

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

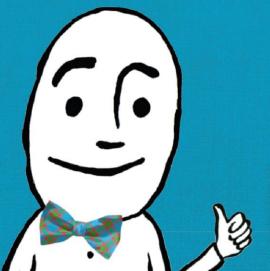
We will begin at 1:05 to allow participants time to join the webinar.



NATIONAL COLLABORATIVE ON CHILDHOOD OBESITY RESEARCH

- 1. Spotlight: The Childhood Obesity Declines Project Supplement
 - Rationale
 - Methods and Findings
 - Strategies: Patterns & Commonalities
 - Implications for Research and Evaluation Approaches
- 2. One on One
- 3. NCCOR Announcements

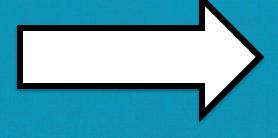
TODAY'S PROGRAM





Need technical assistance? Have a question for our speakers?

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





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Today's Speakers



Elaine Arkin
National Collaborative
on Childhood Obesity
Research



Laura Kettel Khan
Centers for Disease
Control and Prevention



Tina KauhRobert Wood Johnson
Foundation



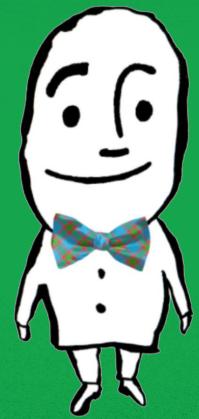
Deborah Young-HymanNational Institutes of Health



Nicola Dawkins-Lyn



INTERACTIVE POLL









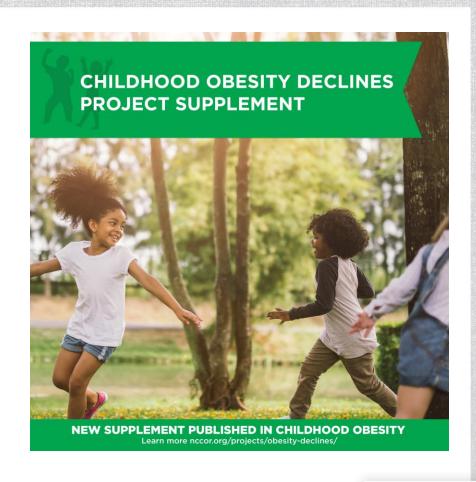
The Childhood Obesity Declines Project Rationale

Tina Kauh, PhD
Senior Program Officer
Robert Wood Johnson Foundation



Just Published in Childhood Obesity

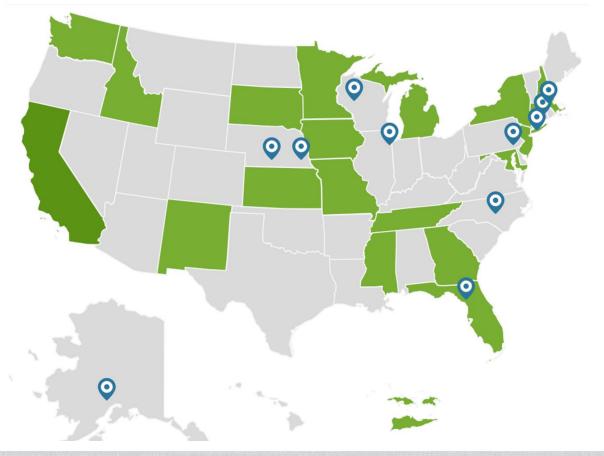
- Childhood Obesity
 Declines Project
 Supplement
- Available at:
 https://www.nccor.org/
 projects/obesity declines/





Rationale for the Childhood Obesity Declines Project (COBD)

- Recent National Trends
- Patchy Signs of Progress





Objectives

- 1. To identify four communities with verified declines in childhood obesity rates
- 2. To understand what strategies were implemented, how they were implemented, and factors that may have influenced implementation
- 3. To understand how communities targeted their efforts toward high-risk populations



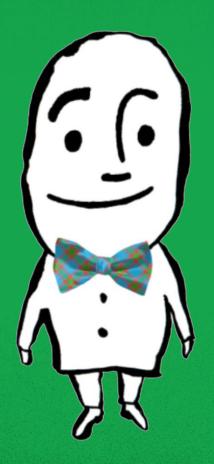
Method

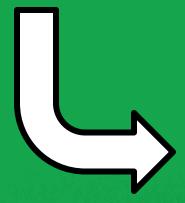
- Initiated by NCCOR
- Led by NCCOR advisors and ICF
- Guided by external advisors
- Used an adapted version of the Systematic Screening and Assessment method
- Assessed childhood obesity rates
- Collected retrospective implementation data



QUESTIONS?

