Percent of Caregiver's Feelings Toward U.S. Mainland/Lower 48 Culture and Lifestyle

Feeling towards U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very positive	36	19.8%
Somewhat positive	79	43.4%
Neutral or no response	30	16.5%
Somewhat negative	21	11.5%
Very negative	16	8.8%

Table S.9.16. Number and Percent of Caregiver's Association with U.S. Mainland/Lower 48 Culture and Lifestyle

How often associate with U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Most of the time	26	14.4%
Somewhat often	71	39.2%
Neutral or no response	38	21.0%
Very little of the time	14	7.7%
Not at all	32	17.7%

Community Assessment Results



Children's Healthy Living Program

VII. Community Assessment Results

The Community Assessment Toolkit or CAT is a collection of data-recording forms to evaluate the food and physical activity environments of communities. These enabled us to study determinants of healthy eating, physical activity, and obesity among youth.

Section 1. Food Resources and Physical Activity Environment

The assessment of the food environment included inventories and surveys of food outlets, with documents adapted from other surveys (Bridging the Gap (BTG) and Community of Excellence (CX3))

- **CX3 Scores for Food outlet**
 - a. Accepts WIC and Food stamps / SNAP/ EBT
 - b. Availability of fresh fruit and quality of fruit
 - c. Availability of fresh vegetable and quality of vegetable
 - d. Other healthful foods
 - e. Unhealthy products
 - f. Nutrition information
 - g. Number of healthy and unhealthy ads present inside and outside the food outlet
 - h. Walkability
- **Fast food**
 - i. Advertisements that promoted price
 - j. Advertisements that included sugar-sweetened beverages
 - k. Number of healthy food options on the menu
 - l. Number healthy beverage options

The assessment of the physical activity environment included inventories and surveys of parks, school grounds, church grounds, and physical activity facilities, with documents adapted from Bridging the Gap (BTG). The assessment of community walkability was assessed with documents adapted from the National Center for Safe

Routes to School. Original forms can be found in Appendix A. CHL adapted forms can be found in Appendix B.

Section 2. Park Observations

The Form used to assess parks is modified from the Bridging the Gap Program, University of Illinois at Chicago, Park Observation Form (See Appendix for form used). The purpose of this survey is to improve our understanding of accessibility of park settings and quality of opportunities for physical activity in these settings among CHL communities. A complete list of parks that were located within the community boundary, or on the periphery, and their locations was compiled for each community by local staff. Staff then assessed up to ten parks per community or all of them when there were less than ten parks in a community. Staff were instructed to spend about 30 minutes walking through each park to survey its accessibility, setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), walking/running/biking trails, and incivilities.

Eligible parks: Local municipal or county park that is open to the public

- Has equipment used for physical activity or play, including playing fields and courts AND/OR has green space or natural features, benches, walking paths, picnic tables, or other park features
- On-the-ground parks only. Must also have a sign designating it as a public park if no sports features are present

Exclusions: Campgrounds, golf courses, forest preserves, stadiums, zoos, state and national parks, private/resident-only (e.g., neighborhood association) parks, stand-alone fields/courts associated with a school.

Park Setting, Parking, Sidewalks, and Amenities

Upon entering the park staff assessed the presence of certain park settings, parking and sidewalk features, and certain park amenities.

Observations on park setting included whether it was a public park, whether it was adjacent to a school, and whether it shared sports features with a school. In Aua, there was only 1 park with this information. The park was a public park, the park was not adjacent to a school, and the park did not share any sports features with an adjacent school.

The park had on-site parking with overhead lighting and no bicycle parking. The park surveyed had sidewalks leading up to the entrance of the park and it had overhead lighting.

Observation on park amenities included whether it had closing time signage, restrooms, showers, and beverage vending machine. Of the 1 park with such information, while the park had restrooms, the park did not have closing time signage, showers, or beverage vending machines.

Table S.2.1. Park Setting (N=1)

Park Setting	Number	Percent
Setting (n=1)		
Public Park	1	100%
Adjacent to a school	0	0%
Shares sports features with a school	0	0%
Parking (n=1)		
Parking on-site available (not including street parking)	1	100%
Parking has lights	1	100%

Bicycle parking racks or cages available	0	0%
Sidewalk (n=1)		
Sidewalks on street lead up to the entrance*	1	100%
Sidewalks have lighting	1	100%
Amenities (n=1)		
Park has closing time signage	0	0%
Restrooms present	1	100%
Showers present	0	0%
Beverage vending machines present	0	0%

Park Access and Barriers to Entry

Staff assessed each park for an entrance fee, signage limiting entry and any physical barriers around the perimeter of the park. Of the one park surveyed in Aua, it had responses on the question of whether there was an entrance fee. Since the park surveyed was a public park, we can assume there is no entrance fee. For the other items, all had information. The park did not have signage indicating the park name, or signage stating that public use of the park was limited to specific times. The park had information on whether there is signage indicating that the park was private or has restricted access at all times. The park did not have signage restricting access or a locked fence or other physical barrier around the perimeter.

Table S.7.2. Park Access and Barriers (N=1)

Access and barriers		
Signage indicates park name	0	0%
Signage states public use of area is limited to specific	0	0%

times		
Signage states area is private or restricted access at all times	0	0%
Locked fence or other physical barrier around the perimeter prevents public access	0	0%

Sports Features

Staff assessed each park for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature.

Feature Descriptions

- **Field, Multi-use:** A multi-use field is a large, flat, open space usable as an athletic field for more than one sport.
- **Field, Football:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a football field.
- **Field, Baseball:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a baseball field.
- **Field, Soccer:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a soccer field.
- **Court, Basketball:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a basketball court.
- **Court, Tennis:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a tennis court.
- **Court, Volleyball:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a volleyball court.
- **Court, Multi-use:** This includes large courts that contain equipment or the capability of holding equipment for different sports such as both basketball and volleyball.

- **Running/Walking Track:** A running/walking track may be located on the perimeter of a field or as part of a track and field stadium. Most tracks will have lane and/or distance markings.
- **Pool:** This includes—
 - a pool that is at least 3 feet deep at the deepest end.
 - a wading pool that is less than 3 feet deep at the deepest end and intended for use by small children.
- **Playground Area:** A playground area includes swings, monkey bars, climbing apparatuses, slides, see-saws, spring features, and other items meant for children’s play. In CHL survey, staff was trained to count only the number of areas, not the specific equipment or apparatuses.
- **Skateboarding Facilities:** Skateboarding facilities include ramps, tracks, and other apparatuses meant for use by skateboarders or in-line skaters. In CHL survey, staff was trained to count only the number of rooms or areas, not the specific equipment or apparatuses.
- **Exercise Stations with or without Signage:** Exercise stations are designated activity points. Exercise stations may also be called Fitness Trails or Fit Trails.
- **Rock Climbing Wall:** A rock climbing wall is a natural or artificially constructed outdoor wall with grips for hands and feet, used for climbing.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one item per feature, each item was evaluated for condition while the presence of lighting was assessed across all items in a feature. For example, if a park had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which are rated okay/good, 1 rated as poor, and one basketball courts had lighting.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Sports Features

Across the 1 park surveyed in Aua, there were a total of 4 features, of which 4 were rated as ok/good. Among those 4 rated features, 4 (100.0%) were rated as ok/good.

Multiuse fields (1), football field (1), baseball fields (1), and soccer fields (1) were the most frequent features.. The following table (Table S.2.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across 1 park in Aua.

Table S.2.3. Sports Features Across 1 Park in Aua

Feature	Total number of the feature	Condition of the Feature			Number of features w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	1	1	0	0	0
Field football	1	1	0	0	0
Field baseball	1	1	0	0	0
Field soccer	1	1	0	0	0
Court basketball	0	1	0	0	0

Court tennis	0	0	0	0	0
Court volleyball	0	0	0	0	0
Court multiuse	0	0	0	0	0
Track	0	0	0	0	0
Pool	0	0	0	0	0
Playground	0	0	0	0	0
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

Park Features and Amenities

Staff assessed each park for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure staff selected not rated.

Feature or Amenity Descriptions

- **Green Space:** This includes natural or landscaped space not specifically designated for physical activity
- **Beaches:** This includes natural or man-made beaches on the edge of water features such as lakes, rivers, and lagoons, as well as beaches at coastal parks.
- **Beaches Swimmable:** This includes any beach area with minimal shore break for a 3-5 year old to swim in.

- **Beaches Recreational:** This includes any beach with facilities for family picnics, barbecues, sports, water-sports, etc.
- **Beaches with Lifeguard:** This may be a swimmable beach, recreational beach, or both wherein lifeguards are present to monitor activities and to alert families of changing currents.
- **Other Water Features:** This includes natural or man-made bodies of water that may be present, including streams, creeks, rivers, ponds, lakes, lagoons, and in case of coastal parks, ocean.
- **Shelters:** This refers to a permanent structure with a roof to protect users from rain or sun. Walls are not required. Cloth or lattice canopies over picnic tables or exercise equipment and pergolas are not included.
- **Picnic Tables, Shaded:** This refers to a table top with benches, including outdoor lunch tables. Shade can be provided by tree or a structure.
- **Picnic Tables, not Shaded:** This refers to a table top with benches including outdoor lunch tables. These include tables without trees or a structure.
- **Benches:** Benches are structures designed to function as seating. These do not include picnic tables or retaining/supporting/landscaped walls whose primary function is not seating.
- **Drinking Fountains:** These include freestanding or attached water dispensers intended for drinking.
- **Decorative Water Fountains:** These include ornamental structures from which jet(s) or stream(s) of water is issued and reflecting pools. Decorative fountains are not used for drinking or swimming.
- **Trash Containers:** These are receptacles for litter and refuse that can be made of metal, plastic, or paper/plastic bags. They may be stand-alone or attached to a building.
- **Grills/Fire Pits:** These are structures designed for cooking meats or other foods over open fire. A fire pit may be built directly into the ground or may be a wide and low metal container that holds coals or wood.

