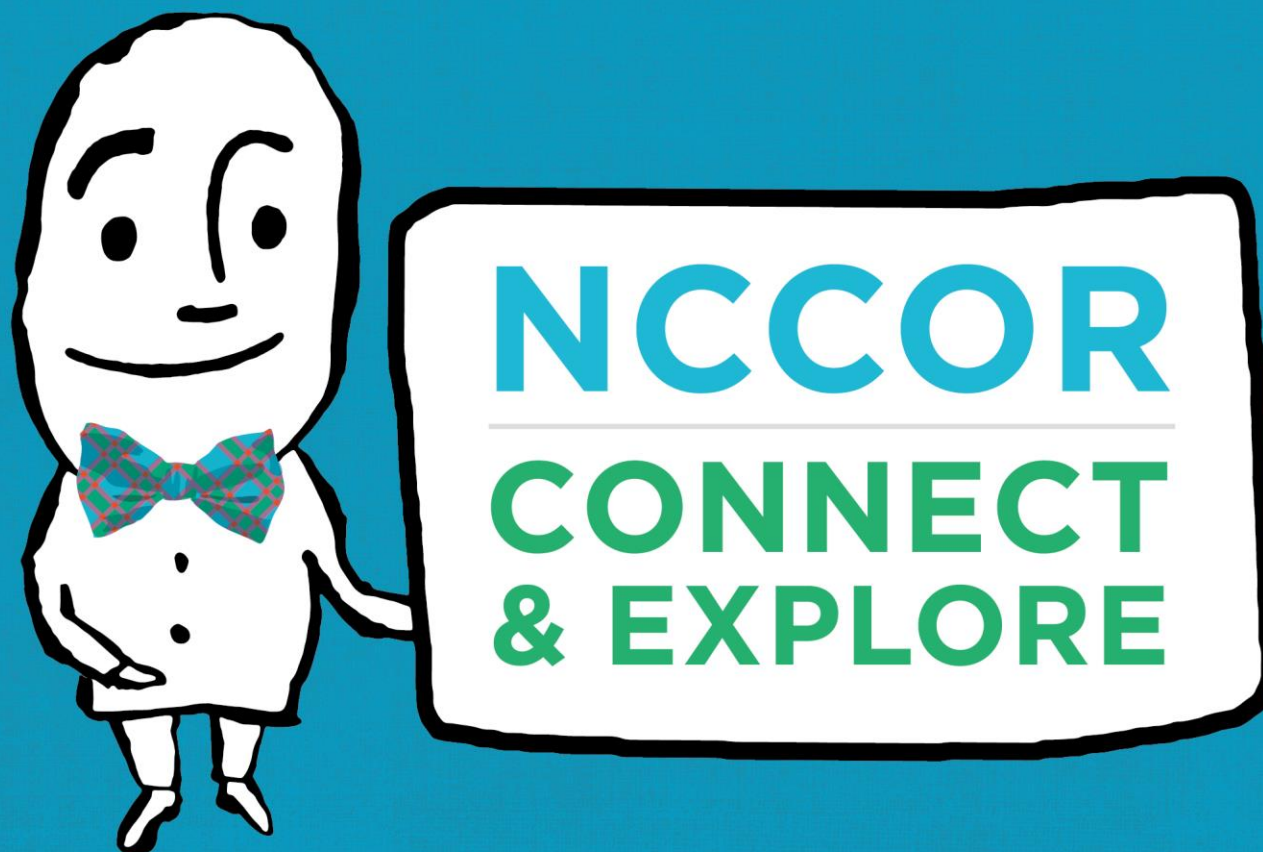


July 14, 2015

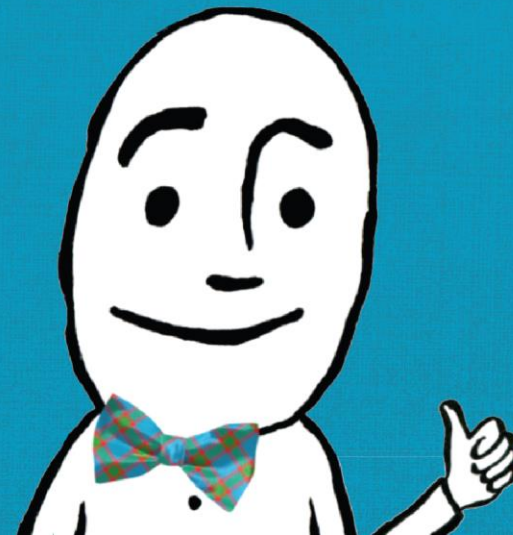


Connecting you with experts. Exploring the latest childhood obesity news and research.

We will begin at 2:05 to allow participants time to join the webinar.

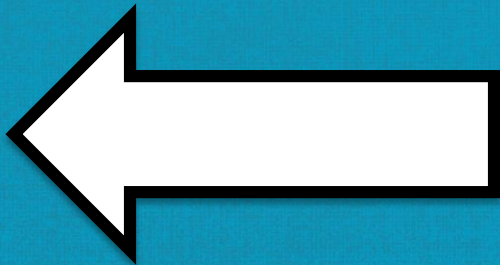
- **Spotlight:**
 - *Childhood Obesity Declines and Disparities—A Complicated Relationship*
 - *Tackling Inequities: Rethinking Intervention and Policy Design*
- **One on One**
- **What's Next?**

TODAY'S PROGRAM



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representative will respond shortly



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Today's Speakers



Elaine Arkin

National Collaborative on Childhood Obesity Research



Shiriki Kumanyika

Emeritus Professor, Epidemiology

University of Pennsylvania Perelman School of Medicine,

Chair, African American Collaborative Obesity Research Network

President, American Public Health Association

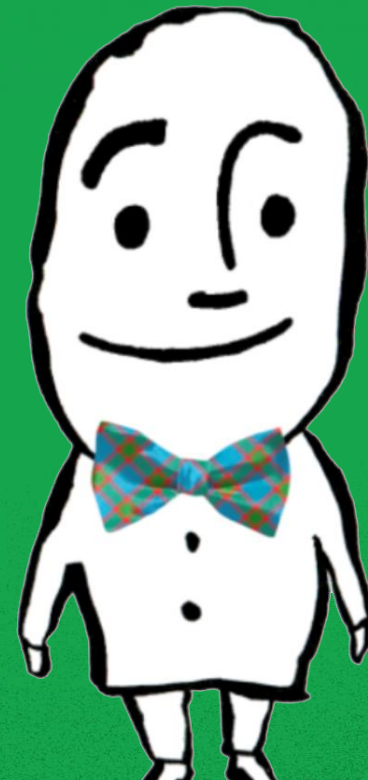
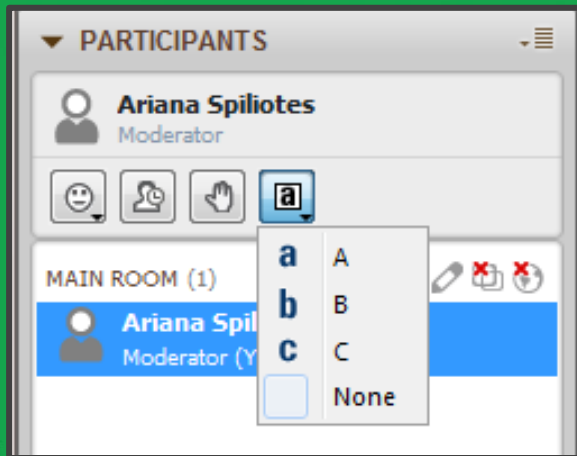


Tim Lobstein

Director of Policy

World Obesity Federation

Interactive Poll



How familiar are you with childhood obesity declines and disparities research?

A) Very familiar

B) Somewhat familiar

C) Not familiar

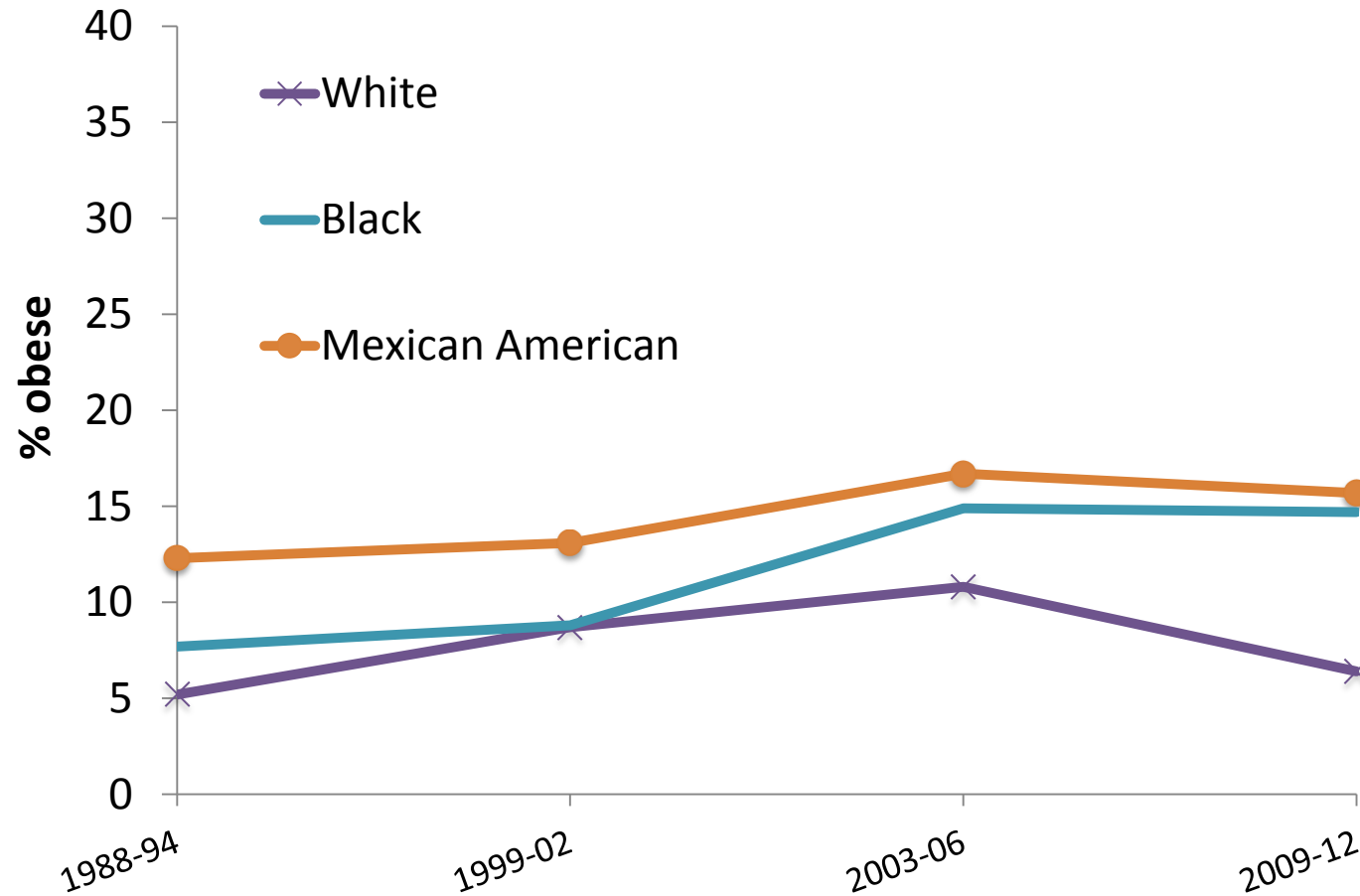


Childhood Obesity Declines and Disparities— A Complicated Relationship

**Shiriki Kumanyika, Emeritus Professor, Epidemiology,
University of Pennsylvania Perelman School of Medicine,
Chair, African American Collaborative Obesity Research Network
President of the American Public Health Association (APHA)**

