

# NCCOR

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## CONNECT & EXPLORE

June 12, 2014

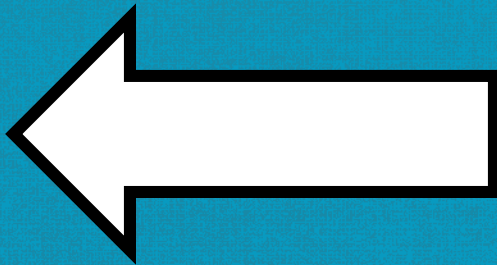
We will begin at 2:05 to allow participants time to join the webinar



NATIONAL COLLABORATIVE ON  
CHILDHOOD OBESITY RESEARCH

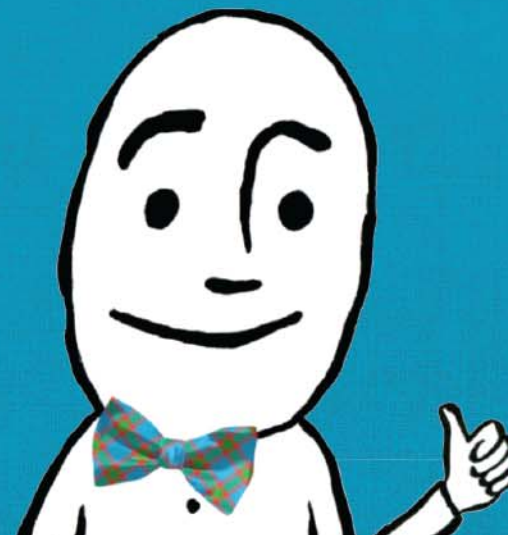
# Have a question or need technical assistance?

Type your question(s) in the chat  
box located on the left and a  
representative will respond shortly.



1. **Spotlight: A Deeper Dive into Childhood Obesity Declines**
2. **One on One**
3. **Funding Opportunities**
4. **Hot Topics**

# TODAY'S PROGRAM



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# SPOTLIGHT



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# A Deeper Dive into Childhood Obesity Declines

- Purpose: Accurate estimates of prevalence, severity of childhood obesity are needed for policy decisions, directions for future research.
- Selected studies:
  - Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):806-814.
  - Skinner A, Skelton JA. Prevalence and Trends in Obesity and Severe Obesity Among Children in the United States, 1999-2012. *JAMA Pediatrics*. April 2014.
  - Madsen KA, Weedn AE, Crawford PB. Disparities in Peaks, Plateaus, and Declines in Prevalence of High BMI Among Adolescents. *Pediatrics*. 2010;126(3):434-442).
  - CDC Vital Signs: Obesity Among Low-Income, Preschool-Aged Children —United States, 2008–2011. *Morbidity and Mortality Weekly Report (MMWR)*. 2013; 62(31):629-634.

**HealthDay**  
News for Healthier Living

**Study Spots Growing Disparity in U.S. Teen Obesity Problem**

**The New York Times**

**Obesity Rate for Young Children Plummets 43% in a Decade**

By SABRINA TAVERNISE FEB. 25, 2014



Oumou Balde, 4, left, with her teacher, Jacquiline Sanchez, in a nutrition program in New York.  
Seth Wornat/Associated Press

**The New York Times**

HEALTH | NEWS ANALYSIS

**Obesity Studies Tell Two Stories, Both Right**

By SABRINA TAVERNISE APRIL 14, 2014

WASHINGTON — Researchers at the [University of North Carolina](#) published a paper last week that introduced another wrinkle into the debate about childhood [obesity](#). They disputed recent findings that obesity among young children had fallen since 2004, arguing that a longer view — using data all the way back to 1999 — showed that these youngsters were not really getting any thinner.

So which view is correct? The answer seems to be both.

Obesity has become a major health problem in the United States, affecting about 17 percent of Americans ages 2 to 19, up from about 5 percent in the early 1970s. The rate rose for years but then leveled off, and the current debate centers on whether obesity has begun to decline in the youngest of these children.

The question has drawn considerable attention not just because scientists disagree on the answer, but also because it has a political dimension: The issue has been vigorously championed by Michelle Obama, the first lady.

The North Carolina researchers and the federal team that produced her earlier findings both relied on the same data from the [National Health and Nutrition Examination Survey](#). It is considered the gold standard in health research because height and weight are measured by a health professional, not the respondents themselves.