- **Fence:** Large areas of the park are enclosed by a fence.
- **Trails:** These include paved or unpaved pathways or footpaths for walking, biking, roller-skating, etc. Trails are distinct from running/walking tracks in that they tend not follow a strict oval shape, but will usually follow an irregular direction and cover a greater distance than a track.

Survey Results of Park Features and Amenities

Among the 1 park in Aua, there were a total of 10 features and amenities, of which all 10 were rated as ok/good. Among those 10 rated features, all 10 (100.0%) were rated as ok/good. The most common features and amenities present were green space, beaches for swimming, beaches for recreation, shelters, picnic tables, trash bins, grills and trails. Table S.2.4. summarizes the total number and condition of each individual feature/amenities which was assessed.

Table S.2.4. Park Features and Amenities for the 1 Park in Aua

Feature	Total Number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	1	1	0	0
Beach swim	1	1	0	0
Beach recreational	1	1	0	0
Beach lifeguard	0	0	0	0
Waterpark	0	0	0	0
Shelters	1	1	0	0
Picnic Tables w/Shade	1	1	0	0
Picnic Tables w/o Shade	1	1	0	0

Benches	1	1	0	0
Drinking fountain	0	0	0	0
Décor fountain	0	0	0	0
Trash bins	1	1	0	0
Grills	1	1	0	0
Fence	0	0	0	0
Trails	1	1	0	0

Incivilities

Staff assessed each park for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation. The following items in this section were used to assess the physical disorder of the park grounds environment.

- **Garbage/Litter:** Includes paper, packaging, and other items of refuse not included in other categories below.
 - **Broken Glass:** Includes any types of broken glass, such as bottles, etc.
- **Graffiti/Tagging:** Refers to “unapproved” writing such as painted or drawn signs or symbols (e.g., gang insignia) on the building and/or exterior property. Do not include painted murals or public art.
- **Evidence of Alcohol Use:** This includes beer or other alcohol-related bottles, cans or caps littering the ground or in/around overflowing trash cans. You do not need to check inside the trash cans for evidence of alcohol use.
- **Evidence of Substance Abuse:** This includes syringes, baggies, rolling papers, etc.
- **Sex Paraphernalia:** This includes condoms, condom wrappers, or other contraceptive device/material, or visible pornographic reading material.

- **Dog Refuse:** There is dog refuse visible.
- **Dogs Unattended:** There are dogs who wander the facility not under advice or leash.
- **Vandalism:** There are evidences of broken windows or other broken features.

Staff looked for incivilities throughout the park and assigned a score for each incivility type based upon the amount that was present across the park settings. The possible ratings were: none (0), a little (1), some (2), and a lot (3). For the community, average rating for each of the item was used. Mean rating across all 9 items were then used as an overall rating of incivilities across all parks surveyed in that community.

Of the 1 park in Aua, there was a little bit of incivilities (mean= 0.9). Across the one park in Aua, there was evidence of garbage, broken glass, graffiti/tagging, alcohol use, substance abuse, dog refuse, dogs left unattended, and vandalism. There was no evidence of sex paraphernalia (Table S.2.5).

Table S.2.5. Average Amount of Each Incivility Across 1 Park in Aua

Incivility Type	Amount
Garbage	A little
Broken glass	A little
Graffiti/Tagging	A little
Evidence of Alcohol use	A little
Evidence of Substance Abuse	A little
Sex Paraphernalia	None
Dog Refuse	A little
Dogs Unattended	A little

Vandalism	A little
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Section 3. School Observations

Method: The tool used to assess schools is modified from the Bridging the Gap Program, University of Illinois at Chicago, School Observation Form (See APPENDIX for form used). The purpose of this survey is to improve our understanding of the availability and quality of physical activity features that are located on school grounds in CHL communities. A complete list of schools that were located within the community boundary, or on the periphery, and their locations was compiled for each community by local staff. Staff then assessed up to ten schools per community or assessed all of them when there were fewer than ten schools in a community. Staff were instructed to spend about 30 minutes walking through each school grounds to survey its accessibility, setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), other features (e.g. track, pool, and playground) and incivilities.

Eligible schools: All school grounds were eligible for assessment. This includes schools sharing some sports features with an adjacent park.

School Setting, Parking, Sidewalks, and Amenities

Method: Upon entering the school, staff assessed the presence of certain school settings, parking and sidewalk features, and certain school amenities.

Observations on school setting included whether it was adjacent to a park. In Aua, there were 4 schools with this information. Among the 4 schools, 1 (25.0%) was adjacent to a park and none shared sports features with an adjacent park.

All schools had on-site parking, while 2 (50%) of schools had on-site parking with overhead lighting, and 1 (25.0%) had bicycle parking. Two (50.0%) schools had a

sidewalk leading up to the entrance of the school and 2 (50.0%) schools had sidewalks with overhead lighting.

Observations on school amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. Among the 4 schools with such information, 1 (25.0%) had closing time signage, all 4 (100.0%) had restrooms, 3 (75.0%) had showers, and none had beverage vending machines.

Table S.3.1. School Setting (N=4 unless otherwise noted)

School Setting	Number	Percent
Setting		
Adjacent to a park	1	25%
Shares sports features with a park	0	0%
Parking		
Parking on-site available (not including street parking)	4	100%
Parking has lights	2	50%
Bicycle parking racks or cages available	1	25%
Sidewalk		
Sidewalks on street lead up to the entrance	2	50%
Sidewalks have lighting	2	50%
Amenities		
School has closing time signage	1	25%
Restrooms present	4	100%
Showers present	3	75%
Beverage vending machines present	0	0%

School Access and Barriers to Entry

Staff assessed each school for signage limiting entry and any physical barriers around the perimeter of the school. Among the four schools surveyed in Aua, all 4 (100%) had signage indicating the school name, 1 (25.0%) had signage stating that public use of the school was limited to specific times (e.g., after school), none had signage indicating that the school was private or had restricted access at all times (e.g. no trespassing, school use only), and 3 (75.0%) of the schools had a locked fence or other physical barrier around the perimeter.

Table S.3.2. School Access and Barriers (N=4)

Access and Barriers		
Signage indicates school name	4	100%
Signage states public use of area is limited to specific times	1	25%
Signage states area is private or restricted access at all times	0	0%
Locked fence or other physical barrier around the perimeter prevents public access	3	75%

Sports Features

Staff assessed each school for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature. These features are the same as those included in the assessment of parks.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When

there was more than one of a particular feature, each was evaluated for condition while the presence of lighting was assessed across all features. For example, if a school had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which were rated okay/good, 1 was rated as poor, and that this school had lighting for this feature.

Feature condition was rated based on the feature's surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface. See APPENDIX B for a detailed protocol on how each sports feature was rated for condition.

Survey Results for Sports Features

Across the four schools surveyed in Aua, there were a total of 9 sports features, of which 9 were rated as ok/good. Among the rated features, 100% were rated as ok/good.

Basketball courts (2), multiuse courts (2), and playgrounds (2) were the most frequent features. Playgrounds may be of particular interest to families with young children. Among the 2 playgrounds in Aua, all 2 (100%) were rated ok/good while 1 school had a playground area with lighting. The following table (Table S.3.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across all 4 schools in Aua.

Table S.3.3. Sports Features Across 4 Schools in Aua

Feature	Total number of the feature	Condition of the Feature			Number of schools w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	1	1	0	0	1
Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0
Court basketball	2	2	0	0	1
Court tennis	0	0	0	0	0
Court volleyball	1	1	0	0	0
Court multiuse	2	2	0	0	0
Track	1	1	0	0	0
Pool	0	0	0	0	0
Playground	2	2	0	0	1
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

School Features and Amenities

Method: Staff assessed each school for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature. These features are the same as those included in the assessment of parks.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be

rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure, staff selected not rated.

Survey Results of School Features and Amenities

Among the 4 schools in Aua, there were a total of 22 features and amenities, of which 20 were rated as ok/good, 1 was rated as poor, and 1 was not rated. Among rated features and amenities, 95% were rated as ok/good. The most common features and amenities present were shelters (4), trash bins (4), green space (3), and fences (3).

Table S.3.4. summarizes the total number and condition of each individual feature/amenity which was assessed.

Table S.3.4. Features and Amenities Across 4 Schools in Aua

Feature	Total Number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	3	2	1	0
Beach for swimming	2	1	0	1
Beach, recreational	1	1	0	0
Beach with lifeguard	0	0	0	0
Waterpark	0	0	0	0
Shelters	4	4	0	0
Picnic Tables w/ Shade	1	1	0	0
Picnic Tables w/o Shade	0	0	0	0
Benches	2	2	0	0
Drinking fountain	2	2	0	0

Decorative fountain	0	0	0	0
Trash bins	4	4	0	0
Grills	0	0	0	0
Fence	3	3	0	0
Trails	0	0	0	0

Incivilities

Method: Staff assessed each school for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation or markers of blight. The following items in this section were used to assess the physical disorder of the school grounds environment. These incivilities are the same as those included in the assessment of parks.

Amount of Incivilities

Staff looked for incivilities throughout the school and assigned a score for each of 9 incivility types based upon the amount that was present across the school settings. The possible ratings were: none (0), a little (1), some (2), and 3 (a lot). For the community, average rating for each of the item was used.

Among the four schools in Aua, there was no evidence of alcohol use, sex paraphernalia, and no vandalism. There was, however, on average, a little bit of garbage, broken glass, graffiti/tagging, evidence of substance abuse, dog refuse, and dogs left unattended (Table S.3.5).

Table S.3.5. Average Amount of Each Incivility Across 4 Schools in Aua

Incivility Type	Amount
------------------------	---------------

Garbage	A little
Broken glass	A little
Graffiti/Tagging	A little
Evidence of Alcohol use	None
Evidence of Substance Abuse	A little
Sex Paraphernalia	None
Dog Refuse	A little
Dogs Unattended	A little
Vandalism	None

Section 4. Churches

Method: The tool used to assess churches is modified from the Bridging the Gap Program, University of Illinois at Chicago, Park Observation Form (See APPENDIX for form used). The purpose of this survey is to improve our understanding of the availability and quality of physical activity features that are located on church grounds in CHL communities. This assessment was only performed in jurisdictions where churches are commonly used as places for physical activity. A complete list of churches that had some outdoor physical activity features, such as fields, and that were located within the community boundary, or on the periphery, and their locations, was compiled for each community by local staff. Staff then assessed up to ten churches per community or assessed all of them when there were fewer than ten churches in a community. Staff were instructed to spend about 30 minutes walking through the grounds of each church to survey its accessibility, setting, amenities, sports fields (e.g.,

soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), other features (e.g. track, pool, and playground) and incivilities.