Obesity Prevalence Trends

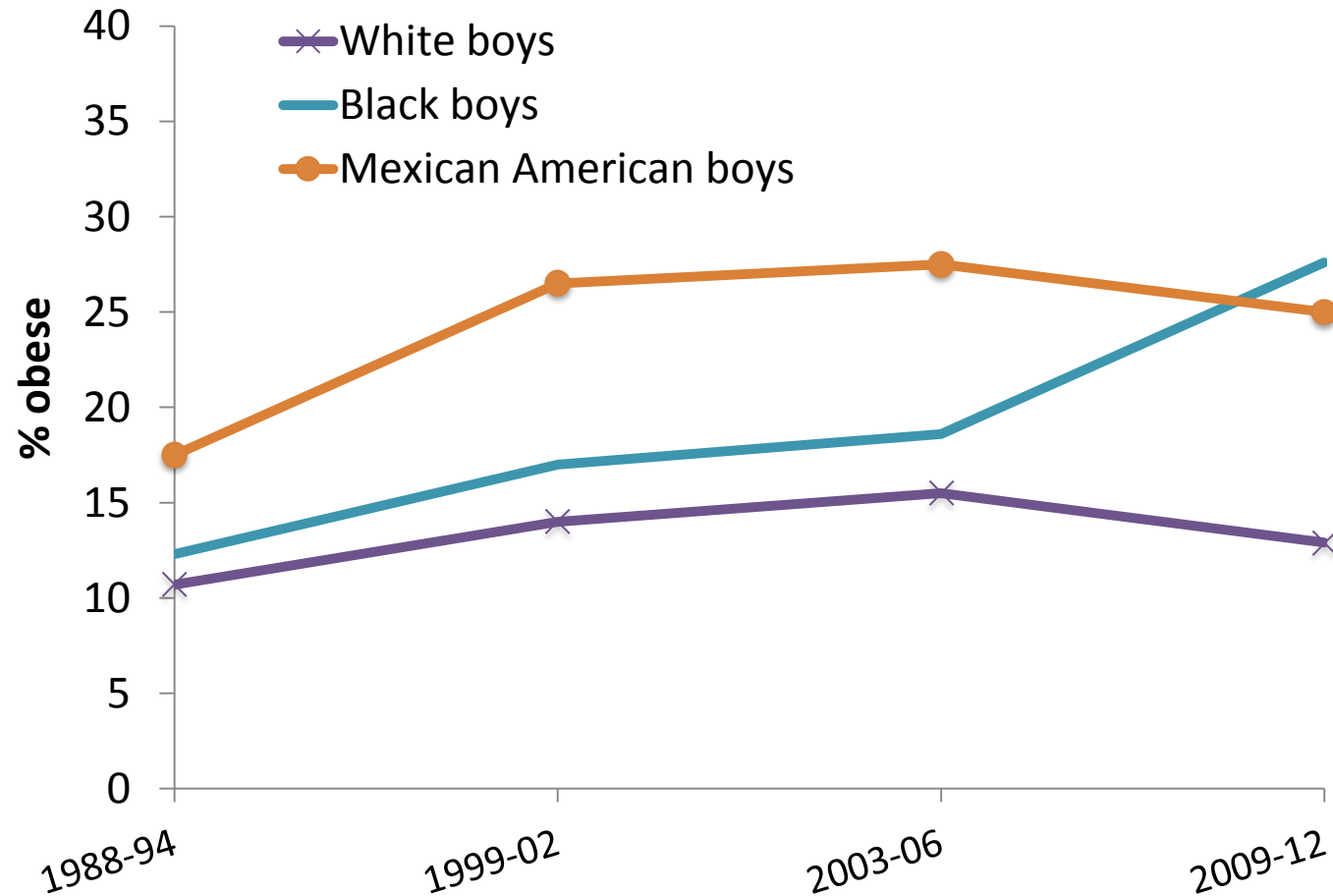
Children ages 2-5 in three ethnic groups (BMI \geq 95th percentile); both sexes



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

Obesity Prevalence Trends

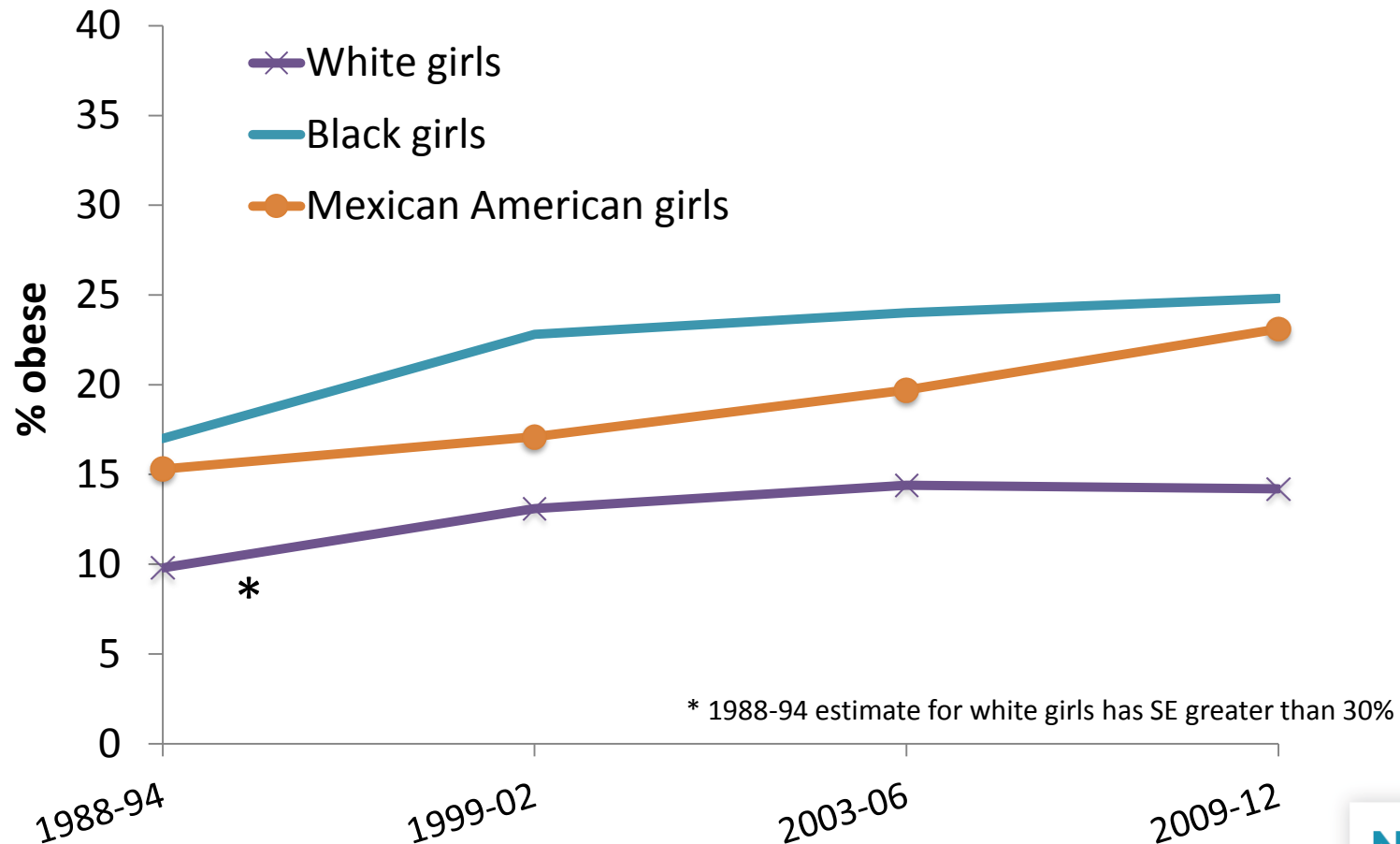
Children ages 6-11 in three ethnic groups (BMI \geq 95th percentile); boys