**USA TODAY**  
A GANNETT COMPANY

**No real progress on child obesity, latest report says**

 Kim Painter, Special for USA TODAY 4:39 p.m. EDT April 7, 2014

Federal health authorities on Tuesday reported a 43 percent drop in the [obesity](#) rate among 2- to 5-year-old children over the past decade, the first broad decline in an epidemic that often leads to lifelong struggles with weight and higher risks for [cancer](#), heart disease and stroke.

The drop emerged from a major federal health survey that experts say is the gold standard for evidence on what Americans weigh. The trend came as a welcome surprise to researchers. New evidence has shown that [obesity](#) takes hold

**Chicago Tribune**

**Being overweight in kindergarten sets stage for later obesity**

January 29, 2014 | Gene Emery | Reuters

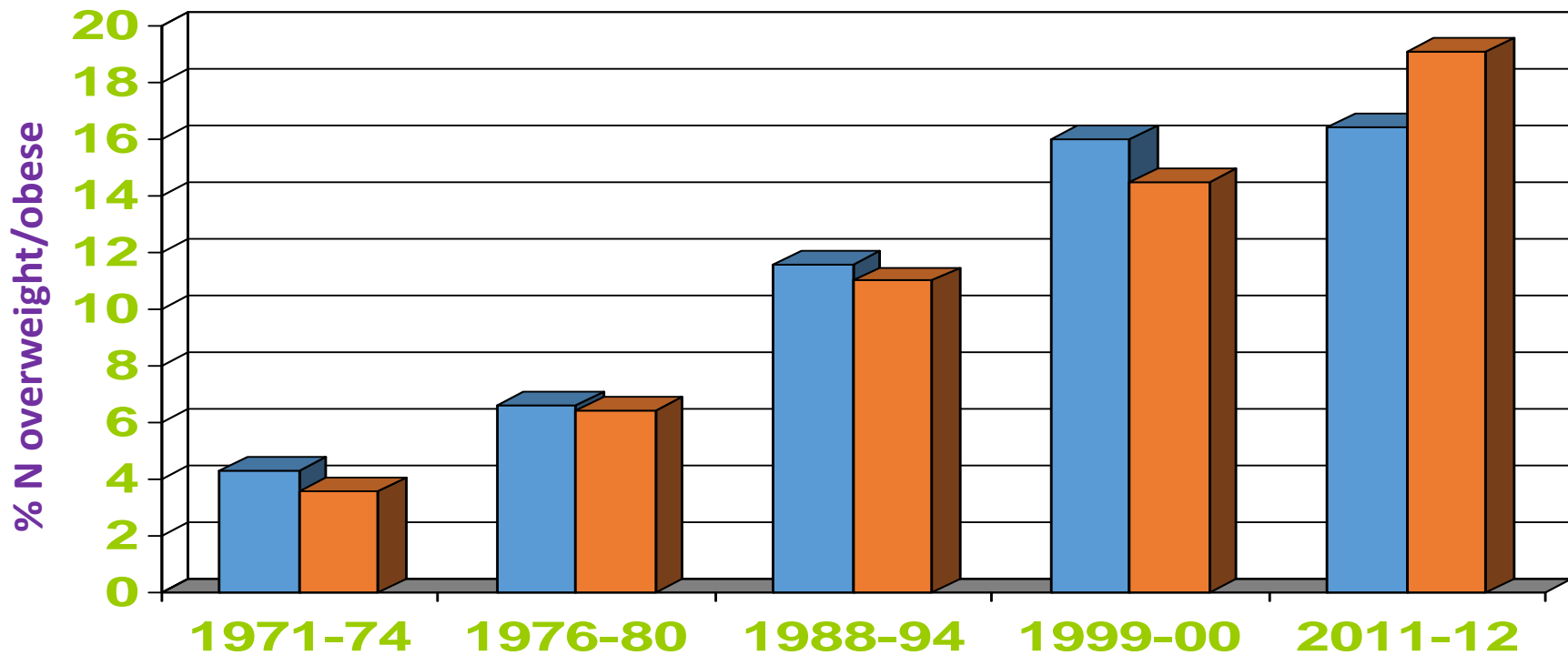
**NBCLATINO**

**Unhealthy ads dominate Spanish children's television shows**

 by Jacquellena Carrera, @JacquellenaC [Follow @NBCLatino](#) 26.5K followers