Eligible Churches: The grounds of any church that had outdoor physical activity features and was on the inventory list were eligible for assessment.

Church Setting, Parking, Sidewalks, and Amenities

Method: Upon entering the church grounds, staff assessed the presence of certain church settings, parking and sidewalk features, and certain church amenities.

In Aua, there were 7 churches. Observations on church settings included whether it was within a quarter mile of another community feature (e.g. a school, housing, food store). Of the 7 churches in Aua, 6 were near another community resource and 3 were adjacent to an outdoor sport area.

All 7 churches had on-site parking and 6 (85.7%) had on-site parking with overhead lighting while 3 (42.9%) had bicycle parking or a sidewalk leading up to the entrance of the church or sidewalks with overhead lighting.

Observations on church amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. Among the 7 churches, none had a closing time sign, 3 (42.9%) had restrooms, 1 (14.3%) had showers, and none had beverage vending machines.

Table S.4.1. Church Setting (N=7)

Church Setting	Number	Percent
Setting		
Within ¼ of a mile from another community feature	6	85.7%
Parking		

Parking on-site available (not including street parking)	7	100%
Parking has lights	6	85.7%
Bicycle parking racks or cages available	3	42.9%
Sidewalk		
Sidewalks on street lead up to the entrance	4	57.1%
Sidewalks have lighting	3	42.9%
Amenities		
Church has closing time signage	0	0%
Restrooms present	3	42.9%
Showers present	1	14.3%
Beverage vending machines present	0	0%

Church Access and Barriers to Entry

Staff assessed each church for signage limiting entry and any physical barriers around the perimeter of the church. Among the 7 churches surveyed in Aua, 1 (14.3%) had signage indicating the church name, 6 (85.7%) had signage stating that an area was open to the public, 5 (71.4%) had signage indicating that an area was open to church members only, 5 (71.4%) had signage indicating that use of an area was limited to specific times, 7 (100%) had signage stating that use of an area required permission (e.g. from a minister or deacon), 7 (100%) had signage stating that supervision was needed (e.g. by an adult or minister), none had signage stating that an area was private or restricted at all times, and 5 (71.4%) had a locked fence or other physical barrier around the perimeter.

Table S.4.2. Church Access and Barriers (N=7)

Access and barriers		
Signage indicates church name	1	14.3%
Signage states an area is open to the public	6	86.7%
Signage states an area is open to church members only	5	71.4%
Signage indicates that use of an area was limited to specific times	5	71.4%
Signage states that use of an area required permission	7	100%
Signage states that supervision was needed	7	100%
Signage states area is private or restricted access at all times	0	0%
Locked fence or other physical barrier around the perimeter prevents public access	5	71.4%

Sports Features

Staff assessed each church for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature. These features are the same as those included in the assessment of parks.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one of a particular feature, each was evaluated for condition while the presence of lighting was assessed across all features for each church. For example,

if a church had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which were rated okay/good, 1 was rated as poor, and that this church had lighting for this feature.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Sports Features

Across the 7 churches surveyed in Aua, 10 sports features were rated. Nine were rated as ok/good and 1 was not rated. Among the rated features, all (90%) were rated as ok/good.

Volleyball courts were the most frequent features (3), followed by multiuse fields (2), basketball courts (2), and multiuse courts (2). The following table (Table S.4.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the 7 churches in Aua.

Table S.4.3. Sports features Across 7 Churches in Aua

Feature	Total number of the feature	Condition of the Feature			Number of churches w/ Lighting
		OK/Good	Poor	Not rated	

Field multiuse	2	2	0	0	1
Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0
Court basketball	2	2	0	0	1
Court tennis	1	0	0	1	0
Court volleyball	3	3	0	0	2
Court multiuse	2	2	0	0	1
Track	0	0	0	0	0
Pool	0	0	0	0	0
Playground	0	0	0	0	0
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

Church Features and Amenities

Method: Staff assessed each church for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature. These features are the same as those included in the assessment of parks.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure, staff selected not rated.

Survey Results of Church Features and Amenities

Among the 7 churches in Aua, there were a total of 38 features and amenity, of which 34 were rated as ok/good, 1 was rated as poor, and 1 was not rated. Among the rated features and amenities, 97% was rated as ok/good. The most common features and amenities present were shelters and trash bins (7). The following table summarizes the total number and condition of each individual feature/amenity that was assessed.

Table S.4.4. Features and Amenities Across 7 Churches in Aua

Feature	Total Number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	5	4	1	0
Beach for swimming	5	5	0	0
Beach, recreational	4	4	0	0
Beach with lifeguard	0	0	0	0
Waterpark	0	0	0	0
Shelters	7	7	0	0
Picnic Tables w/ Shade	0	0	0	0
Picnic Tables w/o Shade	0	0	0	0
Benches	1	1	0	0
Drinking fountain	0	0	0	0
Decorative fountain	0	0	0	0

Trash bins	7	7	0	0
Grills	0	0	0	0
Fence	5	4	0	1
Trails	4	2	0	2

Incivilities

Method: Staff assessed each church for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation or markers of blight. The following items in this section were used to assess the physical disorder of the church grounds environment. These incivilities are the same as those included in the assessment of parks.

Amount of Incivilities

Staff looked for incivilities throughout the church and assigned a score for each of 9 incivility types based upon the amount that was present across the church settings. The possible ratings were: none (0), a little (1), some (2), and 3 (a lot). For the community, average rating for each of the item was used.

Among the 7 churches in Aua, there was a little bit of incivilities. There was no evidence of graffiti/tagging, alcohol use, sex paraphernalia, and no vandalism. There was however, on average, a little bit of garbage, broken glass, substance abuse, dog refuse, and dogs left unattended (Table S.4.5).

Table S.4.5. Average Amount of Each Incivility Across 7 Churches in Aua

Incivility Type	Amount
-----------------	--------

Garbage	A little
Broken glass	A little
Graffiti/Tagging	None
Evidence of Alcohol use	None
Evidence of Substance Abuse	A little
Sex Paraphernalia	None
Dog Refuse	A little
Dogs Unattended	A little
Vandalism	None

Section 5. Assessment of Physical Activity Facilities

Method: The tool used to assess physical activity (PA) facilities is modified from the Bridging the Gap Program, University of Illinois at Chicago, PA Facility Observation Form (See APPENDIX for form used). The purpose of this survey is to improve our understanding of the availability and quality of physical activity features that are located on PA facility grounds in CHL communities. A complete list of PA facilities that were located within the community boundary, or on the periphery, and their locations was compiled for each community by local staff. Staff then assessed up to ten PA facilities per community or assessed all of them when there were fewer than ten PA facilities in a community. Staff were instructed to spend about 30 minutes walking through each PA facility grounds to survey its setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), other features (e.g. track, pool, and playground) and incivilities.

Eligible PA Facilities:



Observations in PA facilities included for-profit and non-profit facilities. Examples of non-profit PA facilities are public community recreation centers, YMCA/YWCAs, and Boys and Girls Clubs (BGCs). For-profit PA facilities include gyms, health clubs, and other physical-activity related businesses that allow patrons to come in and use equipment or other facilities (e.g., courts, gymnasiums), usually for a recurring fee or membership schedule.

For Aua, 1 facility was listed on the inventory and 1 was assessed.

PA Facility Setting and Fees

Upon entering the PA facility, staff assessed the presence of certain PA facility settings and fees.

Observations on PA facility setting included facility type, the presence of indoor and outdoor sports features, childcare and teen services, and types of fees. In Aua, the PA facility that was assessed had this information. The facility was a church community center, which had outdoor features only. The facility did not offer child-care services, but did offer teen services. The PA facility did have a daily fee for entrance and offered a discount for low income but not for youth. Table S.5.1 summarizes this information.

Table S.5.1. PA Facility Setting (N=1 unless otherwise noted)

PA facility Setting	Number	Percent
Setting		
Community Recreation Center	0	0%
Boys and Girls Club	0	0%
Church Community Center	1	100%
YMCA/YWCA	0	0%
For-Profit PA Facility	0	0%

Other	0	0%
Sport feature location		
Indoor	0	100%
Outdoor	1	100%
Both Indoor and Outdoor	0	100%
Services		
Childcare	0	0%
Teen activities	1	100%
Fees		
Daily Fees	1	100%
Fee discount for low-income	1	100%
Fee discount for youth	0	0%

PA Facility Parking, Sidewalks and Amenities

Staff assessed each PA facility for on-site parking, parking overhead lighting, bicycle parking, a sidewalk leading up to the entrance, and sidewalk overhead lighting.

Observations on PA facility amenities included whether it had restrooms, showers, and beverage vending machines both inside and outside. The one facility in Aua had parking on sight with lights, sidewalks on the street leading up to the entrance, sidewalks with lighting, bicycle parking, and restrooms outdoors only. The facility did not have bicycle parking, indoor or outdoor showers, or an indoor or outdoor vending machine with beverages. Table S.5.2 summarizes this information.

Table S.5.2. PA facility Amenities (N=1 unless otherwise noted)

Access and barriers		
Parking		
Parking on-site available (not including street parking)	1	100%
Parking has lights	1	100%

Bicycle parking racks or cages available	1	100%
Sidewalk		
Sidewalks on street lead up to the entrance	1	100%
Sidewalks have lighting	1	100%
Amenities		
Restrooms present inside	0	0%
Showers present inside	0	0%
Beverage vending machines present inside	0	0%
Restrooms present outside	1	100%
Showers present outside	0	0%
Beverage vending machines present outside	0	0%
Restrooms present inside or outside	1	100%
Showers present inside or outside	0	0%
Beverage vending machines present inside or outside	0	0%

Sports Features

Staff assessed each PA facility for a specific list of sports features indoors and outdoors to determine the number of each feature present, the condition of each feature, and, for outdoor features, whether lighting was present. Staff also rated the condition of each feature.