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

Obesity Prevalence Trends

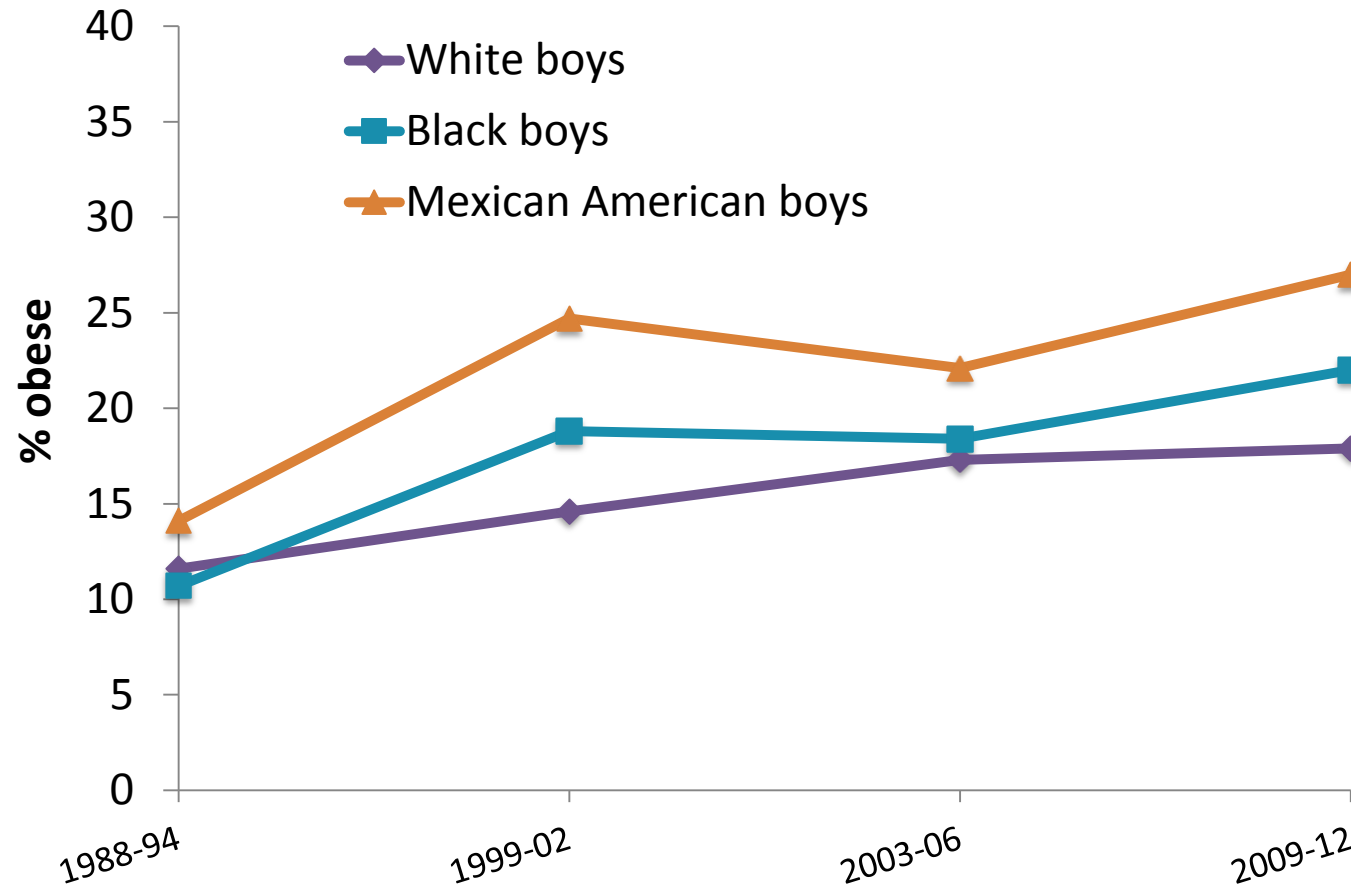
Children ages 6-11 in three ethnic groups (BMI \geq 95th percentile); girls



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

Obesity Prevalence Trends

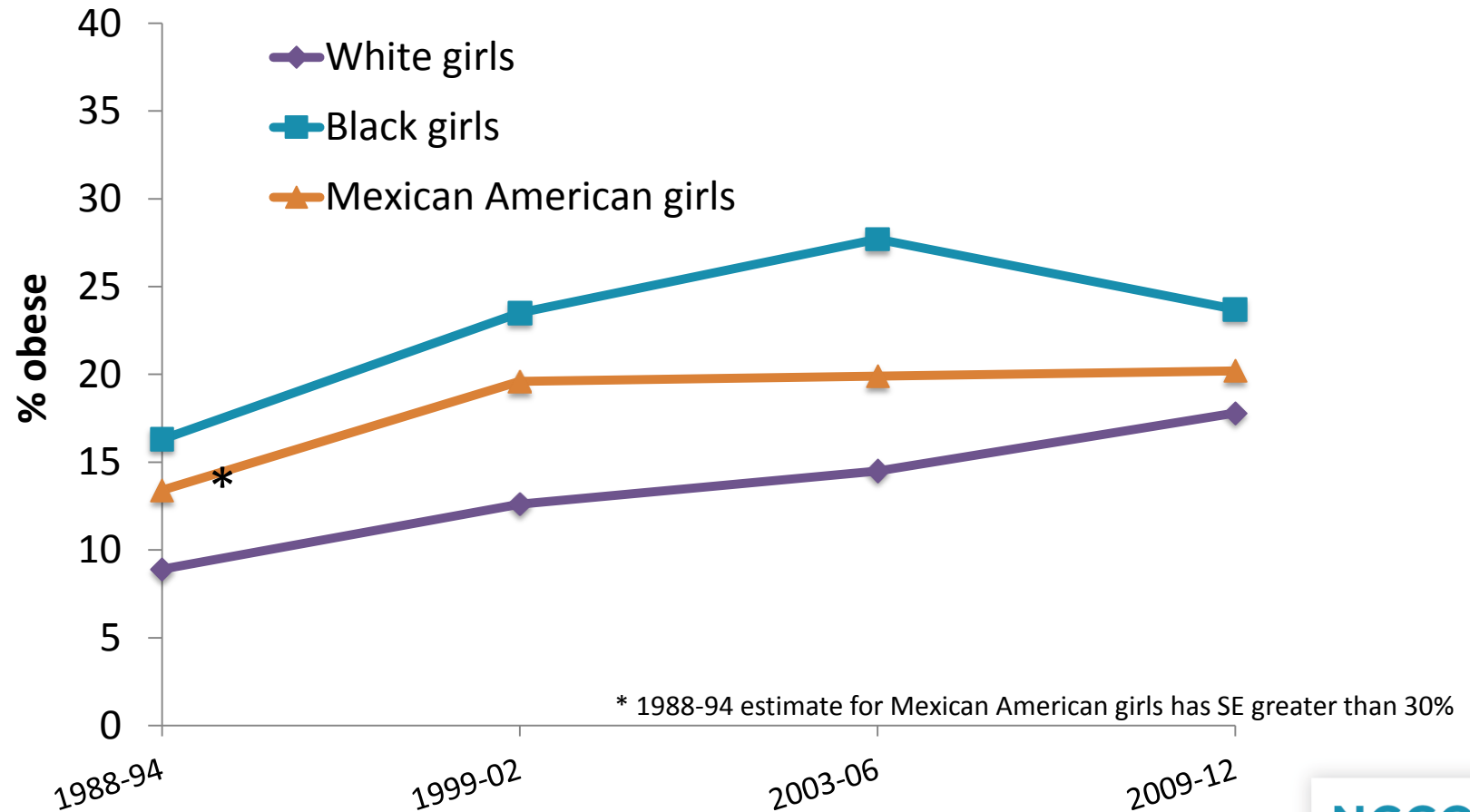
Children ages 12-19 in three ethnic groups (BMI \geq 95th percentile); boys



