

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

Final Report on Intervention Results

For the CHL-wide region and

Pavaiai, American Samoa



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Distances between some CHL partners

Fairbanks, AK to Pago Pago, American Samoa - 5,595 mi. • Koror, Palau to Washington, DC - 8,686 mi.
Honolulu, HI to Washington, DC - 4,829 mi. • Agana, Guam to San Francisco, CA - 5,805 mi.

EXECUTIVE SUMMARY ON CHL-WIDE INTERVENTION RESULTS

Effectiveness of the Children's Healthy Living (CHL) Multilevel Community Randomized Intervention Program on Child Measures in Five US-affiliated Pacific Jurisdictions

The Children's Healthy Living (CHL) program was developed to prevent young child obesity and improve child health and wellness with a focus on community action across the US affiliated Pacific region. The regional multilevel, community-based intervention consisted of 4 cross-cutting functions or categories (initiate or strengthen school wellness policies; partner and advocate for environmental change; promote CHL messages; and local capacity building) with 19 activities addressing 6 targeted behaviors (physical activity, sedentary behavior, sleep, fruit and vegetable intake, sugar sweetened beverage intake, and water intake). A common intervention template was developed, implemented and tracked over a 24 month period. Baseline and 24 month measures were collected on 8,407, 2-8 year old children by trained and standardized teams, in 27 selected communities, in 5 jurisdictions in the Pacific region (Alaska, Hawaii, Guam, American Samoa, and Commonwealth of the Northern Mariana Islands). IRB approval or ceding of approval was obtained in each jurisdiction. 4,787 children were available for food intake variables (Sugar Sweetened Beverage, Water, Fruit, and Vegetable). Controlling for age and sex and accounting for the randomization units and clustering, the CHL intervention communities had significant changes compared to control communities, adjusted for temporal changes, in prevalence of child acanthosis nigricans (-4.08 % vs -0.46 %, $p=0.002$), child overweight plus obesity (-3.18 % vs +0.99 %, $p=0.027$), and child waist circumference (-0.29 cm vs +0.77 cm, $p=0.007$). BMIZ score change was not significant (-0.07 vs -0.02, $p=0.150$). Screen time change (-0.18 vs +0.3 h/d) was not significant at $p=0.103$. Levels of change of other behavioral variables (moderate and vigorous physical activity, Sugar-Sweetened Beverage intake, water intake, fruit intake, vegetable intake, sleep time) were also not significantly different between groups. The CHL community-based multilevel multicomponent

intervention decreased prevalence of young child overweight and obesity and risk for diabetes in the remote underserved Pacific region. Likely small changes in multiple components at multiple levels worked together to nudge the overweight and obesity prevalence downward. The CHL team and other interested parties will continue to study the data to understand these combinations and interactions further.

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1. Introduction

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 that includes an intervention study in Alaska; American Samoa; Commonwealth of the Northern Mariana Islands (CNMI); Guam; and Hawaii to study childhood obesity among Pacific children, ages 2 to 8 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. 2016-67032-24989). 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 Manoa (UH) with subcontracts to the University of Guam, University of Alaska Fairbanks, American Samoa Community College and Northern Marianas College.

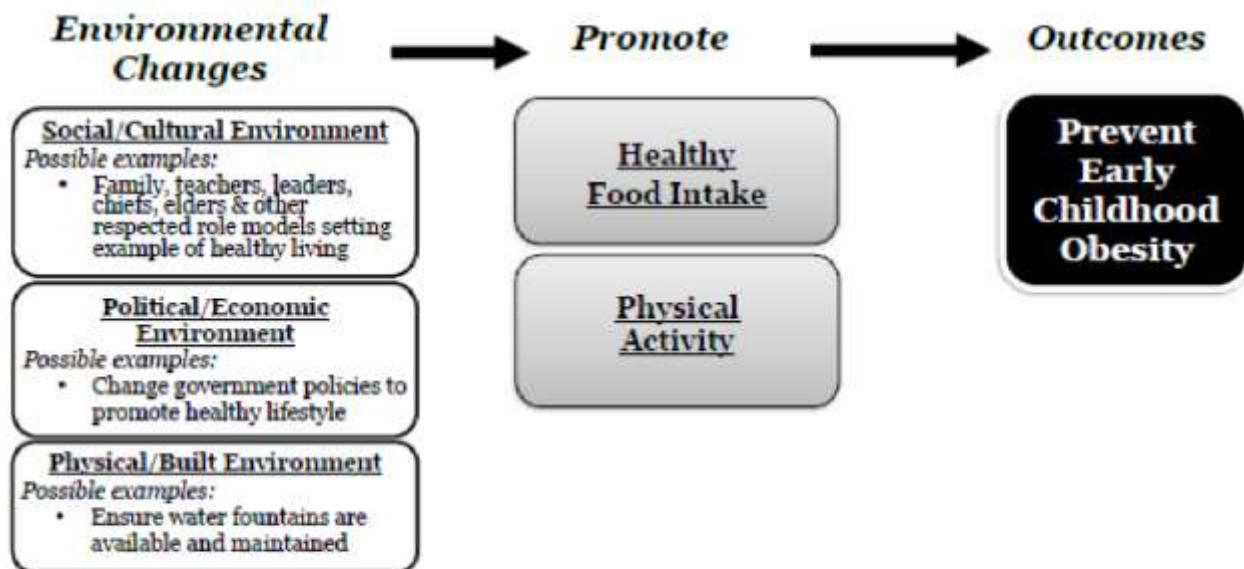
The goal of CHL is to help to create a social, cultural, political, economic, and physical environment in the Pacific Region that supports active play, physical activity, and eating healthy food, in order to promote health. In partnership with our communities, our mission is to elevate the capacity of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

Purpose Statement

This report describes the intervention effect in the CHL region, including Alaska; American Samoa; Commonwealth of the Northern Mariana Islands (CNMI); Guam; and Hawaii, and for a specific community and its jurisdiction, as well as the post-intervention and change from baseline results for the Community Assessment Tool data for a specific community.

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 2 to 8 years old.

Figure 1. CHL Conceptual Model



2. Intervention Activities

Section 1. CHL Target Behaviors

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

Section 2. Measures Overview

The CHL study design was to collect data on body size, functional outcomes of obesity, food intake, physical activity, lifestyle behavior which includes screen time, and demographics. These are measured through anthropometry, food and activity logs, questionnaires, and visual inspection (of the neck). In addition to these individual level variables a wide range of tools were used to survey and inventory food and physical activity resources in the community. The role of community environment and resources can be used to explore their relationship to individual health outcomes and obesity.

The following study outcomes were measured for children across jurisdictions using a common methodology:

Body size: Body size measures included weight, height and waist circumference and the resultant calculations of BMI, percent overweight and obese. Trained staff in all jurisdictions used standardized instruments, such as common scales for weight, stadiometers for height, and tape measures for waist circumference. Body size outcomes include overweight, defined as the 85th - 94th percentile for BMI (weight, kg/height, m²) and obesity, defined as greater than or equal to the 95th percentile for BMI and BMI Z-Score (Centers for Disease Control and Prevention, 2009), and waist circumference. During training sessions on anthropometry, inter- and intra-person reliability of each measurement, as well as agreement to an expert measurer, were determined. We followed guidelines by Zerfas to assess agreement (1986).

Functional outcomes of obesity: Functional outcomes of obesity (Ropka, 2002) included sleep quality and duration, both as minutes per night from the accelerometer and self-reported average duration, and presence of Acanthosis nigricans as an indicator of insulin resistance/pre-diabetes.

Food intake: We calculated nutrients and food groups of the children's diet from two days of food logs, which were completed by the parent / caregiver, with assistance from other child caregivers. We are using these data to estimate prevalence of food intake in the region. These data have been entered into PacTrac3. We used the food composition database which was developed and is maintained by the Nutrition Support Shared Resource at the UH Cancer Center. This database includes information on local foods in the Pacific region.

Physical activity: We measured physical activity with several strategies with which we have experience – accelerometers and physical activity logs.

Physical Activity Log: We developed 24-hour activity logs to measure physical activity of children in the PacDASH study, which were successfully pilot-tested for children aged 3-5 years. Parents were asked to record all activities for the child for the two days when food intake was recorded. These activity logs provided us with the type and duration of each activity of their child. Trained CHL staff assigned a metabolic equivalent (MET) that reflected the energy expenditure for the child's activity (Ridley, Ainsworth, & Olds, 2008), and a 24-hour METs could be computed.

Accelerometers: Children were asked to wear accelerometers for six days in this study. In Year 1 of CHL, we pilot tested Actical accelerometers as a method to measure physical activity in young children to be used in the full study. Based on our successful CHL Physical Activity Pilot results, we used accelerometry at all sites (Nigg et al., 2012; Ettienne et al. 2016). The CHL Coordinating Center (CCC) trained staff at each jurisdiction on use of the accelerometers before measurement began.

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 for each day to derive the number

of counts per minute (cpm), overall and within sustained bouts of 5 minutes. These cpm were then used to derive activity levels based on the following criteria:

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

Sedentary (physical inactivity) behaviors includes excessive sitting, lying, as well as screen time. In this study, time spent 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.

Other questionnaires: Parents / caregiver respondents for the children completed questionnaires about demographics, lifestyle measures and culture. Lifestyle measures included food security and food expenditures (USDA, 2008). In addition, parents / caregivers completed standardized questions about screen time, regarded as sedentary behavior and a lifestyle measure (Haas & Nigg, 2009).

Table 2.2.1 displays an overview of all the measures used for CHL, and the frequency of their use. The community level measures are described in Volume 2 of the CHL Data Dictionary.

Table 2.2.1. The Children’s Healthy Living (CHL) Program Individual-level

Individual level measures				Assessed in matched-pair communities		Assessed in temporal communities	
Category	Measurement	Measurement tools	Completed by	0 month	24 month	0 month	24 month

Demographic	Demographic [15,43-48]	Questionnaire	Surrogate*	X	X	X	X
Anthropometry	Height	Stadiometer	Staff	X	X	X	X
	Weight	Portable Scale	Staff	X	X	X	X
	Waist circumference	Circumference Tape	Staff	X	X	X	X
Diet	2 d [#] Food intake [61,62]	Food & Activity Log	Surrogate*	X	X		
Physical Activity (PA)	6 d PA [66]	Accelerometer**	Child	X	X		
	2 d [#] Activity Log [62]	Food & Activity Log	Surrogate*	X			
Sedentary behavior (SB)/Screen Time (ST)	6 d SB/ST [66]	Accelerometer**	Child	X	X		
	2 d [#] Activity Log [62]	Food & Activity Log	Surrogate*	X			
	Usual SB/ST [52]	Questionnaire	Surrogate*	X	X		
Sleep	Sleeping behavior [53]	Questionnaire	Surrogate*	X	X	X	X
Acanthosis Nigricans	Presence/Severity [67]	Visual observation/ assessment form	Staff	X	X		
Culture	Language/culture [49-51]	Questionnaire	Surrogate*	X	X		

X = indicates measurement completed.

*Surrogate reporter = parent/caregiver.

**A minimum of 100 children in each matched-pair community and jurisdiction wore an accelerometer.

3. Research

Section 1. Participant Data

The following table (Table 3.1.1) reports the number of participants included in the final data set. These results are presented CHL-wide (which includes the jurisdictions

Alaska, American Samoa, CNMI, Guam, and Hawaii) and then by jurisdiction and experimental group (intervention, optimized, temporal). The total number of participants CHL-wide was 4,353 at baseline and 4,054 at post-intervention.

Table 3.1.1 Number of Participants

Sample Group	Number	
	Baseline	Post-intervention
CHL-wide (Alaska, American Samoa, CNMI, Guam, and Hawaii) Total	4,353	4,054
Intervention	1,522	1,347
Optimized	1,499	1,298
Temporal	1,332	1,409
Alaska*	666	666
Intervention	191	177
Optimized	194	178
Temporal	281	339
American Samoa	972	812
Intervention	337	235
Optimized	313	261
Temporal	322	316
CNMI	910	885
Intervention	323	292
Optimized	294	284
Temporal	293	309
Guam*	863	696

Intervention	349	323
Optimized	386	268
Temporal	128	105
Hawaii	942	975
Intervention	322	325
Optimized	312	310
Temporal	308	340

*All jurisdictions included 2 interventions, 2 optimized, and 2 temporal communities, except for Alaska that had 1 intervention, 1 optimized, and 2 temporal communities, and Guam that had 2 interventions, 2 optimized, and 1 temporal community.

The following table (Table 3.1.2) reports the mean age in months of participants and the percent female in the final data set. These results are presented CHL-wide (which includes the jurisdictions Alaska, American Samoa, CNMI, Guam, and Hawaii) and then by jurisdiction and experimental group (intervention, optimized, temporal). For participants CHL-wide, the mean age at baseline was 63.25 months while the mean age at post-intervention was 66.16 months. The proportion of participants of the female sex was 0.49 at baseline and 0.50 at post-intervention.

Table 3.1.2. Sample Characteristics by Age and Sex

	Age months (Mean)		Sex (Proportion Female)	
	Baseline	Post-Intervention	Baseline	Post-Intervention
CHL-wide (Alaska, American Samoa, CNMI, Guam, and Hawaii)	63.25	66.16	0.49	0.50
Intervention	65.11	65.52	0.50	0.50
Optimized	64.42	68.00	0.48	0.49

Temporal	59.81	65.06	0.47	0.50
Alaska	60.14	62.31	0.47	0.51
Intervention	59.55	61.81	0.43	0.56
Optimized	60.24	64.06	0.47	0.49
Temporal	60.47	61.65	0.51	0.49
American Samoa	63.15	71.29	0.47	0.51
Intervention	67.26	72.27	0.48	0.50
Optimized	63.13	71.63	0.48	0.52
Temporal	58.95	70.30	0.47	0.53
CNMI	65.08	67.40	0.47	0.46
Intervention	65.12	66.62	0.52	0.52
Optimized	68.37	69.61	0.45	0.43
Temporal	61.69	66.13	0.45	0.44
Guam	69.44	68.64	0.48	0.50
Intervention	70.01	65.54	0.50	0.47
Optimized	70.24	70.84	0.47	0.52
Temporal	65.43	72.30	0.45	0.56
Hawaii	58.08	61.71	0.52	0.50
Intervention	60.72	61.77	0.54	0.48
Optimized	57.45	63.29	0.54	0.50
Temporal	56.01	60.18	0.47	0.52

The following table (Table 3.1.3) presents the study sample characteristics by status as Native Hawaiian or Other Pacific Islander (NHPI) race and indigenous ethnicity. These

results are presented CHL-wide (which includes the jurisdictions Alaska, American Samoa, CNMI, Guam, and Hawaii) and then by jurisdiction and experimental group (intervention, optimized, temporal). Indigenous participants were those whose caregivers reported the child being of the ethnicity that is native to their jurisdiction of recruitment. For example, in the jurisdiction of Hawaii, only those participants of Native Hawaiian ethnicity would be counted as indigenous for Hawaii, while participants of Native Hawaiian ethnicity living in a CHL jurisdiction other than Hawaii would not be counted as indigenous. In Alaska, indigenous includes children having at least one of the following ethnicities: Athabascan, Cupik, Inupiaq, Siberian, and Yupik. In American Samoa, indigenous includes children of Samoan ethnicity. In CNMI, indigenous includes children of Carolinian or Chamorro ethnicity. In Guam, indigenous includes children of Chamorro ethnicity.

For participants CHL-wide, the proportion of the participants reported as NPHI at baseline was 70.97% and 69.03% at post-intervention. The proportion of the participants of Indigenous status was 65.99% at baseline and 62.00% at post-intervention.

Table 3.1.3. Sample Characteristics by NHPI Race and Indigenous Status*

Location	% NHPI		% Indigenous	
	Baseline	Post-Intervention	Baseline	Post-Intervention
CHL-wide (Alaska, American Samoa, CNMI, Guam, and Hawaii)	70.97	69.03	65.99	62.00
Intervention	80.29	79.29	72.16	65.63
Optimized	72.20	72.73	64.97	59.12
Temporal	58.93	54.75	60.12	61.17
Alaska	4.95	3.77	36.21	33.19

(Athabascan, Cupik, Inupiaq, Siberian, or Yupik)				
Intervention	1.57	1.53	27.81	12.00
Optimized	5.67	7.18	21.24	15.91
Temporal	6.76	3.17	52.14	53.27
American Samoa (Samoan)	99.28	99.04	97.11	94.88
Intervention	98.52	98.57	99.40	92.14
Optimized	100.00	99.36	99.04	99.23
Temporal	99.38	99.14	92.86	93.29
CNMI (Carolinian or Chamorro)	65.09	65.50	56.83	58.07
Intervention	87.31	89.47	79.88	84.35
Optimized	51.86	56.93	39.80	43.55
Temporal	53.92	49.24	48.45	46.62
Guam (Chamorro)	89.34	90.89	64.89	59.41
Intervention	86.82	93.03	56.16	60.73
Optimized	93.26	92.48	76.42	60.74
Temporal	84.38	79.20	53.91	51.89
Hawaii (Native Hawaiian)	77.28	74.93	64.71	60.74
Intervention	93.79	81.23	79.38	63.84

Optimized	78.85	81.00	67.42	63.25
Temporal	58.44	62.97	46.75	55.45

The following table (Table 3.1.4) presents the top three ethnic groups for each location by jurisdiction and intervention group. These results are presented CHL-wide (which includes the jurisdictions Alaska, American Samoa, CNMI, Guam, and Hawaii) and then by jurisdiction and experimental group (intervention, optimized, temporal). The top most frequent ethnicities across all intervention groups CHL-wide were NHPI-Samoan (20.8%), NPHI-Chamorro (15.7%), and White (7.9%) at baseline. The top most frequent ethnicities across all intervention groups CHL-wide were NHPI-Chamorro (18.5%), NPHI-Samoan (14.2%), and White (10.3%) at post-intervention.

Table 3.1.4. Top 3 Ethnic Groups by Jurisdiction and Intervention Group

Location	Baseline Top Ethnicities			Post-Intervention Top Ethnicities		
	1st	2nd	3rd	1st	2nd	3rd
CHL-wide (Alaska, American Samoa, CNMI, Guam, and Hawaii)						
Intervention	NHPI-Samoan, 314 (20.8%)	NHPI-Chamorro, 237 (15.7%)	White, 120 (7.9%)	NHPI-Chamorro, 247 (18.5%)	NHPI-Samoan, 189 (14.2%)	White, 138 (10.3%)
Optimized	NHPI-Chamorro, 286 (19.1%)	NHPI-Samoan, 284 (19.0%)	Asian-Filipino, 159 (10.6%)	NHPI-Samoan, 222 (17.3%)	NHPI-Chamorro, 161 (12.5%)	White, 139 (10.8%)
Temporal	NHPI-Samoan, 259 (19.5%)	Asian-Filipino, 153 (11.5%)	White, 151 (11.4%)	NHPI-Samoan, 223 (16.0%)	White, 183 (13.1%)	Asian-Filipino, 142 (10.2%)

Alaska						
Intervention	White, 109 (58.3%)	Aian-Athabascan, 9 (4.8%)	Black and White, 9 (4.8%)	White, 124 (70.9%)	Black, 11 (6.3%)	Black and White, 4 (2.3%)
Optimized	White, 128 (66.3%)	Aian-Inupiaq, 5 (2.6%)	Black and White, 4 (2.1%)	White, 129 (73.7%)	Black and White, 6 (3.4%)	Aian-Yupik, Asian-Filipino, Asian-Japanese, and NHPI-Hawaiian, 4 (2.3%)
Temporal	White, 105 (37.5%)	Aian-Yupik, 28 (10.0%)	Aian-Inupiaq and White E, 11 (3.9%)	White, 140 (41.8%)	Aian-Yupik, 17 (5.1%)	Aian-Inupiaq, 15 (4.5%)
American Samoa						
Intervention	NHPI-Samoan, 306 (91.9%)	NHPI-Hawaiian and NHPI-Samoan, 9 (2.7%)	Asian-Chinese and NHPI-Samoan, 4 (1.2%)	NHPI-Samoan, 175 (77.1%)	NHPI, 12 (5.3%)	Asian and NHPI-Samoan, 11 (4.8%)
Optimized	NHPI-Samoan, 279 (89.1%)	NHPI-Hawaiian and NHPI-Samoan, 8 (2.6%)	NHPI-Samoan and NHPI-Tongan, 6 (1.9%)	NHPI-Samoan, 219 (85.2%)	Asian and NHPI-Samoan, 8 (3.1%)	NHPI-Samoan and White, 7 (2.7%)
Temporal	NHPI-Samoan, 259 (80.4%)	NHPI-Tongan, 18 (5.6%)	NHPI-Hawaiian and NHPI-Samoan, 15 (4.7%)	NHPI-Samoan, 223 (71.2%)	NHPI-Tongan, 12 (3.8%)	Aian and NHPI-Samoan, 11 (3.5%)
CNMI						
Intervention	NHPI-Chamorro, 98 (30.3%)	NHPI-Carolinian and NHPI-Chamorro, 35 (10.8%)	Asian-Filipino, 26 (8.0%)	NHPI-Chamorro, 79 (27.1%)	NHPI-Carolinian and NHPI-Chamorro, 46 (15.8%)	Asian-Filipino and NHPI-Chamorro, 26 (8.9%)

Optimized	Asian-Filipino, 115 (39.1%)	NHPI-Chamorro, 40 (13.6%)	NHPI-Carolinian, 20 (6.8%)	Asian-Filipino, 100 (35.2%)	NHPI-Chamorro, 29 (10.2%)	NHPI-Carolinian, 23 (8.1%)
Temporal	Asian-Filipino, 108 (37.1%)	NHPI-Chamorro, 94 (32.3%)	Asian-Filipino and NHPI-Chamorro, 21 (7.2%)	Asian-Filipino, 113 (36.6%)	NHPI-Chamorro, 74 (23.9%)	Asian-Filipino and NHPI-Chamorro, 23 (7.4%)
Guam						
Intervention	NHPI-Chamorro, 139 (39.8%)	NHPI-Chuukese, 72 (20.6%)	Asian-Filipino, 41 (11.7%)	NHPI-Chamorro, 168 (52.0%)	NHPI-Chuukese, 84 (26.0%)	Asian-Filipino, 19 (5.9%)
Optimized	NHPI-Chamorro, 246 (63.7%)	NHPI-Chuukese, 43 (11.1%)	Asian-Filipino, 22 (5.7%)	NHPI-Chamorro, 132 (49.3%)	NHPI-Chuukese, 70 (26.1%)	Asian-Filipino, 14 (5.2%)
Temporal	NHPI-Chamorro, 51 (39.8%)	NHPI-Chuukese, 28 (21.9%)	Asian-Filipino, 12 (9.4%)	NHPI-Chamorro, 42 (40.0%)	Asian-Filipino, 17 (16.2%)	NHPI-Chuukese, 14 (13.3%)
Hawaii						
Intervention	NHPI-Hawaiian, 66 (20.6%)	NHPI-Hawaiian and White, 19 (5.9%)	Asian-Chinese, Asian-Filipino, and NHPI-Hawaiian, 16 (5.0%)	NHPI-Hawaiian, 47 (14.8%)	NHPI, 21 (6.6%)	Asian-Chinese, Asian-Filipino, and NHPI-Hawaiian, 15 (4.7%)
Optimized	NHPI-Hawaiian, 44 (14.2%)	Asian-Filipino, 22 (7.1%)	White, 17 (5.5%)	NHPI-Hawaiian, 50 (16.6%)	NHPI, 15 (5.0%)	NHPI-Chuukese, 14 (4.6%)
Temporal	NHPI-Hawaiian, 56 (18.2%)	White, 45 (14.6%)	Asian-Filipino, 33 (10.7%)	NHPI-Hawaiian, 51 (15.5%)	White, 43 (13.0%)	Asian-Filipino and White, 15 (4.5%)

4. CHL-wide Intervention Results

This section examines the effects of the CHL intervention CHL-wide. The unit of randomization, and therefore analysis, is the community. All the intervention, optimized and temporal communities in the five jurisdictions participating in the CHL intervention study are included in this analysis.

The prevalence estimates presented in this report have been calculated using a statistical model that includes adjustments for sex and age, weighting to the population size, and consideration for clustering in communities within the strata of jurisdiction.

- Sex and age variables are used as adjustment variables as changes in outcomes over time could be due to differences in the sex and age distributions of the samples rather than due to an intervention effect. Note race/ethnicity is not adjusted for, as it is very highly co-linear with jurisdiction.
- Sample Weights were constructed for each CHL participant to relate how many individuals in their respective community each participant's answer represents. Such individual case weights are created in order to produce more accurate population estimates from the study sample. In the case of the CHL study, weighting is based on geographic community of the participant and demographic measures for population size of children ages 2 to 8 years old for that community using 2010 US Census Data. An individual weight involves the reciprocal of the probability of selection in his or her given community.
- Participants were sampled using a complex sampling method. Select communities were randomized within select jurisdictions. Children were recruited from community clusters within the jurisdiction strata. This complex sampling design is accounted for in the analysis in order to obtain valid estimates in the results.