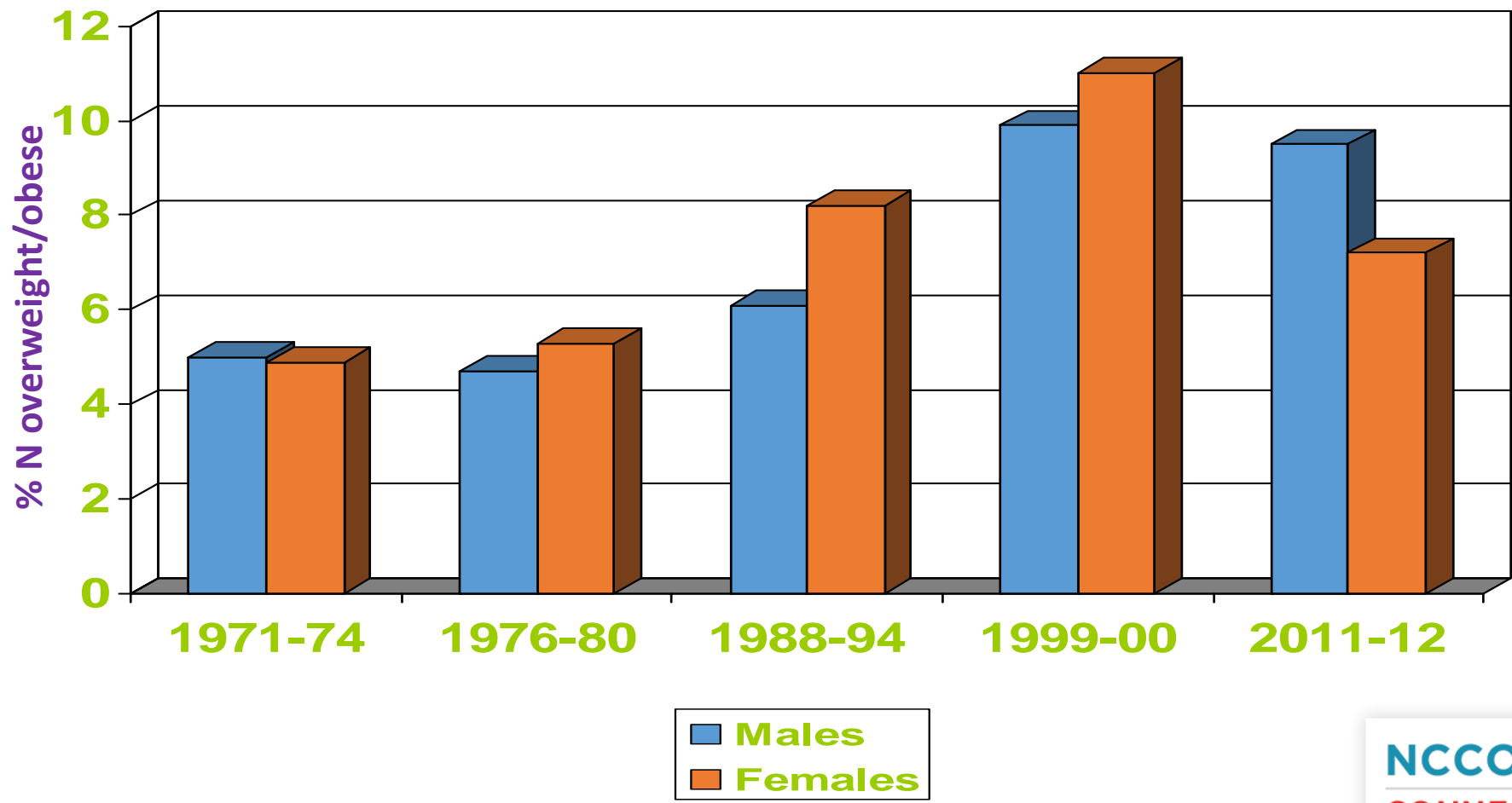
5:12 pm on 05/06/2013

# Trends in Obesity for Children, 6-11 years (NHANES)



■ Males  
■ Females

# Trends in Obesity for Children, 2-5 years (NHANES)





# Design

- Ogden CL, et al, *JAMA*, 2014
  - NHANES changes between 2003-2012
  - n = 9,120 children ages 2-19
- Skinner A, et al, *JAMA Pediatr*, 2014
  - NHANES changes between 1999-2012
  - n = 26,690 children ages 2-19
- Madsen KA, et al, *Pediatrics*, 2010
  - Fitnessgram® data between 2001-2008
  - n = 8,283,718 children in 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> grade in CA
- Vital Signs, *MMWR*, 2013
  - Pediatric Nutrition Surveillance System (PedNSS) data, 2008-2011
  - n = 11.6 million low-income children aged 2–4 years (who participated in federal nutrition programs) from 40 states, the District of Columbia, and two U.S. territories