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







The Childhood Obesity Declines Project Methods and Findings

Nicola Dawkins-Lyn, PhD, MPH Vice President for Public Health ICF



Methods Overview

- Scanned popular media reports and peer-reviewed literature to identify sites reporting declines
- Selected sites for case studies based on established criteria
- Reviewed documents to identify relevant initiatives at each site
- Administered an inventory of strategies (survey) for site representatives to note strategies that occurred
- Examined policy and contextual data for each site to identify relevant policies and contexts
- Conducted site visits to interview respondents across settings

Site Selection Criteria

- Reported declines in childhood obesity
- Objectively measured height and weight by trained staff
- Reported a statistically significant decrease (obtained site data and conducted significance testing when necessary)
- Established a baseline during or after 2004
- Conducted a follow-up during or after 2009
- Reported a minimum of 2 data collections



Reported Statistically Significant Declines in Study Sites

Site	Age or Grade	Reported Decline	Period of Decline
Anchorage, AK	Students in grades K, 1, and 3	Obesity declined from 18.0% to 17.6%, representing a relative decrease of 2.2% (p<.001)	2003–2004 to 2010–2011 school years
Granville County, NC	Children 2–4 years of age	Overweight/obesity declined from 36% to 29.7%, representing a relative decline of 17.5% (p<.01)	2005 to 2010
New York City, NY	Students in grades K-8	Obesity declined from 21.9% to 20.7%, representing a relative decline of 5.5% (p < .001)	2006–2007 to 2010–2011 school years
Philadelphia, PA	Students in grades K-8	Obesity declined from 21.5% to 20.5%, representing a 4.7% relative decrease (7.7% for severe obesity) (p<.001)	2006–2007 to 2009–2010 school years

Pre-Study Period

Interventions Implemented up to 5 Years Prior to Baseline

Anchorage:

- 2001 Anchorage 2020: **Anchorage Bowl** Comprehensive Plan (PM)
- 2002 Alaska Obesity **Prevention and Control** Program established

Philadelphia:

- 1989 Early Childhood **Education Linkage System** begins (ECELS)
- 1991 Universal feeding pilot started, enabling "universal service" (i.e. free breakfast and lunch for all students) in schools where a high percentage of children qualify for free or reduced-priced meals
- 1999 Nutrition education (Eat Right Now Program) starts to be provided to all public school students whose families are eligible for SNAP

Timeline of Strategies Identified for Focus Across Sites, 2003–2011





Federal: Reauthorization of the **Federal Child Nutrition** and WIC Act



Anchorage: ASD School Nutrition Changes



Comprehensive, districtwide school wellness policy, including guidelines for school meals, snacks, drinks, physical activity, and nutrition education



2005

Philadelphia: Ban on sugary drinks in schools

Anchorage: ASD Health and Wellness Policy; PA Time in Elementary Schools (ASD) increases by 50% (increase to 3 PE periods/week)



New York City: NYC Food Standards, requiring vending machine restriction, two servings of fruit and vegetables in lunches and dinners by city agencies, etc.