The goal of the CHL intervention was to promote healthy weight as measured through

body mass index (BMI), through 6 target behaviors including:

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

The results of the intervention as related to BMI and the CHL target behaviors are reported below. Statistical significance is reported at the level of $\alpha=0.05$. The baseline estimates, post-intervention estimates, and differences, are calculated using the weighted, age and sex adjusted model.

Section 1. Body Mass Index (BMI) Outcomes

A CHL target was to reduce the percent of children who are overweight and obese ($\geq 85^{\text{th}}$ percentile BMI for age and sex). BMI was measured and is reported as both a continuous (BMI Z-score) and categorical (overweight or obese prevalence) (OWOB) outcome. For BMI Z-score, the difference between the change in intervention groups versus the change in optimized groups is -0.05, p-value = 0.150. This is not statistically significant. This analysis does not include individuals that have an extreme absolute BMI Z-score greater than 3. Towards the goal of decreasing BMI Z-score, the decrease was greater in intervention communities than optimized communities. For OWOB prevalence, the difference between the change in intervention groups versus the change in optimized groups is -4.17, p-value = 0.027. This is statistically significant. This analysis does not include individuals that have an extreme absolute BMI Z-score greater than 3. Towards the goal of decreasing OWOB, the decrease was greater in

intervention communities than optimized communities. The following table (Table 4.1.1) shows the results for measures of body mass index (BMI) and OWOB prevalence.

Table 4.1.1. Body Mass Index (BMI) CHL-wide Results (communities=27, BMI Z-score participants=7,863, OWOB prevalence participants=7,863)

Main outcomes	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
BMI Z-score				
Intervention	0.63	0.56	-0.07	0.012
Optimized	0.58	0.56	-0.02	0.516
Temporal	0.58	0.57	-0.02	0.704
Intervention vs. Optimized	NA	NA	-0.05	0.150
	Percentage (<i>Categorical variables</i>)			
OWOB prevalence				
Intervention	33.20	30.03	-3.18	0.012
Optimized	31.42	32.41	0.99	0.445
Temporal	32.24	32.30	0.06	0.974
Intervention vs. Optimized	NA	NA	-4.17	0.027

Figure 4.1.1.a. BMI CHL-wide Differences between Baseline and Post-Intervention

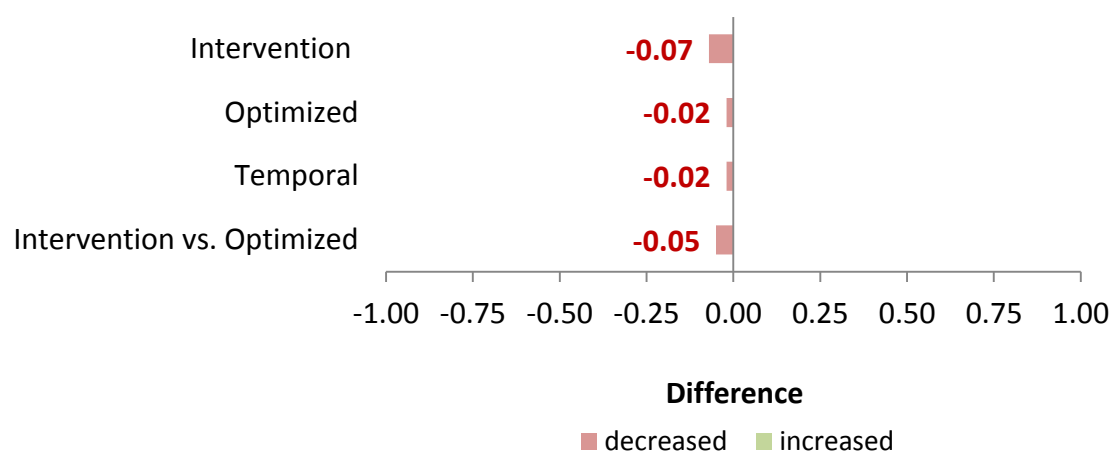
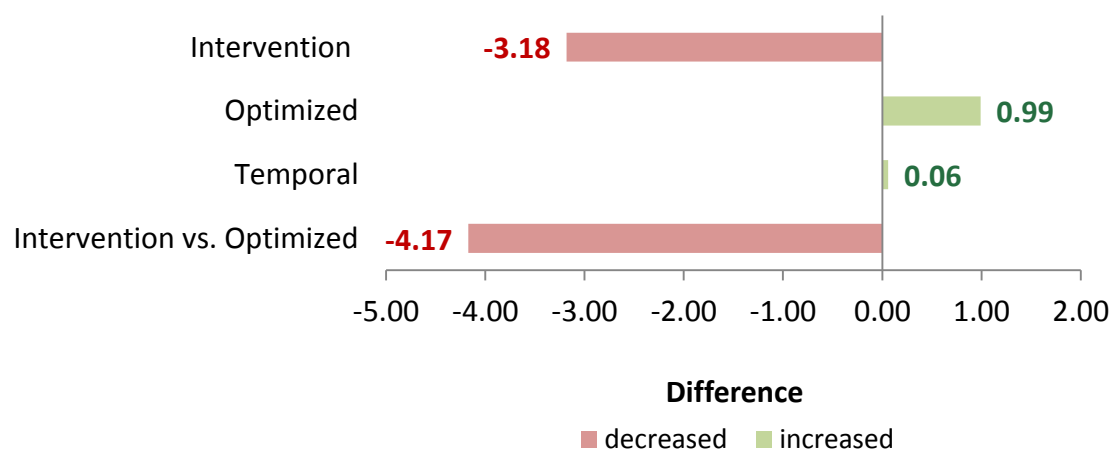


Figure 4.1.1.b. OWOB Prevalence, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=27, participants=7,863)



Section 2. Abdominal Obesity

A CHL target was to decrease abdominal obesity as measured through waist circumference. The International Diabetes Federation (IDF) suggests that children 6 years or older with a waist circumference equal or greater than 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

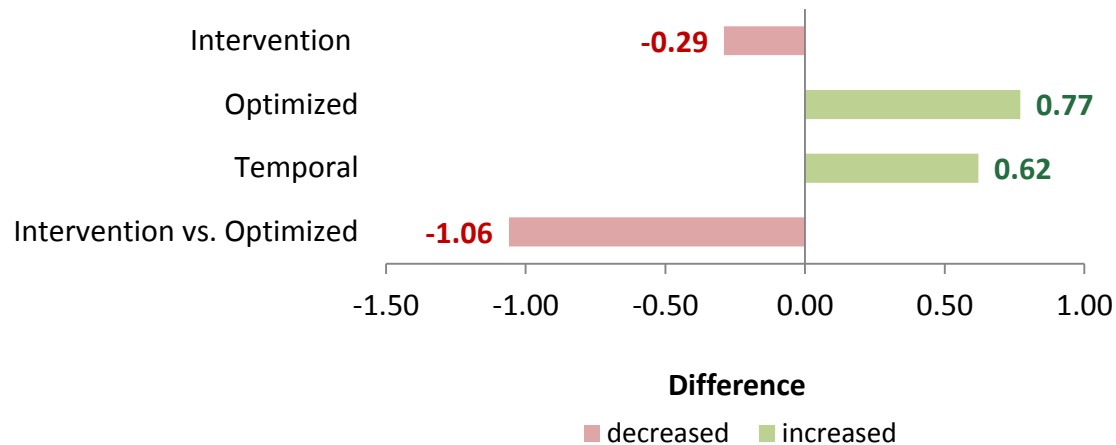
percentile cutoff value is 71.47 cm. The 90th percentile cutoff value reported from the IDF, which uses “a nationally representative sample” of boys and girls, is 67.65 cm for 7-year-olds.

The difference between the change in intervention groups versus the change in optimized groups is -1.06, p-value = 0.007. This is statistically significant. Towards the goal of decreasing abdominal obesity, the decrease is greater in intervention communities than optimized communities. The following table (Table 4.2.1) shows the results for the measure of abdominal obesity.

Table 4.2.1. Abdominal Obesity CHL-wide Results (communities=27, participants=8,052)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Waist circumference (cm)				
Intervention	55.08	54.78	-0.29	0.357
Optimized	54.41	55.18	0.77	<.0001
Temporal	54.88	55.50	0.62	0.070
Intervention vs. Optimized	NA	NA	-1.06	0.007

Figure 4.2.1. Abdominal Obesity, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=27, participants=8,052)



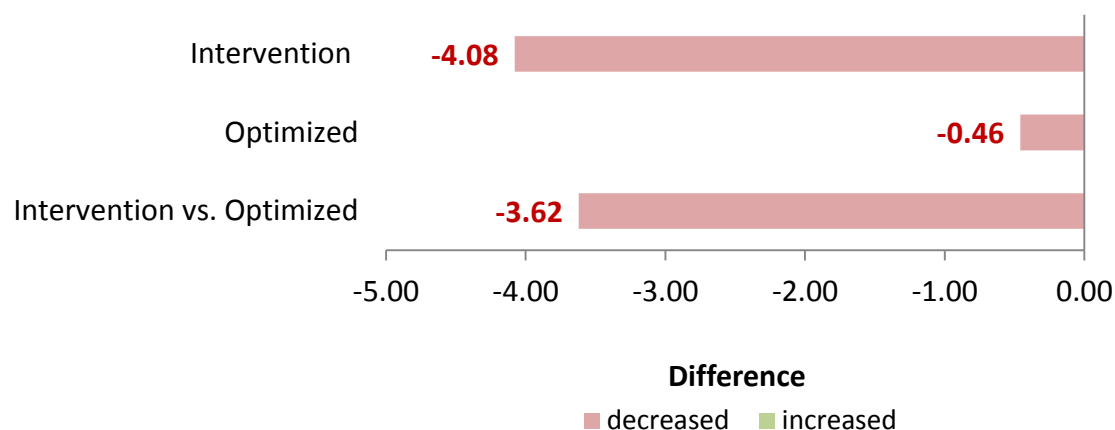
Section 3. Acanthosis Nigricans (AN)

A CHL target was to decrease Acanthosis Nigricans (AN), an indicator of high insulin levels, which can lead to insulin resistance and Type 2 diabetes. AN 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. Burke's (1999) quantitative scale was utilized, with scores given for the severity of AN. For AN, the difference between the change in intervention groups versus the change in optimized groups is -3.62, p-value = 0.002. This is statistically significant. Towards the goal of decreasing AN, a decrease is seen in both groups and the decrease is greater in intervention communities than optimized communities. The following table (Table 4.3.1) shows the results for the measure of AN.

Table 4.3.1. Acanthosis Nigricans (AN) Prevalence CHL-wide Results (communities=18, participants=5,611)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
AN prevalence				
Intervention	5.62	1.54	-4.08	<.0001
Optimized	3.50	3.03	-0.46	0.616
Intervention vs. Optimized	NA	NA	-3.62	0.002

Figure 4.4.1. Acanthosis Nigricans (AN) Prevalence, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=5,611)



Section 4. Physical Activity

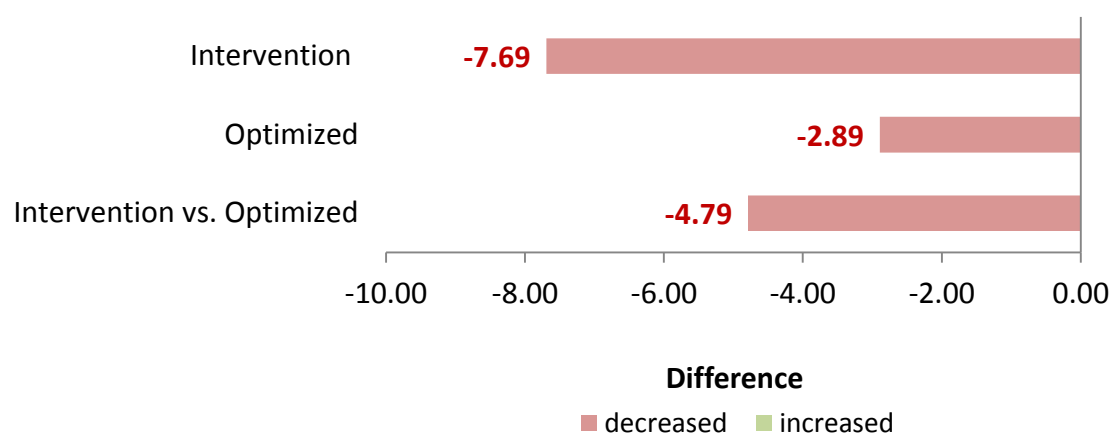
A CHL target was to increase physical activity. It is recommended that children have at least 60 minutes of moderate and vigorous physical activity (MVPA) per day, in sustained intervals (Strong et al. 2005). Physical activity levels were measured by accelerometry. Daily MPVA is calculated as the amount of minutes spent in continuous bouts of at least 5 minutes of moderate or vigorous activity, averaged over several days of accelerometer use, and weighted for weekend or weekday use. For physical activity,

the difference between the change in intervention groups versus the change in optimized groups is -4.79, p-value = 0.341. This is not statistically significant. Towards the goal of increasing physical activity, a decrease is seen in both groups and the decrease was greater in intervention communities than optimized communities. The following table (Table 4.4.1) shows the results for the measure of daily average minutes of MVPA per day.

**Table 4.4.1. Moderate and Vigorous Physical Activity from Accelerometers
CHL-wide Results (communities=18, participants=3,167)**

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Minutes of MVPA				
Intervention	69.23	61.54	-7.69	0.050
Optimized	67.71	64.81	-2.89	0.294
Intervention vs. Optimized	NA	NA	-4.79	0.341

**Figure 4.4.1. Moderate and Vigorous Physical Activity from Accelerometers
CHL-wide Baseline and Post-Intervention Differences by Experimental Group
(communities=18, participants=3,167)**

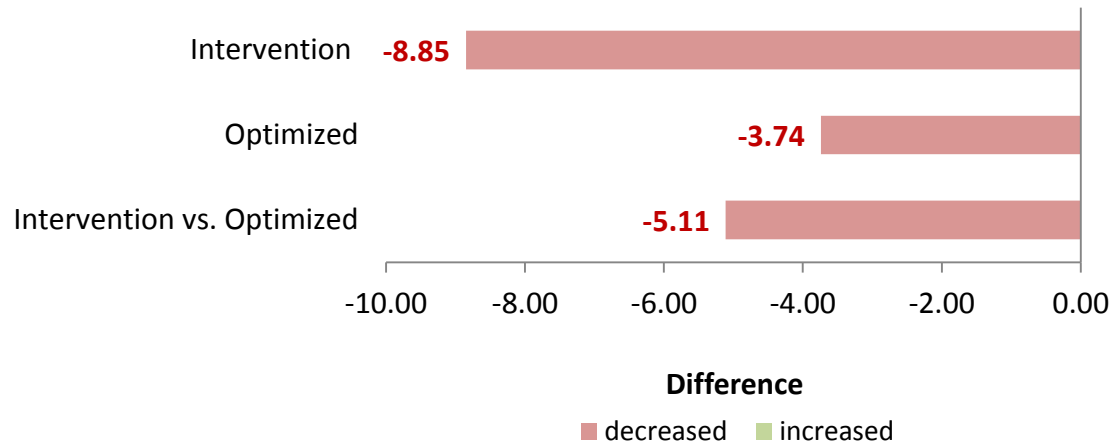


CHL also measured the number of children who met the national recommendation of at least 60 minutes of MVPA in sustained intervals, which we defined as at least 5 minute intervals/bouts. For percent meeting the national recommendation for physical activity, the difference between the change in intervention groups versus the change in optimized groups is -5.11, p-value = 0.420. This is not statistically significant. Towards the goal of increasing physical activity, the decrease was greater in intervention communities than optimized communities. The following table (Table 4.4.2) shows the results for the measure of those who met the national recommendation for average minutes of moderate and vigorous physical activity (MVPA) per day.

Table 4.4.2. Percent Who Met National Recommendation of At Least 60 Minutes of Moderate and Vigorous Physical Activity per Day CHL-wide Results (communities=18, participants=3,167)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
Meets MVPA				
Intervention	55.48	46.63	-8.85	0.051
Optimized	54.55	50.81	-3.74	0.387
Intervention vs. Optimized	NA	NA	-5.11	0.420

Figure 4.4.2. Percent Who Met National Recommendation of At Least 60 Minutes of Moderate and Vigorous Physical Activity Per Day, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=3,167)



Section 5. Sleep

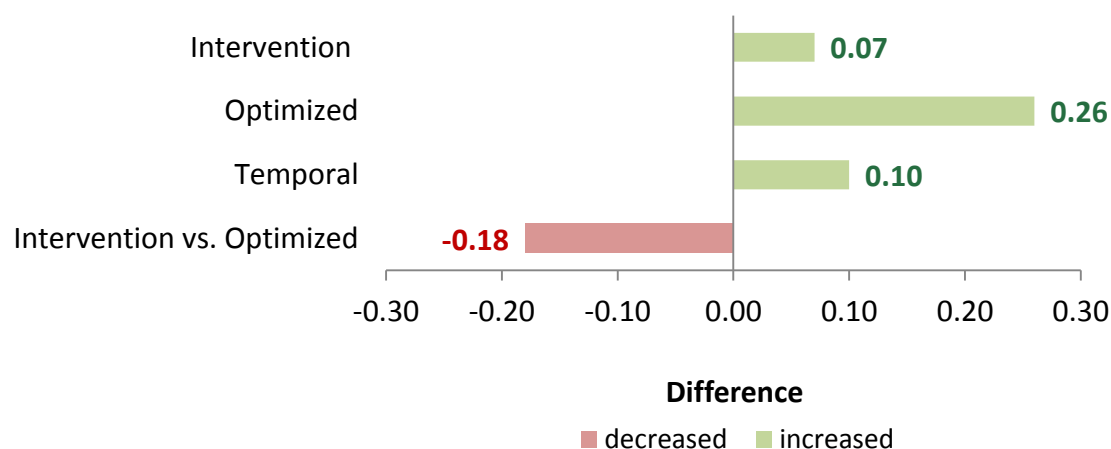
A CHL target was to increase the amount of sleep children acquire. The mean number of hours of sleep calculated is based upon parent report. For sleep, the difference between the change in intervention groups versus the change in optimized groups is -0.18, p-value = 0.490. This is not statistically significant. Towards the goal of increasing sleep, an increase is seen in both groups and the increase was greater in optimized communities than intervention communities. The following table (Table 4.5.1) shows the results for the measure of sleep.

Table 4.5.1. Average Hours of Sleep at Night and in Naps during 24 Hours CHL-wide Results (communities=27, participants=7,736)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Hours of sleep				
Intervention	9.45	9.52	0.07	0.624
Optimized	9.74	9.99	0.26	0.138

Temporal	9.71	9.81	0.10	0.565
Intervention vs. Optimized	NA	NA	-0.18	0.490

Figure 4.5.1. Average Hours of Sleep at Night and in Naps during 24 Hours, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=27, participants=7,736)

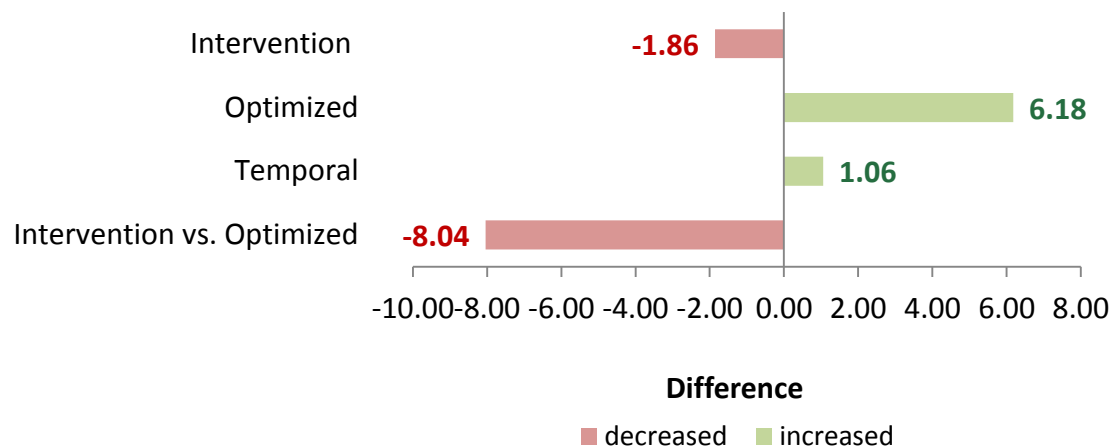


CHL also measured the number of children who meet the national recommendation for sleep according to their age group (Hirshkowitz M et al. 2015). The National Sleep Foundation recommends for 2 year olds: 11-14 hours of sleep/night; for 3 to 5 year olds: 10-13 hours/night; and for 6 to 8 year olds: 9-11 hours/night. For children who met the national recommendation for sleep, the difference between the change in intervention groups versus the change in optimized groups is -8.04, p-value = 0.146. This is not statistically significant. Towards the goal of increasing sleep, the increase was greater in optimized communities than intervention communities. The following table (Table 4.5.2) shows the results for the measure of those who met the national recommendation for sleep.

Table 4.5.2. Percent Who Met National Recommendation of Age-Specific Sleep per Day CHL-wide Results (communities=27, participants=7,736)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
Meets age for specific recommended hours of sleep				
Intervention	50.36	48.50	-1.86	0.603
Optimized	49.93	56.11	6.18	0.073
Temporal	51.79	52.85	1.06	0.566
Intervention vs. Optimized	NA	NA	-8.04	0.146

Figure 4.5.2. Percent Who Met National Recommendation of Age-Specific Sleep per Day, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=27, participants=7,736)



Section 6. Screen Time Sedentary Behavior

A CHL target was to decrease the amount of time children spend in sedentary behavior such as screen time. It is recommended that children spend less than 2 hours of screen time per day (American Academy of Pediatrics Committee on Public Education, 2001).

The mean number of hours of screen time for children in intervention, optimized and

temporal communities is based on parent report. For the total hours of screen time, the difference between the change in intervention groups versus the change in optimized groups is -0.49, p-value =0.103. This is not statistically significant. Towards the goal of decreasing total screen time, the decrease was greater in intervention communities than optimized communities. For the hours of TV / DVD screen time, the difference between the change in intervention groups versus the change in optimized groups is -0.18, p-value = 0.205. This is not statistically significant. Towards the goal of decreasing TV / DVD screen time, the decrease was greater in intervention communities than optimized communities. The following table (Table 4.6.1) shows the results for the measure of screen time from parental reports.

