

Lifestyle, Culture, and Health Newsletter

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Clinic Visits on O'ahu & Kaua'i

Since September 2009, we have begun clinic visits on Kaua'i while continuing visits at Dole Cannery on O'ahu. This is very exciting, because many Kaua'i residents would like to participate but are unable to travel to O'ahu. Aloha Medical Center in Lihue welcomed our team and continues to facilitate our work.

We travel to Kaua'i 2-3 days a month, slowly seeing the over 50 people who responded to our invitation. Working on Kaua'i is a privilege - we wish to thank all of our participants and the Aloha Medical Center for the true aloha they have shown us in the past months.

We need your help to reach the project goal of 810 visits. **If you haven't completed a clinic visit, please schedule a convenient appointment on O'ahu or Kaua'i.** Our grant provides payment of \$150-\$300. Please contact us today (numbers on page 2).

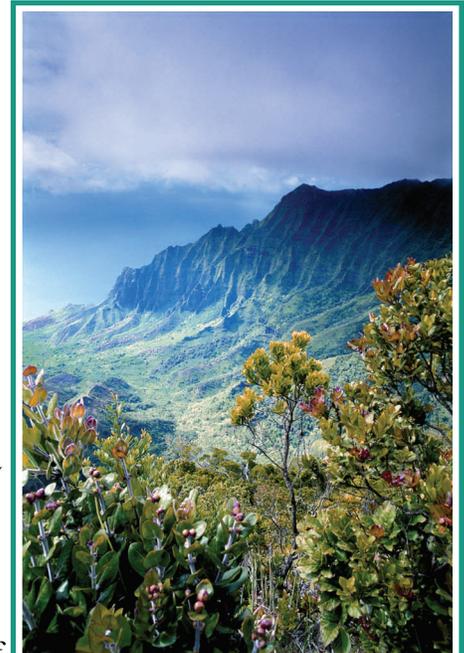


Research Staff at Aloha Medical Center, Kaua'i
Amy, Cris, Melody, and Darlene

Recent Project Results

We have located 83% of your original group from almost 45 years ago, and 72% of those located have joined our follow-up study. In addition, 52% of participants have attended our clinic visit. These numbers reveal real dedication to this important research and we are grateful - mahalo, everyone!

Happily, most participants in our study are in good health. We are inviting everyone to come for a clinic visit to gather baseline data for comparison with their health in the future. We have constructed an overall measure of participants' health status ([Results](#) page 2)



Kalalau Valley, Kaua'i

Why am I in this Study?

Jack Digman, Ph.D., gathered information on your group during the years 1959 to 1967. He was studying behavioral descriptions of children. He obtained permission to gather data at the UH Lab School, O'ahu and Kaua'i public schools, and in parochial schools on Kaua'i. Whole classes in participating schools were included. Teachers described their students on behavioral characteristics at the end of the year. You will not remember participating because permissions were handled at the administrative level in those days.



Jack's original work bloomed into an important field of investigation, and after 40 years at UH, Jack retired to Oregon where he continued his passion for research at the Oregon Research Institute. At age 73, he was funded by the National Institutes of Health to follow-up his earlier study. Jack died in 1998. We cherish his legacy as we strive to continue his work. For this reason we deeply appreciate the contribution of each participant. **You are our teachers regarding lifestyle and cultural effects on health and we hope that together we will create results important for future generations.** Your group is unique in all the world (2338 participants) with your cultural diversity and the excellent data gathered in childhood. If we miss this opportunity to work together as a team, we will miss entirely the chance to achieve this goal. Together we are proud that this locally generated and managed project has been validated three times by federal grants from the National Institutes of Health.

Photo: Ron Dahlquist

Results (cont.)

based on physical and lab data gathered in the clinic visit. Higher scores on this combined measure may signal future problems, such as diabetes or heart disease.

Men and women with higher scores (i.e., less healthy) smoked more, ate more fatty food and less fiber. The men also exercised less. All of these behaviors are known as risk factors for heart disease.

We asked participants to rate their own health, because people are very accurate in evaluating their own health status. The self-ratings were very close to our combined measure based on clinic visit results. During this long-term research, we will learn how useful the combined measure is, and whether it will provide clues about creating a healthier lifespan.

We also found that childhood per-

sonality traits have far-reaching influences on life patterns. For example, children rated by their teachers as more conscientious, imaginative, and agreeable in elementary school were more likely to seek higher levels of education. By middle age, these people were more likely to have better health habits and health outcomes. In contrast, participants who smoke and drink a lot were less conscientious and less emotionally stable when they were children and report poorer health at mid-life.

We now understand that some childhood personality traits may initiate a life-time pattern of unhealthy habits that eventually result in disease, while other traits serve to protect health. It may be possible to direct children at risk of unhealthy behaviors toward more health-protective pathways over their lifetime.



**Together we are creating knowledge
now and for the next generation**

Contact Us

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