Condition of the Feature

Staff rated the condition for each feature item and, for outside features, the presence of lighting. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one of a particular feature, each was evaluated for condition while the presence of lighting was assessed across all features. For example, if a PA facility had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of

basketball courts as 3, 2 of which were rated okay/good, 1 was rated as poor, and that this PA facility had lighting for this feature.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Indoor Sports Features

Across the PA facility surveyed in Aua, there were no indoor sports features. The following table (Table S.5.3) summarizes the number of each sports feature and the conditions of the feature across the PA facility in Aua.

Table S.5.3. Indoor Sports Features Across the 1 PA Facility in Aua

Feature	Total number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Field soccer	0	0	0	0
Court basketball	0	0	0	0
Court tennis	0	0	0	0
Court volleyball	0	0	0	0
Court racquetball	0	0	0	0

Court multiuse	0	0	0	0
Multipurpose room	0	0	0	0
Exercise machine area	0	0	0	0
Gymnastics facilities	0	0	0	0
Running/ Walking track	0	0	0	0
Pool >3 feet deep	0	0	0	0
Skateboarding	0	0	0	0
Rock Climbing	0	0	0	0

Survey Results for Outdoor Sports Features

Across the one PA facility surveyed in Aua, there were 2 outdoor sports features, of which all 2 (100%) were rated as ok/good.

Volleyball courts (1) and multiuse courts (1) were the most frequent features. The following table (Table S.5.4) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the PA facility in Aua.

Table S.5.4. Outdoor Sports Features Across 1 PA Facility in Aua

Feature	Total number of the feature	Condition of the Feature			Number of facilities w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	0	0	0	0	0
Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0

Court basketball	0	0	0	0	0
Court tennis	0	0	0	0	0
Court volleyball	1	1	0	0	1
Court multiuse	1	1	0	0	0
Running/walking track	0	0	0	0	0
Pool <3 feet deep	0	0	0	0	0
Pool wading	0	0	0	0	0
Playground	0	0	0	0	0
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

PA Facility Amenities

Method: Staff assessed each PA facility for a specific list of amenities to determine if the amenity was present and to rate the condition of the item.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure, staff selected not rated.

There were no amenities present for the PA facility in Aua. Table S.5.5 summarizes the total number and condition of each individual feature/amenity which was assessed.

Table S.5.5. Amenities Across all 1 PA Facility in Aua

Feature	Total	Condition of the Feature
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	Number of the feature	OK/Good	Poor	Not rated
Drinking fountain indoor	0	0	0	0
Drinking fountain outdoor	0	0	0	0
Trash container	0	0	0	0
Benches	0	0	0	0

Incivilities

Method: Staff assessed each PA facility for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation or markers of blight.

These incivilities are the same as those included in the assessment of parks. Staff looked for incivilities throughout the PA facility and assigned a score for each of 9 incivility types based upon the amount that was present across the PA facility ground. The possible ratings were: none (0), a little (1), some (2), and 3 (a lot). For the community, an average rating for each item was used.

Among the one PA facility in Aua, the mean rating across all the incivility types was 0.56. There was a little bit of garbage, broken glass, alcohol use, substance abuse, and dog refuse. However, there was no evidence of graffiti/tagging, sex paraphernalia, dogs left unattended, or vandalism present (Table S.5.6).

Table S.5.6. Average Amount of Each Incivility across 1 PA facility in Aua

Incivility Type	Amount
-----------------	--------

Garbage	A little
Broken glass	A little
Graffiti/Tagging	None
Evidence of Alcohol use	A little
Evidence of Substance Abuse	A little
Sex Paraphernalia	None
Dog Refuse	A little
Dogs Unattended	None
Vandalism	None

The original form can be viewed at:

http://www.bridgingthegapresearch.org/_asset/2npq33/BTGCOMP_PA_2012.pdf

Section 6. Assessment of Fast Food Observations

Method: The tool used by CHL to assess fast food outlets (FFO) is modified from the Bridging the Gap Program (BTG), University of Illinois at Chicago. The BTG-COMP Fast Food Observation Form was designed to assess a variety of attributes in the fast food outlet environment, including advertising and marketing, availability of nutritional information and healthy options, availability and pricing of specific food and beverage items, as well as other characteristics of the facility. (See APPENDIX for CHL form used.) The purpose of this data collection is to characterize the away-from-home food environment, with a focus on fast-food outlets and pizzerias, which are often popular destinations for youth.

Eligible Fast Food Outlets:

Any national and regional fast food chains or franchises and independent fast food outlets that were located within Aua were eligible. Fast food outlets are most often characterized by the fact that customers order and pay at the counter prior to eating.

Data collection was also conducted in pizzerias, which may have table service. Specialty snack/drink shops where 50% or more of the menu items are a snack or drink item (e.g. Dunkin’ Donuts, Starbucks, Baskin Robbins, Auntie Anne’s Pretzels, Tropical Smoothie Café), buffets, and “take & bake” pizza places (e.g. Papa Murphy’s, Homemade Pizza Co.) were excluded.

In Aua, 1 fast-food restaurant was assessed. The assessment includes four parts: (A) General information Exterior; (2) exterior marketing; (3) drive-thru;(4) restaurant interior; (5) general menu review (6) beverage items (7) food items; (8) food items; and (9) kids menu review. The following sections, describe the findings of the establishment(s) surveyed.

Outlet Type and Shared Space

Upon entering the outlet, staff assessed the outlet type according to the main cuisine or type of food/beverages on the menu board and whether it shared space with another business.

The outlet type was selected from a list, or other could be selected. The one fast food outlet in Aua had information on the outlet type. The outlet was a Sandwich or Sub shop.

The outlet was assessed for whether it had its own building/exterior or whether it shared spaced with a food court, grocery store, gas station, or other restaurant. The one fast food outlet in Aua had information on shared space. The outlet did not share space with a food court, gas station, or with another restaurant but did share space with a grocery store. Table S.6.1 summarizes this information.

Table S.6.1. Outlet Type and Shared Space (N=1)

Outlet Setting	Number	Percent
Outlet Type		

Burger and Fries	0	0%
Mexican/Latin American	0	0%
Fried Chicken/Fried Fish	0	0%
Sandwich or Sub Shop	1	100%
Sandwich/Pastry	0	0%
Pizzeria/Italian	0	0%
Plate Lunch/Lunch Truck	0	0%
Chinese/Pan-Asian	0	0%
Other, SPECIFY: <i>Pizza/Hotdog</i>	0	0%
Shared Space		
Food Court	0	0%
Grocery Store	1	100%
Gas Station	0	0%
Other Restaurant	0	0%

Outlet Parking, Sidewalks, and Exterior Amenities

Staff assessed each outlet for certain amenities such as on-site parking, bicycle parking, parking overhead lighting, sidewalks, and sidewalk overhead lighting.

The one fast food outlet surveyed in Aua had on-site parking with overhead lighting. The fast food outlet did not have bicycle parking, a sidewalk leading up to the entrance, or sidewalk lighting.

Observations on outlet amenities included whether it had outdoor seating, bars on the windows, an exterior play area, an indoor play area visible from the outside, and a drive-

thru window. The fast food outlet in Aua had no outdoor seating, no bars on the windows, no exterior play area, no indoor play area that was visible from the outside, and no drive-thru window. This information is summarized in Table S.6.2.

Table S.6.2. Parking, Sidewalks, and Exterior Amenities (N=1 unless otherwise noted)

Exterior Feature	Number	Percent
Parking		
Parking on-site available (not including street parking)	1	100%
Parking has lights	1	100%
Bicycle parking racks or cages available	0	0%
Sidewalk		
Sidewalks on street lead up to the entrance	0	0%
Sidewalks have lighting	0	0%
Outdoor seating	0	0%
Bars on windows	0	0%
Exterior play area	0	0%
Indoor play area visible from outside	0	0%
Drive thru window	0	0%

Staff also assessed the number of external walls visible from the street and the level of graffiti and garbage that was present. Among the 1 fast food restaurant in Aua, the outlet had no information about the number of walls visible from the street. This question was intended to give a sense of the size/layout of the restaurant property and

the number of sides on which advertisements can be placed.

Staff rated each fast food outlet as having none, a little, some, or a lot of graffiti and garbage. The 1 fast food outlet in Aua had information on the level of graffiti and garbage that was present. The outlet had no graffiti present but had a little bit of garbage present. This information is summarized in Table S.6.3.

Table S.6.3. Exterior (N=1 unless otherwise noted)

Exterior Feature	Number	Percent
Walls visible from street (n=0)		
0	0	0%
1	0	0%
2	0	0%
3	0	0%
4	0	0%
Graffiti		
None	1	100%
A little	0	0%
Some	0	0%
A lot	0	0%
Garbage		
None	0	0%
A little	1	100%
Some	0	0%
A lot	0	0%

Exterior Marketing

Staff assessed food and beverage advertisements on the building exterior and property, child-targeted marketing on the exterior, and other ad themes.

Ads on the Building Exterior or Property

The number of advertisements at least 8½ x 11 inches in size that were posted on the building exterior and restaurant property was recorded. To be counted, ads must have been visible from the parking lot(s) and/or from the street(s) bordering the restaurant. (See APPENDIX B for a detailed description of what was included and excluded as advertisements). Ads which could be considered a price promotion, food ad, beverage ad, or soda ad were separately tallied.

