

Ardmore Institute of Health

Report Abstract for Awarded Grant

Organization Name

Chickasaw Foundation

Project Title

Breaking the Cycle of Overweight/Obesity in Children in the Chickasaw Nation

Amount Awarded

\$25,000

Project Start Date

08/01/2017

Project End Date

02/01/2019

Anticipated Number of People Impacted

200

Actual Number of People Impacted

135

Project Overview

Purpose: To assess consistent health messaging for prevention of overweight and obesity in children served by the Chickasaw Nation Department of Health, building on findings of research conducted in the Chickasaw Nation from 2015-2016, by Dr. Ashley Weedn, "Cultural Assessment of Obesity in American Indian Preschool Children: A Qualitative Study of Parents and Caregivers" (Weedn, et al, 2016).

Research activities: Create validated and measurable key informant interview and/or focus group questions with assistance from experts in the field.

Results: To date, only the parent/caregiver data has been analyzed. Analysis of the focus groups with educators is still in progress, the focus group with parents of young children in the Chickasaw Nation Child Development Center is scheduled, and health care providers are still being recruited.

Results

Key informant interviews were conducted with parents/caregivers to the point of saturation, i.e., further data collection from this group would not yield new information. The mean age of caregivers was 42.9+6.5 and the mean number of children living in the

home was 2.1+0.9. Regarding living arrangement, over 85% categorized themselves as married or living with partner in a marriage like relationship. Over 71% of caregivers categorized themselves as all or part American Indian/Alaska Native.

Regarding internet usage, 100% of caregivers reported having access to the internet on a daily basis always or most of the time. Approximately 71% of participants reported surfing the net daily and approximately 29% reported surfing weekly. Of the types of information searched for on the net, 71% reported looking for nutrition and health information either daily or weekly.

Mobile phone ownership was reported by 100% of caregivers and approximately 71% reported that their child who participates in the CNELC owned a mobile phone with 57% reporting their child always has access to the phone. In addition to phones, 100% of children have a television in their room. Findings related to screen time and physical activity are presented in Table 1.

Use of Funds

All funds have been spent for health messaging component of the project.

Items	Budget Amount	Invoiced
Clinical and Behavioral Health consultants: Ashley Weedn, MD, and Stephen Gillaspay, PhD (OUHSC)	\$12,500	\$12,500
Qualitative research consultant: Stephany Parker, PhD, (Oklahoma Tribal Engagement Partners)	\$12,500	\$12,500
Total	\$25,000	\$25,000

Key Challenges

Timeline: Establishing the external and academic partnerships, coordinating schedules, refining the research questions, and developing and validating the multiple data collection tools consumed a significant portion of the 18-month grant timeline, which is less than the norm for this type of research. Recruitment of voluntary participants and scheduling of interviews/focus groups proved to be a significant challenge, particularly among the healthcare providers.

Contractual: Required research and business contract/agreements between multiple partners/institutions/agencies posed considerable challenges, not least of which were legal approvals. Compliance with tribal research review board processes, guarding access to protected tribal health information, addressing data ownership issues, intellectual property concerns, etc., all played a role in the lengthy approval process.

Target population: The original research upon which this project was based took place in Chickasaw Nation Women, Infant and Children (WIC) facilities. It was assumed that the Empowered Living (EL) Family Health and Wellness clinic in which this project was based would have a similarly young population. Instead, during the course of the research project, as EL was entering year two, it developed that the clients participating in the EL clinic are much older, primarily adolescents; even though staff actively attempted to engage families with children of all ages only the families of older children agreed to participate. Thus the original focus on the need for consistent health messaging for parents was not as relevant for this group. However, important information was collected from this target population that will direct future clinic and research activities.

Key Learnings

Challenges to Healthy Living

Although caregivers were aware of how to live healthy and what actions to set in place to be healthy, their families were often faced with challenges for impeding the adoption of healthful behaviors. The cost of food, time, busy schedules, family differences in food choices and stress were mentioned as barriers.

Recommendations for Future Projects

Many opportunities for intervention were identified from the parent/caregiver data collection and it is expected that more will arise once all data collection and analyses are complete. Chickasaw Nation's Empowered Living Clinic staff is essential to the adoption of healthy lifestyles on the part of their patients and their caregivers. It is important that findings from this summary be presented to CNELC Leadership and staff to gauge feasibility of the opportunities presented in this report. Additionally, should CNELC staff be amenable to findings presented, development and testing of educational support is necessary to identify patient and caregiver acceptability to the opportunities presented in this report. Additional funding and research is necessary to support the findings and to determine if results may be generalized/applied beyond the specific setting of CNELC.

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