

Concept Note

Project Title: Community Food & Health Security
in the Marshall Islands

Organization Name: Canvasback Wellness Center

Contact Person:

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Project Background:

The Community Lifestyle Program (CLP) started in 2015 with a small pilot project at the LDS church in the Rita area on Majuro Atoll. The program did cooking classes, exercise classes, health screening, and educational lectures for the people there. The goal was to find the “outlier” patients that hadn’t seen a doctor in over a year and refer them to the NCD clinic at the hospital for treatment. The pilot was a big success and was quickly expanded to other villages across the atoll. In 2017, the program established 5 new walking clubs in the five different villages. This helped to sustain the progress many patients had made in reversing diabetes and heart disease through diet and exercise. In 2018, the program established community health workers to increase sustainability. After a successful pilot program, the health worker program

expanded to include more villages and spread across Majuro Atoll.

The Community Lifestyle Program proposes an expansion program to be “all inclusive” in lifestyle change. The CLP will start an exercise program in each weto (village), start a cooking school program in each weto, and start a home gardening program in each weto.

The home gardening program aims to improve food security and patient’s resiliency. Recipients of the home gardens must complete a training course provided each Friday evening at the Canvasback Wellness Center gardens that are located at the Ministry of Health and Human Services. This garden course is taught by a Horticulturist and includes several different gardening techniques including;

- How to make their own organic compost from kitchen waste products.
- Importance of local crops to improve health
- Food handler training and food safety training
- Creation of “green walls” using old water bottles

Partnerships with Marshall Islands Organic Farmers Association (MIOFA), MNRC, EU RENI program, and Taiwan Technical Mission at Laura Farm will provide seeds and seedlings and also help with additional training courses as needed to ensure the sustainability of the gardening program and assist with outer island sustainability of the program. EU RENI program is scheduled for October 2019 visit to Ailuk Atoll to start health program and return in May 2020 for follow up visits. Home gardens would be established during first visit as well as additional components to this health program.

Lifestyle Coaches will lead the exercise classes, and will monitor weight loss and collect and assess the following measurements of each patient:

- Body weight (lbs.),
- BMI,
- Body Fat%

The participants will be weighed before the class and their anthropometric data will be measured by Perspective Enterprises Stadiometer model PE-AIM-101 and Seca scale Model 876. Wellness staff was trained by a local Unicef representative to use these instruments. Each participant will be required to attend 80% of the classes for 1 full year

Cooking schools will focus on teaching a return to traditional Marshallese cooking with heavy emphasis on using locally grown foods such as breadfruit, papaya, taro, cassava and more. The cooking schools will initially be held at the Canvasback Wellness Center for a period of 3 months, twice a week. During this time the participants will be given cookbooks in Marshallese highlighting healthy local recipes while they are taught how to cook those recipes in the Wellness Kitchen. The trained staff of the Wellness Center will teach each class and simultaneously train the Community Health Outreach Worker how to teach the cooking in the community.

The Canvasback Wellness Center has started to pilot this expansion in March and April 2019 by hosting exercise, cooking and gardening classes at the Wellness Center facility. However; the goal of this CLP program is to help the villages and people become

self-sufficient and be empowered to take control of their health care.

Target Area & Beneficiaries:

Project Primary Target: Adults age over 20 years old with Diabetes, Hypertension or other Non-Communicable Disease

Beneficiaries are the communities involved directly with this project and the employers and government health agencies

- Reduced rate of admissions and amputations to the Ministry of Health and therefore reduced cost
- Communities in Delap, Uliga, Rita, Long Island, Ajeltake, Woja and Laura area will have health workers established to increase health of general population
- Employers – fewer sick calls and healthier work force increase efficiency and output of the company
- Environment – more gardens in town help release more oxygen into the environment and decrease erosion. Also, more composting of kitchen waste decreases landfill size and improves soil quality

Rationale for this Project:

Climate change is resulting in increasing temperatures, heat waves, droughts, more rainfall variability and more extreme events, as well as ocean changes such as sea level rise. These changes are impacting human health, especially sensitivity to and prevalence of water borne diseases, food safety and prevalence of food borne diseases, and the prevalence of vector borne diseases e.g. dengue fever, as well as other effects such as heat stress. The Marshall Islands is particularly vulnerable to the effects of climate change and the people have to deal daily with the stress of rising sea levels.