- **Exterior ads:** included those that are on the walls, doors, windows or roof of the building and visible from the parking lot(s) or street(s) bordering the restaurant.
- **Property ads:** include those that are not posted on the building, but are in some other place on the restaurant property such as on a fence, light post, pole, garbage can, parking barrier, play area, or other place. Again, these must be visible from the parking lot(s) or street(s) bordering the restaurant.
- **Price promotion ads** have a price specified or the presence of any of the following word(s): “price,” “sale,” “deal,” “save,” “discount,” or “value.” It also includes any ad promoting a multi-item discount like “Buy one, get one free,” “free with purchase,” “try one free” or related language. It may or may not also have included a food or beverage.
- **Food ads** have an image of and/or a name/description for a food item(s). It may or may not also have included a beverage.
- **Beverage ads** have an image of and/or a name/description for a beverage item(s). This could include, for example, soda, coffee drinks, tea, milkshakes, smoothies, juice, water and other beverages.

- **Soda ads** have an image of and/or a name/description for a soda. This can include bottled or canned soft drinks, as well as fountain drinks.

The fast food outlet in Aua was assessed for ads on the building exterior. There were a total of 0 ads, no ads for price promotion, no food ads, no beverage ads, and no soda ads. Among the one fast food outlet in Aua, the outlet had no ads on the property. Table S.6.4 summarizes this information. The presence of specific types of ads at each outlet is presented in table S.5.5.

Table S.6.4. Summary of Price Promotion, Food, Beverage, or Soda Ads on the Building Exterior or Property across Fast Food Outlets in Aua

Location	# surveyed	Type of Ad				
		Total	Price Promo	Food Ad	Beverage Ad	Soda Ad
Exterior	1	0	0	0	0	0
Property	1	0	0	0	0	0

Other Ads on the Exterior

Staff also assessed the presence of ads on the outlet’s exterior that included a dollar menu promotion, health claim, cartoon character(s), a celebrity, kids’ meal toy, or other child-directed marketing. Any one ad can be coded as having one or more of the characteristics described above. For example, the same ad could feature both cartoon characters and the kids’ meal toy.

The fast food restaurant in Aua had this information. The outlet did not have a dollar menu ad, cartoon ad, celebrity ad, kids’ meal toy ad, health ads, or other child-directed marketing. Table S.6.5 summarizes this information.

Table S.6.5. Presence of Ads by Type (N=1 unless otherwise noted)

Type of Ad	Number	Percent
External		
Price Promo	0	0%
Food Ad	0	0%
Beverage Ad	0	0%
Soda Ad	0	0%
Property	0	0%
Price Promo	0	0%
Food Ad	0	0%
Beverage Ad	0	0%
Soda Ad	0	0%
Dollar menu	0	0%
Health claim	0	0%
Cartoon character(s)	0	0%
TV/ movie star/sports star/youth celebrity	0	0%
Kids' meal toy	0	0%
Other child-targeted marketing	0	0%

Counter Service and Restaurant Interior

Staff assessed items describing the type of service offered within the establishment, characteristics of the checkout area, characteristics of the restaurant interior, and availability of self-service beverages and a salad bar.

The fast food outlet in Aua was not a drive-in only restaurant, and so the restaurant was assessed for interior characteristics. The outlet had information about whether food was ordered at the counter, and among these, food was ordered at the counter of the outlets. The outlet had food pick up and payment at the counter. Staff counted the number of cash registers inside of the restaurant and found that the outlet had one cash register. The outlet had a glass or Plexiglas divider between customers and a cash register in the restaurant interior.

Regarding other interior characteristics, the fast food outlet had no indoor seating, no bathrooms available to customers, and no toy display recorded at being less than 3 and a half feet or less from the ground (at eye level of children). Regarding specific food and beverage items, the outlet had sweets—such as cookies and candy—near the cash register. The outlet had no self-serve fountain drinks, no free water, and no self-serve salads. Table S.6.6 summarizes this information.

Table S.6.6. Counter Service and Restaurant Interior (N=1 unless otherwise noted)

Restaurant Feature	Number	Percent
Drive-in only	0	0%
Counter Service		
Ordering food	1	100%

Picking up food	1	100%
Paying for food	1	100%
Interior Register Count		
1 register	1	100%
2 registers	0	0%
3 registers	0	0%
Divider between customer and cash register	1	100%
Indoor Seats	0	0%
Restrooms	0	0%
Indoor displays for kids' meal toys		
Any ad or display	0	0%
Toy display 3½ feet or less from the ground	0	0%
Sweet snacks near counter	1	100%
Self-serve fountain drinks	0	0%
Free water	0	0%
Self-serve salad	0	0%

General Menu: Dollar Menu Items, Combo Meals, Salad, Fruits and Vegetables, and Signs for Health Options

Staff assessed the availability of a dollar menu and specific items on it, combo meals, salads and other fruit and vegetable sides. Signage for “healthy” items on the menu was also assessed.

Among the fast food outlet in Aua, the outlet did not have a dollar menu. The outlet had no information on the availability of a combo meal, a salad, and low-fat dressing.

Staff tallied the number of side items on the menu that were vegetables, fresh fruit, or other fruit besides fresh fruit. Staff looked for the availability of any side salad(s) or other vegetable(s) listed on the menu as a “side” or “extra” and assessed whether it met the criteria of being non-fried and not having added fat. Vegetables that were part of a main dish were also not counted. Staffed looked for the availability of any fresh fruit listed on the menu as a “side” or “extra.” Beverages such as juice or smoothies were not counted. Staff also looked for the availability canned, dried, or other processed (not fresh) fruit options listed on the menu as a “side” or “extra.”

One outlet in Aua was assessed for vegetables and fruit. Across the menu, there were no vegetables items, no fresh fruit items, and no other fruit items.

Staff looked for signage indicating food as low calorie, low fat, low sodium, or healthy. Among the outlet in Aua, there was no signage for low fat and no signage for low sodium food. The outlet had no signage for low calorie or healthy food items. The fast food outlet had no liquor on the menu. This information is summarized in Table S.6.7.

Table S.6.7. General Menu Items (N=1 unless otherwise noted)

Menu Feature	Number	Percent
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Dollar Menu	0	0%
Fruit on Dollar Menu	0	0%
Dessert on Dollar Menu	0	0%
Drink on Dollar Menu	0	0%
Fries on Dollar Menu	0	0%
Entrée on Dollar Menu	0	0%
Combo meal	0	0%
Salad as an entrée	0	0%
Low-fat salad dressing	0	0%
Vegetable Items Count		
none	0	0%
1-2	0	0%
2-4	0	0%
5 or more	0	0%
Fruit Items Count		
none	0	0%
1-2	0	0%
2-4	0	0%

5 or more	0	0%
Signage on the menu		
Low calorie	0	0%
Low fat	0	0%
Low sodium	0	0%
Healthy	0	0%
Liquor	0	0%

Beverage Item Assessment

Staff assessed the posted menu board for the availability and price of specific beverage items—such as soda, juice, milk, water, coffee, and shakes—commonly found in fast food establishments. The fast food outlet in Aua had information on beverage items. The most commonly available drinks were 100% juice and bottled water. This information is presented in Table S.6.8.

Table S.6.8. Beverage Items (N=1 unless otherwise noted)

Beverage	Number	Percent
Fountain drink	0	0%
Packaged soda	0	0%
100% Juice	1	100%
Milk, skim or 1% fat (unflavored)	0	0%

Milk, whole/Vit D or 2% fat (unflavored)	0	0%
Bottled Water	1	100%
Flavored Coffee Drinks (hot or iced)	0	0%
Shakes or Malts	0	0%
Flavored Milk (e.g., chocolate, strawberry)	0	0%

Food Item Assessment

Staff assessed the posted menu board for the availability and price for specific food items commonly found in fast food establishments and pizzerias. Among the 1 fast food outlet in Aua, the most commonly available food item from the list of specific foods were cheeseburgers, chicken sandwich, cheese pizza, and Sub sandwich. This information is presented in Table S.6.9.

Table S.6.9. Food Items (N=1 unless otherwise noted)

Food	Number	Percent
French fries	0	0%
Cheeseburger	1	100%
Chicken Sandwich, with roasted or grilled chicken	1	100%
Entrée salad, with roasted or grilled chicken	0	0%
Fried chicken – legs, drumstick, and thigh	0	0%
Cheese pizza, thin crust	1	100%

Taco with ground beef	0	0%
Sub sandwich, with turkey and cheese	1	100%

Children’s Menu Assessment

Staff assessed each outlet for items that were available and promoted to children (usually ages 12 and under), via the establishment’s kids’ meal or kids’ menu. Staff looked for healthy beverage and food options and asked for these items when they were not posted on the menu board. Staff also assessed the availability of toys.

Among the 1 fast food outlet in Aua, the outlet had no kids’ menu or meal available. The outlet had no unflavored skim/1% milk, 100% juice, or bottled water option on the board and when asked. The outlet had no fruit, vegetable (only non-fried vegetables w/o added fat), salad or yogurt option on the board and when asked. The outlet did not offer a free toy with the kids’ meal and a toy for an additional charge. This information is summarized in Table S.6.10.

Table S.5.10. Children’s Menu (N=1 unless otherwise noted)

Menu Feature	Number	Percent
Kids’ menu or meal	0	0%
Unflavored skim/1% milk, 100% juice, or bottled water (listed or shown on board)	0	0%
Unflavored skim/1% milk, 100% juice, or bottled water (available when asked)	0	0%
Fruit, vegetable (only non-fried vegetables w/o added fat),	0	0%

salad or yogurt (listed or shown on board)		
Fruit, vegetable (only non-fried vegetables w/o added fat), salad or yogurt (available when asked)	0	0%
Free toy with kids' meal	0	0%
Toy for additional charge	0	0%

Section 7. Food Availability and Marketing Form

CHL's Food Availability Survey and Marketing Form are modified from the California Department of Health Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention program (CX3). The purpose of this survey is to assess the availability of healthy foods, price, nutrition information, and marketing of foods in stores. In addition to the food environment, we surveyed the safety and walkability around stores. A complete list of food stores, including their locations, was compiled for each community by local staff. Staff then assessed up to ten stores per community or all of them when there were less than ten stores in a community. The types of stores assessed include supermarket chain, large grocery store, small market, convenience store, and other community sources for food products.