**Table 4.6.1. Mean Hours of Screen Time per Day (Adjusted for Weekday and Weekend Activity) Child Watches TV, Videos, DVDs, or Plays Video Games
CHL-wide Results (communities=18, participants=5,519)**

Screen time	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Hours total screen time				
Intervention	3.98	3.80	-0.18	0.235
Optimized	4.02	4.32	0.30	0.195
Intervention vs. Optimized	NA	NA	-0.49	0.103
Hours TV / DVD screen time				
Intervention	2.21	2.17	-0.04	0.507
Optimized	2.24	2.38	0.14	0.146
Intervention vs. Optimized	NA	NA	-0.18	0.205

Figure 4.6.1a. Mean Hours of Total Screen Time Per Day (Adjusted for Weekday and Weekend Activity) Child Watches TV, Videos, DVDs, or Plays Video Games, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=5,519)

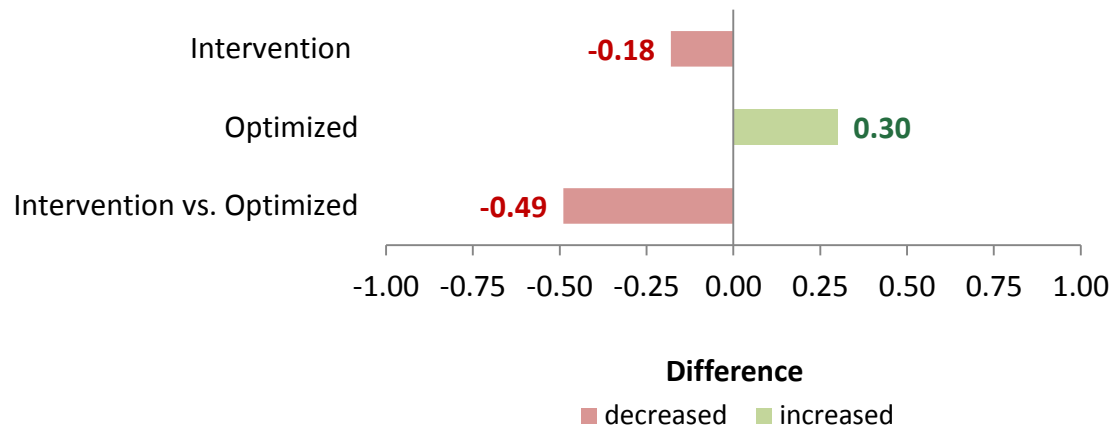
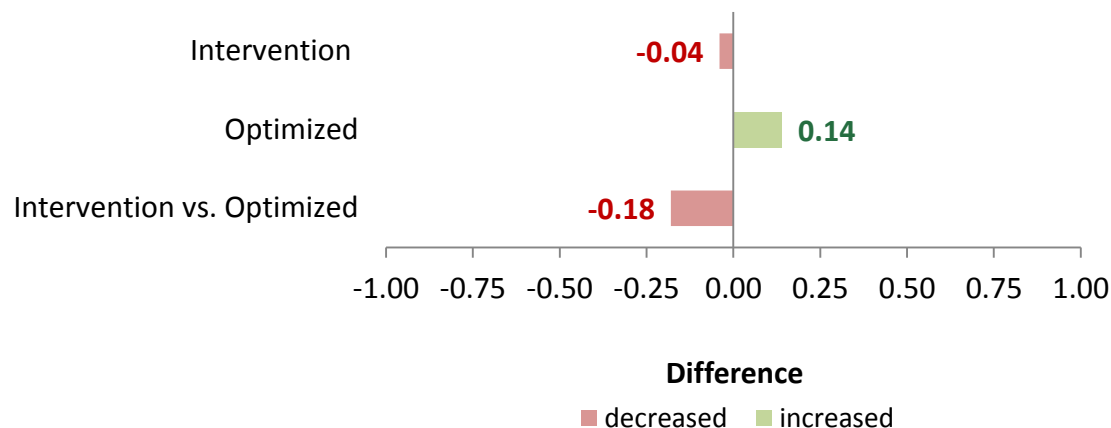


Figure 4.6.1b. Mean Hours of TV / DVD Screen Time Per Day (Adjusted for Weekday and Weekend Activity) Child Watches TV, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=5,519)



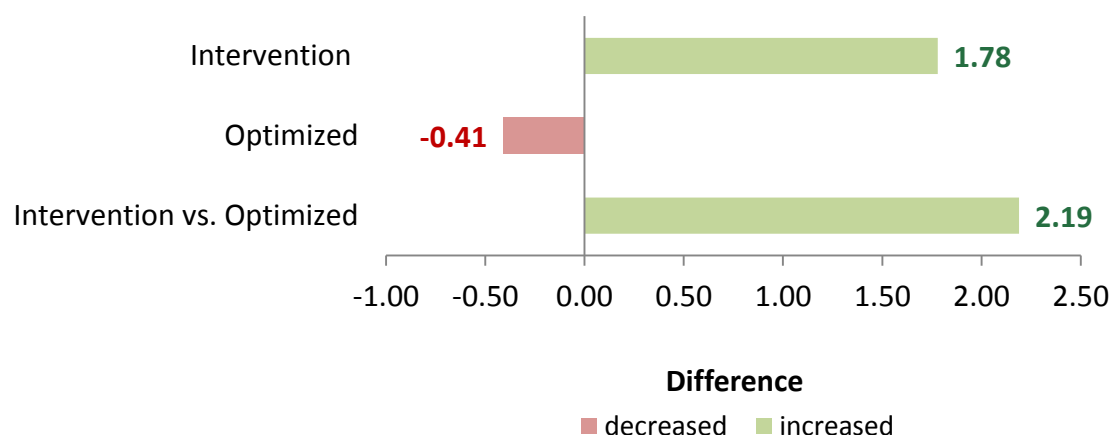
CHL also measured the number of children who meet the national recommendation of less than 2 hours of screen time per day. For those who met the national recommendation for screen time, the difference between the change in intervention groups versus the change in optimized groups is 2.19, p-value = 0.380. This is not statistically significant. Towards the goal of increasing the percent of children who meet

national recommendations for screen time, the increase was greater in intervention communities than optimized communities. The following table (Table 4.6.2) shows the results for the measure of those who met the national recommendation for screen time.

Table 4.6.2. Percent Who Met National Recommendation of Less Than 2 Hours of Screen Time per Day CHL-wide Results (communities=18, participants=5,519)

Main outcomes	Baseline	Post-intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
Meets recommended hours of screen time				
Intervention	20.08	21.86	1.78	0.097
Optimized	18.86	18.45	-0.41	0.852
Intervention vs. Optimized	NA	NA	2.19	0.380

Figure 4.6.2b. Percent Who Met National Recommendation for Screen Time, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=5,519)



Section 7. Fruit and Vegetable Intake

A CHL target was to encourage children to consume more fruits and vegetables. The United States Department of Agriculture (USDA) daily recommended amounts are at

least 1 cup per day for fruits and at least 1.5 cups per day for vegetables for young children (USDA My Plan, <https://supertracker.usda.gov/myplan.aspx>). Fruit and vegetable intake were captured through parent report via a food log of two days.

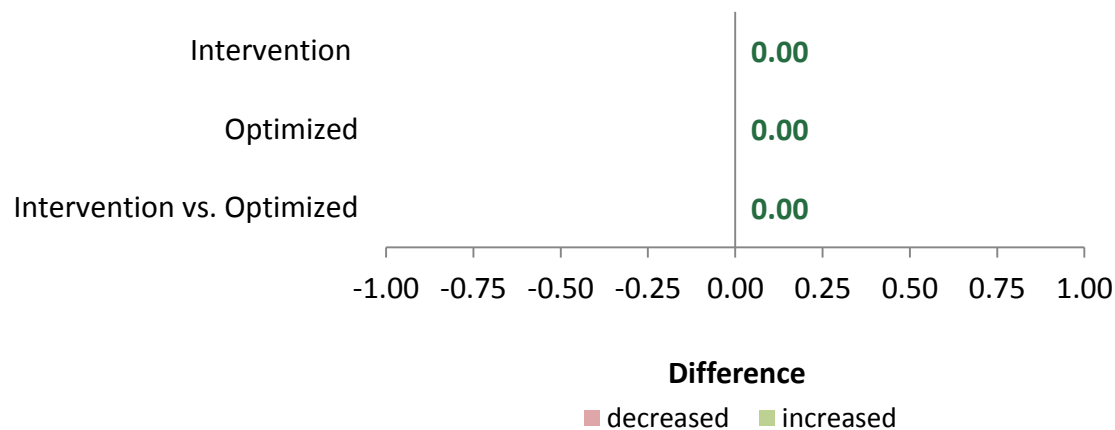
For daily vegetable intake in cups, the difference between the change in intervention groups versus the change in optimized groups is 0.00, p-value = 0.992. This is not statistically significant. Towards the goal of increasing vegetable consumption, there was no increase between intervention and optimized communities. The following table (Table 4.7.1) shows the results for the measure of vegetable intake. The estimates for vegetable consumption were adjusted for intake distribution corrected for day-to-day variability.

Table 4.7.1. Vegetable Intake per Day in Cups CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Vegetable intake (cups / day)				
Intervention	1.13	1.13	0.00	0.817
Optimized	1.14	1.14	0.00	0.801
Intervention vs. Optimized	NA	NA	0.00	0.992

*These are based on an intake distribution corrected for day-to-day variability.

Figure 4.7.1. Vegetable Intake per Day in Cups, CHL-wide Baseline and Post-Intervention Differences by Experimental Group CHL-wide Results (communities=18, participants=4,787)



*These are based on an intake distribution corrected for day-to-day variability.

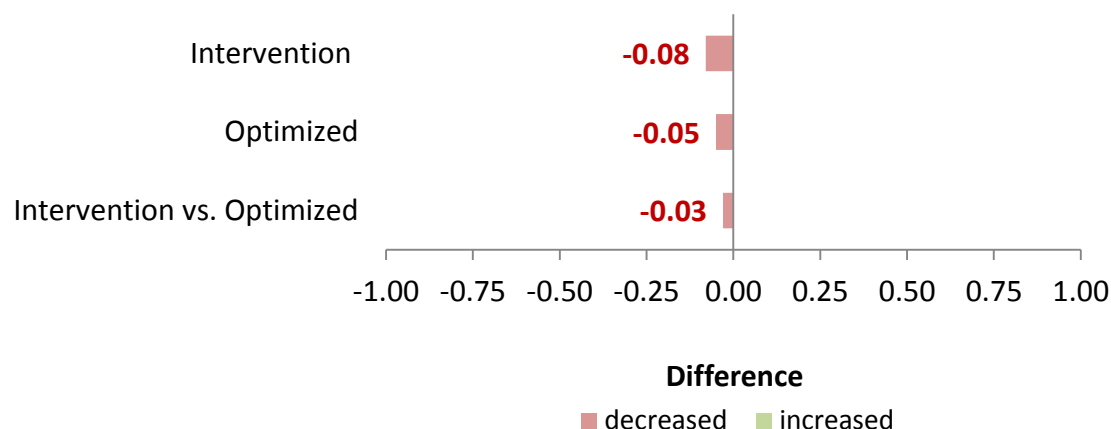
For fruit intake, the difference between the change in intervention groups versus the change in optimized groups is -0.03, p-value = 0.559. This is not statistically significant. Towards the goal of increasing fruit consumption, a decrease is seen in both groups and the decrease was greater in intervention communities than optimized communities. The following table (Table 4.7.2) shows the results for the measure of fruit intake. The estimates for fruit consumption were adjusted for intake distribution corrected for day-to-day variability.

Table 4.7.2. Fruit Intake per Day in Cups CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Fruit intake (cups / day)				
Intervention	0.98	0.90	-0.08	0.065
Optimized	1.04	0.99	-0.05	0.079
Intervention vs. Optimized	NA	NA	-0.03	0.559

*These are based on an intake distribution corrected for day-to-day variability.

Figure 4.7.2. Fruit Intake per Day in Cups, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



*These are based on an intake distribution corrected for day-to-day variability.

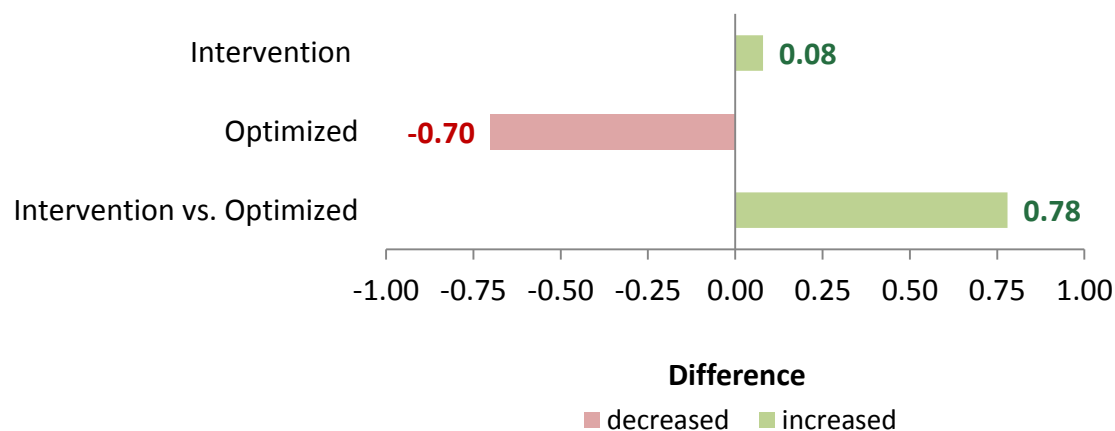
CHL also measured the number of children who meet the national recommendation for vegetable intake of 1 cup for 2-year-olds and 1.5 cups for 3 to 8 year olds of vegetables per day. For the percent of children who met the national recommendation for vegetable consumption, the difference between the change in intervention groups versus the change in optimized groups is 0.78, p-value = 0.423. This is not statistically significant. Towards the goal of increasing vegetable intake, the increase was greater in intervention communities than optimized communities. The following table (Table 4.7.3) shows the results for the measure of those who met the national recommendation for vegetable intake.

Table 4.7.3. Percent Who Met National Recommendation of Age-Specific Vegetable Intake per Day CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
Meets vegetable intake				
Intervention	1.80	1.88	0.08	0.866
Optimized	2.91	2.21	-0.70	0.423
Intervention vs. Optimized	NA	NA	0.78	0.423

*These are based on an intake distribution corrected for day-to-day variability.

Figure 4.7.3. Percent Who Met National Recommendation of Age-Specific Vegetable Intake per Day, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



*These are based on an intake distribution corrected for day-to-day variability.

CHL also measured the number of children who meet the national recommendation for fruit intake among 2 to 8 year olds of at least one cup of fruit per day (USDA My Plan, <https://supertracker.usda.gov/myplan.aspx>). For the percent of children who met the national recommendation for fruit consumption, the difference between the change in intervention groups versus the change in optimized groups is -1.68, p-value = 0.624. This is not statistically significant. Towards the goal of increasing fruit intake, a decrease is seen in both groups and the decrease was greater in intervention

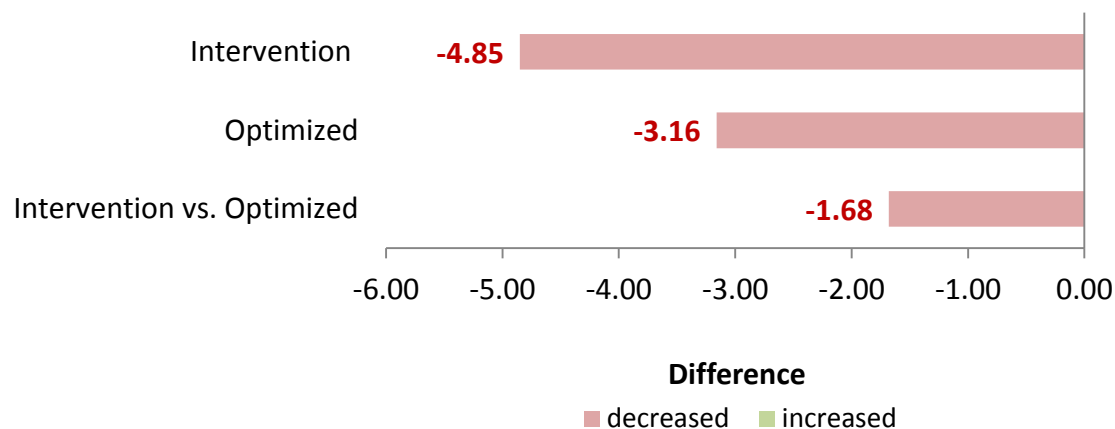
communities than optimized communities. The following table (Table 4.7.4) shows the results for the measure of those who met the national recommendation for fruit intake.

**Table 4.7.4. Percent Who Met My Daily Food Plan of Age-Specific Fruit Intake
CHL-wide Results (communities=18, participants=4,787)**

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
Meets fruit intake				
Intervention	50.23	45.39	-4.85	0.156
Optimized	53.79	50.63	-3.16	0.079
Intervention vs. Optimized	NA	NA	-1.68	0.624

*These are based on an intake distribution corrected for day-to-day variability.

Figure 4.7.4. Percent Who Met My Daily Food Plan of Age-Specific Fruit Intake, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



*These are based on an intake distribution corrected for day-to-day variability.

Section 8. Water

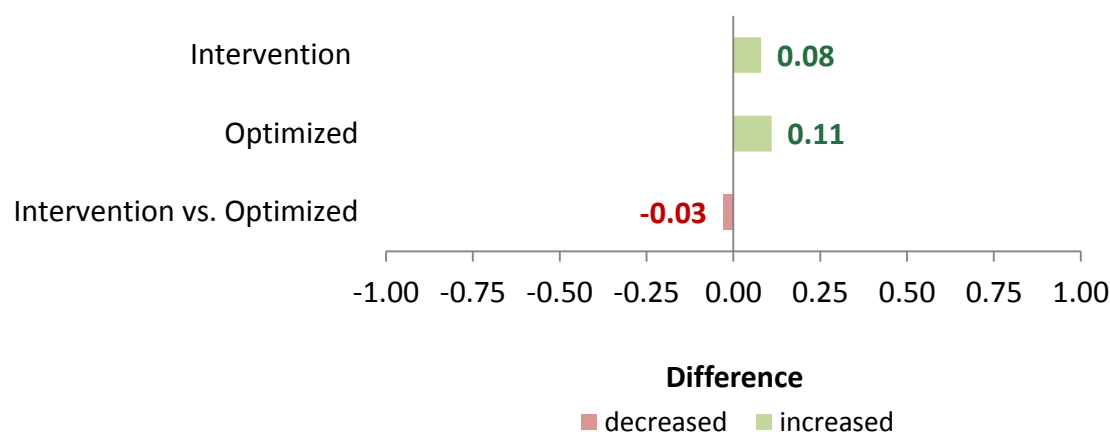
A CHL target or goal was to increase the consumption of water by children. The recommendation is that children should consume at least 32 - 40 fluid ounces (4 - 5

cups) of water from all beverages (milk, juice, drinking water) daily (Institute of Medicine, 2004). CHL measured water which was consumed as a separate beverage, and the following estimates do not include water from other sources. Water intake was captured through parent report via a food log of two days. For water intake, the difference between the change in intervention groups versus the change in optimized groups is -0.03, p-value = 0.737. This is not statistically significant. Towards the goal of increasing water intake, an increase is seen in both groups and the increase was greater in optimized communities than intervention communities. The following table (Table 4.8.1) shows the results for the measure of water intake.

Table 4.8.1. Water Intake as a Beverage in Cups per Day CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Water Intake (cups / day)				
Intervention	1.29	1.37	0.08	0.245
Optimized	1.35	1.46	0.11	0.010
Intervention vs. Optimized	NA	NA	-0.03	0.737

Figure 4.8.1. Water Intake as a Beverage in Cups per Day, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



Section 9. Sugar-Sweetened Beverages

A CHL target was to decrease the consumption of sugar-sweetened beverages (SSB) by children. It is recommended that children consume no SSB (Popkin et al., 2006).

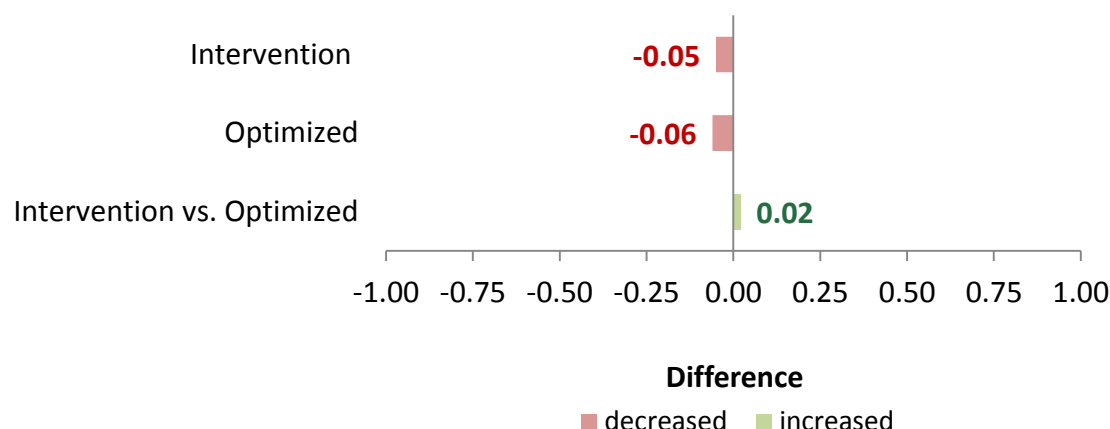
For SSB intake, the difference between the change in intervention groups versus the change in optimized groups is 0.02, p-value = 0.809. This is not statistically significant. Towards the goal of decreasing SSB intake, the decrease was the greater in optimized communities than intervention communities. The following table (Table 4.9.1) shows the results for the measure of SSB intake.

Table 4.9.1. Sugar-Sweetened Beverages (SSB) Intake in Cups per Day CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Percentage (<i>Categorical variables</i>)			
SSB Intake (cups / day)				
Intervention	0.66	0.61	-0.05	0.125
Optimized	0.66	0.59	-0.06	0.381
Intervention	NA	NA	0.02	0.809

vs. Optimized				
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Figure 4.9.1. Sugar-Sweetened Beverages (SSB) Intake in Cups per Day, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



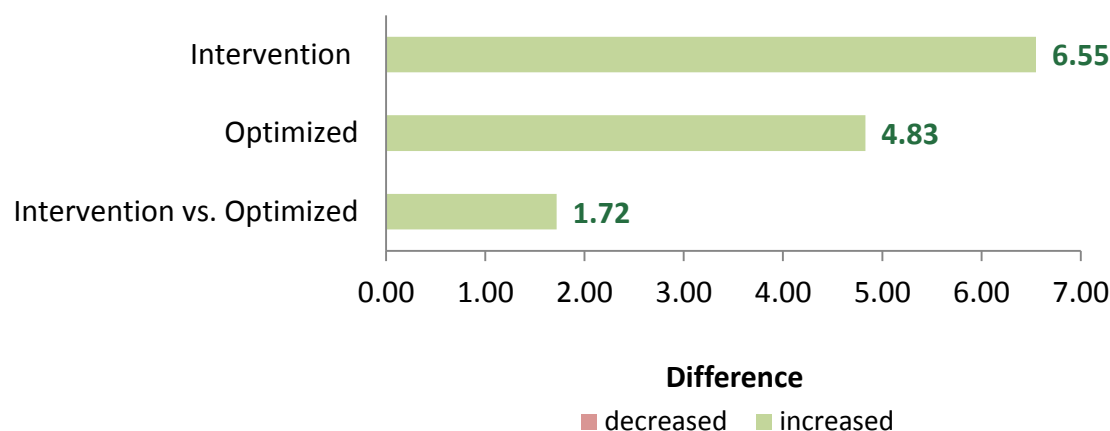
CHL also measured the number of children who meet the national recommendation of consuming zero SSB. For those who met the national recommendation for SSB intake, the difference between the change in intervention groups versus the change in optimized groups is 1.72, p-value = 0.670. This is not statistically significant. Towards the goal of decreasing SSB intake, an increase is seen in both groups and the increase was greater in intervention communities than optimized communities. The following table (Table 4.9.2) shows the results for the measure of those who met the recommendation for SSB intake.

Table 4.9.2. Percent Who Met Sugar-Sweetened Beverage Intake of Zero Cups CHL-wide Results (communities=18, participants=4,787)

Main Outcomes	Baseline	Post-Intervention	Difference	P-value
	Mean (<i>Continuous variables</i>)			
Meets SSB Intake				
Intervention	32.17	38.71	6.55	0.014
Optimized	33.57	38.40	4.83	0.105

Intervention vs. Optimized	NA	NA	1.72	0.670
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Figure 4.9.2. Percent Who Met Sugar-Sweetened Beverage Intake of Zero Cups, CHL-wide Baseline and Post-Intervention Differences by Experimental Group (communities=18, participants=4,787)



5. Main Effects Results for Your Jurisdiction of American Samoa

This section examines the effects of the CHL intervention for your jurisdiction by experimental group (intervention, control, temporal) as applicable. The prevalence estimates presented for the jurisdiction main effects have been calculated using a statistical model that includes adjustments for sex and age, weighting to the population size, and consideration for clustering by communities.

Section 1. Jurisdiction Level Participant Demographics

Age: Child's age was calculated between age in years elapsed between child's date of birth and the date when anthropometry was measured. In **American Samoa**, among the 972 children who participated in at baseline, 645 (66.4%) were ages 2-5 and 327 (33.6%) were ages 6-8. Among the 666 children who participated in at post-intervention, 487 (73.1%) were ages 2-5 and 179 (26.9%) were ages 6-8.

Sex: In **American Samoa**, among the 972 children who participated at baseline, 511 (52.6%) were male and 461 (47.4%) were female. Among the 666 children who participated at post-intervention, 350 (52.6%) were male and 316 (47.4%) were female.

Racial and Ethnic Heritage: In **American Samoa**, the top frequent ethnicity was NHPI-Samoan (87.2%), followed by NHPI-Hawaiian, NHPI-Samoan (3.3%), and NHPI-Samoan, NHPI-Tongan (1.9%) at baseline. At post-intervention, the top frequent ethnicity was NHPI-Samoan (77.3%), followed by Asian, NHPI-Samoan (3.2%), and NHPI-Samoan, NHPI-Tongan (2.2%). The distribution of participants by age, sex, and ethnic group are shown in the following table (Table 5.1.1).