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

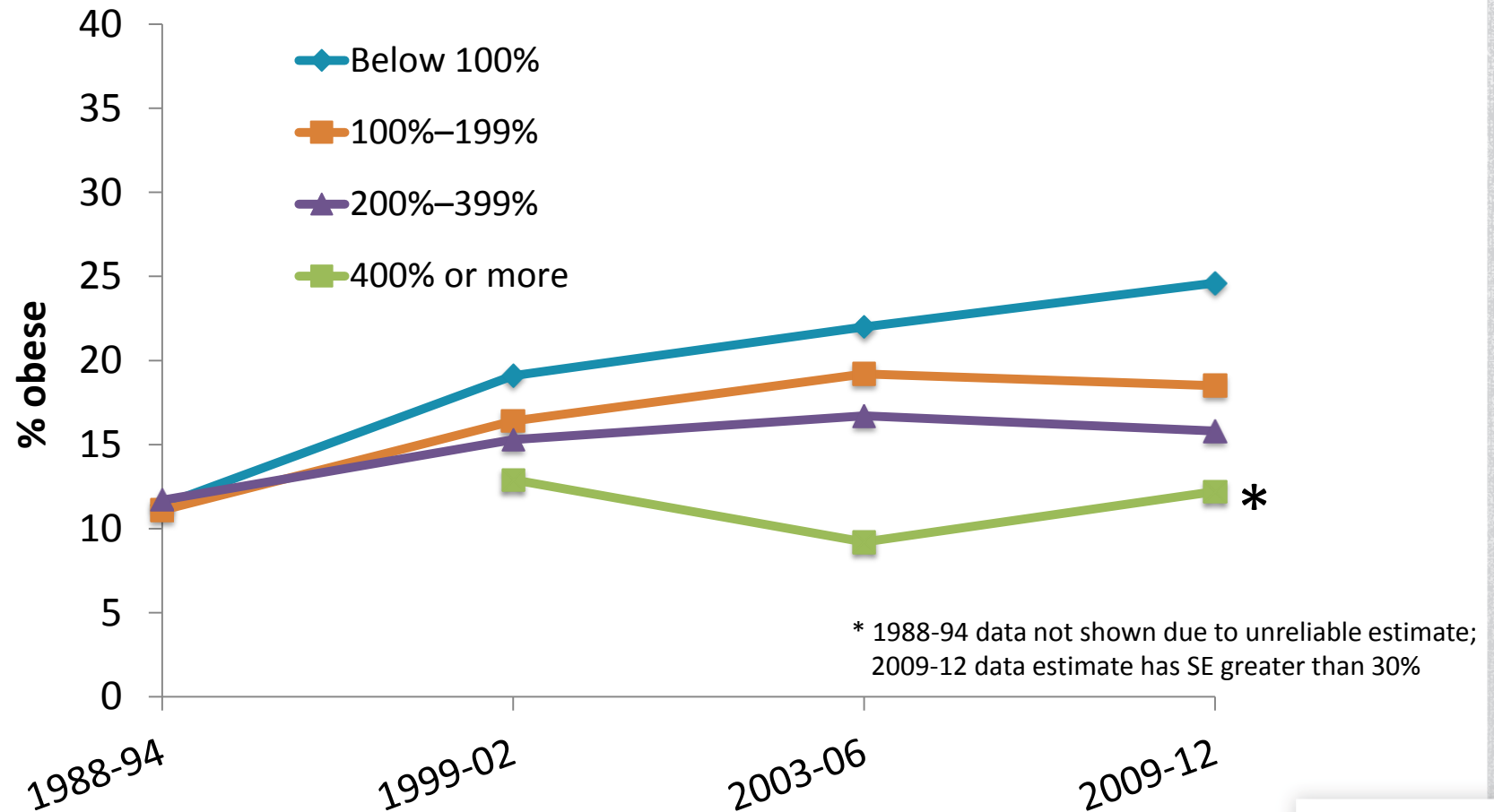
Obesity Prevalence Trends

Children ages 12-19 in three ethnic groups (BMI \geq 95th percentile); girls



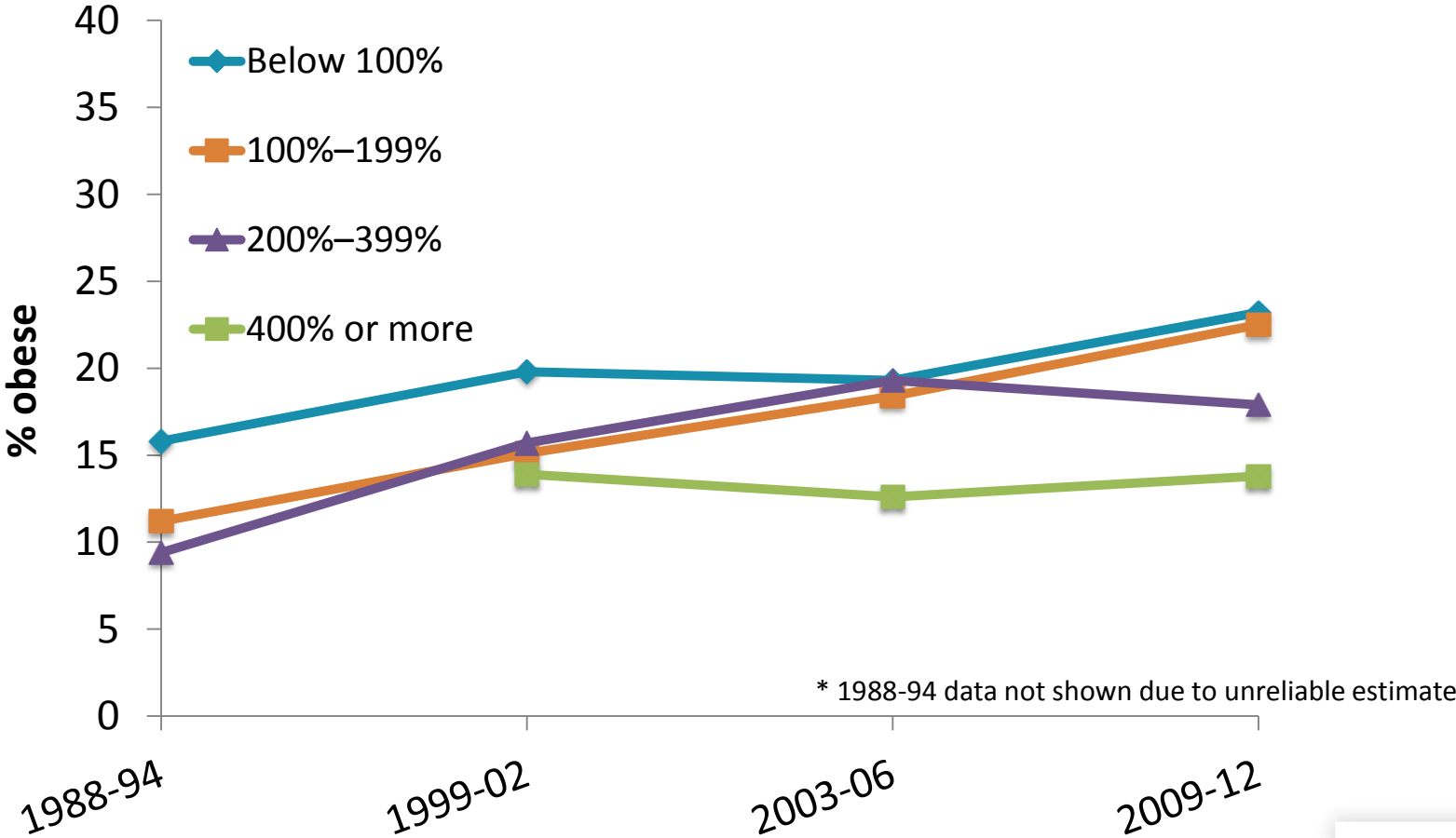
Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

Obesity Prevalence Trends Children ages 6-11 (BMI \geq 95th percentile)



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.

Obesity Prevalence Trends Children ages 12-19 (BMI \geq 95th percentile)



Source: Centers for Disease Control and Prevention. See Health United States, 2014, table 65.



Obesity Prevalence Trends by Socioeconomic Status Differ by Both Gender and Race/Ethnicity

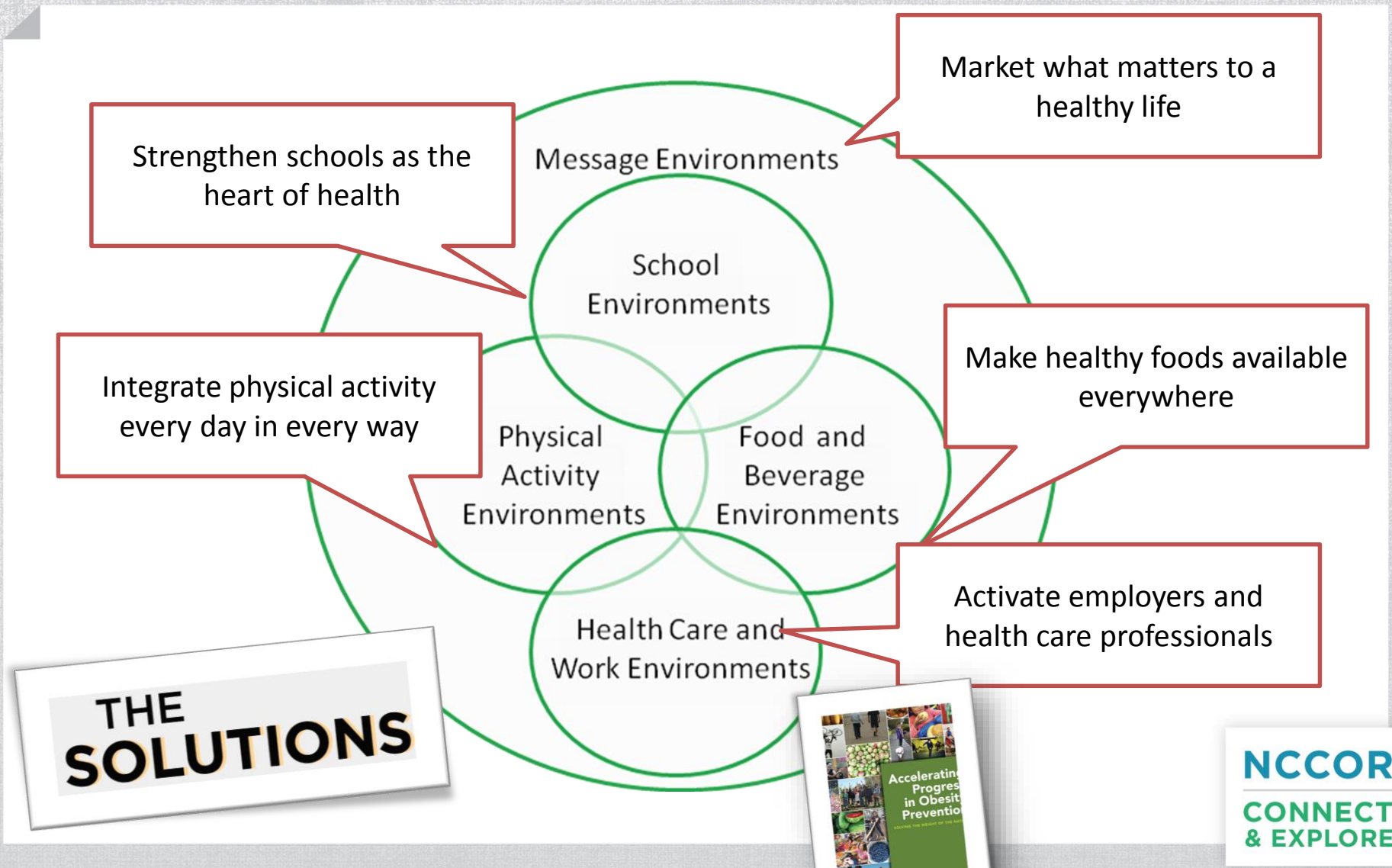
- **Gender:** Obesity prevalence **increased from 17% to 23%** in girls whose head of household had not finished high school, but **decreased from 11% to 7%** in girls whose head of household had completed college
 - No such interaction was seen in boys
- **Race/ethnicity and gender:** In white boys and girls, obesity prevalence was lowest in those whose head of household had completed college
 - No association of obesity prevalence with education of head of household in black boys
 - Obesity prevalence lower in black girls whose head of household had completed college (compared to other black girls), but did not show a net decrease over time

Source: Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report—United States, 2013. *MMWR*. November 22, 2013, 62(Suppl. 3); 120-128

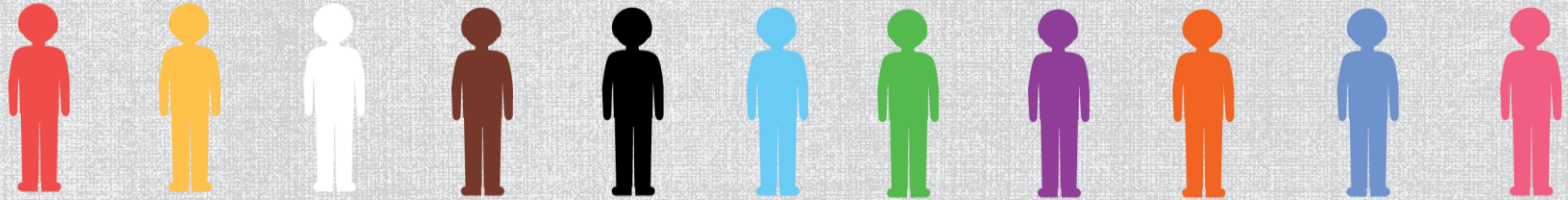
Key Points

- Notably higher obesity rates at most ages
- Current solutions are not closing gaps
- Effects vary at the intersections of race/ethnicity, gender, and socioeconomic status
- Do we have any clues as to causal pathways with implications for solutions?
- How would we act on those solutions?

Five Interacting Areas



Meeting the challenge of achieving equity requires transforming inequitable environments



- Social, political, and historical contexts influence the starting point, opportunities, and responses to changes in environments for physical activity and eating
- These factors must be taken into account when considering inequities in obesity prevalence and trends by race/ethnicity, gender, socioeconomic status, and residential area

Inequitable Food Environments

Physical Environment

- Fewer supermarkets
- Limited availability of fresh fruits and vegetables
- More fast food outlets
- More outdoor ads for fast food and other high calorie products

Economic Environment

- Cost of healthier foods
- Deals on unhealthy foods
- Limited funds available for school meals
- Fast food and soft drink company jobs and sponsorship

Message Environment

- Relatively heavier advertising and promotion of sugary beverages and fast foods
- High media use of Black youth
- Ethnically tailored advertising

Source: African American Collaborative Obesity Research Network Traveling Exhibit. *Achieving healthy weight in black communities. Looking back and looking forward.*

Table 2. Odds of Purchasing Foods on Sale Versus Not on Sale Among Shoppers Who Purchased These Foods, Philadelphia, Pennsylvania, April through August 2010 and December 2010 through October 2012

Food Category	OR ^a (95% CI) ^b	P value
Low-calorie foods	1.3 (1.0-1.7)	.08
Fruit	1.1 (0.7-1.7)	.61
Vegetables	1.3 (0.9-1.8)	.15
Low-fat dairy	4.7 (0.9-24.9)	.07
High-calorie foods	2.4 (2.0-3.0)	<.001
Sweet snacks	5.9 (3.5-10.0)	<.001
Savory snacks	1.1 (0.6-2.0)	.77
Sugar-sweetened beverages	2.6 (1.9-3.7)	<.001
Grain-based snacks	6.6 (3.6-12.0)	<.001

Abbreviations: OR, odds ratio; CI, confidence interval.