Supermarket Chain: a large store that sells food and other items, including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry. It is owned by a company that has many stores such as Safeway, K-mart, payless. (This type of store has twenty or more employees and at least 4 cash registers.)

Large Grocery Store (not part of a large chain): a large store that sells food and other items, including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry. It may be part of a small

regional chain of fewer than 5 stores or may be independent. (This type of store also has twenty or more employees and at least 4 cash registers.

Small Market: usually an independent store that sells food including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry as well as convenience items and alcohol. This type of store has fewer than 20 employees and 3 or fewer cash registers.

Convenience: a store that sells convenience items only, including bread, milk, soda, snacks and may sell alcohol and gasoline. These stores do not sell fresh (raw) meat. These stores also are known as food marts.

Other: a store that does not fit into supermarket chain, large grocery store, small market or convenience, but is seen by the community as a general source of food products. Examples would include farmers market, dollar stores or drug stores.

The following table is a breakdown of the store types surveyed in Aua. Among the 4 stores assessed, the most common store type in Aua was small market (6).

Table S.7.1. Type of Store (N=7)

Type	Number	Percent
Supermarket chain	0	0%
Large grocery store	0	0%
Small market	6	85.7%
Convenience	1	14.3%
Other	0	0%

Federal Food Assistance Acceptance at Store (WIC and Food Stamps/SNAP)

Stores were assessed for whether or not they accept Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamps/SNAP

benefits. WIC provides Federal grants to States to provide supplemental foods to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk (USDA, 2015). The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible, low-income individuals and families.

Stores were also assessed on whether or not they display signage saying “We Accept WIC” and “We Accept Food Stamps/EBT” (electronic benefit transfer). Among the 7 stores surveyed, 5 stores had information on participating in WIC and in Food Stamps/EBT. Among those 5 stores, 1 (14.3%) accept WIC and 6 (85.7%) accept Food Stamps/EBT. Among the 5 stores with information on signage, 2 (28.6%) display signage for WIC being accepted and 7 (100%) display signage for Food Stamps/EBT being accepted.

Table S.7.2. Benefits (N=7 unless otherwise noted)

Federal Benefits	Number	Percent
Accepts WIC (n=5)	1	14.3%
Accepts Food Stamps or a SNAP vendor (n=5)	6	85.7%
“We Accept WIC” signage displayed (n=5)	2	28.6%
“We Accept Food Stamps/EBT” signage displayed (n=5)	7	100%

Variety, Quality, and Availability of Fruits and Vegetables and Other Health Foods

Staff looked at the overall variety, quality, and availability of specific fruits and vegetables in stores. Stores were assessed for whether they had a wide variety (7 or more types), moderate variety (4-6 types), limited variety (1-3 types) or none of fruits and vegetables, separately. Of the 6 stores with this data in Aua, 2 (33.3%) had a moderate variety of fruit and 3 (50.0%) had a wide variety of vegetables.

Table S.7.3. Variety of Fruits and Vegetables (N=6)

Variety	Number	Percent
Fruits		
None	1	16.7%
Limited	3	50.0%
Moderate variety	2	33.3%
Wide variety	0	0%
Vegetables		
None	0	0%
Limited	2	33.3%
Moderate variety	1	16.7%
Wide variety	3	50.0%

Stores were also assessed on the quality of their fruits and vegetables. Staff looked for signs of quality in the produce such as the lack of wilting, decay, shriveling, brown stems, and color changes.

- **Wilting** - leaves or stems are limp
- **Decay** - mold or blackening
- **Shriveling** - skin has wrinkles
- **Brown stems/dry stem cuts**
- **Color changes** - yellowing when item should be dark green

The quality was rated as:

- **None** - None sold
- **Poor** - All or most of fruit is of poor quality (brown, bruised, overripe, wilted)

- **Mixed Poor** - Mixed quality; more poor than good
- **Mixed Good** - Mixed quality; more good than poor
- **Good** - All or most of fruit is of good quality (very fresh, no soft spots, excellent color)

Of the 6 stores in Aua assessed for quality, one store had good quality for fruit or for vegetables.

Table S.7.4. Quality of Fruit and Vegetables (N=6)

Quality	Number	Percent
Fruit		
None	1	16.7%
Poor	0	0%
Mixed Poor	0	0%
Mixed Good	4	66.7%
Good	1	16.7%
Vegetable		
None	0	0%
Poor	1	16.7%
Mixed Poor	0	0%
Mixed Good	4	66.7%
Good	1	16.7%

Stores were assessed for the availability and price of specific fruits (apple, banana, and orange) and vegetables (carrot, tomato, broccoli, and cabbage). A total of 6 stores in Aua had data on the availability of these produce. The most commonly available fruits were apples and oranges, which were each in 5 (83.3%) of stores. Among the

vegetables carrots and cabbage were each in 4 (66.7%) of stores, while tomatoes were in 2 (33.3%) stores and broccoli was in 1 (16.7%) store.

Table S.7.5. Availability of Selected Fruits and Vegetables (N=6)

Availability	Number	Percent
Selected fruit		
Apple	5	83.3%
Banana	0	0%
Orange	5	83.3%
Selected vegetable		
Carrot	4	66.7%
Tomato	2	33.3%
Broccoli	1	16.7%
Cabbage	4	80.0%

Stores were assessed for the availability of other healthy foods. **Healthy foods** are fruits and vegetables, whole grains, beans, nuts and seeds, non-fat and low fat milk products, and lean meat, poultry, and fish. Healthy foods include minimal or no added fat, sugars, or sweeteners. Unsweetened black coffee is included. Pickled vegetables, whole coconut, and coconut water are included.

Stores were specifically assessed for a variety of items considered to be low/reduced fat dairy or soy drinks, lean meat protein, non-meat protein, whole-grain, canned/frozen fruit or vegetables, and baby food. Of the 6 stores assessed in Aua, 5 (83.3%) had at least one low/reduced fat dairy or soy beverage, 6 (100%) had at least one lean meat protein, 6 (100%) had at least one non-meat protein, 5 (83.3%) had at least one whole-

grain item, 6 (100%) had at least one canned/ frozen fruit or vegetable, and 5 (83.3%) had at least one baby food.

Table S.7.6. Availability of Other Healthy Foods in Stores (N=6)

Other Healthy Foods	Number	Percent
Low/reduced fat dairy or soy beverage	5	83.3%
1% milk	3	50.0%
2% milk (n=5)	3	60.0%
Skim milk	4	66.7%
Mozzarella	1	16.7%
Flavored soy beverage	0	0%
Plain soy beverage	0	0%
Lean meat protein	6	100%
Ground beef or turkey, lean (85% or higher)	6	100%
Whole chicken	6	100%
Tuna (light) canned in water	6	100%
Salmon canned in water	6	100%
Sardines canned in water, tomato, or mustard	6	100%
Non-meat protein	6	100%
Tofu, plain	1	16.7%
Beans, dried	1	16.7%
Beans, canned with no added fats, sugar or sweetener	6	100%
Whole grain	5	83.3%

Other Healthy Foods	Number	Percent
Whole grain bread	2	33.3%
Brown rice	1	20.0%
High fiber cereal (≥ 3 grams fiber, ≤ 12 grams sugar per serving)	5	83.3%
Oatmeal (plain)	4	66.7%
Tortillas, soft corn or whole wheat (no lard)	1	16.7%
Canned/ frozen fruit or vegetables	6	100%
Any canned fruit packed in 100% fruit juice	6	100%
Any canned vegetable with no added fats, sugar, or sweetener	6	100%
Any frozen fruit with no added fats, sugar, or sweetener	1	16.7
Any frozen vegetable with no added fats, sugar, or sweetener	6	100%
Baby food	5	83.3%
Baby food, jarred, single fruit	5	83.3%
Baby food, jarred, single vegetable	5	83.3%
Baby food, jarred, single meat	5	83.3%

Store Interior Advertisements or Promotions

Stores were assessed for specific ads or promotion themes in the interior of the store. First, staff looked to see if there were health promotion items around the fruit and vegetables display. Of the 9 stores with this data, none had a health promotion items. Staff then categorized each health promotion item into one of the following themes:

- 5 A Day signs
- Nutrition information
- Fruit and Veggies: More matters
- Children’s Healthy Living (CHL) or CHL partnership
- Other

In Aua there were no health promotion items or ads promoting locally grown produce.

Table S.7.7. Advertisements Inside the Store (N=9)

Interior Advertisements	Number	Percent
Health promotion around the fruit and vegetable display	0	0%
5 A Day signs	0	0%
Nutrition information	0	0%
Fruit and Veggies: More matters	0	0%
Children’s Healthy Living (CHL) or CHL partnership	0	0%
Other	0	0%
Promotion of locally grown produce	0	0%

Staff looked at the marketing (presence of ads and product placement) of specific healthy and unhealthy foods near the main check-out area. The presence of ads or promotions recorded included those next to or below the check out, on the floor, or hanging from the ceiling. The presence of products recorded included those next to or below the check out and near the exit doorway.

The healthy products surveyed include the following:

- Granola bars (whole grain, ≥ 2 g fiber, ≤ 1 g saturated fat, ≤ 14 g sugar per serving)

- Bagged Nuts/seeds (does not include honey roasted or w/ added sugar) (next to or below counter/check-out)
- Fresh fruit (next to or below counter/check-out)
- Bottled water (next to or below counter/check-out)
- Other: specify (such as dried fruit, trail mix, 100% juice, etc.)

The unhealthy products surveyed include the following:

- Gumball or candy machine (next to counter or exit doorway)
- Candy (next to or below counter/check-out)
- Soda (next to or below counter/check-out)
- Chips (next to or below counter/check-out)
- Other: specify (such as cookies, ice cream, beef jerky, energy drinks, etc.)

Among the 7 stores surveyed only one had information on the marketing of unhealthy foods near the main check-out area. Looking at ads for healthy food products, 2 stores had information on this. Looking at ads for unhealthy food products, 1 store had ads for 1-2 items. More stores had at least one ad for healthy food products compared to unhealthy food products near the main check-out area (2 versus 1).