Table 5.1.1. Participant Descriptions for American Samoa (Baseline=972, Post-Intervention=666)

Measure	Baseline (%)	Post-Intervention (%)
Group		
Intervention	34.7	28.7
Optimized	32.2	29.1
Control	33.1	42.2
Age in years		
Age 2 - 5	66.4	73.1
Age 6 - 8	33.6	26.9
Sex		
Male	52.6	52.6
Female	47.4	47.4
Race/Ethnic Groups		
Top 1 st	NHPI-Samoan (87.2)	NHPI-Samoan (77.3)

Top 2nd	NHPI-Hawaiian, NHPI-Samoan (3.3)	Asian, NHPI-Samoan (3.2)
Top 3rd	NHPI-Samoan, NHPI-Tongan (1.9)	NHPI-Samoan, NHPI-Tongan (2.2)

Section 2. Jurisdiction Level Continuous Outcomes

CHL target behaviors include decreasing childhood BMI, decreasing abdominal obesity (waist circumference), increasing hours of sleep, increasing fruit and vegetable intake, decreasing sugar sweetened beverage consumption, and increasing water consumption. The following table (Table 5.2.1) and figures (Figures 5.2.1a - 5.2.1i) presents jurisdiction results for continuous measures for CHL target outcomes. These results are presented for your jurisdiction by experimental group (intervention, control, temporal) as applicable.

Results for intervention communities in **American Samoa** are as follows. For childhood BMI z-score, the average was 0.90 at baseline and 0.87 at post-intervention. For abdominal obesity, the average waist circumference in centimeters was 57.13 at baseline and 57.93 at post-intervention. For physical activity, the average hours of physical activity per day was 0.04 at baseline and 0.03 at post-intervention. For sleep, the average hours of sleep was 9.31 at baseline and 10.53 at post-intervention. For screen time, the average hours of screen time per day was 4.41 at baseline and 4.53 at post-intervention. For vegetable intake, the average cups consumed per day was 0.78 at baseline and 0.65 at post-intervention. For fruit intake, the average cups consumed per day was 1.15 at baseline and 0.95 at post-intervention. For water intake, the average cups consumed per day was 1.22 at baseline and 1.34 at post-intervention. For sugar sweetened beverage intake, the average cups consumed per day was 0.85 at baseline and 0.97 at post-intervention.

Table 5.2.1. Continuous Outcomes for American Samoa (Baseline=972, Post-Intervention=666)

CHL Targets	Baseline	Post-Intervention	Difference
BMI z-score (standard deviation score)			
Intervention	0.90	0.87	-0.03
Optimized	0.82	0.85	0.03
Temporal	0.75	0.74	-0.01
Waist Circumference (cm)			
Intervention	57.13	57.93	0.80
Optimized	55.42	57.20	1.78
Temporal	55.97	56.98	1.01
Moderate or Vigorous Physical activity (hours / day)			
Intervention	0.04	0.03	-0.01
Optimized	0.05	0.04	-0.01
Sleep (hours / day)			
Intervention	9.31	10.53	1.22
Optimized	10.26	11.25	0.99
Temporal	10.29	10.85	0.56
Total screen time (hours / day)			
Intervention	4.41	4.53	0.12
Optimized	3.40	4.95	1.55
Vegetable intake (cups / day)*			
Intervention	0.78	0.65	-0.13

Optimized	0.85	0.80	-0.05
Fruit intake (cups / day)*			
Intervention	1.15	0.95	-0.20
Optimized	1.26	1.20	-0.06
Water (cups / day)			
Intervention	1.22	1.34	0.12
Optimized	1.25	1.35	0.10
Sugar Sweetened Beverage (cups / day)			
Intervention	0.85	0.97	0.12
Optimized	1.06	0.90	-0.16

* These are based on an intake distribution corrected for day-to-day variability.

Figure 5.2.1a. Mean BMI Z-Score for American Samoa, at Baseline, Post-intervention, and Difference by Experimental Group (Communities=6, Participants=1,711)

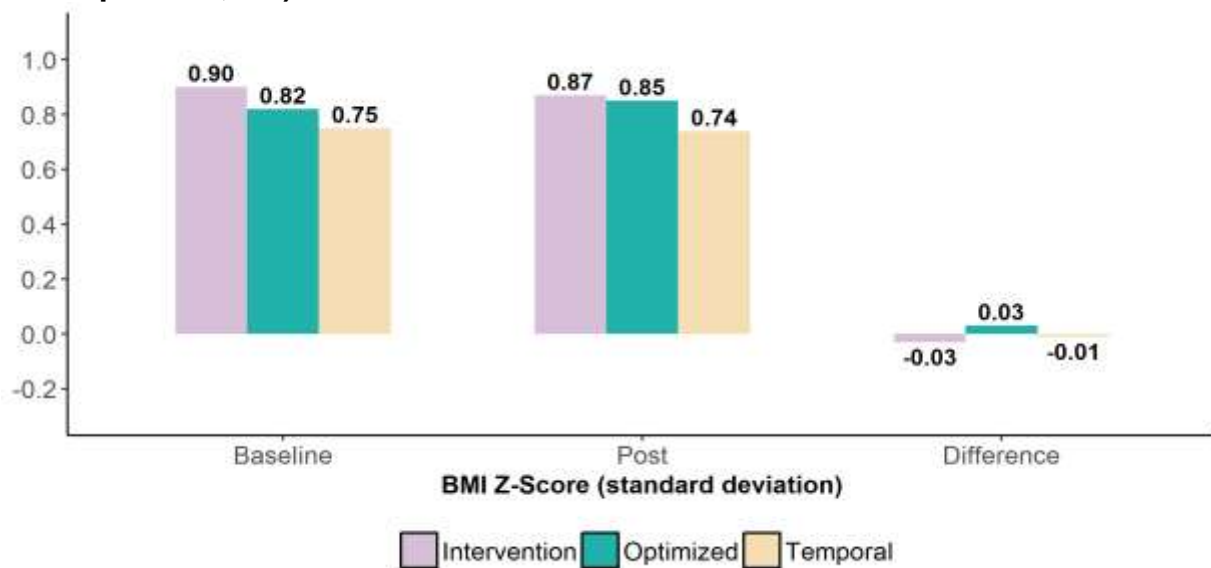


Figure 5.2.1b. Mean Waist Circumference for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=6, Participants=1,763)

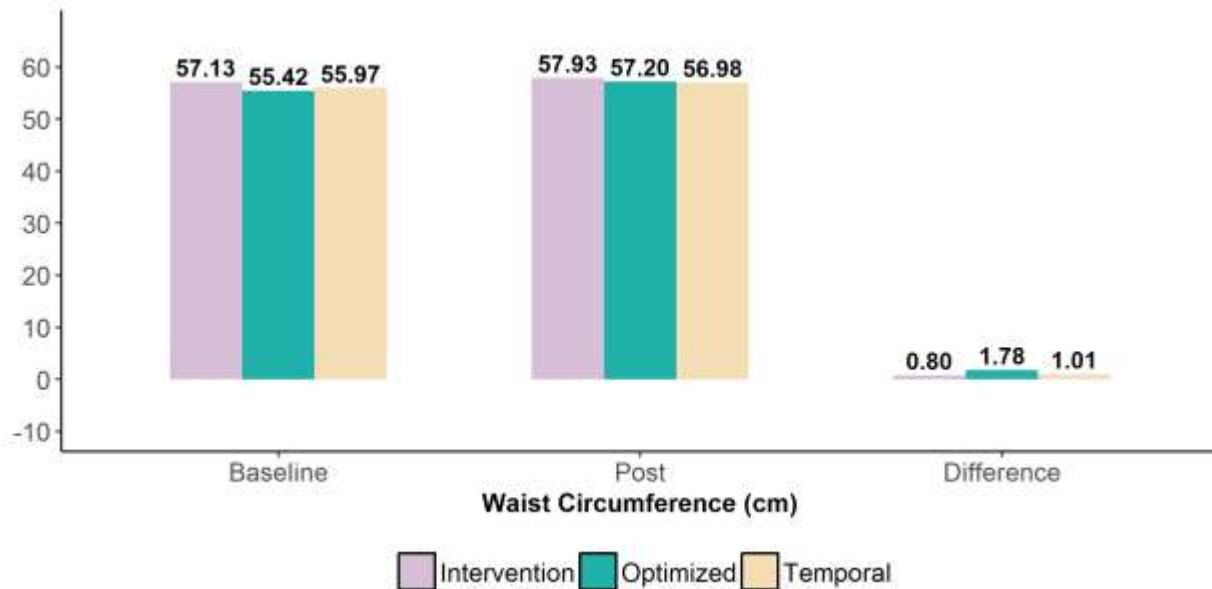


Figure 5.2.1c. Mean Daily Hours of Moderate or Vigorous Physical Activity from Accelerometers for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=561)

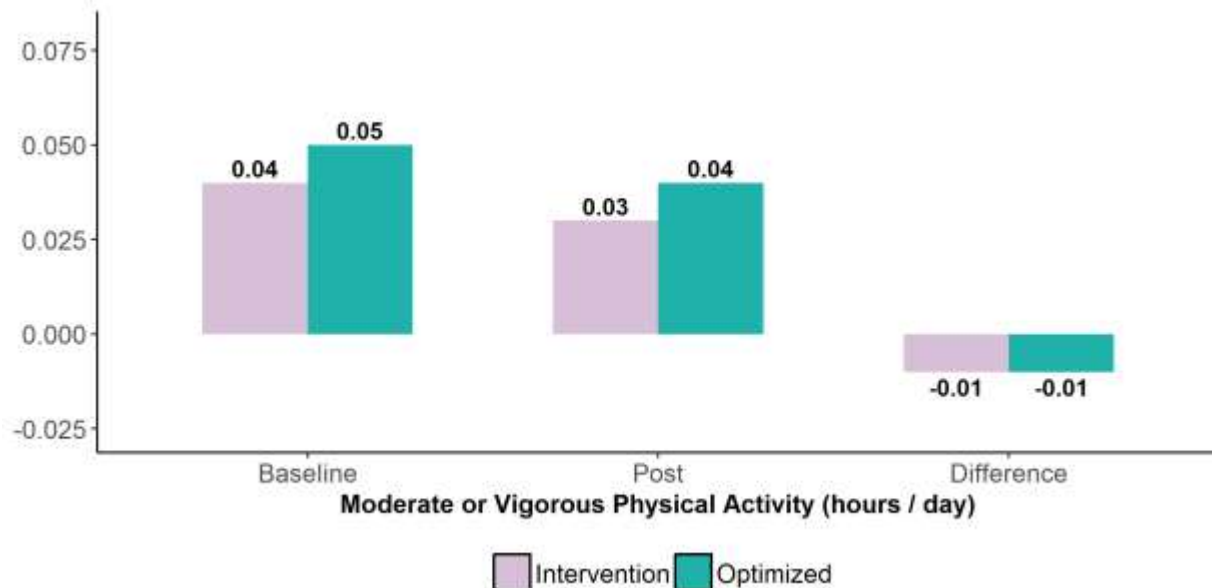


Figure 5.2.1d. Mean Average Hours of Sleep at Night and in Naps during 24 Hours for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=6, Participants=1,402)

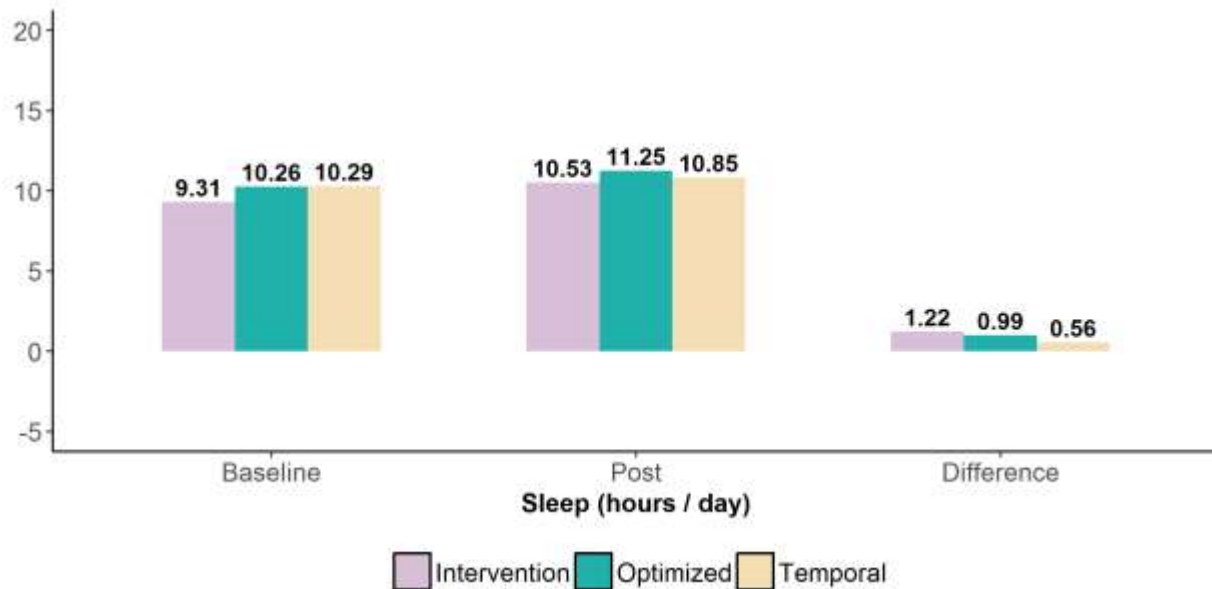


Figure 5.2.1e. Mean Hours of Total Screen Time Per Day (Adjusted for Weekday and Weekend Activity) Child Watches TV, Videos, DVDs, or Plays Video Games for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=1,003)

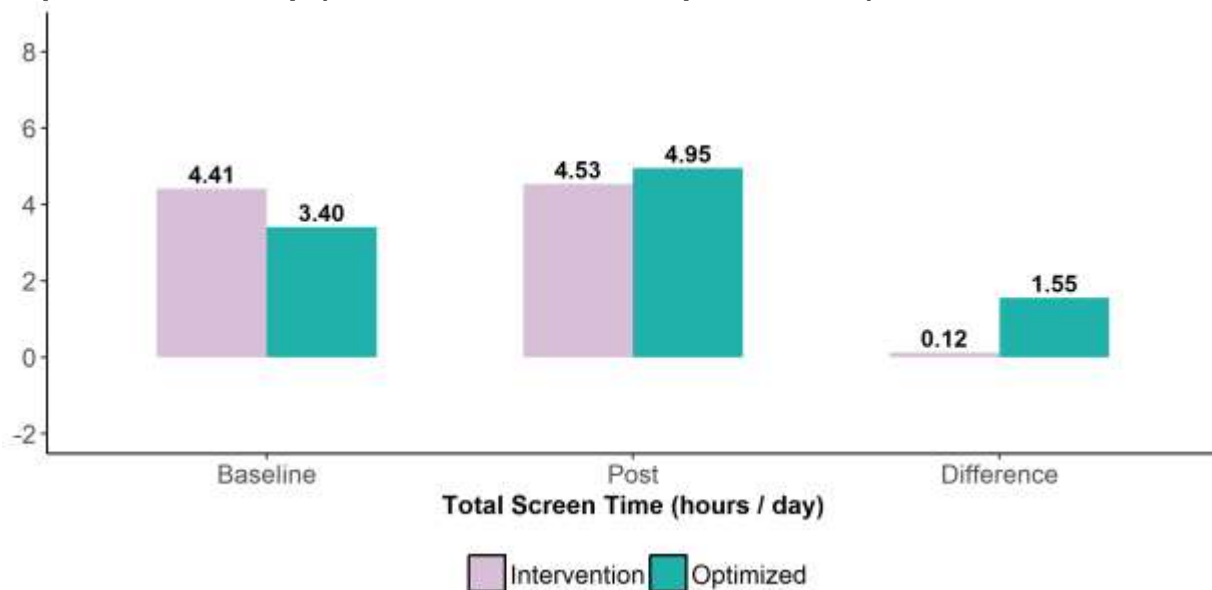
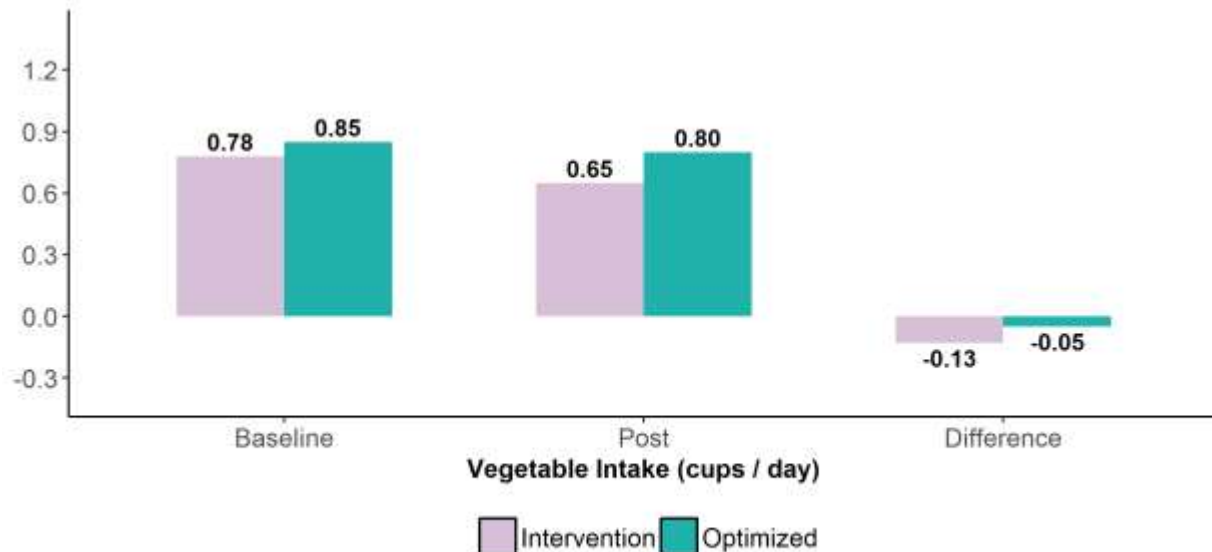
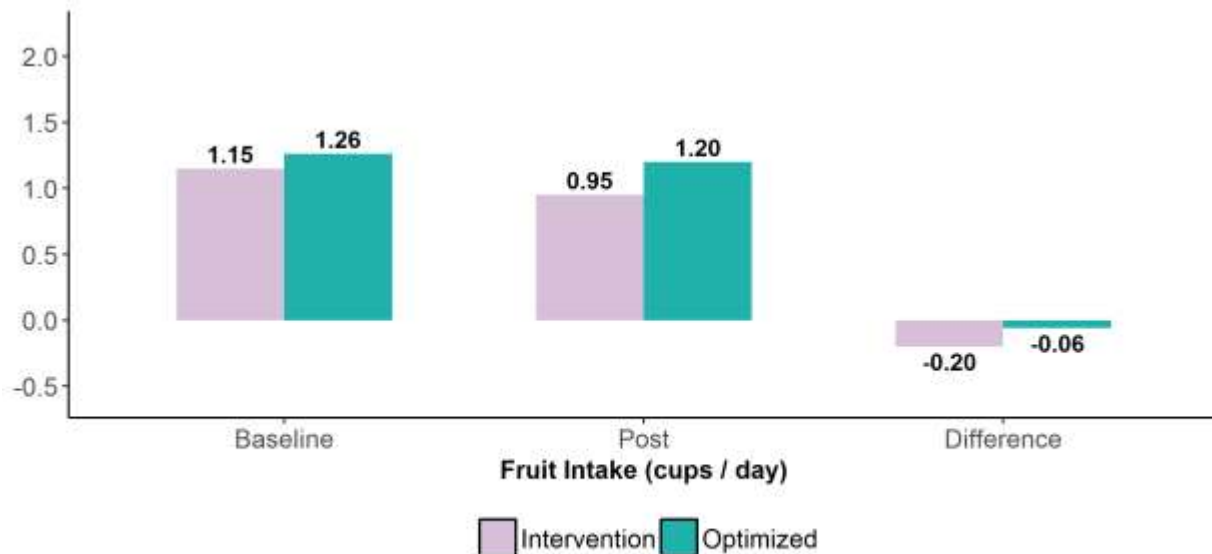


Figure 5.2.1f. Mean Vegetable Intake Per Day in Cups for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=1,051)



** These are based on an intake distribution corrected for day-to-day variability.*

Figure 5.2.1g. Mean Fruit Intake Per Day in Cups for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=1,051)



** These are based on an intake distribution corrected for day-to-day variability.*

Figure 5.2.1h. Mean Water Intake as a Beverage In Cups Per Day for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=1,051)

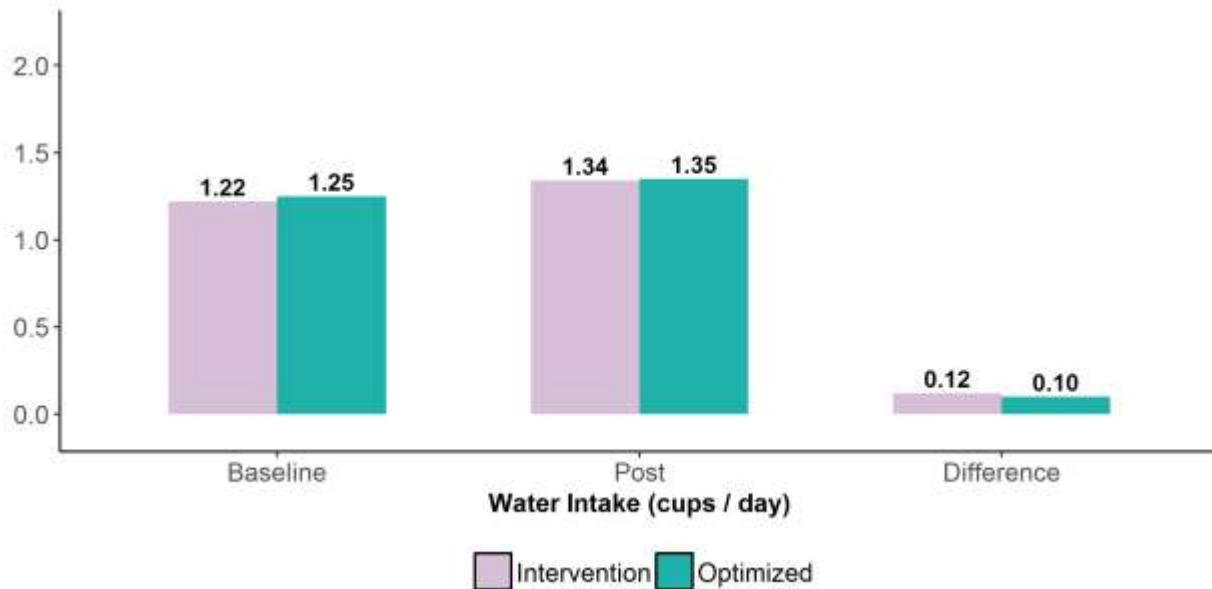
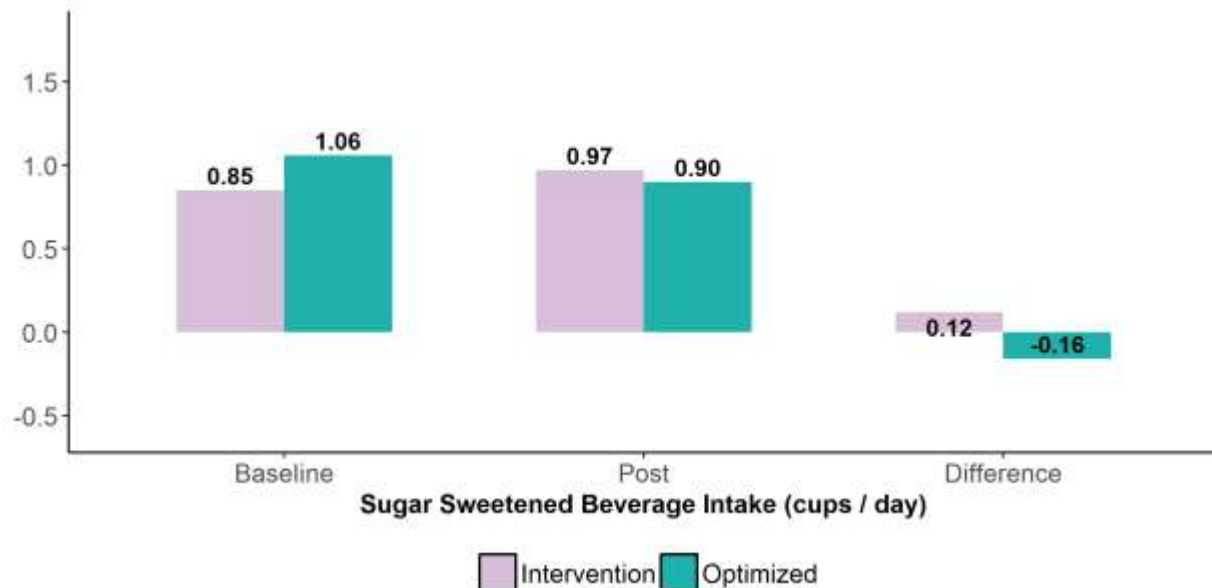


Figure 5.2.1i. Mean Sugar Sweetened Beverages (SSB) Intake In Cups Per Day for American Samoa at Baseline, Post-intervention, and Difference by Experimental Group (Communities=4, Participants=1,051)



Section 3. Jurisdiction Level Categorical Outcomes

The following table (Table 5.3.1) and figures (Figures 5.3.1a - 5.3.1h) presents jurisdiction results for categorical measures for CHL target outcomes including status of being overweight or obese, acanthosis nigricans presence, meeting the recommendation for daily fruit intake, meeting the recommendation for daily vegetable intake, and meeting the recommendation for daily sleep. These results are presented for your jurisdiction by experimental group (intervention, control, temporal) as applicable.

