We will begin at 2:05 to allow participants time to join the webinar.
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
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:
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
Trends in Obesity for Children, 6-11 years (NHANES)
Trends in Obesity for Children, 2-5 years (NHANES)

Bar graph showing the percentage of overweight/obese children from 1971-74 to 2011-12 for males and females.
Design

  - NHANES changes between 2003-2012
  - n = 9,120 children ages 2-19
  - NHANES changes between 1999-2012
  - n = 26,690 children ages 2-19
  - Fitnessgram® data between 2001-2008
  - n = 8,283,718 children in 5th, 7th, and 9th 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
### Table 6. Unadjusted Tests of Linear Trends of High Weight for Length\(^a\) and Obesity\(^b,c\) by Age, United States, 2003-2012\(^d\)

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

- Overweight: p = .07
- Class 2 Obesity: p = .03
- Obesity: p = .04
- Class 3 Obesity: p = .002

- 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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Boys</th>
<th>Girls</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence in 2001, %</td>
<td>Increase 2001 to Peak, %</td>
<td>Peak Year</td>
</tr>
<tr>
<td>All</td>
<td>20.3</td>
<td>2.7</td>
<td>2005</td>
</tr>
<tr>
<td>Black</td>
<td>18.8</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27.4</td>
<td>3.2</td>
<td>2005</td>
</tr>
<tr>
<td>Asian</td>
<td>15.7</td>
<td>1.7</td>
<td>2003</td>
</tr>
<tr>
<td>American Indian</td>
<td>17.8</td>
<td>10.3</td>
<td>2007</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>14.2</td>
<td>1.1</td>
<td>2005</td>
</tr>
</tbody>
</table>

<sup>c</sup> = p < .001
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


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

Speaker: Patricia B. Crawford
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
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
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
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
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
Questions from the Audience
FUNDING OPPORTUNITIES
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

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
Further questions?

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

- Email the NCCOR Coordinating Center at coordinatingcenter@nccor.org, and we’ll get you the answer.
HOT TOPICS
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

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
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.
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
We Want Your Feedback!

• 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