Looking at the presence of healthy food products near the main check-out area, 5 stores had 1-2 items. Looking at the presence of unhealthy food products near the main check-out area, none had items. More stores had at least one healthy food product compared to unhealthy food product near the main check-out area (6 versus 0).

Table S.7.8. Store Check-out Area Marketing (N=7)

Marketing next to the main check-out area	Healthy Food Products (n)	Unhealthy Food Products (n)
Presence of ads or promotions		
0	5	6
1-2 items	2	1
3-4 items	0	0

Presence of products		
0	1	0
1-2 items	5	0
3-5 items	1	0

Store Exterior Advertisements on Healthy and Unhealthy Foods

Stores were assessed for ads promoting healthy or unhealthy foods on the exterior of the store. **Unhealthy products** are high calorie, low nutrient foods and beverages that include alcoholic beverages, soft drinks and other sweetened beverages including diet drinks, sweet desserts and highly sugared cereals, chips and other salty snacks, most solid fats, fried foods, and other foods with high amounts of sugar, fat and/or sodium.

Healthy products include minimal or no added fat, sugars, or sweeteners. Examples include fresh or dried fruits and vegetables, whole grain snacks (≥ 2 g fiber per serving), energy bars (≤ 14 g sugar per serving), nuts and seeds, non-fat and low fat milk products, water, or 100% fruit juice.

None of the stores had data on the presence of exterior ads for healthy foods. Among the 7 stores that had data on the presence of exterior ads for unhealthy foods, 7 (100%) had ads for unhealthy foods.

Store Exterior Conditions

Stores were assessed for specific exterior conditions for food promotion. Among the 7 stores surveyed, 1 had produce bins on the sidewalk in front of the store. Four stores had other products (e.g., soda, water) displayed on the sidewalk in front of the store or inside the store next to the window so they are clearly visible from the outside. There were 3 stores with vending machines on the sidewalk in front of any of the 7 stores surveyed. There were 6 stores with ads on the roof, walls, or anywhere on the store property of all 7 stores surveyed, 4 stores had healthy ads, and 5 stores had unhealthy ads. Four stores had images of healthy foods and/or beverages painted on doors or windows of the storefront. Seven stores had images of unhealthy foods and/or

beverages painted on doors or windows of the storefront. None of the stores had painted murals of healthy food and/or beverages on the building walls of the store.

Table S.7.9. Store Exterior Conditions (N=7)

Exterior Conditions	Number	Percent
Produce bins on the sidewalk in front of the store	1	14.3%
Products displayed on the sidewalk in front for the store or inside the store next to the window	4	57.1%
Vending machines on the sidewalk in front of the store	3	42.9%
Advertising (banners, posters, temporary signs, etc.) on the roof, walls or elsewhere on the property	6	85.7%
Images of healthy food (e.g. tomato, apple) and/or beverages (e.g. milk) painted on doors or windows of the storefront	4	57.1%
Images of unhealthy food (e.g. hamburger, hot dog) and/or beverages (e.g. soda, shake) painted on doors or windows of the storefront	7	100%
Painted murals of healthy foods and/or beverages anywhere on the building walls	0	0%

Perceptions of Safety at Store

Stores were assessed for perceptions of safety including whether there were bars or chains on the exterior, whether advertisements covered no more than 1/3 of the window area and the cash register could be seen from the outside for stores that sold alcoholic beverages (e.g. the Lee Law which was passed in California), whether people felt safe walking in and around the store, and if the store was located in a safe, walkable environment. Among the 7 stores with this information, 5 (71.4%) had bars. None of the stores complied with Lee Law. Three (33.3%) stores were rated that people feel safe

during the walk around or outside of the store. Only 2 (22.2%) stores met standards for being located in a safe, walkable environment.

Table S.7.10. Perceived Safety of Store (N=9 unless otherwise noted)

Safety	Number	Percent
Store has bars or chains on windows or doors (n=7)	5	71.4%
Store sells alcohol and no more than 1/3 of window area is covered with ads (Lee Law) (n=7)	0	0%
People feel safe during the walk around or outside of the store	3	33.3%
Store meets standards for being located in a safe, walkable environment	2	22.2%

Overall Summary of Store Assessments

Among the 7 stores surveyed in Aua there were strengths and areas needing improvement in order for stores to support community health.

WIC and Food Stamps/SNAP benefits:

- One store accepted WIC and 6 stores accepted Food Stamp/SNAP benefits; however signage on the store exterior for accepting these benefits can be improved for the 3 stores which lacked signage.

Variety, Quality, and Availability of Fruits and Vegetables and Other Healthy Foods

- Of the 6 stores in Aua, none had a wide variety of fruit and only 3 (50.0%) had a wide variety of vegetables. There was 1 store that did not sell any fruits.
- For the 6 stores that had fruits and vegetables, 5 stores can improve their quality of fruit and vegetables.
- All stores can improve the availability of common fruits and vegetables.

- Among the 6 stores assessed for Other Healthy Foods, 1 (16.7%) lacked at least one low/reduced fat dairy or soy beverage, all had at least one non-meat protein, 1 (16.7%) lacked at least one whole-grain item, all had at least one canned/frozen fruit or vegetable, and 1 (16.7%) lacked at least one baby food.

Ads, promotions, and marketing

- Among the 7 stores in Aua, none had health promotion items around the fruit and vegetables display or promotion of locally grown produce.
- Stores in Aua are more likely to have ads for healthy food products than unhealthy food products near the main check out area (2 versus 1). However, more stores had at least one healthy food product compared to unhealthy food product near the main check-out area (6 versus 0).
- On the store exterior, 7 stores had ads for unhealthy foods while none had ads for healthy foods.
- Looking at the store exterior conditions, 1 had produce bins on the sidewalk in front of the store. 4 stores had products on display outside of the storefront. Seven stores had images of unhealthy food and/or beverages painted on doors or windows of the storefront. None of the stores had painted murals of healthy foods and/or beverages anywhere on the building walls.

Perceptions on Safety around the Store

- Of the 7 stores in Aua, 5 (71.4%) had bars or chains on the windows, 3 of the stores were rated as people feeling safe around or outside of the store, and 2 were in a location deemed to be a safe, walkable environment.
- None of the stores met the standards of California's Lee Law to limit the amount of space taken by advertisements for alcohol on the store exterior.

Section 8. Walkability Survey

Everyone benefits from walking. These benefits include: improved fitness, cleaner air, reduced risks of certain health problems, and a greater sense of community, but walking needs to be safe and easy.

CHL staff conducted two separate walkability survey in Aua. The survey included a checklist of items to be observed and rated, which are related to the safety and quality of the walk. The individual scores for these items were then added for a total score to get an overall rating for the community walkability.

Rating Scale for Each Walking Feature	Total Walkability Score	Community Walkability
1=awful	26-30	Celebrate! You have a great neighbourhood for walking.
2=many problems	21-25	Celebrate a little. Your neighbourhood is pretty good.
3=some problems	16-20	Okay, but it needs work.
4=good	11-15	It needs lots of work.
5=very good	5-10	It's a disaster for walking!
6=excellent		

The rating scores for Aua, are summarized in the table below. For the total score, the number of neighborhoods audited (n) is 1. This is followed by the mean total score (11), median (11), minimum (11), and maximum (11). According to the mean total score, the walking environment surveyed in Aua needs a lot of work to encourage community walkability.

Table S.8.1. Community Walking Features

Walking Features	n	mean	SD	med	min	max
<i>Total Walking rating</i>	1	11	--	11	11	11
Room to walk	1	3	--	3	3	3
Ease of crossing street (s)	1	2	--	2	2	2
Ease of following safety rules	1	1	--	1	1	1
Drivers' behavior	1	1	--	1	1	1
Pleasantness of walk	1	4	--	4	4	4

*Walkability survey and rating scale is adapted from The National Center for Safe Routes to School (www.saferoutesinfo.org/sites/default/files/walkabilitychecklist.pdf)

Food Cost Survey (FCS)

The CHL Food Cost Survey (FCS), adapted from the Alaska Food Cost Survey, was conducted in all of the CHL jurisdictions in March 2014. Given the link between childhood obesity and food security, particularly in low income households, CHL conducted this survey of communities in the CHL jurisdictions. Three stores in Aua were assessed to determine the cost and availability of market foods in Aua.

The FCS is based on a meal plan, in particular, the USDA Thrifty Food Plan (TFP). The Thrifty Food plan, based on a national survey of dietary habits, is designed to meet the nutritional needs at low cost for a family of four with school age children (USDA, 1999). It assumes that the food items are bought at a store and are prepared at home. This menu is made of foods in 10 categories. The categories include fruits, vegetables, meats, legumes, dairy, egg, fats / oils, grain, sweets / beverages, and spices. Included in the report is the percent of each category towards the Thrifty Food Plan cost. The

TFP is also used as the basis for determining food assistance levels provided in programs such as school lunch.

If a particular item was missing in a local area/ jurisdiction, we used the cost of a similar item as a substitute for the item that was on the national menu. However, in some cases, items were unavailable and no obvious substitutes were available.

Portland, Oregon serves as a general indicator of and reference point for the price series in a somewhat comparable mainland/lower 48 city and its food costs have been collected using the same survey as that was used by CHL. The weekly food cost for a family of four with two adults and two young school- age children in Portland was \$142.37.

It is important to note that the Thrifty food Plan menu was developed based on diets and food availability in the contiguous U.S. Further work is necessary to document local diets and food availability and to examine how they may be incorporated into an adjusted thrifty food menu for use in Aua, and its effect on community food costs.

Results for Aua

- **Food Cost Survey, Costs of Food at Home (\$) based on the Thrifty Food Plan and USDA adjustments.**

In Aua, the following foods had no price information: enriched plain bagels, gelatin, dinner rolls, melon, cottage cheese (any variety), French or Italian bread, chicken bouillon, molasses, paprika, and bottled lemon juice. The weekly food cost for the Thrifty Food Plan menu for a family of four in Aua was \$195.42. In the CHL region, the average cost was \$215.18, with a minimum of \$173.97 and a maximum of \$286.30. The cost in Portland, USA was \$142.37. Aua's costs for the same or comparable food items of the Thrifty Food Plan are 137.3% of their cost in Portland, Ore.