The following results for CHL target behaviors are described for the intervention community of **American Samoa**. The prevalence for OWOB was 44.88% at baseline and 39.71% at post-intervention. The prevalence of AN was 15.48% at baseline and 3.84% at post-intervention. The proportion of participants who met the national recommendation for moderate or vigorous physical activity (MVPA) was 5.47% at baseline and 2.42% at post-intervention. The proportion of participants who met the national recommendation for sleep was 44.19% at baseline and 60.27% at post-intervention. The proportion of participants who met the national recommendation for screen time was 21.20% at baseline and 23.33% at post-intervention. The proportion of participants who met the national recommendation for vegetable intake was 2.39% at baseline and 0.76% at post-intervention. The proportion of participants who met the national recommendation for fruit intake was 63.88% at baseline and 50.37% at post-intervention. The proportion of participants who met the national recommendation for sugar sweetened beverage intake was 17.82% at baseline and 23.01% at post-intervention.

Table 5.3.1. Categorical Outcomes for American Samoa (Baseline=972, Post-Intervention=666)

CHL Targets	Baseline (%)	Post-Intervention (%)	Difference
OWOB prevalence			
Intervention	44.88	39.71	-5.17
Optimized	40.96	42.34	1.38
Temporal	40.77	38.71	-2.06
AN prevalence			
Intervention	15.48	3.84	-11.64
Optimized	2.12	3.13	1.01
Meets MVPA			
Intervention	5.47	2.42	-3.05
Optimized	7.40	2.16	-5.24
Meets age for specific recommended hours of sleep			
Intervention	44.19	60.27	16.08
Optimized	42.16	64.17	22.01
Temporal	51.75	56.96	5.21
Meets screen time			
Intervention	21.20	23.33	2.13
Optimized	24.91	21.57	-3.34
Meets vegetable intake*			
Intervention	2.39	0.76	-1.63
Optimized	8.82	3.97	-4.85

Meets fruit intake*			
Intervention	63.88	50.37	-13.51
Optimized	65.36	61.15	-4.21
Meets SSB intake			
Intervention	17.82	23.01	5.19
Optimized	11.34	22.15	10.81

* These are based on an intake distribution corrected for day-to-day variability.

Figure 5.3.1a. Percent Overweight/Obesity (OWOB) Prevalence for American Samoa (Communities=6, Participants=1,758)

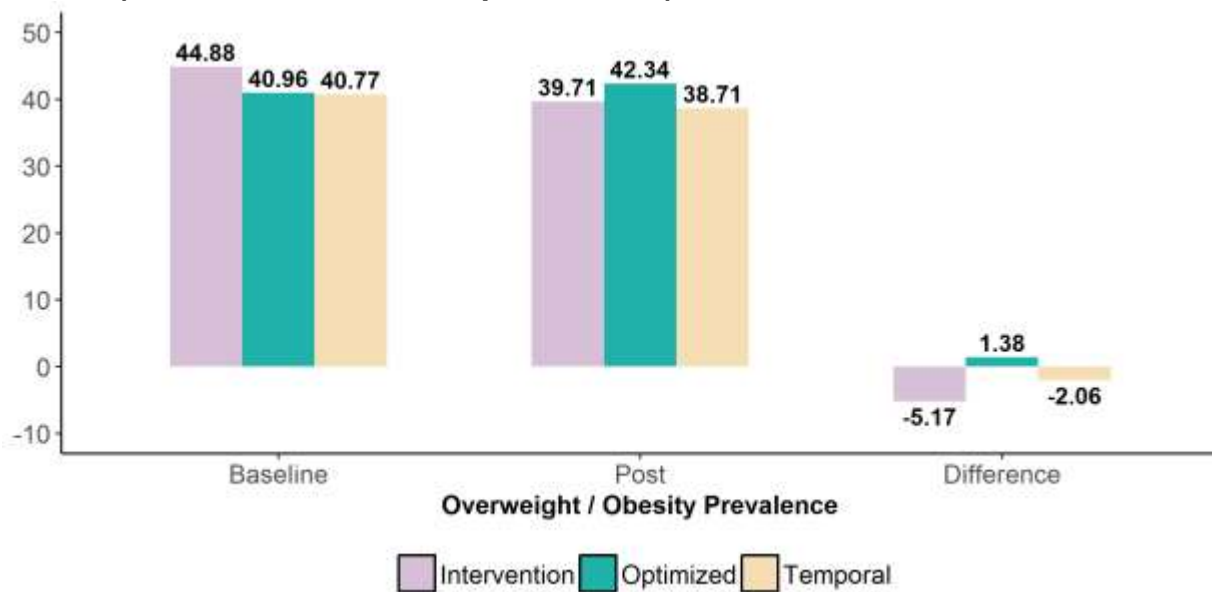


Figure 5.3.1b. Percent Acanthosis Nigrans (AN) Prevalence for American Samoa (Communities=4, Participants=1,142)

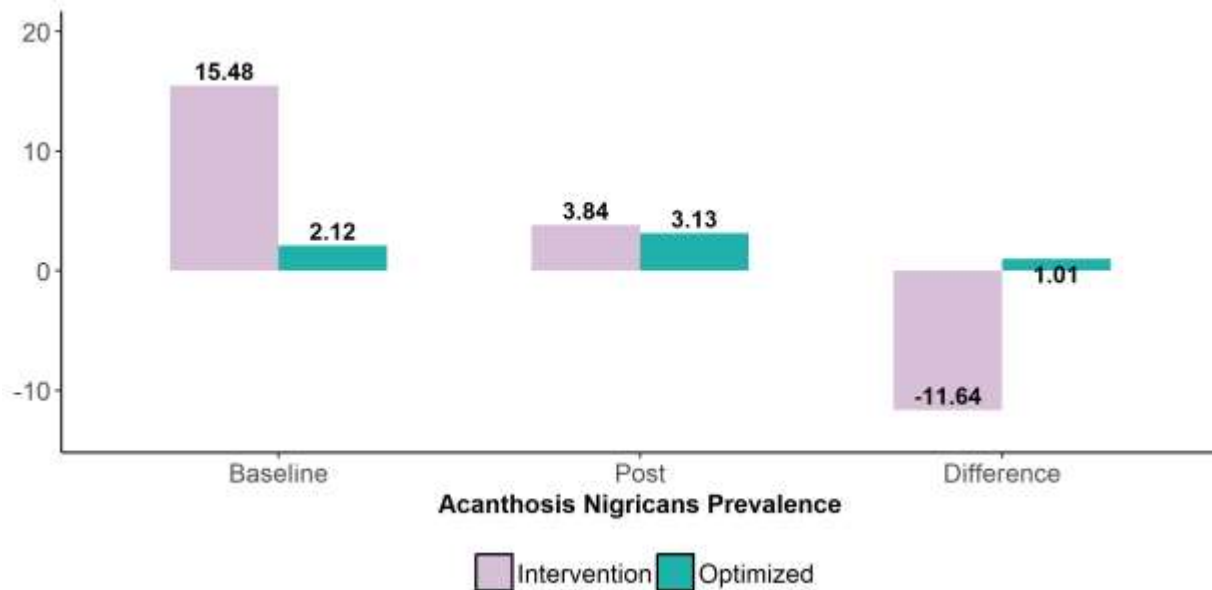


Figure 5.3.1c. Percent Who Met National Recommendation of At Least 60 Minutes of Moderate and Vigorous Physical Activity Per Day for American Samoa (Communities=4, Participants=561)

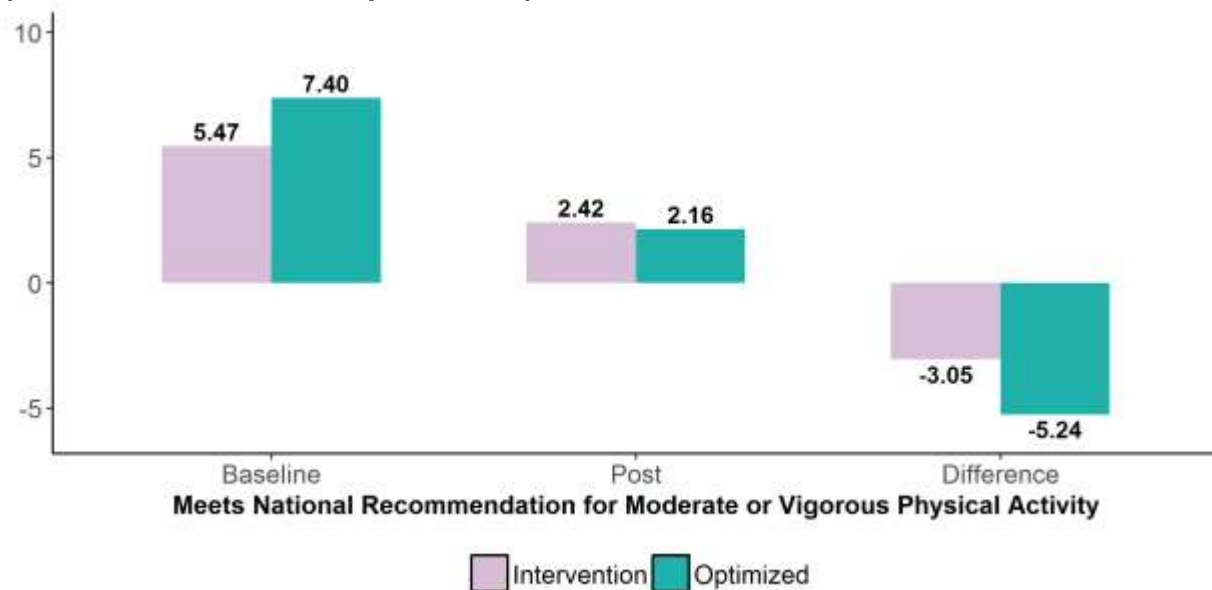


Figure 5.3.1d. Percent Who Met National Recommendation of Age-Specific Sleep Per Day for American Samoa (Communities=6, Participants=1,402)

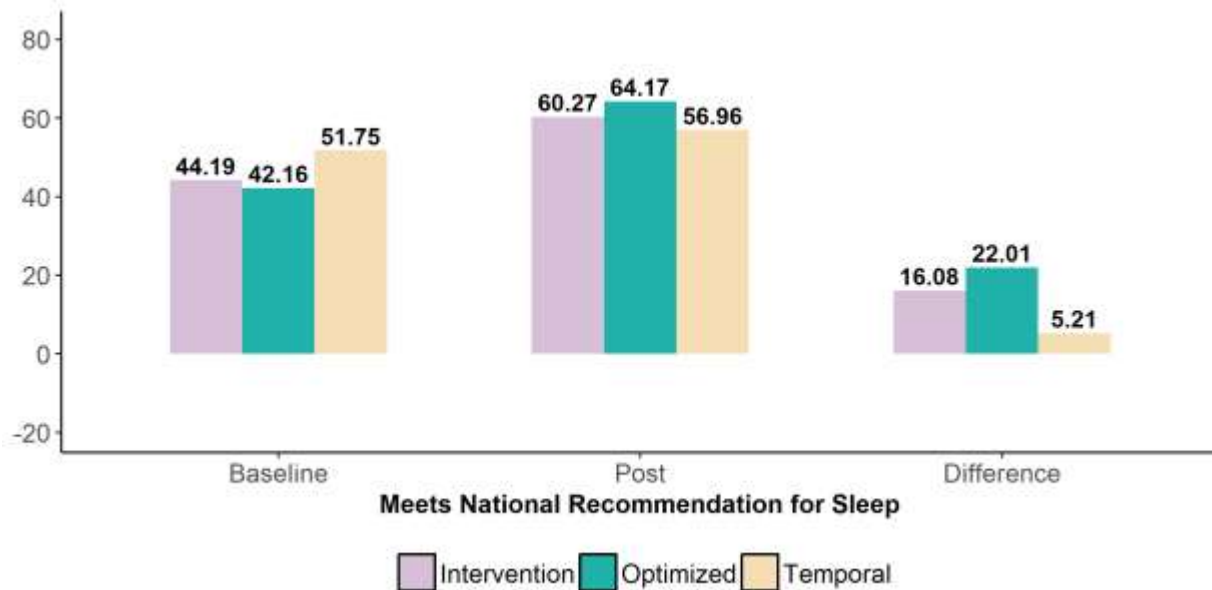


Figure 5.3.1e. Percent Who Met National Recommendation of Less Than 2 Hours of Screen Time Per Day for American Samoa (Communities=4, Participants=1,003)

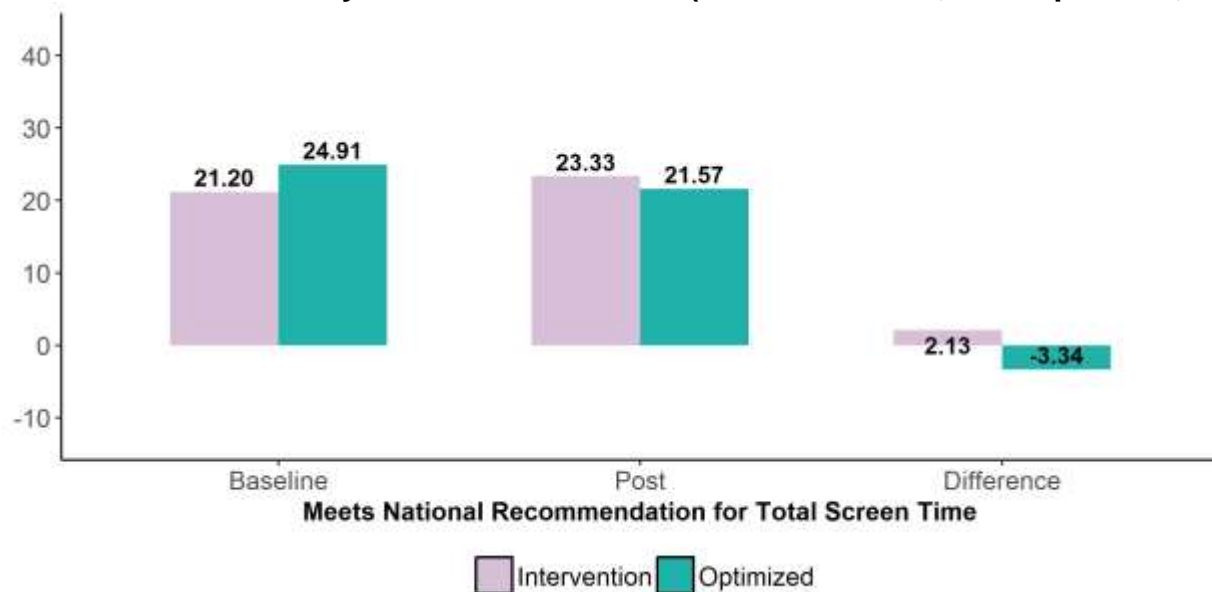
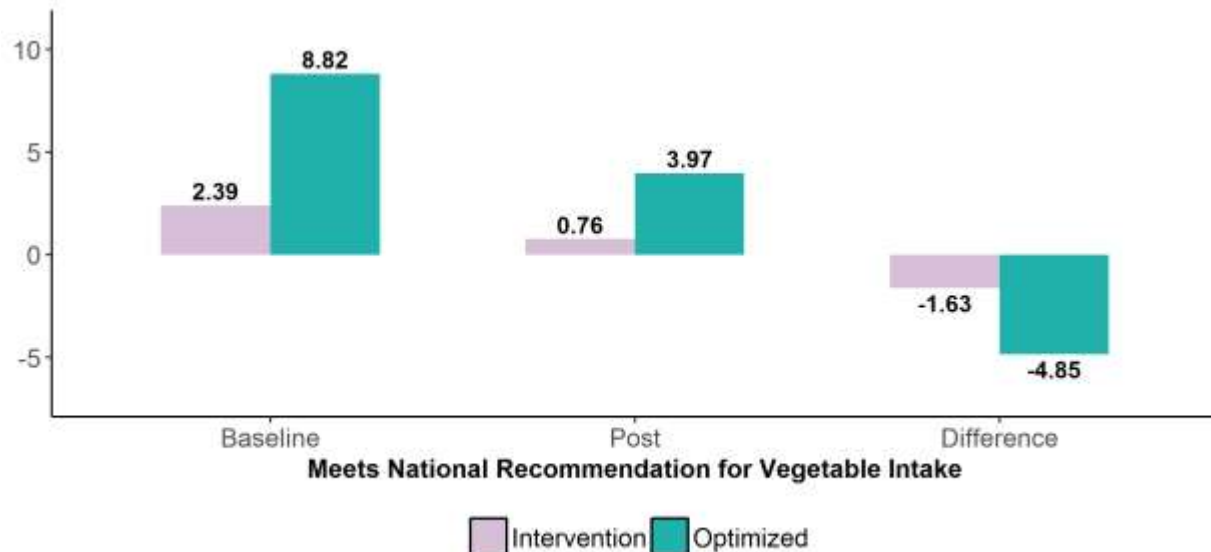
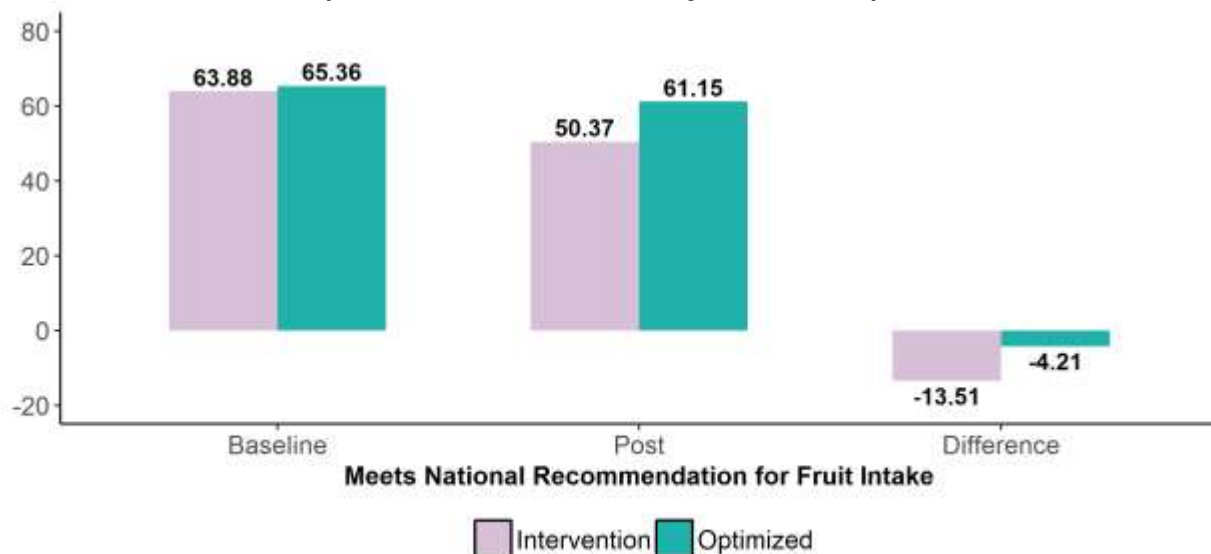


Figure 5.3.1f. Percent Who Met National Recommendation of Age-Specific Vegetable Intake Per Day for American Samoa (Communities=4, Participants=1,051)



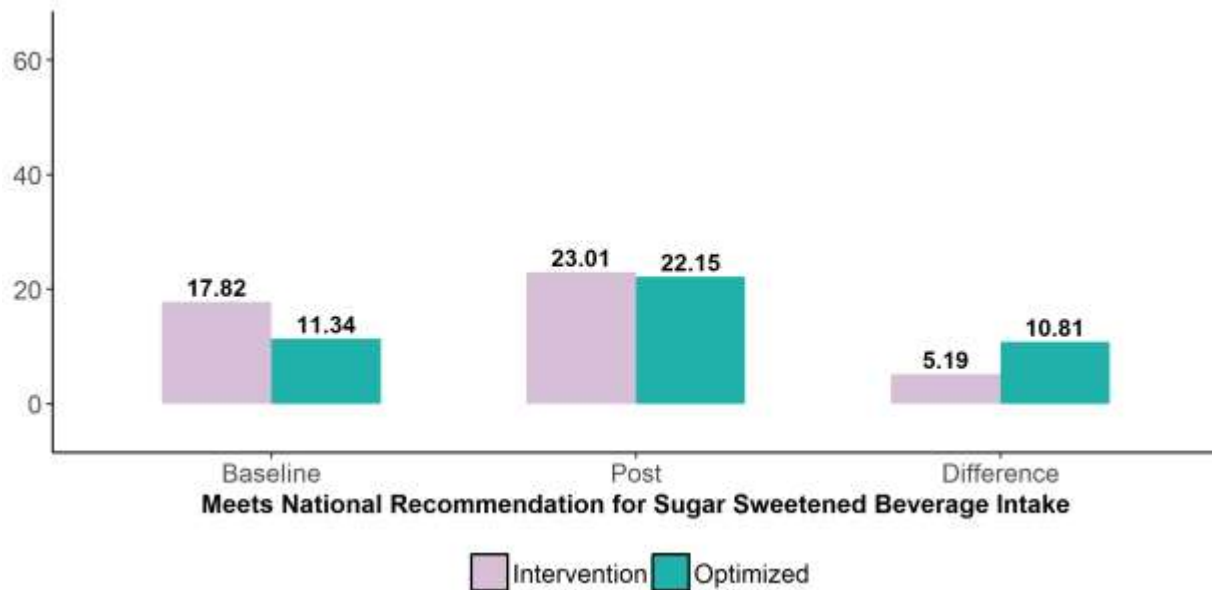
** These are based on an intake distribution corrected for day-to-day variability.*

Figure 5.3.1g. Percent Who Met My Daily Food Plan of Age-Specific Fruit Intake for American Samoa (Communities=4, Participants=1,051)



** These are based on an intake distribution corrected for day-to-day variability.*

Figure 5.3.1h. Percent Who Met Sugar Sweetened Beverage Intake of Zero Cups for American Samoa (Communities=4, Participants=1,051)



6. Main Effects Results for Your Community of Pavaiai

This section examines the effects of the CHL intervention for your community. The prevalence estimates presented for the community main effects have been calculated using a statistical model that includes adjustments for sex, age, and weighting to the population size.

The community of **Pavaiai** was randomized to be a temporal community.

Section 1. Community Level Participant Demographics

Age: Child's age was calculated between age in years elapsed between child's date of birth and the date when anthropometry was measured. In **Pavaiai**, among the 161 children who participated at baseline, 150 (93.2%) were ages 2-5 and 11 (6.8%) were ages 6-8. Among the 156 children who participated at post-intervention, 103 (66.0%) were ages 2-5 and 53 (34.0%) were ages 6-8.

Sex: In **Pavaiai**, among the 161 children who participated at baseline, 89 (55.3%) were male and 72 (44.7%) were female. Among the 156 children who participated at post-intervention, 77 (49.4%) were male and 79 (50.6%) were female.

Racial and Ethnic Heritage: In **Pavaiai**, the top frequent ethnicity was NHPI-Samoan (76.4%), followed by NHPI-Tongan (11.2%), and NHPI-Samoan, NHPI-Tongan (5.6%) at baseline. At post-intervention, the top frequent ethnicity was NHPI-Samoan (71.0%), followed by NHPI-Tongan (5.8%), and NHPI-Samoan, NHPI-Tongan (4.5%). The distribution of participants by age, sex, and ethnic group are shown in the following table (Table 6.2.1).