> Federal: Food, Conservation and Energy Act of 2008 (Farm Bill)



New York City: Move to **Improve**



Granville: Child Care Commission to develop improved nutrition standards



Federal: Healthy, Hunger-Free Kids Act



Federal: SNAP Ed



Anchorage:

Budget

Philadelphia:

Card System

- 2011 Active Design Guidelines for new city construction
- 2011 Sugary Drink Campaign

Post-Study Period

Interventions Implemented up to 5 Years

After Follow-up Data Collection

2011 – Farmer Market EBT Quest

2011 - "Nutritional Alaska Foods

for Schools" - Farm to School

Philadelphia Student and Staff

2011 - SSB tax introduced again

2014 - Sodium reduction media

2015 - Physical activity media

campaign (planned through 2016)

permanently instilled in State

2011 - School District of

Wellness Policy is revised

campaign (through 2015)

- · 2011 Resolution on Heart **Disease and Dietary Sodium**
- 2013 General Nutrition Requirements for child care centers
- 2013 Student Wellness policy (Granville County School Board)

New York City:

- · 2001 Obesity Prevention Act
- 2002 Farm-to-School program
- 2002 NYC District Public Health Offices established

Granville:

- 2003 School nutrition money appropriated under **Operations and Capital** Improvements Act
- 2004 Healthy Studies Act approves studying school nutrition and physical activity opportunities

2004

Study Period

New York City: School Nutrition Policies: Increased fruit and vegetables, reduced canned foods, DOE removes whole milk from public school cafeterias



Granville: Health Care Referral Program



Federal: Safe Routes to School Program established



Federal: Requirements for the Child and Adult Care Food Program (CACFP)





State Mandate for 1 hour of daily physical activity in childcare centers.

Granville: Childcare

Physical Activity:



Federal: Children's Health Insurance



Program Reauthorization of





Early Care and Education



Study Period Legend

Anchorage

Philadelphia

New York City

Granville







	Site	Name of Strategy	Setting			Focus Area		Туре		
			Early Care & Education (ECE)	Schools	Community	Health Care	Nutrition	Physical Activity	Program	Policy
1	Anchorage	Anchorage Municipal Childcare Licensing Revisions	X					X		X
2	Anchorage	Anchorage School District: Nutrition Changes (soda ban, followed Healthy Hunger Free Kids Act (HHFKA)		X			X			X
3	Anchorage	Anchorage School District: Health, Wellness, and Physical Education		X			X	X	X	X

	Site	Site Name of Strategy		Setting			Focus Area		Туре	
			ECE	Schools	Community	Health Care	Nutrition	Physical Activity	Program	Policy
1	Granville County	Child Care Nutrition (prohibiting sweetened beverages, whole milk, added sugars; increasing whole grains)	X				X			X
2	Granville County	Health Care Referral Program (county clinics assuring screenings and yearly check- ups)				X	X	X	X	X
3	Granville County	Childcare Physical Activity	X					X		X

	Site	Name of Strategy		Setting				Focus Area)
			ECE	Schools	Community	Health Care	Nutrition	Physical Activity	Program	Policy
	New York City	New York City Food Standards (comprehensive nutrition standards for all foods purchased and served by city agencies and their programs)	X	X	X	X	X			X
2	New York City	School nutrition policies (including whole milk removed from public schools; introduced lower-fat, fat-free items, salad bars, healthy vending)		X			X			X
3	New York City	Move to Improve (classroom- based physical activity program)	X	X				X	X	

	Site	Name of Strategy		Setting			Focus Area		Туре	
			ECE	Schools	Community	Health Care	Nutrition	Physical Activity	Program	Policy
1	Philadelphia	Universal Feeding Program pilot (broadly increasing access to free and reduced-price lunch)		X			X		X	X
2	Philadelphia	EAT.RIGHT.NOW. Nutrition Education Program (using Supplemental Nutrition Assistance Program Education [SNAP Ed] funds)		X			X		X	
3	Philadelphia	Ban on sugary drinks in schools		X			X			X
4	Philadelphia	Comprehensive districtwide school wellness policy (switch from 2% to 1% and fat-free milk, deep fryer ban)		X			X	X	X	X

Types of Strategies

- Targeted Nutrition-Related Strategies
 - Changes in nutrition standards in public schools
 - Changes in nutrition standards in ECE settings
 - Comprehensive school wellness policies—nutrition
 - Nutrition education
- Targeted Physical Activity-Related Strategies
 - Comprehensive school wellness policies—physical activity
 - Classroom-based physical activity
 - ECE physical activity licensing requirements
 - Physical activity health education