^a Fixed effects logistic regression models predict that food was purchased ("1") compared with not purchased ("0") in weeks that food was on sale ("1") compared with weeks food was sold at full price ("0"). Estimates are based on 79,087 observations from 81 households that had purchase data on more than 1 day. Models adjusted for household exposure time in the study.

^b 95% CIs constructed from robust standard errors.

Physical Activity Environments

Physical, economic, and sociocultural factors in black communities may discourage certain types of physical activity, making it harder to meet health recommendations. Messages may encourage sedentary behavior.

Physical Environment

- Concern about crime
- Low quality of parks, recreation centers, walking/biking trails, sidewalks
- Concern about traffic
- Urban blight in inner city neighborhoods

Economic Environment

- Cost of private gyms
- Long hours on feet during labor-intensive jobs
- Cars and modern conveniences are associated with “moving up” the economic ladder
- Marketing of electronic media for entertainment

Message Environment

- Promotion of cars?
- Digital media?
- Promotion of sedentary entertainment?
- Promotion of spectator sports?

Sociocultural Environment

Attitudes may not encourage being active. Costs and neighborhood conditions may reinforce those attitudes by making inactivity seem easier or more attractive.

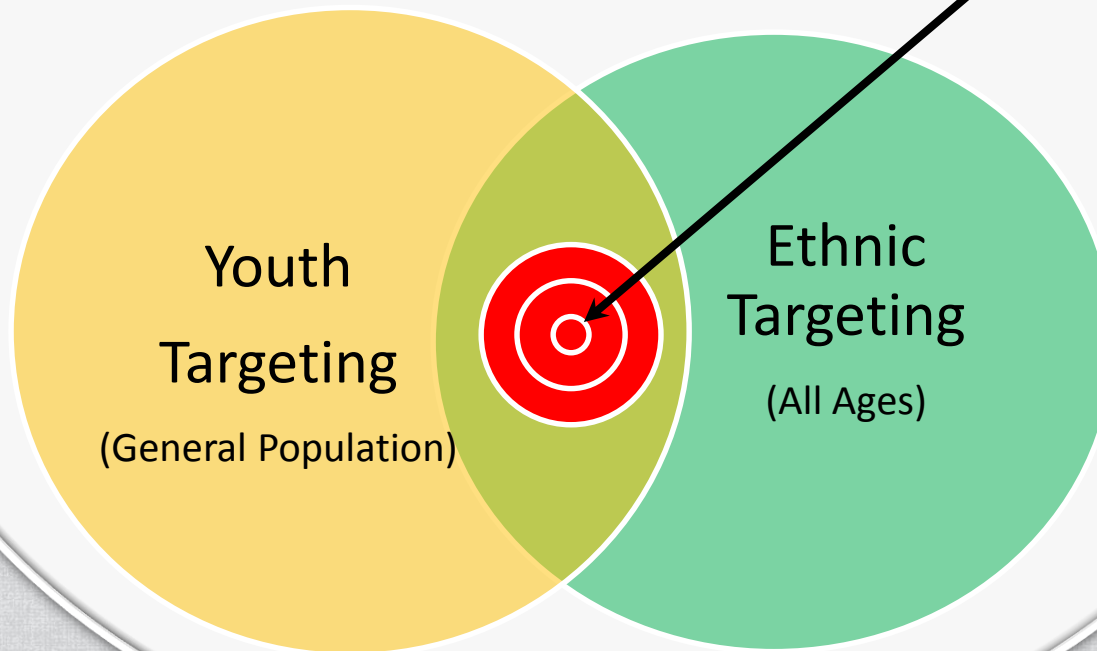
- Traditional cuisine
- Concerns about food insecurity
- Body size norms
- Prevalent obesity
- Food related aspects of women's roles

- Attitudes about importance of rest
- Decline of physically active forms of recreation
- Lack of social support or role models for physical activity among family and friends

Information Environments

Target Marketing

Targeting of Ethnic Minority Youth

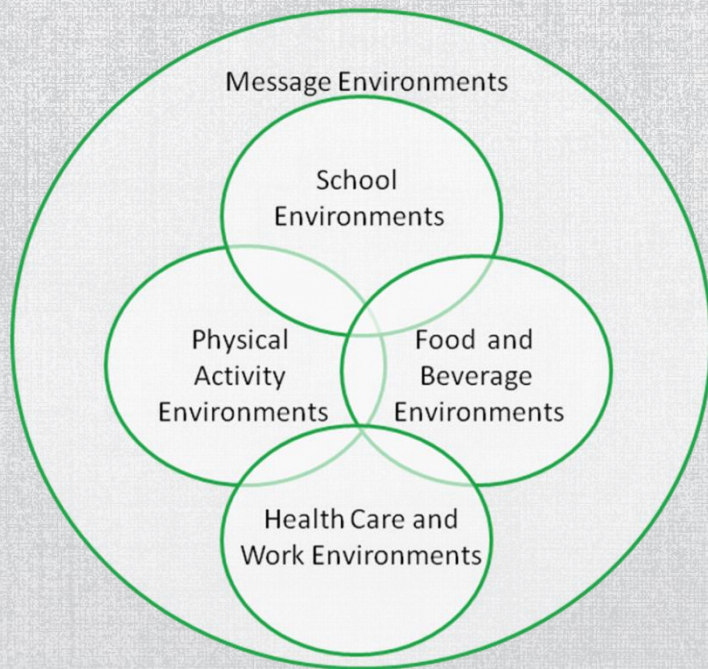


Ethnic Targeting Approaches

- Psychographics
- Community relations
- Sponsorship
- Scholarships
- Outdoor advertising
- Product placements in movies, songs
- Street teams
- Giveaways
- Retail locations
- Ethnic media
- Social networking sites
- Word of mouth
- Cultural symbols
- Employment opportunities
- Advertising revenue
- Special products (including sweetness and flavors)

Source: Grier SA, Kumanyika S. Targeted marketing and public health. *Annu Rev Public Health*, 2010; 31: 349-69.

Settings Perspective



People Perspective

Increase Access
Increase Resources
Increase Receptivity
Decrease Deterrents

System of Solutions from People-Centered Perspective

Economic development
Subsidies
Discounts
Anti-hunger efforts

Increase positive
access and potential
for effectiveness

Food retail
Schools/child care
Worksites
Parks and recreation
Health services
Relevance
Quality and appeal

Add
financial
resources

Increase
receptivity

General education
Health education
Health literacy
Messaging
Positive experiences

Decrease deterrents

Reduce harmful messaging
Remove/transform adverse access

Contact Information



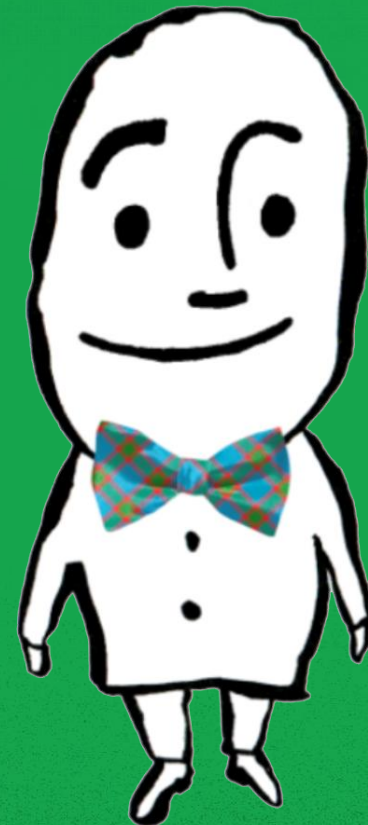
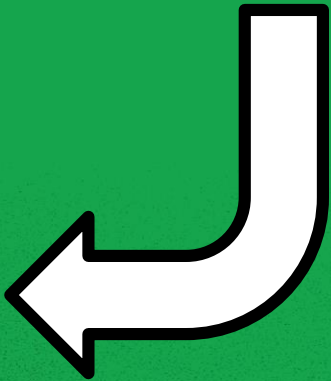
Shiriki Kumanyika

Emeritus Professor, Epidemiology

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Questions?

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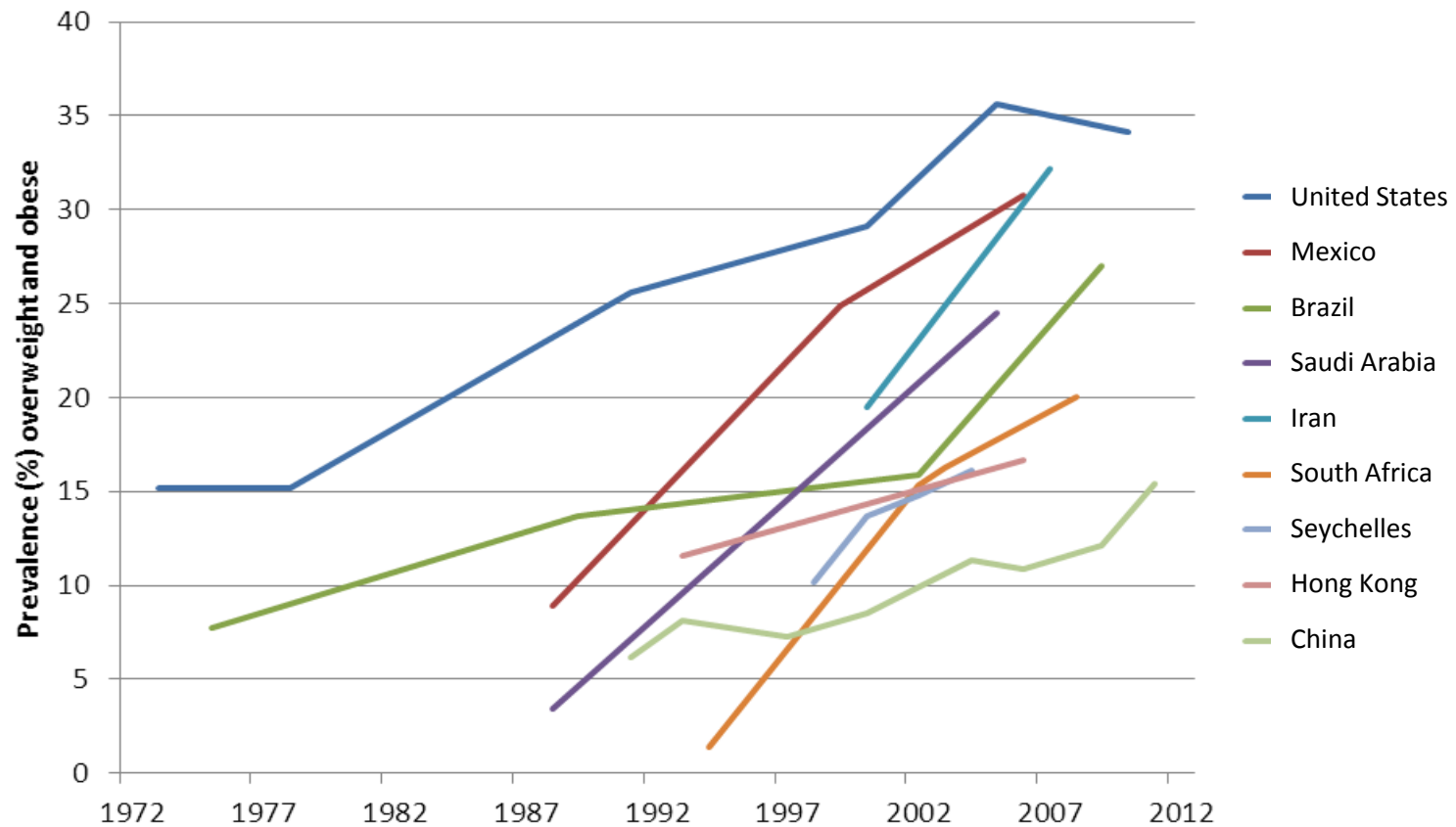
Tackling Inequities: Rethinking Intervention and Policy Design