Table 6.2.1. Participant Descriptions for Pavaiai (Baseline=161, Post-Intervention=156)

Measure	Baseline (%)	Post-Intervention (%)
Group		
Temporal	100.0	100.0
Age in years		
Age 2 - 5	93.2	66.0
Age 6 - 8	6.8	34.0
Sex		
Male	55.3	49.4
Female	44.7	50.6
Race/Ethnic Groups		
Top 1 st	NHPI-Samoan (76.4)	NHPI-Samoan (71.0)
Top 2 nd	NHPI-Tongan (11.2)	NHPI-Tongan (5.8)
Top 3 rd	NHPI-Samoan, NHPI-Tongan (5.6)	NHPI-Samoan, NHPI-Tongan (4.5)

Section 2. Community Level Continuous Outcomes

CHL target behaviors include decreasing childhood BMI, decreasing abdominal obesity (waist circumference), increasing hours of sleep, increasing fruit and vegetable intake, decreasing sugar sweetened beverage consumption, and increasing water consumption. The following table (Table 6.2.2) and figures (Figures 6.2.2a - 6.2.2i) presents community results for continuous measures for CHL target outcomes.

Results for intervention communities in **Pavaiai** are as follows. For childhood BMI z-score, the average was 0.82 at baseline and 0.80 at post-intervention. For abdominal obesity, the average waist circumference in centimeters was 55.57 at baseline and 57.24 at post-intervention. For physical activity, the average hours of physical activity per day was NA at baseline and NA at post-intervention. For sleep, the average hours of sleep was 10.25 at baseline and 10.17 at post-intervention. For screen time, the average hours of screen time per day was NA at baseline and NA at post-intervention. For vegetable intake, the average cups consumed per day was NA at baseline and NA at post-intervention. For fruit intake, the average cups consumed per day was NA at baseline and NA at post-intervention. For water intake, the average cups consumed per day was NA at baseline and NA at post-intervention. For sugar sweetened beverage intake, the average cups consumed per day was NA at baseline and NA at post-intervention.

Table 6.2.2. Continuous Outcomes for Pavaiai (Baseline=161, Post-Intervention=156)

CHL Targets	Baseline	Post-Intervention	Difference
BMI z-score (standard deviation score)	0.82	0.80	-0.02
Waist circumference (cm)	55.57	57.24	1.67
Moderate or Vigorous Physical activity (hours / day)	NA	NA	NA

Sleep (hours / day)	10.25	10.17	-0.08
Total screen time (hours / day)	NA	NA	NA
Vegetable intake (cups / day)*	NA	NA	NA
Fruit intake (cups / day)*	NA	NA	NA
Water (cups / day)	NA	NA	NA
Sugar Sweetened Beverage (cups / day)	NA	NA	NA

* These are based on an intake distribution corrected for day-to-day variability.

Figure 6.2.2a. Mean BMI Z-Score for Pavaiai, at Baseline, Post-intervention, and Difference (Participants=317)

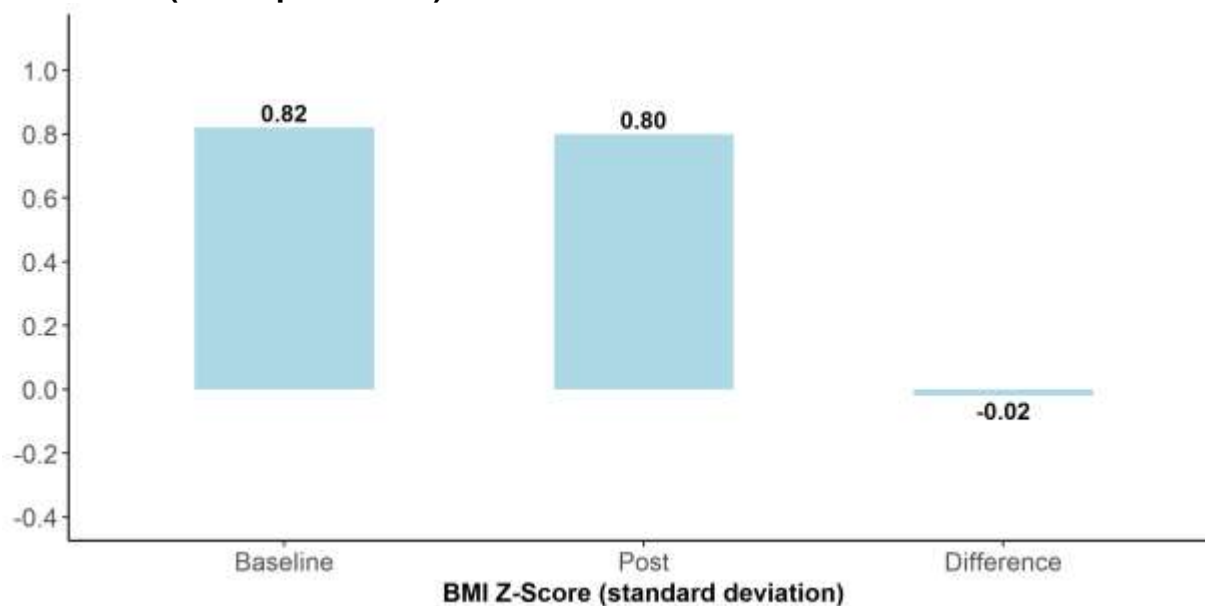


Figure 6.2.2b. Mean Waist Circumference for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

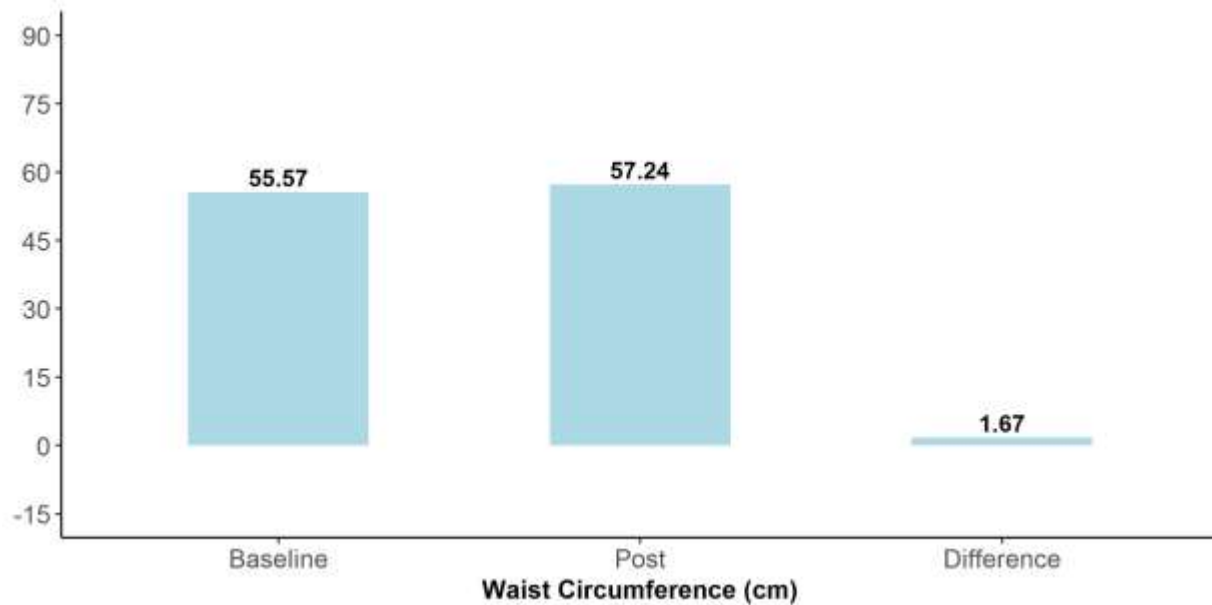


Figure 6.2.2c. Mean Daily Hours of Moderate or Vigorous Physical Activity from Accelerometers for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

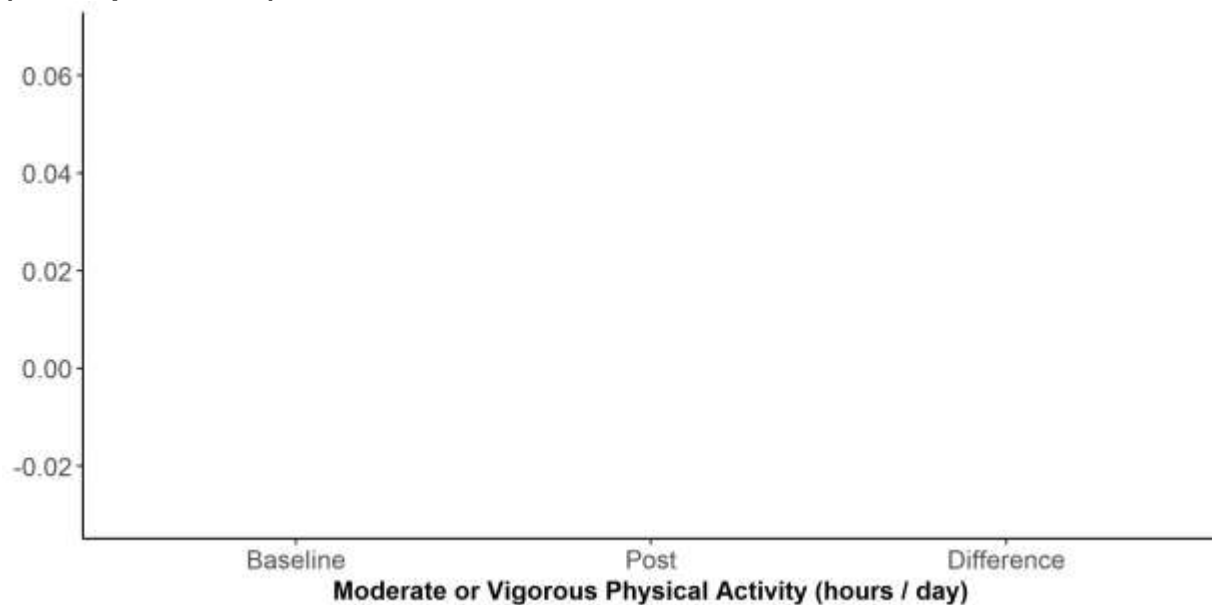


Figure 6.2.2d. Mean Average Hours of Sleep at Night and in Naps during 24 Hours for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

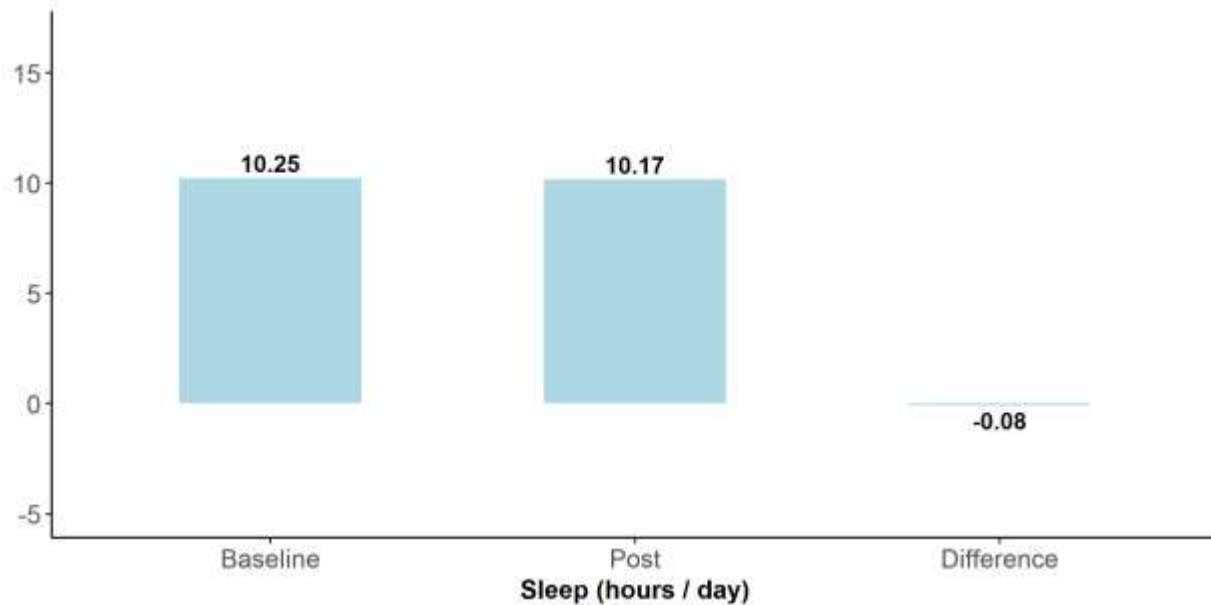


Figure 6.2.2e. Mean Hours of Total Screen Time Per Day (Adjusted for Weekday and Weekend Activity) Child Watches TV, Videos, DVDs, or Plays Video Games for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

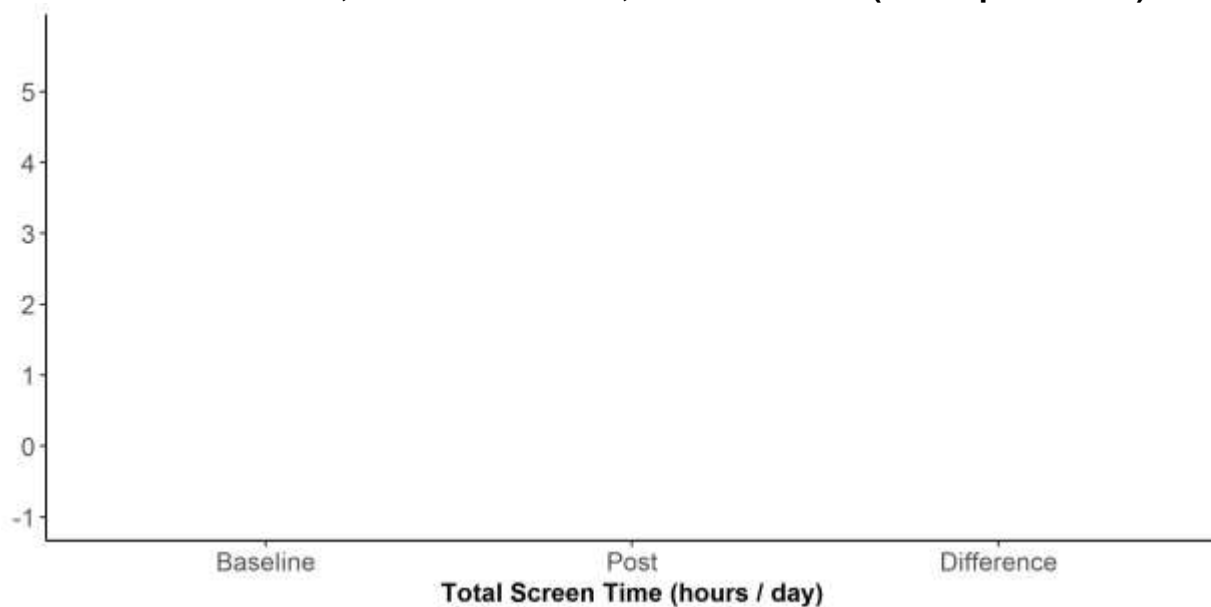


Figure 6.2.2f. Mean Vegetable Intake Per Day in Cups for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

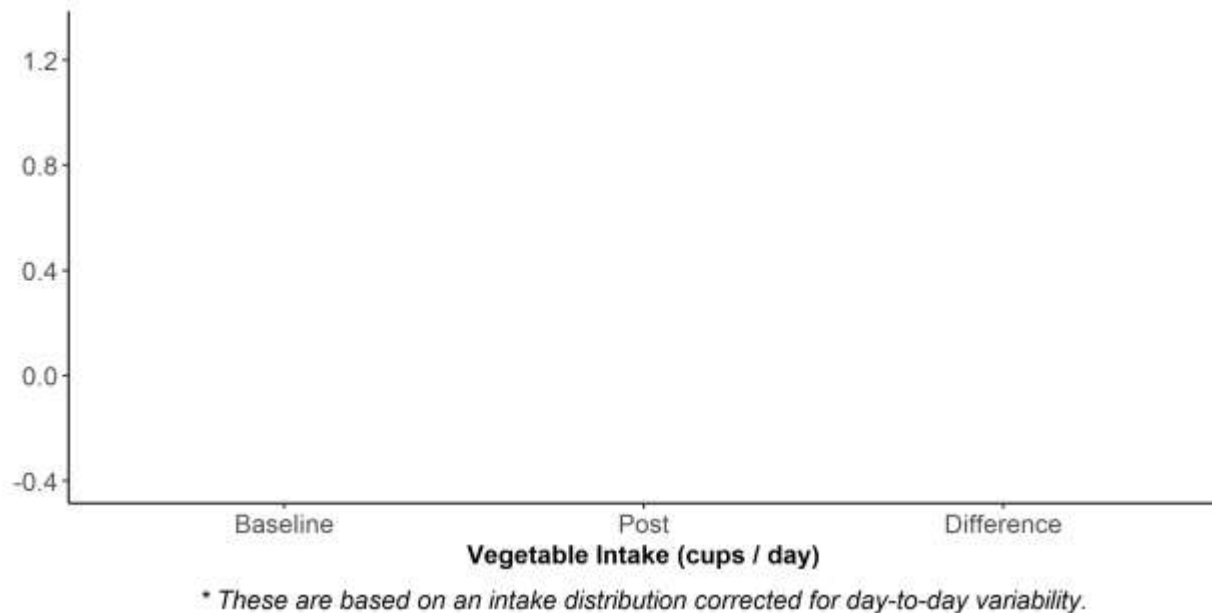


Figure 6.2.2g. Mean Fruit Intake Per Day in Cups for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

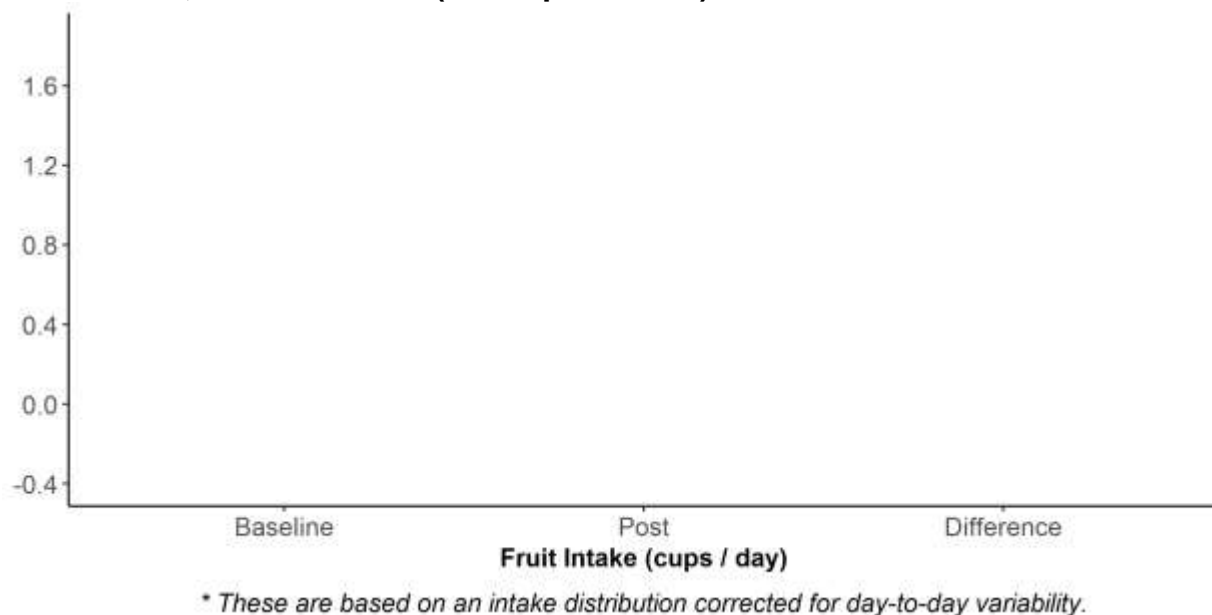


Figure 6.2.2h. Mean Water Intake as a Beverage In Cups Per Day for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)

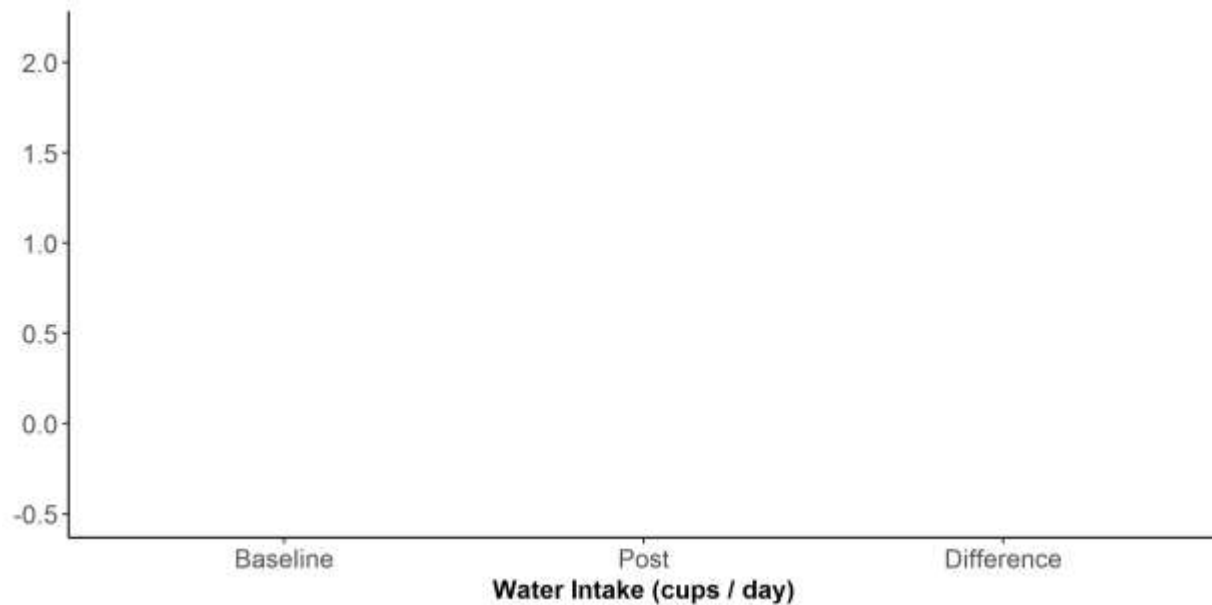
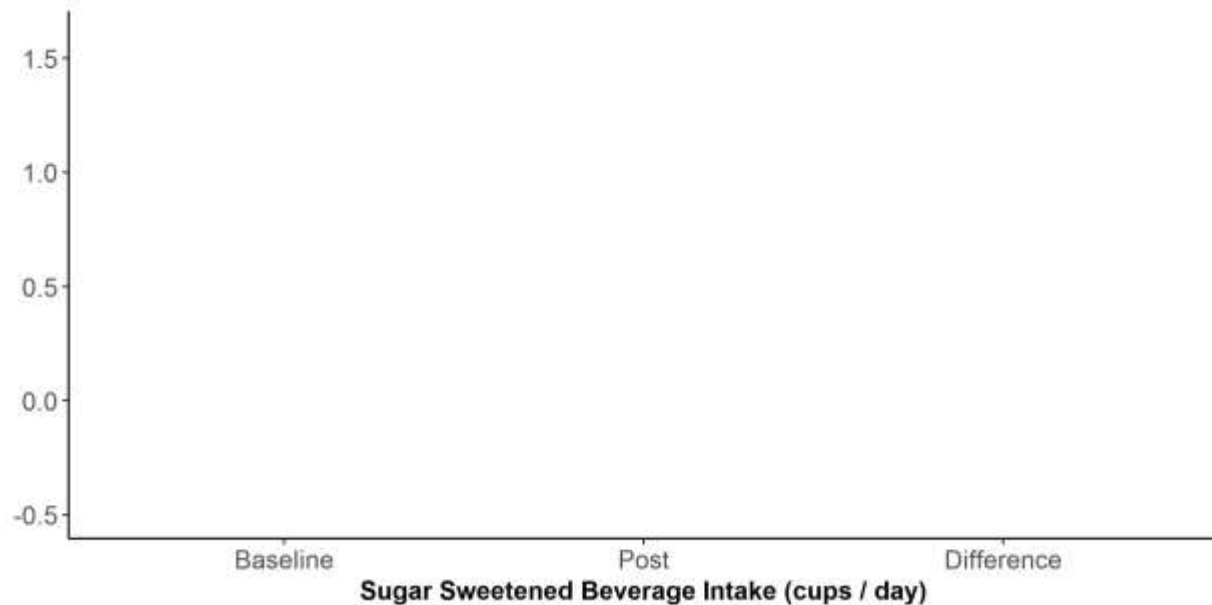


Figure 6.2.2i. Mean Sugar Sweetened Beverages (SSB) Intake In Cups Per Day for Pavaiai at Baseline, Post-intervention, and Difference (Participants=317)



Section 3. Community Level Categorical Outcomes

The following table (Table 6.3.1) and figures (Figures 6.2.3a - 6.2.3h) presents community results for categorical measures for CHL target outcomes including status of being overweight or obese, acanthosis nigricans presence, meeting the recommendation for daily fruit intake, meeting the recommendation for daily vegetable intake, and meeting the recommendation for daily sleep.