# Results (Ogden CL, et al, JAMA, 2014 NHANES)

Table 6. Unadjusted Tests of Linear Trends of High Weight for Length<sup>a</sup> and Obesity<sup>b,c</sup> by Age, United States, 2003-2012<sup>d</sup>

	% (95% CI)					Change 2003-2004 to 2011-2012, Point (95% CI) <sup>e</sup>	P Value <sup>f</sup>
	2003-2004	2005-2006	2007-2008	2009-2010	2011-2012		
High weight for length (birth-<2 y)							
All	9.5 (7.1 to 12.7)	8.2 (6.1 to 10.9)	9.5 (7.5 to 12)	9.7 (7.6 to 12.3)	8.1 (5.8 to 11.1)	-1.4 (-4.9 to 2.1)	.72
Childhood obesity, 2-19 y							
2-19	17.1 (14.6 to 20)	15.4 (12.8 to 18.5)	16.8 (14.3 to 19.7)	16.9 (15.4 to 18.4)	16.9 (14.9 to 19.2)	-0.2 (-3.4 to 3)	.78
2-5	13.9 (10.8 to 17.6)	10.7 (8.5 to 13.3)	10.1 (7.8 to 12.9)	12.1 (9.9 to 14.8)	8.4 (5.9 to 11.6)	-5.5 (-9.6 to -1.4)	.03
6-11	18.8 (16.2 to 21.7)	15.1 (11.3 to 20.1)	19.6 (17.2 to 22.4)	18.0 (16.3 to 19.8)	17.7 (14.5 to 21.4)	-1.1 (-5.2 to 3.0)	.88
12-19	17.4 (14 to 21.3)	17.8 (14.2 to 22)	18.1 (14.7 to 22)	18.4 (15.8 to 21.3)	20.5 (17.1 to 24.4)	3.1 (-1.7 to 7.9)	.20
Adult obesity, ≥20 y							
≥20	32.2 (29.7 to 34.8)	34.3 (31.5 to 37.3)	33.7 (31.5 to 36.1)	35.7 (33.8 to 37.7)	34.9 (32 to 37.9)	2.8 (-0.8 to 6.4)	.09
20-39	28.5 (25.3 to 31.9)	29.1 (25 to 33.7)	30.7 (26.6 to 35.1)	32.6 (29 to 36.4)	30.3 (26.6 to 34.4)	1.9 (-2.8 to 6.6)	.20
40-59	36.8 (33 to 40.8)	40.4 (36.1 to 44.7)	36.2 (32.8 to 39.8)	36.6 (34.5 to 38.7)	39.5 (36.1 to 43)	2.7 (-2.1 to 7.5)	.78
≥60	31.0 (28.2 to 33.9)	33.4 (31.1 to 35.9)	35.1 (32.9 to 37.3)	39.7 (36.6 to 42.9)	35.4 (31.3 to 39.6)	4.4 (-0.3 to 9.1)	.004

## Key Points (Ogden CL, et al, *JAMA*, 2014)

- Because this analysis did not adjust for multiple comparisons, these results should be interpreted with caution.
- “Obesity prevalence (in children) remains high.”

# Results (Skinner A, et al, *JAMA Pediatr*, 2014 NHANES)



## Figure Legend:

Prevalence of Overweight, Obesity, Class 2 Obesity, and Class 3 Obesity among U.S. children, by year

## Key Points (Skinner A, et al, *JAMA Pediatrics*, 2014)

- Although rates were not significantly different from 2009-2010, all classes of obesity have increased over the last 14 years.
- In recent years there have been signs that obesity rates are stabilizing.
- “Unfortunately, there is an upward trend of more severe forms of obesity.”

# Results (Madsen KA, et al, *Pediatrics*, 2010 Fitnessgram® data CA)

**Table 3 Prevalence of High BMI in 2001 With Increase to and Decline From Prevalence in Peak Year  
BMI  $\geq$  95<sup>th</sup> percentile**

Ethnicity	Boys				Girls			
	Prevalence in 2001, %	Increase 2001 to Peak, % p < .001	Peak Year	Decrease, Peak to 2008, %	Prevalence in 2001, %	Increase 2001 to Peak, % p < .001	Peak Year	Decrease, Peak to 2008, %
All	20.3	2.7	2005	0.5 <sup>c</sup>	15.3	1.7	2005	0.1 (p = .014)
Black	18.8	-----	-----	-----	20.0	2.2	2008	-----
Hispanic	27.4	3.2	2005	0.9 <sup>c</sup>	20.8	1.8	2005	0.3 (NS)
Asian	15.7	1.7	2003	0.9 <sup>c</sup>	8.6	-----	-----	-----
American Indian	17.8	10.3	2007	2.6 (p = .042)	15.1	8.1	2008	-----
Non-Hispanic white	14.2	1.1	2005	1.4 <sup>c</sup>	9.9	1.0	2005	0.6 (p = .004)