Tim Lobstein, Director of Policy,
World Obesity Federation

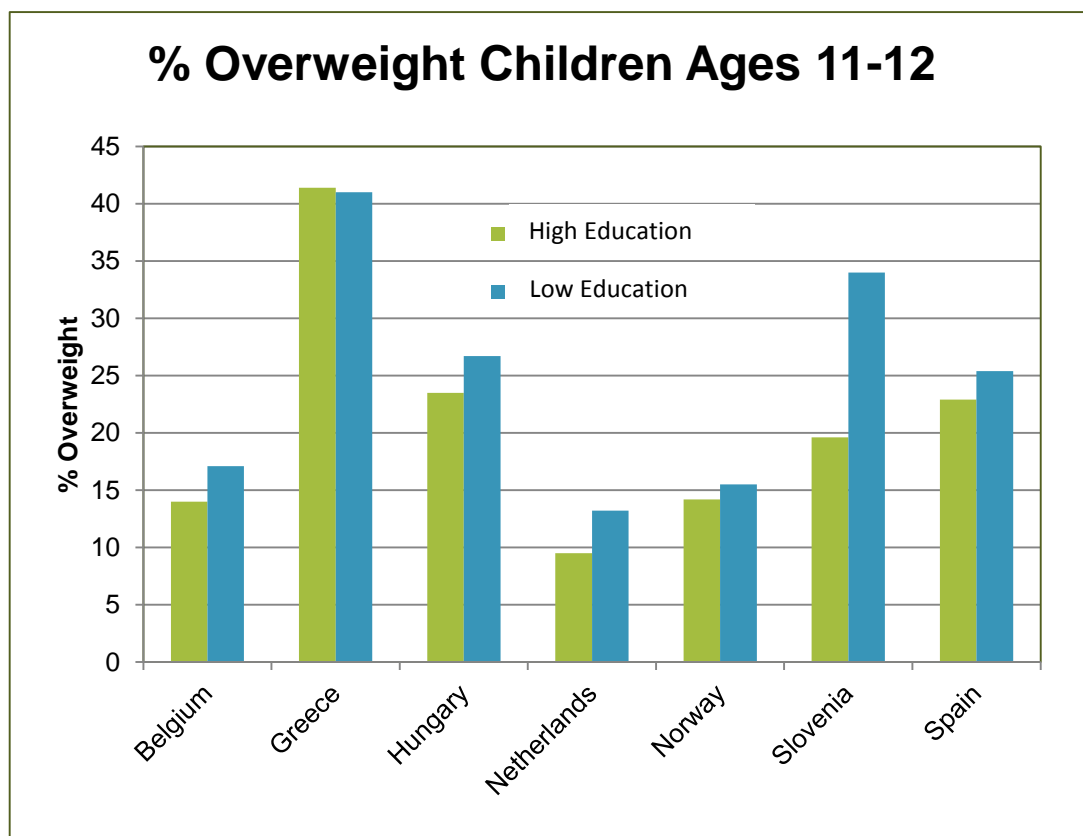
Overview

- Global trends in child overweight and obesity:
Rapid rise in lower-income nations
- European examples of inequities in child obesity prevalence
- Policy debate: Targeted and population-wide interventions
- Two conclusions from the international evidence

Global Trends in Child Obesity, 1972-2012

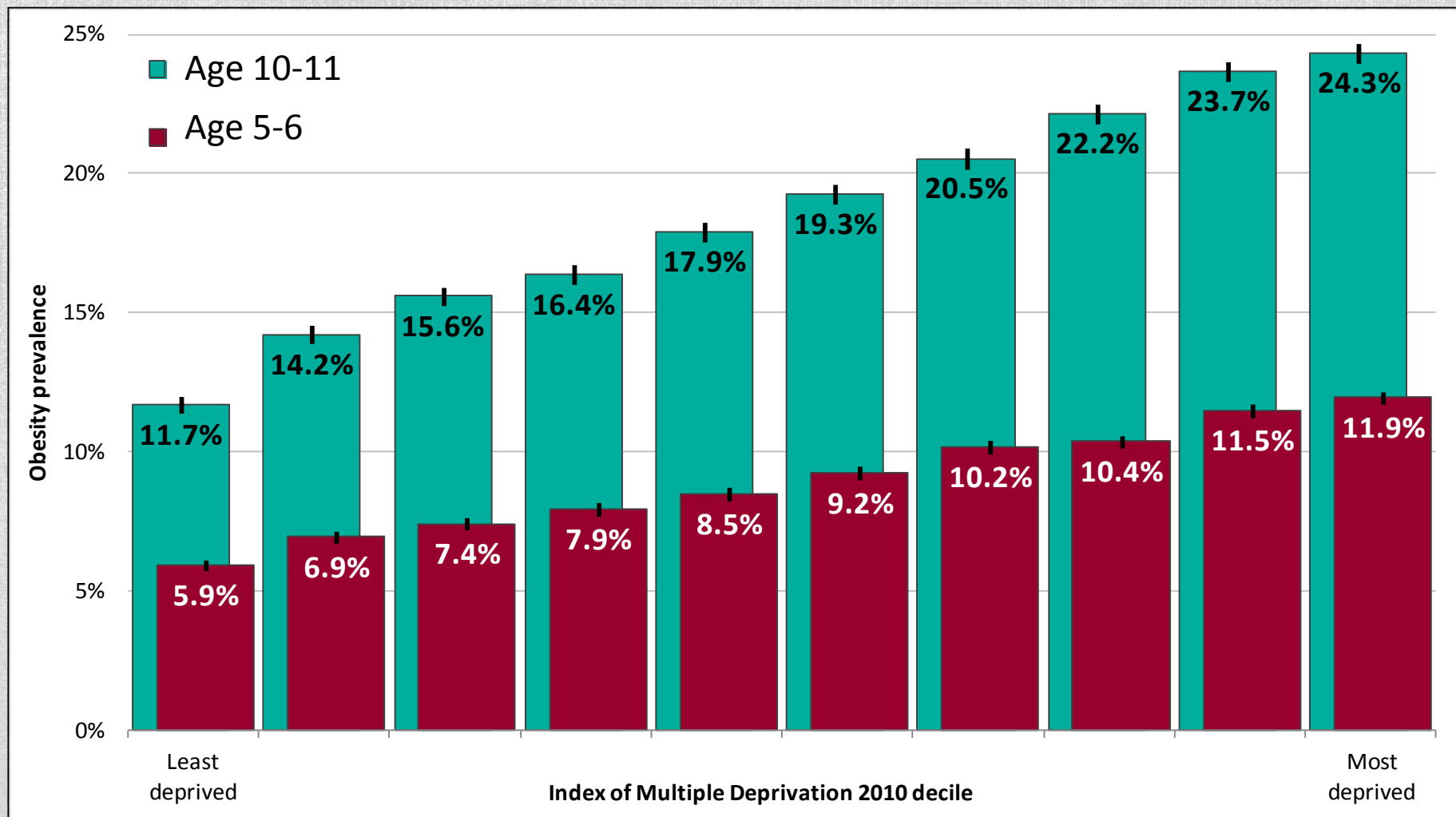


Educational Gradient Common in Many Countries



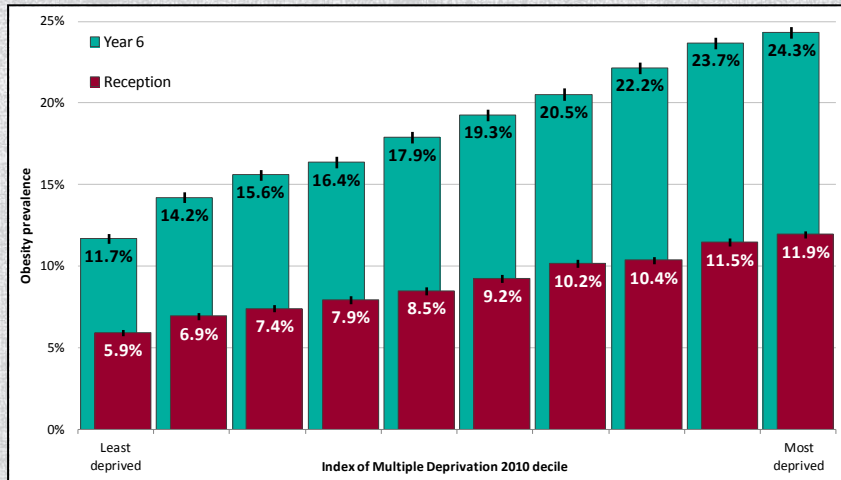
- Social gradient for children in most European Union (EU) member states
- Slope of gradient varies between member states
- Overall prevalence also varies between member states

Reminder: In *Developed* Economies, Strong Gradient in Child Overweight by Family Socioeconomic Status (e.g., income, parental education, area deprivation)

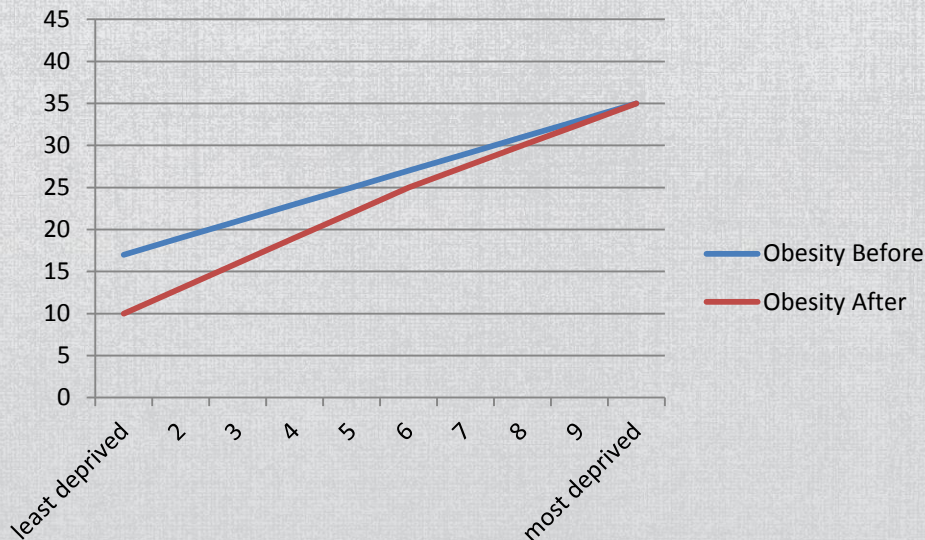


Source: [England National Child Measurement Programme](#). 2013.