The following results for CHL target behaviors are described for the intervention community of **Pavaiai**. The prevalence for OWOB was 39.33% at baseline and 35.49% at post-intervention. The prevalence of AN was NA% at baseline and NA% at post-intervention. The proportion of participants who met the national recommendation for moderate or vigorous physical activity (MVPA) was NA% at baseline and NA% at post-intervention. The proportion of participants who met the national recommendation for sleep was 55.57% at baseline and 48.50% at post-intervention. The proportion of participants who met the national recommendation for screen time was NA% at baseline and NA% at post-intervention. The proportion of participants who met the national recommendation for vegetable intake was NA% at baseline and NA% at post-intervention. The proportion of participants who met the national recommendation for fruit intake was NA% at baseline and NA% at post-intervention. The proportion of participants who met the national recommendation for sugar sweetened beverage intake was NA% at baseline and NA% at post-intervention.

Table 6.3.1. Categorical Outcomes for Pavaiai (Baseline=161, Post-Intervention=156)

CHL Targets	Baseline (%)	Post-Intervention (%)	Difference
OWOB prevalence	39.33	35.49	-3.84
AN prevalence	NA	NA	NA
Meets MVPA	NA	NA	NA

Meets age for specific recommended hours of sleep	55.57	48.50	-7.07
Meets screen time	NA	NA	NA
Meets vegetable intake*	NA	NA	NA
Meets fruit intake*	NA	NA	NA
Meets SSB intake	NA	NA	NA

* These are based on an intake distribution corrected for day-to-day variability.

Figure 6.3.1a. Percent Overweight/Obesity (OWOB) Prevalence for Pavaiai (Participants=317)

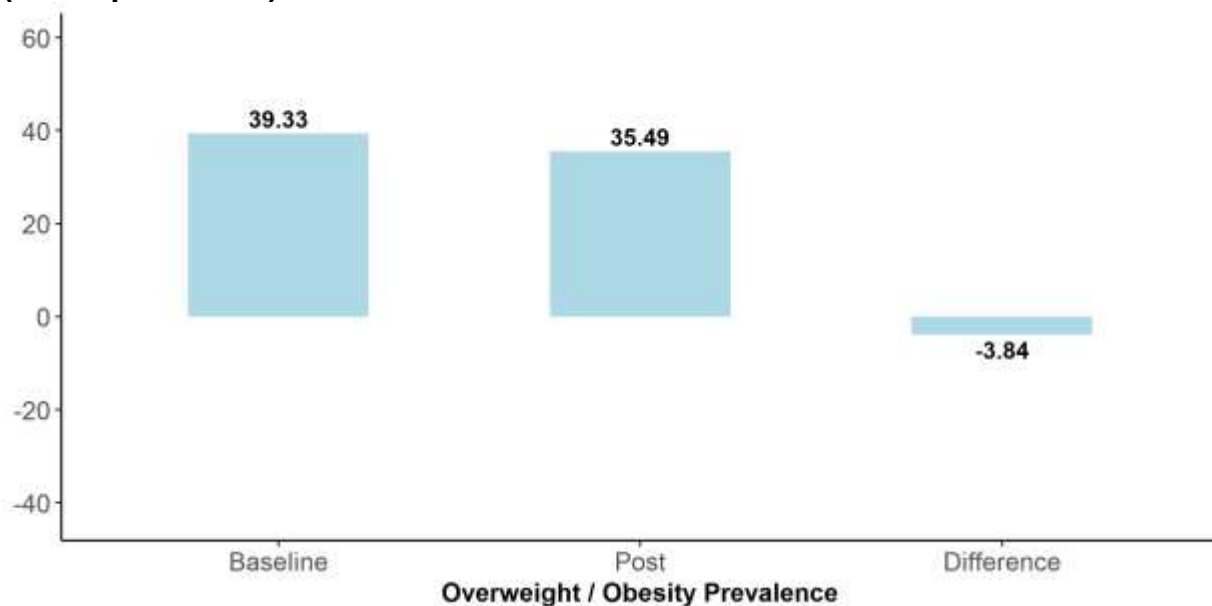


Figure 6.3.1b. Percent Acanthosis Nigricans (AN) Prevalence for Pavaiai (Participants=317)

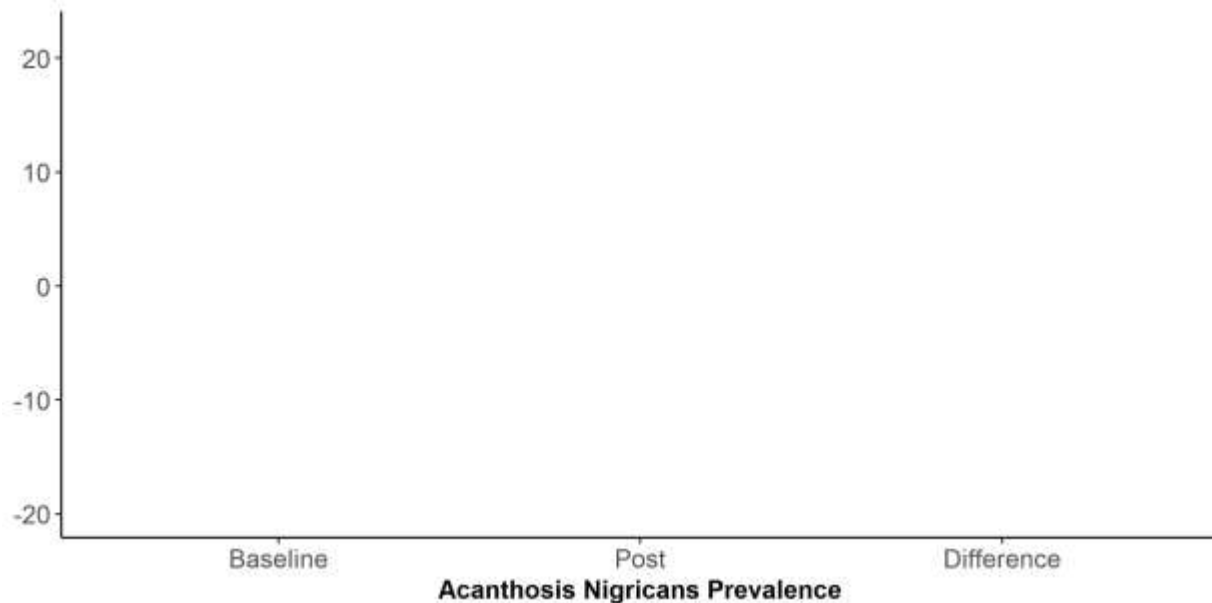


Figure 6.3.1c. Percent Who Met National Recommendation of At Least 60 Minutes of Moderate and Vigorous Physical Activity Per Day for Pavaiai (Participants=317)

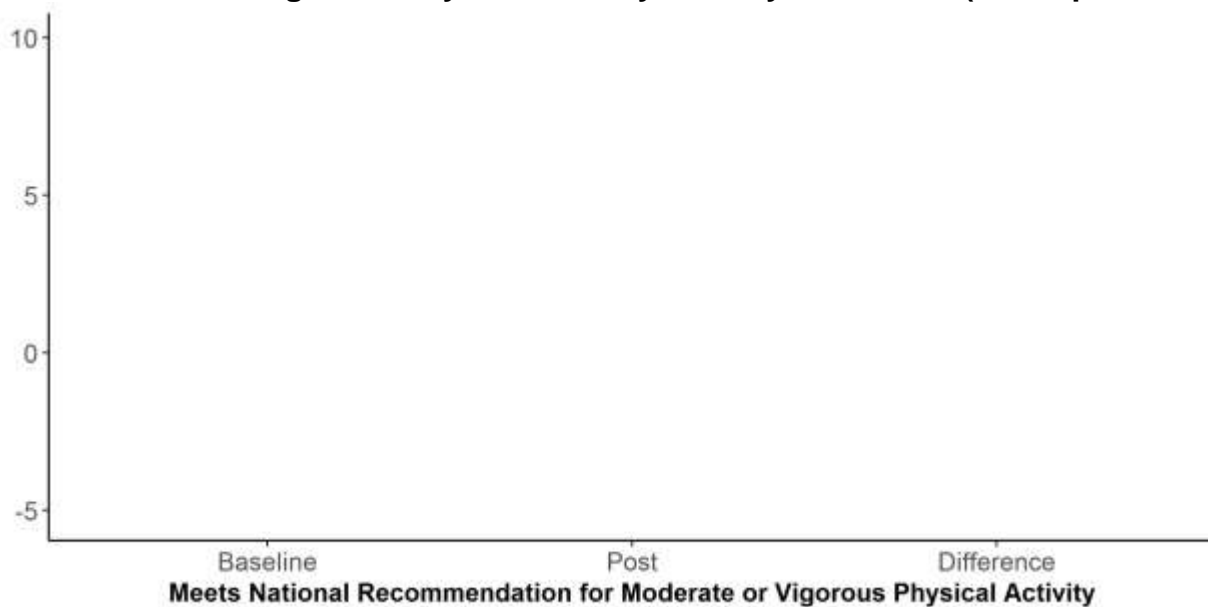


Figure 6.3.1d. Percent Who Met National Recommendation of Age-Specific Sleep Per Day for Pavaiai (Participants=317)

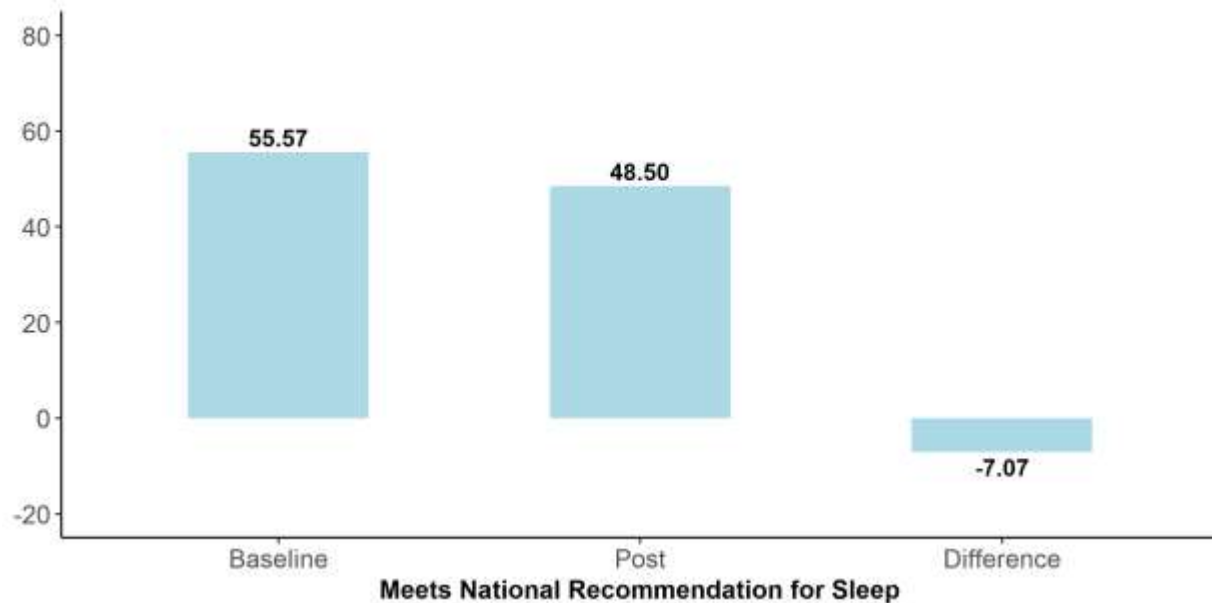


Figure 6.3.1e. Percent Who Met National Recommendation of Less Than 2 Hours of Screen Time Per Day for Pavaiai (Participants=317)

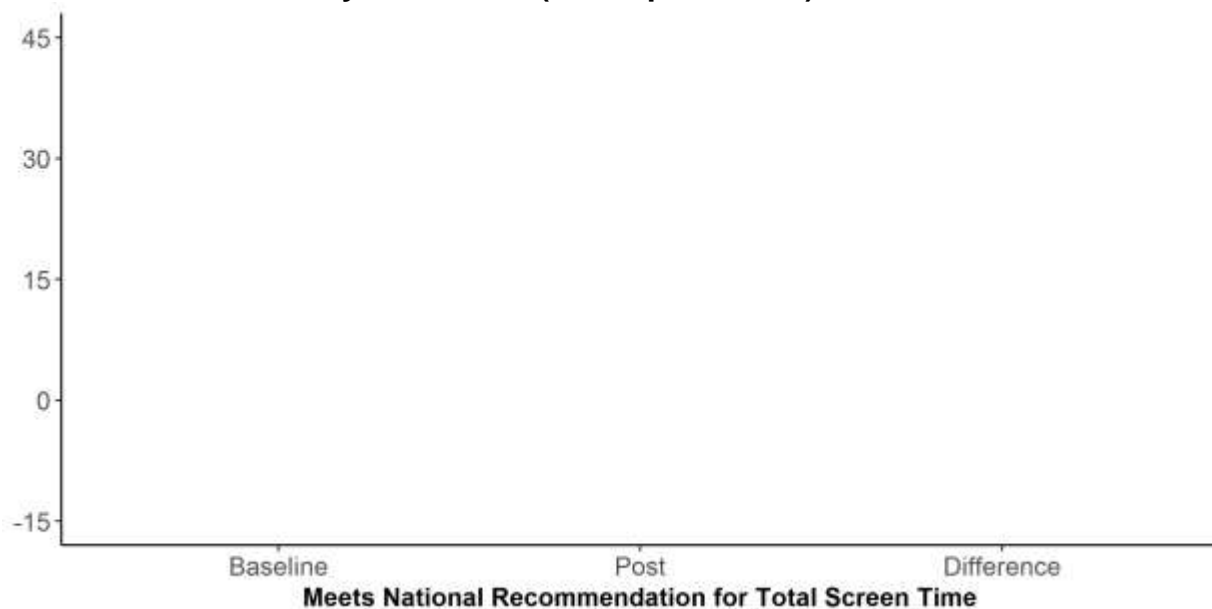


Figure 6.3.1f. Percent Who Met National Recommendation of Age-Specific Vegetable Intake Per Day for Pavaiai (Participants=317)

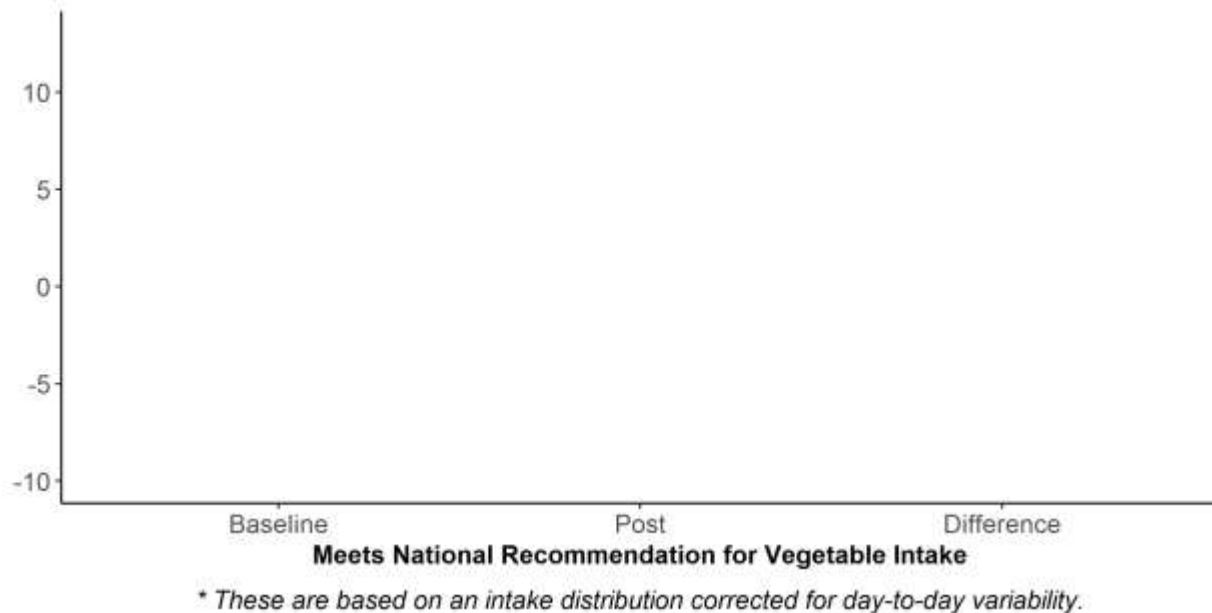


Figure 6.3.1g. Percent Who Met My Daily Food Plan of Age-Specific Fruit Intake for Pavaiai (Participants=317)

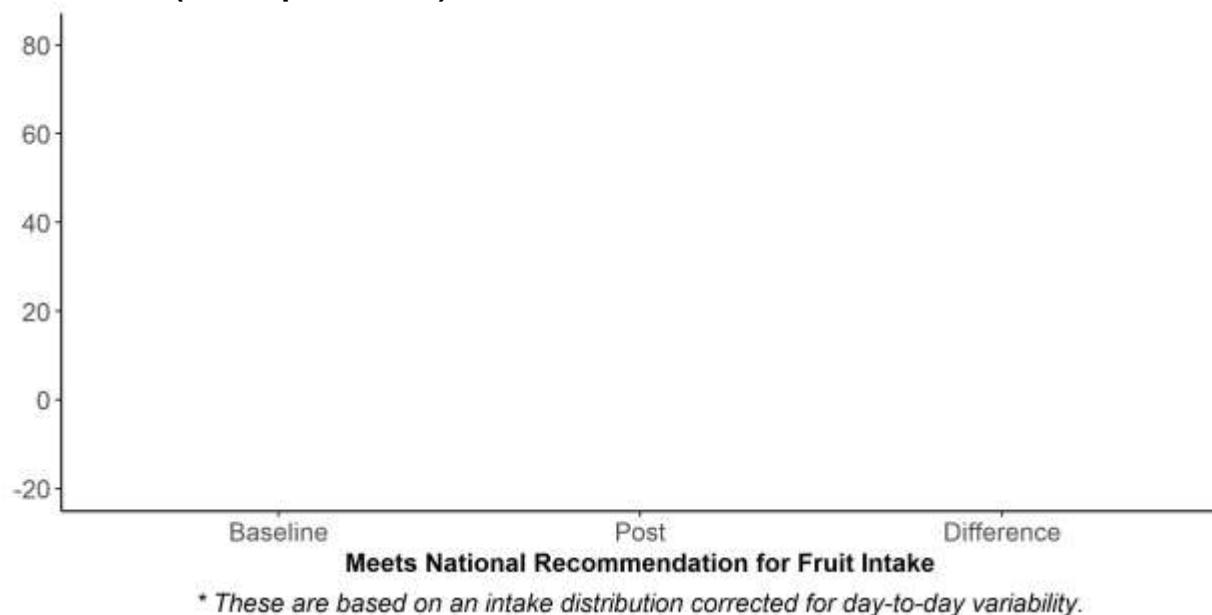


Figure 6.3.1h. Percent Who Met Sugar Sweetened Beverage Intake of Zero Cups for Pavaiai (Participants=317)



7. 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.

Occasionally staff was unable to complete a full assessment of a resource and such cases were dropped from the final data set. The CAT assessment was conducted in the intervention and optimized communities at baseline and in the intervention, optimized, and temporal communities during the 24 month post-intervention data collection period — except for Alaska who completed the baseline CAT assessment in temporal communities at both time points. Therefore, it is not possible to look at change for temporal communities, except in **Alaska**.

The CAT results are presented for the 24 month post-intervention data collection period for the community of **Pavaiai, American Samoa**. The full baseline CAT results are not included in this report and are provided in the baseline community report on [CHL-pacific.org](http://chlpacific.org). After the full 24 month post-intervention data is presented, we present select measures from all the forms to highlight the change from baseline and 24 month CAT data for the jurisdiction and the community level summaries.

Section 1. Physical Activity Environment and Food Resources

Physical Activity Environment Resources

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) (<http://bridgingthegaphawaii.com>).

The assessment of community walkability was assessed with documents adapted from the National Center for Safe Routes to School (<https://www.saferoutespartnership.org>).

The following forms assess these features:

- **PA Facilities (Form 60-03)**
 - a. Indoor and/or outdoor sports features
 - b. Facility amenities
 - c. Childcare services and/or Teen Center
 - d. Sliding scale fees for low income and/or discounts for youth and students
 - e. Accessibility and parking for drivers and bicyclists
 - f. Exterior incivilities
- **Parks (Form 60-01) / Schools (Form 60-02) / Churches (Form 60-05)**

- a. Sports features
- b. Park amenities
- c. Settings
- d. Accessibility and parking for drivers and bicyclists
- e. Exterior incivilities
- **Community Walkability (60-08)**
 - a. Room to walk
 - b. Crossing of streets
 - c. Ease of following safety rules
 - d. Pleasantness
 - e. Drivers' behaviors
 - f. Other features of the walk

Food Environment and Resources

The assessment of the food environment included inventories and surveys of fast food restaurants, food outlets, and food costs with survey tools adapted from Bridging the Gap (BTG) (<http://bridgingthegaphawaii.com>), Community of Excellence (CX3) (<https://snaped.fns.usda.gov/materials/communities-excellence-nutrition-physical-activity-obesity-prevention-cx3>), and the Alaska Thrifty Food Plan (<https://www.cnpp.usda.gov/sites/default/files/AKHI1stHalf2017.pdf>), respectively.

- **Fast food**
 - a. Advertisements that promoted price
 - b. Advertisements that included sugar-sweetened beverages
 - c. Number of healthy food options on the menu

- d. Number healthy beverage options
- **CX3 Scores for Food outlet**
 - e. Accepts WIC and Food stamps / SNAP/ EBT
 - f. Availability of fresh fruit and quality of fruit
 - g. Availability of fresh vegetable and quality of vegetable
 - h. Other healthful foods
 - i. Unhealthy products
 - j. Nutrition information
 - k. Number of healthy and unhealthy ads present inside and outside the food outlet
 - l. Walkability
- **USDA Thrifty Food Plan** (see baseline community report on <http://www.chl-pacific.org/> for results)
 - a. Cost of specific food items that are part of the USDA Thrifty Food Plan
 - b. Weekly costs for meal based on the TFP for a family

Please see the original forms used in Appendix A. CHL adapted forms can be found in Appendix B.

- <http://chl-pacific.org/wp-content/uploads/2016/09/Appendix-A.pdf>
- <http://chl-pacific.org/wp-content/uploads/2016/09/Appendix-B.pdf>

Section 2. Assessment of Parks

There were no parks to assess in **Pavaiai**.

Section 3. Assessment of Schools

The tool used to assess schools is modified from the Bridging the Gap Program, University of Illinois at Chicago, School Observation Form. 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 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.

7.3.1. School Setting, Parking, Sidewalks, and Amenities

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 and whether it shared sports features with a park. In **Pavaiai**, there were 2 schools with this information. Among the 2 schools, there was no information on whether the measure(s) were adjacent to a park and none shared sports features with an adjacent park.

A total of 2 (100.0%) schools had on-site parking, none had an on-site parking with overhead lighting, and none had bicycle parking. Among the 2 schools surveyed, none had sidewalks leading up to the entrance of the school and none had sidewalks with overhead lighting.

Observations on school amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. Among the schools with such information, none had closing time signage, 2 (100.0) had restrooms, 2 (100.0%) had showers, and none had beverage vending machines. The following table (Table 7.3.1) summarizes this information on school settings.

Table 7.3.1. School Setting in Pavaiai (n=2), Post-Intervention

School Setting	Number	Percent	n Missing
Setting			
Adjacent to a park	NA	NA	2
Shares sports features with a park	0	0.0	0
Parking			
Parking on-site available (not including street parking)	2	100.0	0
Parking has lights	0	0.0	0
Bicycle parking racks or cages available	0	0.0	0
Sidewalk			
Sidewalks on street lead up to the entrance	0	0.0	0
Sidewalks have lighting	0	0.0	0
Amenities			
School has closing time signage	0	0.0	0
Restrooms present	2	100.0	0
Showers present	2	100.0	0
Beverage vending machines present	0	0.0	0

7.3.2. School Access and Barriers to Entry

Staff assessed each school for an entrance fee, signage limiting entry and any physical barriers around the perimeter of the school. Among the 2 schools surveyed in **Pavaiai**, 2 (100%) had signage indicating the school name, none had signage stating that public use of the school was limited to specific times, none had signage indicating that the school was private or has restricted access at all times, and 2 (100%) had a locked fence or other physical barrier around the perimeter. The following table (Table 7.3.2) summarizes this information on school access and physical barriers.

