Abstract

OBJECTIVE: Native Hawaiians and other Pacific Islanders (NHs/PIs) have a high obesity prevalence compared to other ethnic groups. We examined socio-demographic, behavioral, and biological factors related to ≥3% weight loss in 100 overweight/obese NHs/PIs who completed a lifestyle intervention.

DESIGN AND METHODS: Data were from 56 Native Hawaiians, 22 Chuukese, and 22 Other Pacific Islanders who participated in a randomized controlled trial of the Partnership for Improving Lifestyle Intervention (PILI) ‘Ohana Project. All completed a 3-month weight loss program (WLP) to initiate weight loss and were then randomized into either a 6-month family/community focused WLP called the PILI Lifestyle Program (PLP; n = 49) or a standard behavior WLP (SBP; n = 51). We collected baseline, 3- and 9-month follow-up data on socio-demographics, weight (kg), a 6-min. walk test, dietary fat, exercise frequency, and blood pressure.

RESULTS AND CONCLUSION: Based on ANCOVA or logistic fit, ethnicity, sex, initial weight loss, fat in diet at baseline, change in systolic blood pressure, and intervention type were significantly associated (P ≤ .05) with ≥3% weight loss at 9-month follow-up. A logistic regression model indicated that Chuukese (OR = 6.04; CI = 1.14-32.17) and participants who had more weight loss in the first 3-months (OR = 1.47; CI = 1.22-1.86) and who were in the PLP (OR = 4.50; CI = 1.50-15.14) were more likely to achieve ≥3% weight loss [model; χ(2) (7, N = 100) = 45.50, P < .0001]. The same lifestyle intervention does not benefit all NHs/PIs equally, possibly due to differences in acculturation status and social support. The findings also point to the importance of initial weight loss to sustain motivation toward long-term weight loss maintenance.

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PMCID: PMC3630234 [Available on 2013/9/1]
PMID: 23404724 [PubMed - in process]