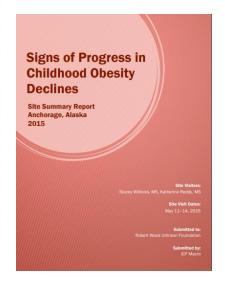


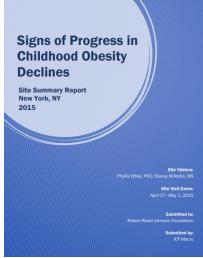
Noted Similarities

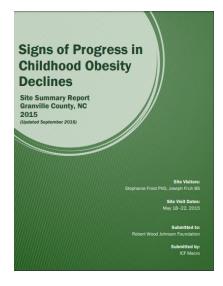
- Significant number of efforts, primarily addressing nutrition in community and school settings
- Early adopters of nutrition policies later mandated by federal policies such as Healthy, Hunger-Free Kids Act
- Reports of support for nutrition and physical activity initiatives from elected officials
- Community-wide efforts, regardless of ultimate success, raised awareness of issues related to improved diet and physical activity
- Strategies implemented across various sectors, settings, and levels were described by some respondents as a "layering effect" that, according to those respondents, improved chances for reducing obesity rates

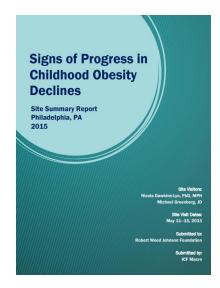
Reports & Dissemination

- Site-specific reports
 - Shares observed declines, methods, and key findings
 - http://nccor.org/projects/obesity-declines



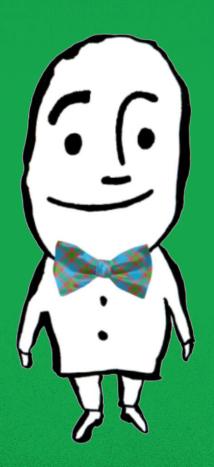


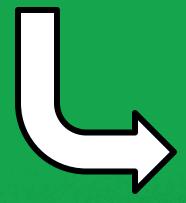




QUESTIONS?

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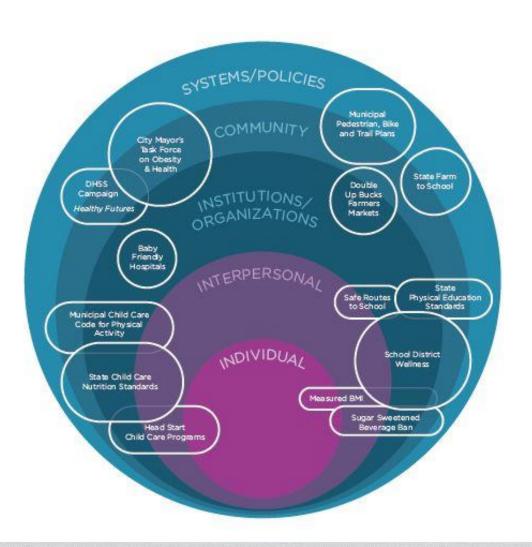


The Childhood Obesity Declines Project Strategies: Patterns & Commonalities

Laura Kettel Khan, PhD
Senior Scientist and Advisor
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention

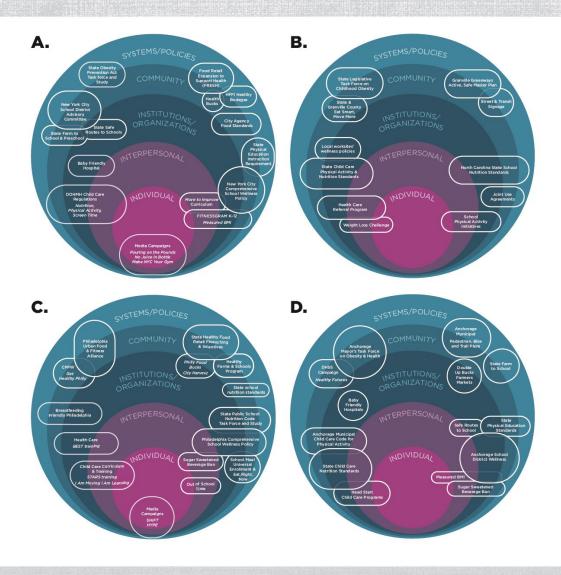


Patterns



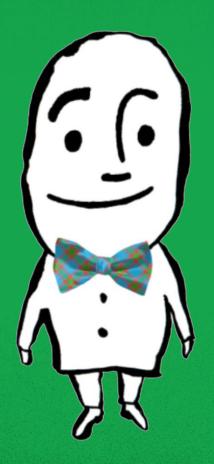


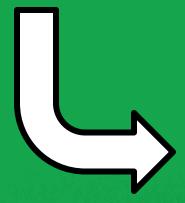
Commonalities



QUESTIONS?

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







The Childhood Obesity Declines Project Implications for Research and Evaluation Approaches

Deborah Young-Hyman, PhD
Health Scientist Administrator
Office of Behavioral and Social Sciences Research
National Institutes of Health



Overview

- Why use an adaptation of the Systematic Screening and Assessment (SSA) method?
- Need for mixed methods approaches to evaluate natural experiments
- Compare SSA methods with other evaluation schemas
- Integration of SSA-based evidence with other evaluation evidence
- Implications for future research, program and policy evaluation
- Importance of stakeholder collaboratives: the NCCOR model



What does the Adaptation of the Systematic Screening and Assessment (SSA) method capture?

- In the absence of an a priori evaluation schema ".....evidence that is currently available can be identified, evaluated and compiled to inform decisions regarding obesity prevention and treatment."
- COMMUNITY

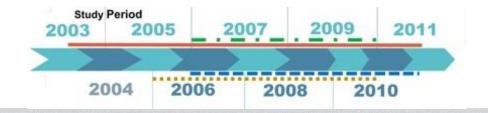
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- Social determinants of health of target population
- Contextual characteristics of setting
- Community based resources



Using Mixed Method Approaches for Natural Experiments

- Analyzed natural experiment = non-randomized multilevel community strategies/interventions/programs that were examined post hoc. Mechanisms were not manipulated by researchers.¹
- Statistically verified significant declines in rate of childhood obesity in target populations with (customary clinical trial outcome) was temporally associated with synergistic community based programs and policies.
- "Evaluation is grounded in the context in which initiatives occur; it is descriptive, process-focused and temporally anchored; primary data collection occurs through narrative; identification of key components is informed by multiple stakeholders including implementers; convergent validity is utilized to establish a timeline of implementation; implementation stories from multiple stakeholders identify leaders, champions, implementers, settings, and funders."





Adapted SSA vs. Clinical Trials Evaluation Schemas

Retrospective SSA

- Public health and stakeholder driven and implemented
- Efficacy based on pre-post population statistic – no randomization
- Characteristics intended recipients not restricted
- Implementation components and setting characterized
- Simultaneous contextual factors described
- Findings facilitate generalizability of methods but attribution of causality is not possible

Clinical Trials

- Controlled experiment designed to answer a specific research question
- Efficacy/effectiveness based on difference between control and experimental groups or pre-post cohort analysis
- Highly specified cohort and implementation conditions
- External threats to validity not controlled
- Ability to attribute causality but limited generalizability

NCCOR

CONNECT

Integration of SSA Evidence with Evidence from other Evaluation Strategies

What	Programs, policies, initiatives; resources (funding, human capital)
To Who	Targeted population
By Whom	Implementers
Social Context	Schools, parks, rec facilities, groceries or farmers markets

- Identifies elements of implementation that appear to be central to success – resources, champions, funders, access, and feasible settings
- Combined with statistical change in prevalence of obesity in target population.
- Facilitates case comparisons to identify likely strategies and resources that appear to be successful across venues and populations.