**c = p < .001**

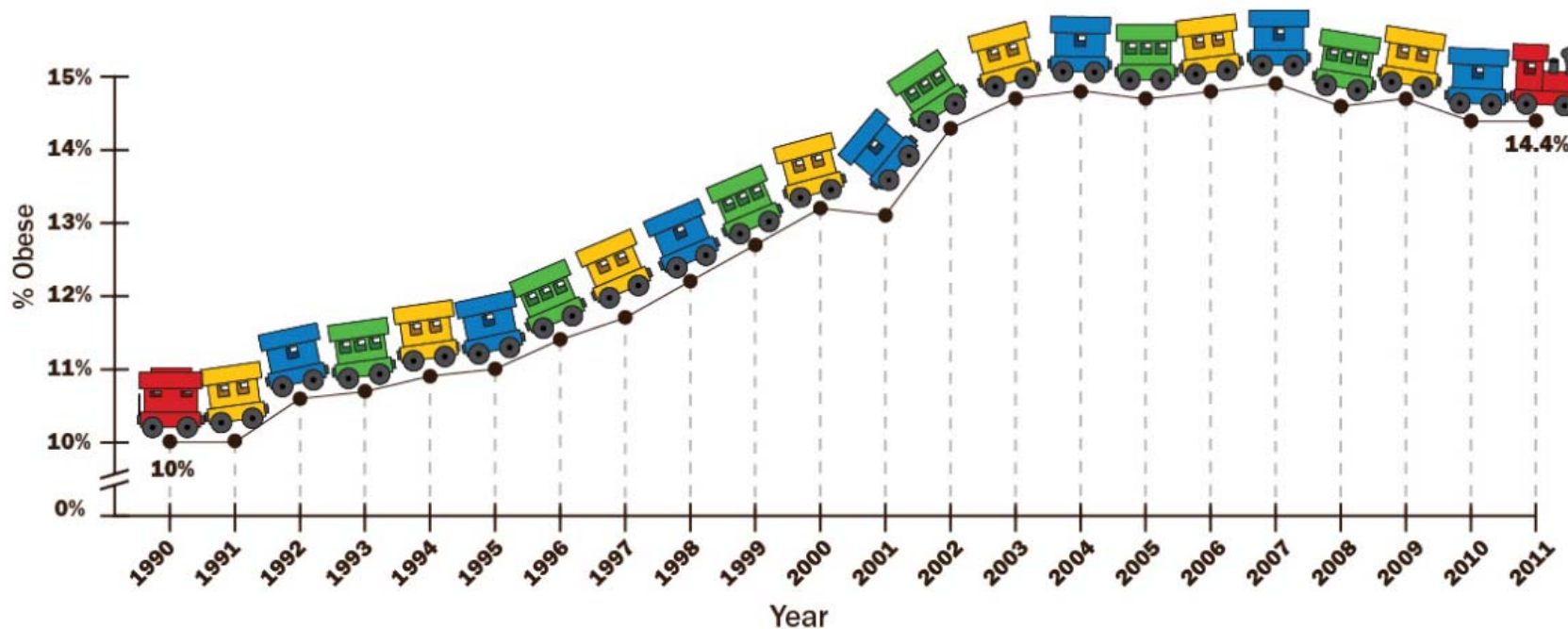


## Key Points (Madsen KA, et al, *Pediatrics*, 2010)

- There has been a population decline in obesity prevalence for White and Asian youth since 2005.
- Obesity prevalence among Black and American Indian girls continues to increase; it has plateaued for Latino youth.
- Health disparities increased from 2001-2008.