Table 1. Weekly and Monthly Food Cost to Eat According to the U.S. Thrifty Food Plan in Aua

Age, Groups	Weekly	Monthly
INDIVIDUALS		
Child, 6-8 years	\$40.96	\$177.47
Child, 9-11 years	\$48.60	\$210.59
Male, 20-50 years	\$55.33	\$239.76
Female, 20-50 years	\$50.54	\$219.00
FAMILY		
Family of 2, 20-50 years	\$116.48	\$504.73
Family of 4 , Couple, 20-50 years and children, 6-8 and 9-11 years	\$195.42	\$846.82

* Ratio used to calculate cost of family of other size and individuals are based on Center for Nutrition and Policy and Promotion (CNPP)'s Official USDA Alaska and Hawaii Thrifty Food Plans at <http://www.cnpp.usda.gov>

- **Thrifty Food Plan, Weekly Food Costs: By Food Category**

Cost and percent of each food category was presented in the following table (Table 2), in the order from most expensive to least expensive.

Table 2. Weekly Thrifty Food Plan Costs for a Family of 4 by Food Category in Aua

Food Group	Cost	Percent
Fruit	\$40.53	20.7%
Meat	\$34.21	17.5%
Grain	\$32.59	16.7%
Vegetable	\$27.55	14.1%
Dairy	\$24.22	12.4%
Sweets and Beverages	\$16.79	8.6%
Fats and Oils	\$6.03	3.1%
Spice	\$5.91	3.0%
Legume	\$3.93	2.0%
Egg	\$3.66	1.9%

- **Thrifty Food Plan, Weekly Food Costs: Top 10 Most Expensive Foods**

The top 10 most expensive foods in Aua were presented in Table 3.

Table 3. Top 10 Most Costly Food Items in Aua

Food	Food Group	Price	Percent
Orange juice, frozen concentrate	Fruit	\$18.18	9.3%
Milk, 1% milk fat	Dairy	\$15.10	7.7%
Beef, ground, lean (16 to 23% fat)	Meat	\$11.85	6.1%
Potatoes, any variety	Vegetable	\$9.64	4.9%
Fruit drink, refrigerated, any flavor	Sweet Beverages	\$8.84	4.5%
Bagels, plain, enriched	Grain	\$8.11	4.2%
Oranges, any variety (bagged or loose)	Fruit	\$7.64	3.9%
Milk, whole	Dairy	\$6.71	3.4%
Fish, flounder, cod, tilapia or similar, frozen	Meat	\$4.66	2.4%
Pork, ground	Meat	\$4.53	2.3%
Total		\$95.26	48.7%

Summary

The CHL food cost survey found the cost of food for a family of four, using the TFP, to be \$195.42 per week which is 37.3% higher than the weekly food cost for a family of four in Portland, Oregon. In comparison to the average CHL region (\$215.98), the weekly food cost in Aua was 9.5% lower.

Summary of Prevalence Study



VIII. Conclusion / Summary of Prevalence Study

The purpose of this report is to inform the community of the CHL research that was conducted in Aua during 2012 and 2013. It is a "snapshot" of the community during this time period. It is hoped that this comprehensive report will help the community in designing programs, allocating resources, and advocating for policies that increase the health and well-being of young children in Aua.

Having a greater the selection of fruit and vegetables at Aua's stores and improving walking conditions could serve to better the health and well-being of young children in the community.

62.8% of participants in Aua reported that they ran out of money for food "most times" or "always" each month and 80.7% reported they received some type of food assistance. This is a concern as 87.2% of participants household income was <\$20,000 and the weekly cost to feed a family of four on the Thrifty Meal plan is \$195.42.

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References / sources of instruments

1. Burke, J. P., Hale, D. E., Hazuda, H. P., & Stern, M. P. (1999). A quantitative scale of acanthosis nigricans. *Diabetes care*, 22(10), 1655-1659.
2. Center for Alaska Native Health Research. Demographic and Medical Screening Questionnaire.
3. Centers for Disease Control and Prevention. (2000). About *BMI for Children and Teens*. Retrieved from:
http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/about_childrens_BMI.html.
4. Centers for Disease Control and Prevention. (2011). 2011 Middle School Youth Risk Behavior Survey. Retrieved from
cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011_ms_questionnaire.pdf
5. Centers for Disease Control and Prevention. (2011). Behavioral Risk Factor Surveillance System (BRFSS) 2011 survey questions. Retrieved from
cdc.gov/brfss/questionnaires/pdf-ques/2011brfss.pdf
6. Centers for Disease Control and Prevention. (2011). FOOD SECURITY FSQ 2011-2012 TARGET GROUP: HOUSEHOLD survey. Retrieved from
http://www.cdc.gov/nchs/data/nhanes/nhanes_11_12/fsq_family.pdf
7. Centers for Disease Control and Prevention. (2000). CDC race and ethnicity code set version 1.0. Retrieved from cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf
8. Centers for Disease Control and Prevention. Division of Nutrition, Physical Activity, and Obesity. How much physical activity do children need?
<http://www.cdc.gov/physicalactivity/basics/children/>. Updated June 4, 2015.
Accessed August 7, 2015.
9. Chaloupka, F. J., & Johnston, L. D. (2007). Bridging the Gap: research informing practice and policy for healthy youth behavior. *American journal of preventive medicine*, 33(4), S147-S161.
10. Cohen, B. E. (2002). *Community food security assessment toolkit* (pp. 02-013). Washington, DC: US Department of Agriculture, Economic Research Service.

11. Cooperative Extension Service: Alaska food cost survey. Fairbanks, AK: University of Alaska Fairbanks; 2012.
12. Federal Trade Commission. (2012). Demographic information form. Retrieved from ftc.gov/ftc/oed/hrmo/demographicform.pdf
13. Fernández, J. R., Redden, D. T., Pietrobelli, A., & Allison, D. B. (2004). Waist circumference percentiles in nationally representative samples of African-American, European-American, and Mexican-American children and adolescents. *The Journal of pediatrics*, 145(4), 439-444.
14. Fialkowski, M. K., McCrory, M. A., Roberts, S. M., Tracy, J. K., Grattan, L. M., & Boushey, C. J. (2010). Evaluation of dietary assessment tools used to assess the diet of adults participating in the Communities Advancing the Studies of Tribal Nations Across the Lifespan cohort. *Journal of the American Dietetic Association*, 110(1), 65-73.
15. Fialkowski, M., Dunn, M., Delormier, T., Hattori-Uchima, M., Leslie, J. H., Deenik, J. L., & Greenberg, J. (2014). Indigenous Workforce Training by the Children's Healthy Living Program (CHL) to Prevent Childhood Obesity in the Pacific. *Journal of Nutrition Education and Behavior*, 4(46), S122-S123.
16. Ghirardelli, A., Quinn, V., & Foerster, S. B. (2010). Using geographic information systems and local food store data in California's low-income neighborhoods to inform community initiatives and resources. *American journal of public health*, 100(11), 2156-2162.
17. Ghirardelli, A., Quinn, V., & Sugerman, S. (2011). Reliability of a retail food store survey and development of an accompanying retail scoring system to communicate survey findings and identify vendors for healthful food and marketing initiatives. *Journal of nutrition education and behavior*, 43(4), S104-S112.
18. Haas, S., & Nigg, C. R. (2009). Construct validation of the stages of change with strenuous, moderate, and mild physical activity and sedentary behaviour among children. *Journal of Science and Medicine in Sport*, 12, 586-591.

19. Kaholokula, J.K., Grandinetti, A., Nacapoy, A.H., & Chang, H.K. (2008). Association between acculturation modes and type 2 diabetes among Native Hawaiians. *Diabetes Care*, 31(4), 698-700.
20. Lee, R. E., Booth, K. M., Reese-Smith, J. Y., Regan, G., & Howard, H. H. (2005). The Physical Activity Resource Assessment (PARA) instrument: evaluating features, amenities and incivilities of physical activity resources in urban neighborhoods. *International Journal of Behavioral Nutrition and Physical Activity*, 2(1), 13. McGreavey, J.A., Donnan, P.T., Pagliari, H.C., & Sullivan, F.M. (2005). The Tayside children's sleep questionnaire: a simple tool to evaluate sleep problems in young children. *Child: Care, Health, and Development*, 31 (5), 539–544. doi: 10.1111/j.1365-2214.2005.00548.x
21. National Health Plan Collaborative. (2008). The National Health Plan Collaborative Toolkit: Chapter 3: What categories of race/ethnicity to use. Retrieved from <http://www.rwjf.org/qualityequality/product.jsp?id=33969>
22. Novotny, R., Nigg, C., McGlone, K., Renda, G., Jung, N., Matsunaga, M., & Karanja, N. (2013). Pacific tracker 2—expert system (PacTrac2-ES) behavioural assessment and intervention tool for the pacific kids DASH for health (PacDASH) study. *Food chemistry*, 140(3), 471-477.
23. Pedestrian and Bicycle Information Center (PBIC). Walkability checklist. Retrieved from http://www.pedbikeinfo.org/cms/downloads/walkability_checklist.pdf
24. United States Department of Agriculture, Center for Nutrition Policy and Promotion (1999). *The Thrifty Food Plan, 1999, Administrative Report*, Washington D.C: October, 1999.
25. United States Census Bureau. (January 2009). *The 2010 Census Questionnaire: Informational Copy*. Retrieved from http://2010.census.gov/2010census/pdf/2010_Questionnaire_Info_Copy.pdf
26. United States Bureau. *Census 2000 Gateway*. Retrieved from census.gov/main/www/cen2000.html

27. Zimmet, P., Alberti, K. G. M., Kaufman, F., Tajima, N., Silink, M., Arslanian, S., ... & Caprio, S. (2007). The metabolic syndrome in children and adolescents—an IDF consensus report. *Pediatric diabetes*, 8(5), 299-306.