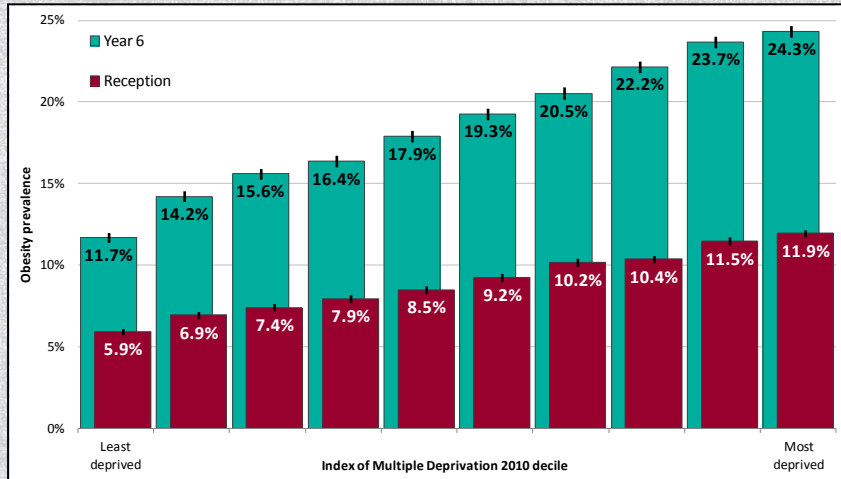
Social Gradients and Interventions



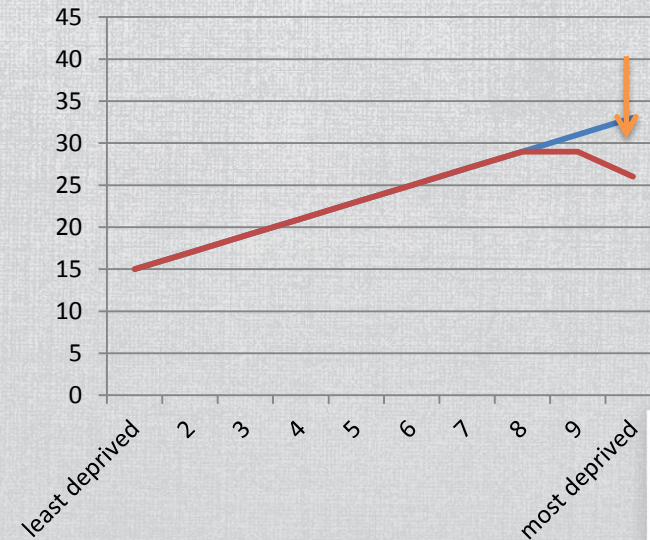
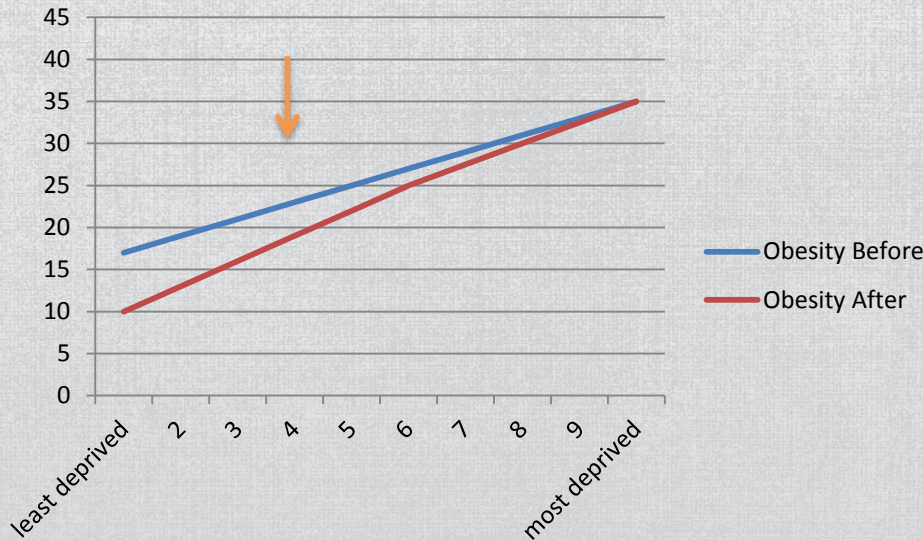
Some population approaches *increase* the gradient (e.g., social marketing, gym membership)



Social Gradients and Interventions

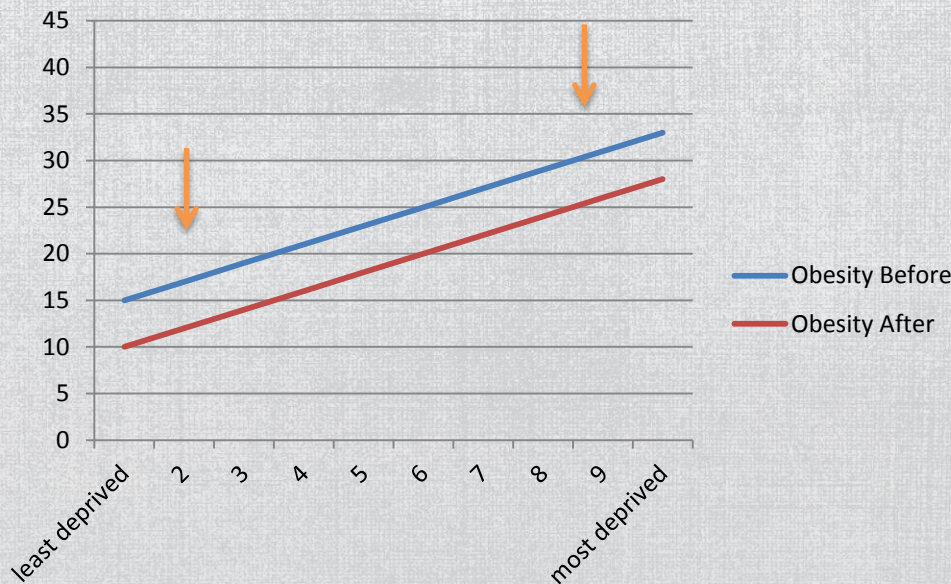


Some highly targeted interventions benefit only the highest risk

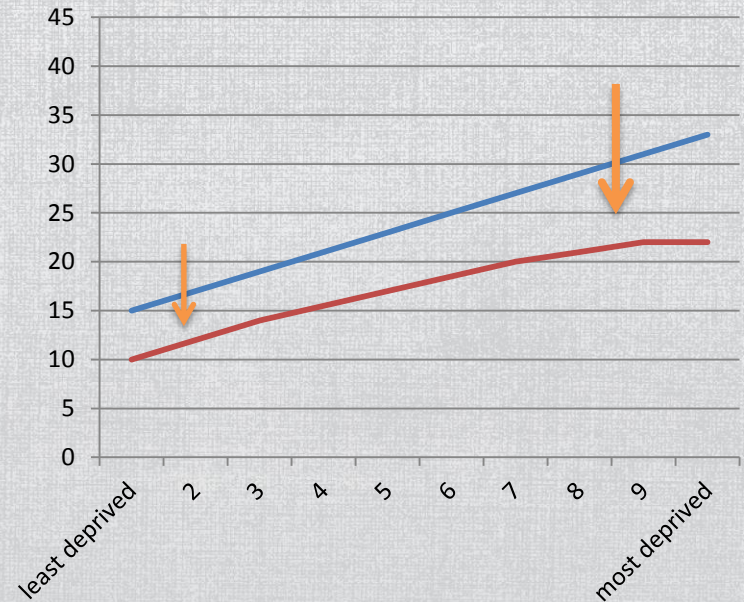


Universal Approach vs. Universal Proportionality

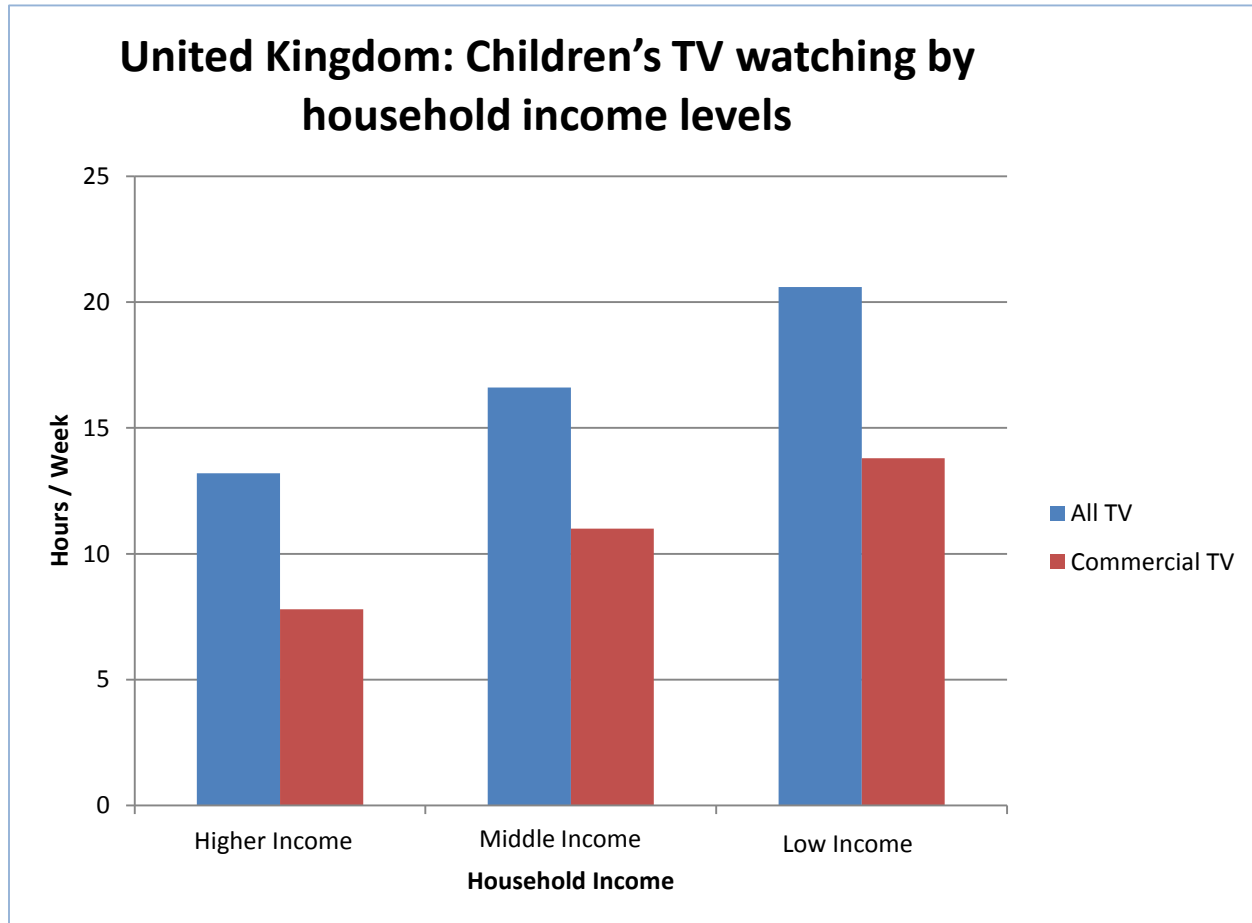
'Perfect' universal approach
where all benefit equally, but
the gradient remains the same