# Results (Vital Signs, *MMWR*, 2013 PedNSS)

Obesity rates among low-income preschoolers starting to decrease



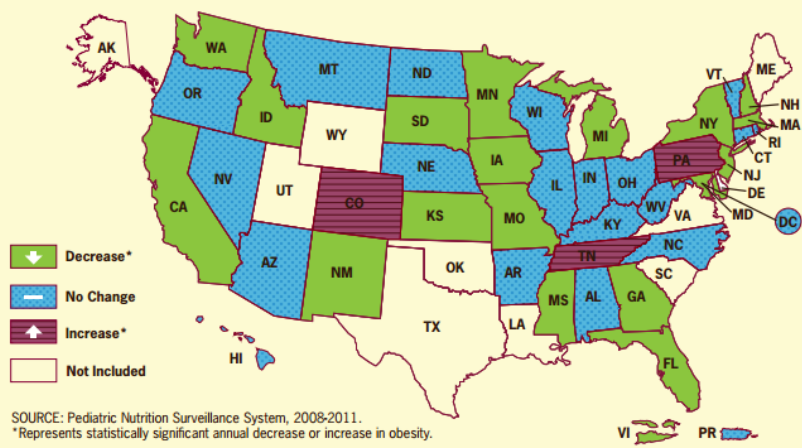
SOURCE: Pediatric Nutrition Surveillance 2011 Report. [http://www.cdc.gov/pednss/pednss\\_tables/pdf/national\\_table12.pdf](http://www.cdc.gov/pednss/pednss_tables/pdf/national_table12.pdf)  
Want to learn more? Go to [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)



# Key Points (Vital Signs, *MMWR*, 2013 PedNSS)

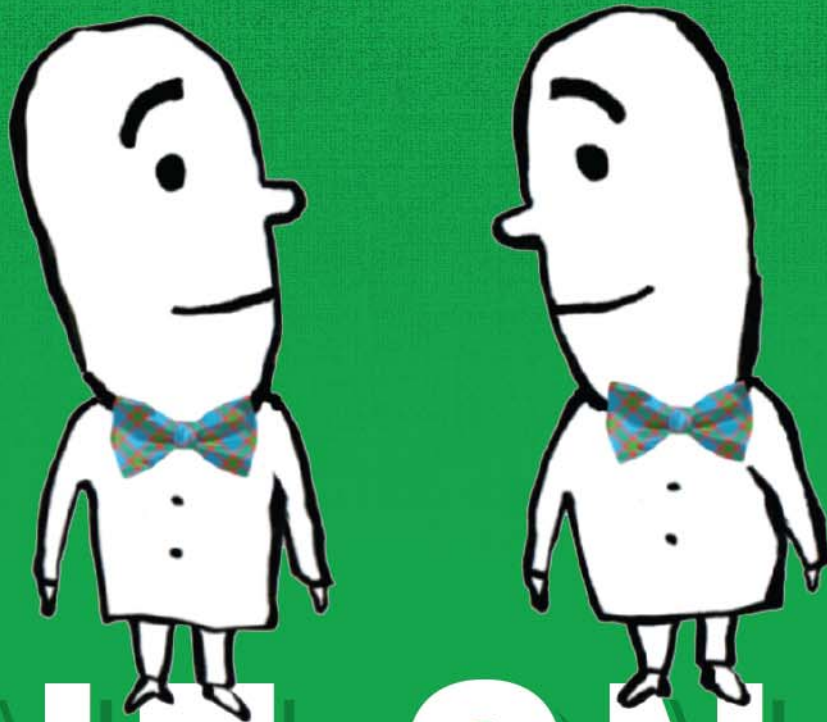
- Among low-income preschoolers (ages 2-4 years) from 2008-2011:
  - Obesity rates decreased slightly in 19 of 43 states and territories.
  - Obesity rates increased slightly in 3 of 43 states and territories.
  - Obesity rates did not change in 21 of 43 states and territories.

Many states and US territories are showing decreases in childhood obesity



# Tying It All Together

- Both the federal and UNC studies report the same data and use similar tests, but the UNC research adjusts for more.
- Encouraging signs of obesity declines should be tempered by concerns about increasing disparities.
- Continued prevention efforts are needed to sustain and expand the implementation and evaluation of population-level interventions to prevent childhood obesity.
- Bottom line: Obesity is still a huge problem; the public health perspective doesn't change.



# ONE ON ONE

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# Today's Panel



**Elaine Arkin, MS**

Moderator

Robert Wood Johnson Foundation

National Collaborative on Childhood Obesity Research



**Patricia B. Crawford, DrPH, RD**

Director

Atkins Center for Weight and Health

University of California at Berkeley



**Lisa Macon Harrison, MPH**

Health Director

Granville and Vance Counties, NC



**Tracy Fox, MPH, RD**

President

Food, Nutrition & Policy Consultants,  
LLC



**Genoveva Islas, MPH**

Program Director

Central California Regional Obesity  
Prevention Program

# One on One

**Q: How do we interpret this data and explain these findings to the public?**

**Speaker: Patricia B. Crawford**

# One on One

**Q: How do we translate the findings most effectively for policy makers? What do we want them to understand, and what do we need them to do?**