Table 7.3.2. School Access and Barriers in Pavaiai (n=2), Post-Intervention

Access and Barriers	Number	Percent	n Missing
Signage indicates school name	2	100	0
Signage states public use of area is limited to specific times	0	0	0
Signage states area is private or restricted access at all times	0	0	0
Locked fence or other physical barrier around the perimeter prevents public access	2	100	0

7.3.3. 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 was rated as okay/good, 1 was rated as poor, and that this school had lighting for this feature.

Survey Results for Sports Features

Across the 2 schools surveyed in **Pavaiai**, 2 schools had information on sports features. There were a total of 3 sports features assessed. Among the 3 sports features assessed, 3 (100%) were rated as ok/good, none were rated as poor, and none were not rated.

The most common sports features present were playgrounds (2), multiuse fields (1), and basketball courts (0).

Playgrounds may be of particular interest to families with young children. In **Pavaiai**, there were 2 playgrounds, of which 2 were rated as ok/good, there was no information on whether the measure(s) were rated as poor, there was no information on whether the measure(s) were not rated, and 2 had a playground area with lighting. The following table (Table 7.3.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the 2 schools in **Pavaiai**.

Table 7.3.3. Sports Features Across Schools in Pavaiai (n=2), Post-Intervention

Feature	Number	OK/Good	Poor	Not Rated	Lighting
Total Sports Features	3	3	0	0	3
Playgrounds	2	2	NA	NA	2
Multiuse Fields	1	1	0	0	1
Basketball Courts	0	0	0	0	0
Multiuse Courts	0	0	0	0	0
Tennis Courts	0	0	0	0	0
Volleyball Courts	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Baseball Fields	0	0	0	0	0
Football Fields	0	0	0	0	0
Soccer Fields	0	0	0	0	0
Pools	0	0	0	0	0
Rock Climbing	0	0	0	0	0
Track	0	0	0	0	0
Skateboarding	0	0	0	0	0

7.3.4. School Features and Amenities

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.

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 no feature 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 2 schools surveyed in **Pavaiai**, 2 schools had information on features and amenities. There were a total of 11 features and amenities assessed. Among the 11 features and amenities assessed, 11 (100%) were rated as ok/good, none were rated as poor, and none were not rated.

The most common features and amenities present were shelters (2), picnic tables with shade (2), and benches (2). The following table (Table 7.3.4) summarizes the total number and condition of each individual feature/amenity which was assessed.

Table 7.3.4. Features and Amenities Across Schools in Pavaiai (n=2), Post-Intervention

Feature	Number	OK/Good	Poor	Not Rated
Total Features and Amenities	11	11	0	0
Shelters	2	2	0	0
Picnic Tables with Shade	2	2	0	0
Benches	2	2	0	0
Trash Bins	2	2	0	0
Fence	2	2	0	0
Drinking Fountains	1	1	0	0
Green Spaces	0	0	0	0
Swimming Beaches	0	0	0	0
Recreational Beaches	0	0	0	0
Beach with Lifeguards	0	0	0	0

Waterparks	0	0	0	0
Picnic Tables with no Shade	0	0	0	0
Decor Fountains	0	0	0	0
Grills	0	0	0	0
Trails	0	0	0	0

7.3.5. Incivilities

Staff assessed each school for a list of incivilities and how much of each incivility 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 school grounds environment.

Amount of Incivilities

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

Among the 2 schools surveyed in **Pavaiai**, 2 schools had information on incivility types. Among the 2 schools assessed, the mean rating across all incivility types was 0. At post-intervention, overall there was "no" amount of incivilities (Table 7.3.5).

Table 7.3.5. Average Amount of Each Incivility Across Schools in Pavaiai (n=2), Post-Intervention

Measure	Amount
Mean Incivility Score	None
Garbage	None
Broken glass	None
Graffiti/Tagging	None
Evidence of Alcohol use	None
Evidence of Substance Abuse	None
Sex Paraphernalia	None
Dog Refuse	None
Unattended Dogs	None
Vandalism	None

Section 4. Assessment of Churches

The tool used to assess churches is modified from the Bridging the Gap Program, University of Illinois at Chicago, Church Observation Form. 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.

7.4.1. Church Setting, Parking, Sidewalks, and Amenities

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

Observations on church setting included whether it was within a quarter mile of another community feature (e.g. a school, housing, food store). In **Pavaiai**, there were 4 churches with this information. Among the 4 churches, 4 (100.0%) were near another community resource.

A total of 4 (100.0%) churches had on-site parking, 3 (75.0%) had an on-site parking with overhead lighting, and none had bicycle parking. Among the 4 churches surveyed, 1 (25.0%) had sidewalks leading up to the entrance of the church and 1 (25.0%) had sidewalks with overhead lighting.

Observation on church amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. Among the churches with such information, none had closing time signage, 4 (100.0) had restrooms, none had showers, and none had beverage vending machines. The following table (Table 7.4.1) summarizes this information on church settings.

Table 7.4.1. Church Setting in Pavaiai (n=4)

Church Setting	Number	Percent	n Missing
Setting			
Within ¼ of a mile from another community feature	4	100.0	0
Parking			
Parking on-site available (not including street parking)	4	100.0	0
Parking has lights	3	75.0	0
Bicycle parking racks or cages available	0	0.0	0
Sidewalk			
Sidewalks on street lead up to the entrance	1	25.0	0
Sidewalks have lighting	1	25.0	0
Amenities			
School has closing time signage	0	0.0	0
Restrooms present	4	100.0	0
Showers present	0	0.0	0
Beverage vending machines present	0	0.0	0

7.4.2. 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 4 churches surveyed in **Pavaiai**, 1 (25.0%) had signage indicating the church name, 4 (100.0%) had signage stating that an area was open to the public, 1 (25.0%) had signage indicating that an area was open to church members only, 1 (25.0%) had signage stating that public use of the church was limited

to specific times, 4 (100.0%) had signage stating that use of an area required permission (e.g. from a minister or deacon), 1 (25.0%) had signage stating that supervision was needed (e.g. by an adult or minister), none had signage indicating that an area was private or restricted at all times, and there was no information on whether the measure(s) had a locked fence or other physical barrier around the perimeter. The following table (Table 7.4.2) summarizes this information on church access and physical barriers.

Table 7.4.2. Church Access and Barriers in Pavaiai (n=4)

Access and Barriers	Number	Percent	n Missing
Signage indicates church name	1	25.0	0
Signage states an area is open to the public	4	100.0	0
Signage states an area is open to church members only	1	25.0	0
Signage states public use of area is limited to specific times	1	25.0	0
Signage states that use of an area required permission	4	100.0	0
Signage states supervision was needed	1	25.0	0
Signage states area is private or restricted access at all times	0	0.0	0

7.4.3. 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. 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 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 was rated as okay/good, 1 was rated as poor, and that this school had lighting for this feature.

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 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 was rated as okay/good, 1 was rated as poor, and that this church had lighting for this feature.

Survey Results for Sports Features

Across the 4 churches surveyed in **Pavaiai**, 4 churches had information on sports features. There were a total of 4 sports features assessed. Among the 4 sports features assessed, 4 (100%) were rated as ok/good, none were rated as poor, and none were not rated.

The most common sports features present were basketball courts (2), multiuse courts (2), and baseball fields (0).

Playgrounds may be of particular interest to families with young children. In **Pavaiai**, there were no playgrounds to assess. The following table (Table 7.4.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the 4 churches in **Pavaiai**.

Table 7.4.3. Sports Features Across Churches in Pavaiai (n=4)

Feature	Number	OK/Good	Poor	Not Rated	Lighting
Total Sports Feature	4	4	0	0	2
Basketball Courts	2	2	0	0	0
Multiuse Courts	2	2	0	0	2
Baseball Fields	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Football Fields	0	0	0	0	0
Multiuse Fields	0	0	0	0	0
Playgrounds	0	0	0	0	0
Pools	0	0	0	0	0
Rock Climbing	0	0	0	0	0
Skateboarding	0	0	0	0	0
Soccer Fields	0	0	0	0	0
Tennis Courts	0	0	0	0	0
Track	0	0	0	0	0
Volleyball Courts	0	0	0	0	0

7.4.4. Church Features and Amenities

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.

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 feature 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 4 churches surveyed in **Pavaiai**, 4 churches had information on features and amenities. There were a total of 7 features and amenities assessed. Among the 7 features and amenities assessed, 7 (100%) were rated as ok/good, none were rated as poor, and none were not rated.

The most common features and amenities present were trash bins (3), green spaces (2), and fences (2). The following table (Table 7.4.4) summarizes the total number and condition of each individual feature/amenity which was assessed.

Table 7.4.4. Features and Amenities Across Churches in Pavaiai (n=4)

Feature	Number	OK/Good	Poor	Not Rated
Total Features and Amenities	7	7	0	0
Trash Bins	3	3	0	0
Green Spaces	2	2	0	0
Fences	2	2	0	0
Swimming Beaches	0	0	0	0
Recreational Beaches	0	0	0	0
Beach with Lifeguards	0	0	0	0
Waterparks	0	0	0	0
Shelters	0	0	0	0
Picnic Tables with Shade	0	0	0	0
Picnic Tables with no Shade	0	0	0	0

Benches	0	0	0	0
Drinking Fountains	0	0	0	0
Decor Fountains	0	0	0	0
Grills	0	0	0	0
Trails	0	0	0	0

7.4.5. Incivilities

Staff assessed each church for a list of incivilities and how much of each incivility 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 church grounds environment.

Amount of Incivilities

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

Among the 4 churches surveyed in **Pavaiai**, 4 churches had information on incivility types. Among the 4 churches assessed, the mean rating across all incivility types was 0.17. At post-intervention, overall there was "a little" amount of incivilities (Table VII.4.5).

Table 7.4.5. Average Amount of Each Incivility Across Churches in Pavaiai (n=4)

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

Section 5. Assessment of Physical Activity Facilities

PA facilities were not assessed in **Pavaiai**.

Section 6. Assessment of Fast Food Outlets

There were no fast food restaurants to assess in **Pavaiai**.

Section 7. Food Availability and Marketing Form

7.7.1. Types of Stores

CHL's Food Availability Survey and Marketing Form is 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. The staff surveyed at least 1 store of each type if present.

The following table is a breakdown of the store types surveyed in **Pavaiai**. Among the 4 stores assessed, the most common store types in **Pavaiai** were small market (4) and supermarket chain (0). The following table (Table 7.7.1) summarizes this information on store types.

Table 7.7.1. Type of Store in Pavaiai (n=4)

Type of Store	Number	Percent	n Missing
Small market	4	100.0	0
Supermarket chain	0	0.0	0
Large grocery store	0	0.0	0
Convenience	0	0.0	0
Other	0	0.0	0

7.7.2. 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 4 stores surveyed in **Pavaiai** with information on participating in WIC or Food Stamps/EBT, 4 (100.0%) accept WIC and 3 (100.0%) accept Food Stamps/EBT. Among the 4 stores with information on signage, 3 (75.0%) display signage for WIC being accepted and 3 (75.0%) display signage for Food Stamps/EBT being accepted. The following table (Table 7.7.2) summarizes this information on federal food assistance at stores.

Table 7.7.2. Food Assistance Benefits in Pavaiai (n=4)

Federal Benefits	Number	Percent	n Missing
Accepts WIC	4	100.0	0
Accepts Food Stamps or a SNAP vendor	3	100.0	1
We Accept WIC signage displayed	3	75.0	0
We Accept Food Stamps/EBT signage displayed	3	75.0	0

7.7.3. Variety of Fruits and Vegetables

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)

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 4 stores with this data in **Pavaiai**, none had a wide variety of fruit and none had a wide variety of vegetables. The following table (Table 7.7.3) summarizes this information on fruit and vegetable variety.

Table 7.7.3. Variety of Fruits and Vegetables in Pavaiai (n=4)

Variety	Number	Percent	n Missing
Fruit			
None	0	0.0	0
Limited	3	75.0	0
Moderate variety	1	25.0	0
Wide variety	0	0.0	0
Vegetable			
None	0	0.0	0
Limited	2	50.0	0
Moderate variety	2	50.0	0
Wide variety	0	0.0	0

7.7.4. Quality of Fruit and Vegetables

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.

Of the 4 stores in **Pavaiai** assessed for food quality, none had a good quality for fruit and none had a good quality for vegetables. The following table (Table 7.7.4) summarizes this information on fruit and vegetable quality.

Table 7.7.4. Quality of Fruit and Vegetables in Pavaiai (n=4)

Quality	Number	Percent	n Missing
Fruit			
None	0	0.0	0
Poor	0	0.0	0
Mixed Poor	0	0.0	0
Mixed Good	4	100.0	0
Good	0	0.0	0
Vegetable			
None	0	0.0	0
Poor	0	0.0	0
Mixed Poor	0	0.0	0
Mixed Good	4	100.0	0
Good	0	0.0	0

7.7.5. Availability of Selected Fruits and Vegetables

Stores were assessed for the availability of specific fruits (apple, banana, and orange) and vegetables (carrot, tomato, broccoli, and cabbage). A total of 4 stores in **Pavaiai** had data on the availability of these produce items. Fruits, apples, bananas, and oranges were available in 3 (75.0%), 1 (33.3%), and 4 (100.0%) of stores. Vegetables, carrots, tomatoes, cabbage, and broccoli were available in 3 (75.0%), 2 (50.0%), 2 (50.0%), and 4 (100.0%) of the stores that assessed each of these items. The following table (Table 7.7.5) summarizes this information on fruit and vegetable availability.

Table 7.7.5. Availability of Selected Fruits and Vegetables in Pavaiai (n=4)

Quality	Number	Percent	n Missing
Selected Fruit			
Apples	3	75.0	0
Bananas	1	33.3	1
Oranges	4	100.0	0
Selected Vegetable			
Carrots	3	75.0	0
Tomatoes	2	50.0	0
Broccoli	2	50.0	0
Cabbage	4	100.0	0

7.7.6. Availability of Other Health Foods

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. 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.

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 4 stores assessed in **Pavaiai**, 3 (75.0%) had at least one low/reduced fat dairy or soy beverage, 4 (100.0%) had at least one lean meat protein, 4 (100.0%) had at least one non-meat protein, 4 (100.0%) had at least one whole-grain item, 4 (100.0%) had at least one canned/ frozen fruit or vegetable, and 4 (100.0%) had at least one baby food. The following table (Table 7.7.6) summarizes this information on other healthy foods.

Table 7.7.6. Availability of Other Healthy Foods in Stores in Pavaiai (n=4)

Other Healthy Foods	Number	Percent	n Missing
Low/reduced fat dairy or soy beverage	3	75.0	0
1% milk	3	75.0	0
2% milk	1	25.0	0
Skim milk	2	50.0	0
Mozzarella	1	25.0	0
Flavored soy beverage	0	0.0	0
Plain soy beverage	0	0.0	0
Lean meat protein	4	100.0	0
Ground beef or turkey, lean (85% or higher)	4	100.0	0
Whole chicken	4	100.0	0
Tuna (light) canned in water	4	100.0	0
Salmon canned in water	4	100.0	0
Sardines canned in water, tomato, or mustard	4	100.0	0

Non-meat protein	4	100.0	0
Tofu, plain	0	0.0	0
Beans, dried	4	100.0	0
Beans, canned with no added fats, sugar or sweetener	4	100.0	0
Whole grain	4	100.0	0
Whole grain bread	4	100.0	0
Brown rice	4	100.0	0
High fiber cereal (≥ 3 grams fiber, ≤ 12 grams sugar per serving)	4	100.0	0
Oatmeal (plain)	4	100.0	0
Tortillas, soft corn or whole wheat (no lard)	0	0.0	0
Canned/ frozen fruit or vegetables	4	100.0	0
Any canned fruit packed in 100% fruit juice	4	100.0	0
Any canned vegetable with no added fats, sugar, or sweetener	4	100.0	0
Any frozen fruit with no added fats, sugar, or sweetener	4	100.0	0
Any frozen vegetable with no added fats, sugar, or sweetener	4	100.0	0
Baby food	4	100.0	0
Baby food, jarred, single fruit	4	100.0	0
Baby food, jarred, single vegetable	4	100.0	0
Baby food, jarred, single meat	4	100.0	0

7.7.7. 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. 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

Among the 4 stores surveyed in **Pavaiai**, none had a health promotion item. Stores were also assessed for ads promoting locally grown produce. Of the 4 stores with this data, 1 (25.0%) promoted locally grown produce. The following table (Table 7.7.7) summarizes this information on marketing ads inside stores.

Table 7.7.7. Advertisements Inside the Store in Pavaiai (n=4)

Interior Advertisements	Number	Percent	n Missing
Health promotion around the fruit and vegetable display	0	0.0	0
5 A Day signs	0	0.0	1
Nutrition information	0	0.0	1
Fruit and Veggies: More matters	0	0.0	1
Children's Healthy Living (CHL) or CHL partnership	0	0.0	1

Other	0	0.0	1
Promotion of locally grown produce	1	25.0	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.

Among the 4 stores surveyed in **Pavaiai**, 4 had information on the marketing near the main check-out area. Looking at ads for healthy food products, 4 had 0 ads, none had ads for 1-2 items, and none had ads for 3-5 items. Looking at stores with ads for unhealthy food products, none had 0 ads, none had ads for 1-2 items, and 4 had ads for 3-4 items. More stores had ads for unhealthy food products than healthy food products near the main check-out area (4 versus 0).

Looking at stores for the presence of healthy food products near the main check-out area, 3 had 0 items, 1 had 1-2 items, and none had 3-5 items. Looking at the presence of unhealthy food products near the main check-out area, 1 had 0 items, 3 had 1-2 items, and none had 3-5 items. More stores had unhealthy food products than healthy food products near the main check-out area (3 versus 1). The following table (Table 7.7.8) summarizes this information on marketing ads at store check-out.

Table 7.7.8. Store Check-out Area Marketing in Pavaiai (n=4)

Interior Advertisements	Healthy Food Products	Unhealthy Food Products
Presence of ads or promotions		
0	4	0

1-2 items	0	0
3-5 items	0	4
Presence of product		
0	3	1
1-2 items	1	3
3-5 items	0	0

7.7.8. Store Exterior Advertisements on Healthy and Unhealthy Foods

Stores were assessed for ads promoting healthy or unhealthy foods on the exterior of the store. The definition of healthy and unhealthy foods is given in Section 7.7.6.

Among the 4 stores surveyed in **Pavaiai**, 4 (100.0%) had exterior ads for healthy foods while 4 (100.0%) had exterior ads for unhealthy foods.

7.7.9. Store Exterior Conditions

Stores were assessed for specific exterior conditions for food promotion. Among the 4 stores surveyed in **Pavaiai**, none had produce bins on the sidewalk in front of the store, none 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, none had vending machines on the sidewalk in front of any of the 4 stores surveyed, none had ads on the roof, walls, or anywhere on the store property, none had images of unhealthy foods and/or beverages painted on doors or windows of the storefront, and none had painted murals of healthy food and/or beverages on the building walls of the store. The following table (Table 7.7.9) summarizes this information on exterior store conditions.

Table 7.7.9. Store Exterior in Pavaiai (n=4)

Exterior Conditions	Number	Percent	n Missing
Produce bins on the sidewalk in front of the store	0	0.0	0
Products displayed on the sidewalk in front for the store or inside the store next to the window	0	0.0	0
Vending machines on the sidewalk in front of the store	0	0.0	0
Advertising (banners, posters, temporary signs, etc.) on the roof, walls or elsewhere on the property	0	0.0	0
Images of healthy food (e.g. tomato, apple) and/or beverages (e.g. milk) painted on doors or windows of the storefront	0	0.0	0
Images of unhealthy food (e.g. hamburger, hot dog) and/or beverages (e.g. soda, shake) painted on doors or windows of the storefront	0	0.0	0
Painted murals of healthy foods and/or beverages anywhere on the building walls	0	0.0	0

7.7.10. 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 4 stores in **Pavaiai** with this information, 4 (100.0%) had bars, 2 (66.7%) complied with Lee Law, 3 (75.0%) were rated that people feel safe during the walk

around or outside of the store, and 3 (75.0%) met standards for being located in a safe, walkable environment. The following table (Table 7.7.10) summarizes this information on perceived store safety and walkability.

Table 7.7.10. Perceived Safety of Store in Pavaiai (n=4)

Exterior Conditions	Number	Percent	n Missing
Store has bars or chains on windows or doors	4	100.0	0
Store sells alcohol and no more than 1/3 of window area is covered with ads (Lee Law)	2	66.7	1
People feel safe during the walk around or outside of the store	3	75.0	0
Store meets standards for being located in a safe, walkable environment	3	75.0	0

Section 8. Walkability Survey

7.8.1. Community Walking Features

Community walkability features were not assessed in **Pavaiai**.

Appendix

The initial baseline measurement period for individual measures was between October 2012 through February 2014 to complete measurement in all five jurisdictions. The post-intervention measurement period was between January 2015 – December 2015.

The following table reports the data collection periods by each jurisdiction for the baseline and post-intervention.

CHL-wide Data Collection Periods (Month and Year) by Jurisdiction and Experimental Group

Data Collection Group	Baseline Data Collection	Post-Intervention Data Collection
CHL-wide Total	Oct 2012 – Jan 2014	Nov 2014 – Sep 2015
Intervention (n=9)	Jan 2012 – Dec 2013	Jan 2015 – Sep 2015
Optimized (n=9)	Aug 2012 – Jan 2014	Nov 2014 – Feb 2015
Temporal (n=9)	Nov 20, 2012 – Mar 2014	May 2010 – Aug 2015
Alaska*		
Intervention (n=1)	Nov 2012 – Dec 2013	Feb 2015 – Sep 2015
Optimized (n=1)	Nov 2012 – Jan 2014	Nov 2014 – Oct 2015
Temporal (n=2)	Nov 2012 – March 2014	Dec 2014 – Aug 2015
American Samoa		
Intervention (n=2)	Jan 2013 – Oct 2013	Apr 2015 – Jul 2015
Optimized (n=2)	May 2013 – Nov 2013	Mar 2015 – Apr 2015
Temporal (n=2)	Apr 2013 – Apr 2013	May 2010 – Jul 2015
CNMI		
Intervention (n=2)	Jan 2012 – May 2013	Mar 2015 – Jun 2015
Optimized (n=2)	Jan 2013 – Apr 2013	Jan 2015 – Feb 2015
Temporal (n=2)	Nov 2011 – Feb 2013	Jan 2015 – Mar 2015
Guam*		
Intervention (n=2)	Nov 2012 – Oct 2013	Jul 2015 – Sep 2015
Optimized (n=2)	Nov 2012 – Oct 2013	Jan 2015 – May 2015
Temporal (n=1)	Nov 2012 – Oct 2013	May 2015 – Aug 2015

Hawaii		
Intervention (n=2)	Oct 2013 – Oct 2013	Jan 2015 – Jun 2015
Optimized (n=2)	Aug 2013 – Sep 2013	Jan 2015 – Sep 2015
Temporal (n=2)	Aug 2013 – Aug 2013	Apr 2015 – May 2015

*All jurisdictions included 2 interventions, 2 optimized, and 2 temporal communities, except for Alaska that had 1 intervention, 1 optimized, and 2 temporal communities, and Guam that had 2 intervention, 2 optimized, and 1 temporal community.

The following table summarizes the CHL target behaviors, the recommendation for each target, and a reference.

National Recommendations for CHL Target Behaviors

CHL Target Behavior	National Recommendation	Reference
Body Mass Index (BMI)	Between the 5 th to 85 th percentile for age and sex.	Centers for Disease Control and Prevention, 2009
Overweight/Obesity (OWOB)	A waist circumference equal or less than the 90 th percentile for children 6 years or older.	Zimmet et al., 2007
Sleep	Recommended sleep time durations by age group: 11-14 hours for 2 year olds, 10-13 hours for 3 to 5 year olds, and 9-11 hours for 6 to 8 year olds.	Hirshkowitz et al., 2015
Moderate to Vigorous Physical Activity (MVPA)	At least 60 minutes of MVPA per day in sustained intervals.	Strong et al., 2005
Total Screen Time	Less than 2 hours daily.	American Academy of Pediatrics Committee on Public Education, 2001
Fruit Intake	At least 1 cup for 2 to 8 year olds.	USDA My Plan

Vegetable Intake	At least 1 cup for 2 year olds and at least 1.5 cups for 3 to 8 year olds.	USDA My Plan
Water Intake	An intake of 32-40 fluid ounces (4-5 cups) from all beverages consumed (milk, juice, drinking water) daily.	Institute of Medicine, 2004
Sugar Sweetened Beverage Intake	No sugar sweetened beverages.	Popkin et al., 2006

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