'Universal proportionality'
benefits all, with additional
benefits to those at greatest risk



Case Study: Restricting TV Advertising for Junk Food



Source: Office of Communications (OfCom). [TV Viewing Data](#). 2004.

Results

Exposure to ads...	greatest for lower SES	<input checked="" type="checkbox"/>
Reach of intervention...	all	<input checked="" type="checkbox"/>
Implementation...	all (except cross-border)	<input checked="" type="checkbox"/>

Reduction in exposure applies to all, and
is greatest among higher risk groups
= proportional universality

Case Study: Three-week School Intervention to Teach Healthy Eating

Low intake of fruits and vegetables...

greatest for lower SES



Reach of intervention...

all if school willing



Implementation...

all if teacher willing



Response to intervention...

all for 3 weeks



Take-home transfer...

more likely in higher SES



Resilience of take-home transfer...



Enthusiasm of parents



Resources of household



Challenges: rest of family, normal diet pattern



Effect likely to be greatest in higher SES

= *increases SES gradient*

Conclusions

All income groups are stakeholders in the process

- Are they all consulted on interventions?
- Do they have a role in designing the intervention?
- Do they share the same priorities for health improvement?

Work across sectors to improve health

- Social determinants, with a focus on the commercial determinants

Conclusions

Create equitable opportunities for healthy choices and environments

- Intervening across the life-course: Turn compounding disadvantage into compounding assets
- Different socioeconomic groups = Different underlying mechanisms
 - Not a matter of doing more of the same for disadvantaged groups

Improve the quality, efficiency, and equity of health and health care systems

- Prejudice and stigma in the health services?
- Address the media narratives and stigma around obesity

Contact Information



Tim Lobstein

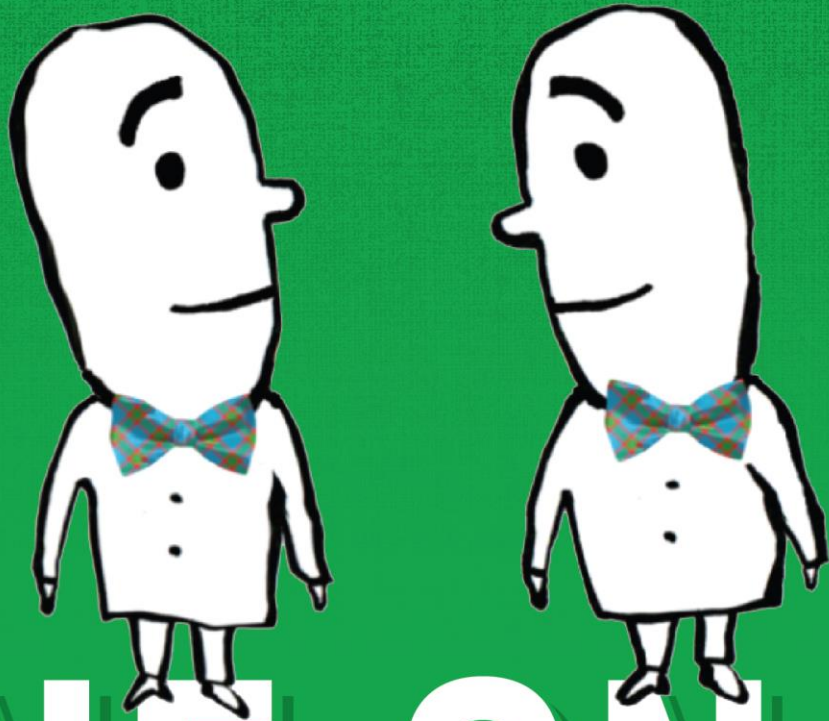
Director of Policy

World Obesity Federation

London, England UK

tlobstein@worldobesity.org

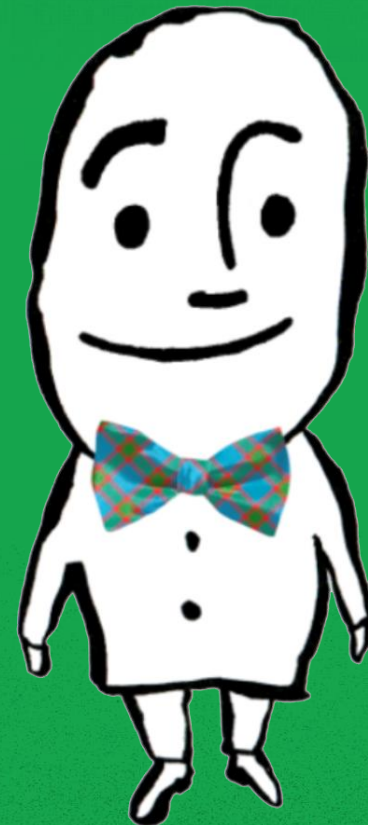
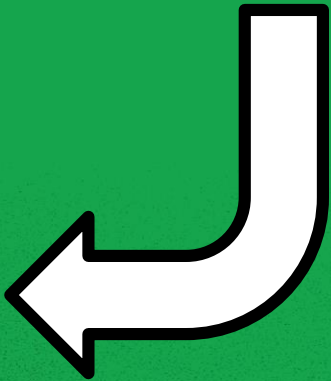
<http://www.worldobesity.org/>



ONE ON ONE

Questions?

Please type your question(s) in the chat box located on the left.



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One on One

Question:

We've traditionally been looking at the issues through a settings perspective. How do we now incorporate the people perspective?

One on One

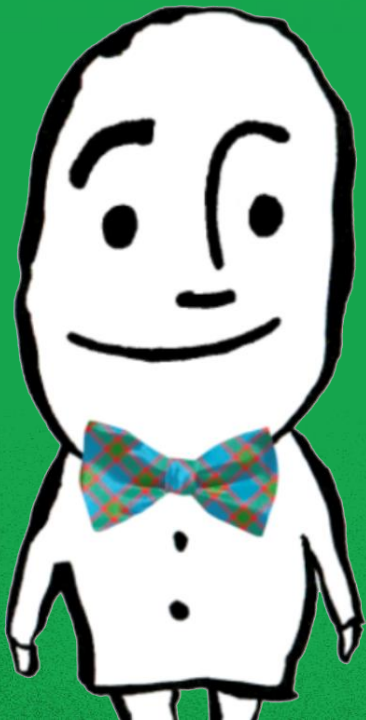
Question:

Does Europe have a similar issue with racial/ethnic group differences within areas seeing declines in childhood obesity?

One on One

Questions from the Audience

What's Next?



Studying Childhood Obesity Declines

- **Purpose:** To explore communities' perceptions of potential drivers of reported declines in childhood obesity, particularly those that influenced disparities.
- **Where did we dive deeper?**
 - Anchorage, AK;
 - New York, NY;
 - Granville County, NC; and
 - Philadelphia, PA



Data Collection and Results

Data Collection

- **Scan of contextual data** Scan of local, state, and federal policies in place at each community
- **Inventory of strategies across key settings**
 - Schools
 - Early child education
 - Health care
 - Community
- **Interviews with stakeholders**
 - Policy/Program developers
 - Policy/Program implementers
 - Community members
 - Evaluators

Results

- Cross-Site Report
- Webinar
- Peer-Reviewed Journal Manuscript
- *Findings expected for early 2016!*

Further Questions?

Other questions about NCCOR or upcoming activities?

- Email the NCCOR Coordinating Center at nccor@fhi360.org



NCCOR RESOURCES

- NCCOR Communications
- Infographics
- NCCOR Videos
- NCCOR Webinars**

RESOURCES FROM MEMBERS

- Interventions
- Surveillance
- Research and Evaluation
- Leadership
- Non-Health Partners
- Other Resources

NCCOR Overview Booklet

Learn about the National Collaborative on Childhood Obesity Research and its activities.



HAVE SOMETHING TO SAY? JOIN THE **CONVERSATION**



READ AND SIGN UP FOR OUR E-NEWSLETTER

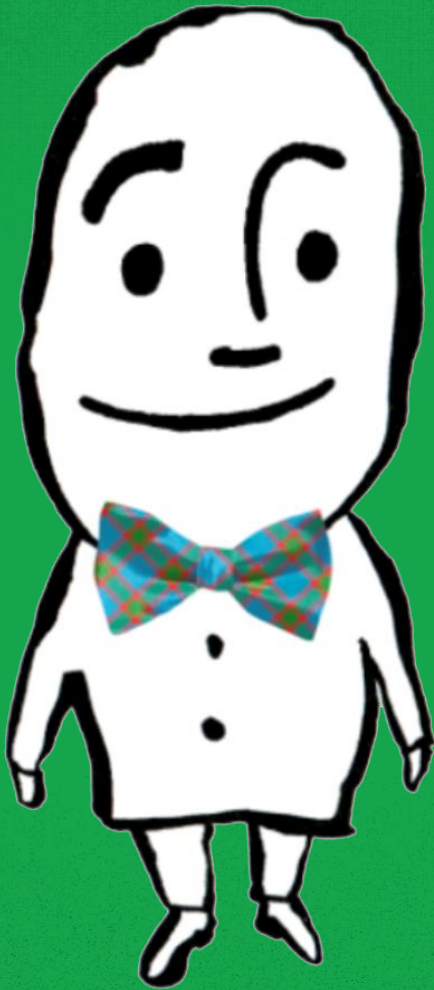


CHECK OUT OUR BLOG



READ ABOUT OUR UPCOMING FUNDING OPPORTUNITIES





Thank you!