A healthier population is better equipped to deal with these stressors. With a healthier population, people will be more resilient and able to overcome climate change issues as they arise. One of the greatest culprits of decreased resiliency in the Marshallese population is diabetes. According to the 2018 RMI NCD Hybrid survey, the Marshall Islands has a diabetes rate of 27%. This is one of the highest in the world. Many factors contribute to this high rate of diabetes; one of them is food security.

Like most PICs, access to fresh produce on Majuro Atoll, the capital atoll of the Republic of the Marshall Islands (RMI), is limited. There are two supermarkets on island that import produce from the U.S., and sometimes from Kosrae or the Philippines, but it is expensive, and most certainly out of the reach of most of the Marshallese on the island. A few local farmers bring their produce into town twice a month, but there is not much variety and the yield is inconsistent. Because the average hourly wage on Majuro is about \$2.50 an hour, most people cannot afford to purchase vegetables from these resources. Consequently, the main component of the typical Marshallese diet is large quantities of white rice, with some chicken (the cheapest part – “quarter leg”).

There is very little fiber and no significant amount of nutrients in their diet. This poor diet is exacerbated by the common use of sugary drinks (sodas, Kool-Aid, and highly-sugared coffee) throughout the day.

Goals:

Increase self-sufficiency and health resiliency among food poor communities and at risk populations.

Outcomes:

75% of participants will report increase use of fresh vegetables in their home garden within 1 year of start of program as measured by patient surveys

50% reduction in A1c levels within 2 years of starting the program as measured every 90 days and data entered into hospital database

50% of participants will lose 5% of body weight within 1 year of exercise program

500 new home gardens will be established

Conduct at least 2 trips to Arno and Jaluit each year during the grant cycle.

2 outer islands of Arno and Jaluit will have 150 new home gardens established per year

15 new exercise clubs or walking clubs will be established by end of grant period

70% of patients will be compliant with specialty care services such as Dental, Retinal, Foot care and Cancer screenings each year for every year of the program as measured by hospital database.

Target Direct Reach: 300 adults per year

Target Indirect Reach: 900 men, women and children per year

Revise and implement updated National Climate Change and Health Action Plan (NCCHAP) from 2012.

Duration:

4 years from award of funding.

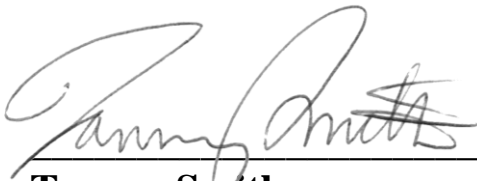
Approach:

Collaboration is key on this project. The CLP program will work closely with the NCD clinic at Majuro hospital and Outer Island Health Care on the two atolls targeted in this project.

Communication services such as mobile apps, cell phones and computerized databases will be used to increase efficiency and quality of care delivered. Partnerships will be established with Ministry of Natural Resources and Commerce (MNRC) to develop garden program on Majuro and outer islands. Existing partnership with EU RENI will be strengthened to include gardening, exercise and health education to outer islands. The NCD coalition will help with funding and hiring of the health workers and Zone Navigators and the partnerships of CLP will collaborate to monitor and evaluate progress. Outer island Mayors will be heavily involved in expanding the program to their islands. Also, collaboration with the health assistant to sustain the medical side of the program will be necessary. Close collaboration with Ministry of Health and Human Services working on revision and updating of the 2012

NCCHAP to include recent climate change data and strategies for health and food security.

Budget: \$535,000 USD

A handwritten signature in black ink, appearing to read "Tanner Smith", written over a horizontal line.

Tanner Smith
Director, Canvasback Wellness Center