**Speaker: Tracy Fox**

## One on One

**Q: Can you speak about the work you do, and the declines seen in California? How do the research findings we're seeing affect your work moving forward?**

**Speaker: Genoveva Islas**

## One on One

**Q: Can you speak about the work you do and the declines you've seen at the community level? Can you conjecture as to how those declines occurred? How do the research findings we're seeing affect your work moving forward?**

**Speaker:** Lisa Macon Harrison



# One on One

**Q: Are these recent research findings helping us to recognize and learn more about obesity-related disparities? Why or why not?**

**Q: What do we know about disparities in childhood obesity and what further investigations need to take place in this area?**

## **Speakers:**

- Tracy Fox
- Patricia B. Crawford

# One on One

**Q: How can this research be applied in the field, and what role should NCCOR play?**

## **Speakers:**

- Lisa Macon Harrison
- Genoveva Islas
- Tracy Fox
- Patricia B. Crawford

# One on One

## Questions from the Audience

# NCCOR Resources

[WWW.NCCOR.ORG](http://WWW.NCCOR.ORG)



[WWW.YOUTUBE.COM/NCCORCHANNEL](http://WWW.YOUTUBE.COM/NCCORCHANNEL)

[WWW.NCCOR.ORG/BLOG](http://WWW.NCCOR.ORG/BLOG)



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### NCCOR RESOURCES

- NCCOR Communications
- Green Health: Building Sustainable Schools for Healthy Kids Workshop - Final Report
- Infographics
- NCCOR Videos
- NCCOR Webinars**

### RESOURCES FROM MEMBERS

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



HAVE SOMETHING TO SAY? JOIN THE

# CONVERSATION



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# FUNDING OPPORTUNITIES



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## RFA to Establish USDA Behavioral Economics Center for Healthy Food Choice

- Funded by ERS, FNS
- Three-year period, up to \$1.9 million
- **Deadline: June 30, 2014**
- Center will conduct behavioral economics research to complement Cornell Center for Behavioral Economics in Child Nutrition Programs' work
- Focus on effectiveness, efficiency of SNAP, WIC programs, and other insights relevant to USDA policies for nutrition, food security, health
- RFA: <http://www.ers.usda.gov/publications/ap-administrative-publication/ap063.aspx#.U2Jw1YFdXzg>

## Home- and Family-Based Approaches for the Prevention or Management of Overweight or Obesity in Early Childhood (R01)

- Funded by NIDDK, NHLBI, NICHD, OBSSR
- Application budgets not limited, but must reflect actual needs of proposed project
- Cycle due dates (new submission): Oct. 5; expires: May 8, 2016
- Applicants should propose randomized clinical trials testing novel interventions (behavioral, environmental, or other), focusing on infants and young children (up to age 6).
- A direct goal: Potential for future translation to application in home, or linked to community setting
- FOA: <http://grants.nih.gov/grants/guide/pa-files/PA-13-153.html>

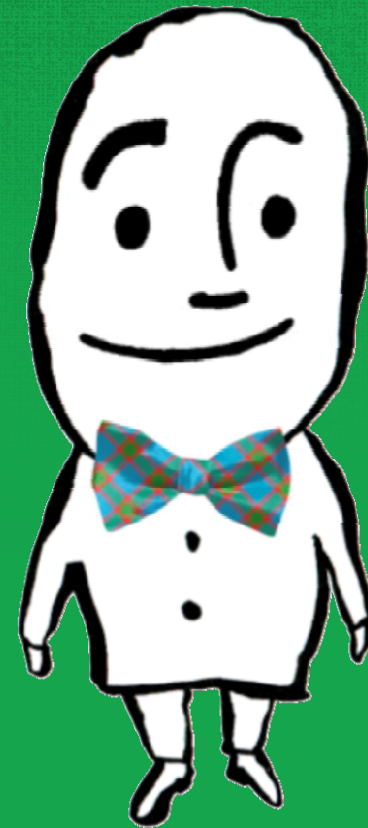


# Further questions?

Other questions about funding opportunities generated by NCCOR's funders?

- Email the NCCOR Coordinating Center at [coordinatingcenter@nccor.org](mailto:coordinatingcenter@nccor.org), and we'll get you the answer.