Implications for future research, program implementation and policy evaluation

- Although an a priori evaluation may not be in place for community based natural experiments, valuable information can be learned from "unpacking" natural experiments
- Although adapted SSA can not make attributions of causality to specific programmatic components or policy implementation for declines in childhood obesity, it provides insight into potential targets for future community based childhood obesity prevention efforts
- When formulating public health approaches to reduce rates of childhood obesity contextual understanding increases the potential for generalizability across multiple settings and populations



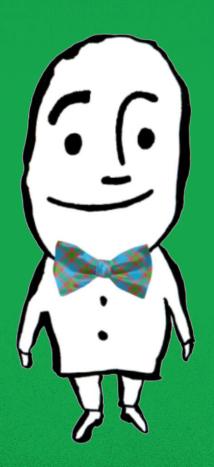
Importance of Research Collaboratives: NCCOR

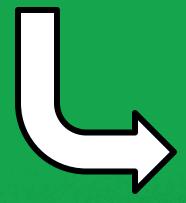
- This project happened through collaborative efforts of the NCCOR stakeholders. Working group members represent a unique partnership between the major funders of childhood obesity research in the United States: CDC, NIH, RWJF, USDA.
- Each organization views the issue of childhood obesity through an agency-specific lens and all differ in their research and evaluation agenda.
- NCCOR recognizes that traditional research and evaluation methods needs to be augmented to address the complexities of the impact of community-based initiatives and policy implementation.



QUESTIONS?

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FROM

NCCOR CONNECT & EXPLORE

Just published

NCCOR has transformed the field of childhood obesity prevention through its structure, design, and accomplishments. To mark its contributions to the field of childhood obesity research, NCCOR recently published two papers in the *American Journal of Preventive Medicine*.

Developing A Partnership for Change:
 The National Collaborative on Childhood Obesity Research

Rachel M. Ballard, MD, MPH; Anne B. Rodgers, MA; Laura Kettel Khan, PhD; C. Tracy Orleans, PhD; Elaine Arkin, MS; Todd M. Phillips, MS

 A National Collaborative for Building the Field of Childhood Obesity Research

Rachel M. Ballard, MD, MPH; Anne B. Rodgers, MA; Laura Kettel Khan, PhD; C. Tracy Orleans, PhD; Elaine Arkin, MS; Todd M. Phillips, MS

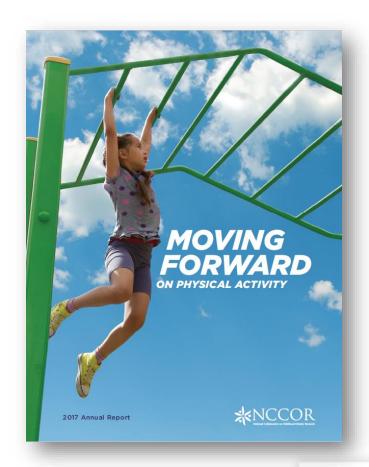




NCCOR's Annual Report 2017

- Highlights tools, resources, and communication efforts in 2017 related to physical activity
- Available online:

 https://www.nccor.org/wp-content/uploads/2018/03/N
 CCOR_2017AnnualReport.
 pdf







Catalogue of Surveillance Systems

- 2018 update complete
- Call for new system submissions
 - Inclusion criteria
 - Relevance to childhood obesity
 - Relevance to at least one level within the social-ecological model
 - Conducted in the U.S.
 - Publicly available data
 - Generally, data within last 10 years
 - Exclusion criteria
 - One-time survey
 - Suggest systems for inclusion here:
 https://www.nccor.org/nccor-tools/catalogue/feedback/



FURTHER QUESTIONS?

Other questions about NCCOR or upcoming activities?

Email the NCCOR Coordinating Center nccor@fhi360.org



NCCOR is now on Facebook!

Follow and like the page

f@NCCOR.org







PUBLICATIONS EVENTS



WHAT'S HAPPENING IN **NCCOR NEWS**

NCCOR, The JPB Foundation strengthen alliance to support Measures Registry

NCCOR hosts National Childhood Obesity Awareness Month social media

NCCOR helps communities evaluate their progress in reducing childhood obesity

Healthy Communities Study findings on relationship between community policies and programs and childhood obesity

U.S. Preventive Services Task Force update on obesity screening recommendation

Connect & Explore



Upcoming Webinars

Mark your calendar for these upcoming Connect & Explore webinars!



Built Environment Interventions to Increase Physical Activity: Community Preventive Services Task Force Recommendations

THANK YOU!



NCCOR CONNECT & EXPLORE