



**Healthy  
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18th Annual Child Health Research Days  
**October 25 - 27, 2022**

**ABSTRACT SUBMISSION FORM**

## CHR D 2022: Abstract & Poster Submission Form

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**Presenter Status**

- Undergraduate Students
- Masters Student
- PhD Student
- Post-Doctoral Fellows
- Residents
- Non-Trainee

**Research Category**

- Basic Science
- Clinical
- Community Health / Policy

**Role in the project**

- Design
- Perform Experiments
- Analyze Data
- Write Abstract
- Project Coordinator

**Title**

Peer-led Physical Activity Intervention for Children with Type 2 Diabetes: description of a randomized pilot feasibility study

## Background

In Manitoba, rates of type 2 diabetes (T2D) are among the highest in the world and disproportionately affect First Nations children. Current standards of care are not culturally relevant or suited to realities of social disadvantages. The clustering of biological and social factors contribute to high rates of cardiovascular disease (CVD) risk factors and rapid and aggressive microvascular complications. Very few therapeutic trials exist for this population. Here we describe the methods for a recently funded trial to address this gap.

## Objective

We hypothesize an intervention grounded in a resilience framework will increase daily physical activity (PA) and improve CVD-related risk factors in children with T2D.

## Methods

The intervention will be grounded in Self Determination Theory and delivered by a peer mentor supported by a kinesiologist. We will conduct a pilot randomized controlled trial in 40 children (14-17 years old) living with T2D to assess the feasibility of the 12-week intervention, with follow up at 24 weeks. We will recruit 20 participants from Winnipeg and 20 from a rural-remote area. Each group will be randomized (1:1) into the intervention or control arm.

## Results

Primary outcomes are related to feasibility a) enrollment rates, b) adherence to the intervention, c) retention for follow-up. Secondary outcomes are daily PA assessed by Fitbit data, and change in readiness for behavior change based on the Patient-based Assessment and Counseling for Physical Activity and Nutrition (PACE) readiness questionnaire and the Behavioral Regulation in Exercise Questionnaire-3 (BREQ3). Secondary outcomes are changes in CVD risk factors through 24-hour continuous ambulatory blood pressure monitoring and cardiovascular imaging with echocardiography.

## Conclusion

The proposed trial will be the first behavioural trial of a peer-led intervention for children with T2D. The information could inform clinical approaches to behaviour change and CVD risk management for children with T2D.

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## Authors

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