# HOT TOPICS



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# USDA New Survey: National Household Food Acquisition and Purchase Survey (FoodAPS)

## What is FoodAPS?

- Comprehensive, consistent info on foods households acquire
  - Prices, quantities, and nutrient content of all purchased and free food acquired (**not eaten**) by all household members for seven days
- Drivers of food choices
  - Household income and food prices
  - Knowledge about diet, health, and nutrition
  - Shopping behaviors (shopping lists, nutrition labels)
  - Neighborhood access to supermarkets and other stores compared to fast food and other restaurants
  - Participation in Supplemental Nutrition Assistance Program (SNAP), WIC, and school meal programs



<http://www.ers.usda.gov/data-products/foodaps-national-household-food-acquisition-and-purchase-survey.aspx>

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# Targeted Populations

- Nationally representative of non-institutionalized households in the continental United States, and for four sub-populations
  - SNAP participants
  - Non-participating households by income
    - < 100% FPL
    - Between 100% and 185% FPL
    - >185% FPL

# Unlike Any Other Survey

- Recorded by all participants (NOT RECALL)
  - Scanner technology for at-home foods
- Item-level quantities and prices for:
  - Food away from home (e.g., restaurants)
  - Food at home (e.g., grocery shopping)
- All sources of food
  - Groceries, school meals, restaurants, vending machines, coffee breaks, food banks, gardens, fish, game
- Extant data used to reduce respondent burden and improve data quality
  - Append proprietary data; rely on SNAP records; match to ALERT; link to USDA official nutrient data



# Key Research Questions

- Food choices and nutritional quality
  - SNAP vs. other U.S. households, especially low-income households eligible for but not in SNAP
- Knowledge about diet and nutrition
  - Influence on food choices and nutritional quality
- Food access and affordability
  - Poor variety, higher prices, and low nutritional quality
- Food security
  - Role of SNAP, disability, consumer shopping strategies, food access, higher cost-of-living areas

# FoodAPS RFP

- University of Kentucky Center for Poverty Research (UKCPR), with ERS and the University of Illinois, awarded 12 grants to expand our understanding of:
  - Household food behaviors and SNAP, including the issues of benefit adequacy, diet quality, cost of a healthy diet, and food security
  - The role of the local food environment and other geographic factors on household food purchase and acquisition decisions



# FoodAPS Grant Awardees

- Examples of funded projects
  - The Relationship of Food Price Variations to Healthy Food Acquisition
  - Do SNAP Recipients Get the Best Prices?
  - In real terms, are SNAP Benefits adequate?
  - Does SNAP benefit cycle affect food choices?
  - Food Environment and Food Choices – Tradeoff between Price and Availability
- Full list of projects, awardees: [http://www.ukcpr.org/FoodAPS\\_Project\\_Summaries\\_050914\\_Final.pdf](http://www.ukcpr.org/FoodAPS_Project_Summaries_050914_Final.pdf)



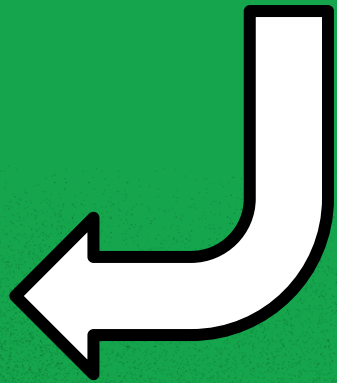


# How Do I Get Access to the Data?

- Data are CIPSEA protected
  - Statistical use only
  - Controlled access to protect confidentiality
    - ✓ Approved project
    - ✓ CIPSEA certified
    - ✓ MOU
    - ✓ Clearance Review before release
- Housed at University of Chicago's NORC Data Enclave
  - Thin-client machine

# Questions?

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



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# Key Updates to NCCOR Tools

- [Catalogue of Surveillance Systems](#)
- [Measures Registry](#)
- Both have undergone usability testing and been updated to make finding data easier and faster.
- Find them on [www.nccor.org](http://www.nccor.org)
  - Go to the Tools tab OR
  - Click on the corresponding, rotating images



Catalogue of Surveillance Systems

- Catalogue of Surveillance Systems Other Resources
- Catalogue of Surveillance Systems Feedback

Measures Registry

- Measures Registry Resources
- Measures In Development
- Measures Registry Feedback

GROCERY STORES

MINI MARTS

RESTAURANTS

FAST FOOD

SCHOOLS

PLACES

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- Please consider completing a brief, five-question survey.
- Your responses will help shape future webinars and maximize attendees' time.
- We'll switch over to the Feedback Form momentarily. You can write-in your input on the screen and hit submit.
- **IT'S EASY!!!**

# Thank you!

Join us for the next installment of  
NCCOR Connect & Explore

**October 9, 2014 at 2 pm EST**

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