“Far and away the best prize that life offers is the chance to work hard at work worth doing.”
Theodore Roosevelt, 26th US president
Why we do this work...

- Without Intervention, Over Half of Today’s Children Will Have Obesity as Young Adults

- A recent modeling study shows that, by 2050, the majority of today’s children, 57.3% will have obesity by age 35.

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Why we do this work...

Abstract

Objective
Prospective associations between obesity in adolescence and adult socioeconomic outcomes, and potential mediators, were examined in a contemporary cohort.

Methods
Longitudinal data collected in 1998 to 1999 (Project EAT-I) and 2015 to 2016 (EAT-IV) were analyzed for 1,796 participants who provided data at both time points. Adolescents (mean age = 14.8 years) self-reported demographic and psychosocial variables (EAT-I) and follow-up outcomes (EAT-IV). Body weight and height were directly measured. Bachelor’s degree or more education, income ≥ US $50,000, and partnered status at follow-up were examined by baseline obesity (>95th BMI percentile) using logistic regression. Self-esteem, depression, and weight-related teasing were examined as mediators using multivariate probit regressions. All analyses were adjusted for race, baseline age, and parent socioeconomic status.

Results
Girls with obesity were significantly less likely to have achieved a bachelor’s degree (OR 0.32, 95% CI [0.18, 0.58]; P < 0.001), earn ≥ $50,000 annually (OR 0.57, 95% CI [0.33, 0.99]; P < 0.04), or be partnered (OR 0.45, 95% CI [0.27, 0.75]; P < 0.002) in adulthood. No associations were observed among boys. Among girls, depression mediated 8.5% and 23.6% of the association between adolescent obesity and adult education and income, respectively.

Conclusions
Adolescent girls with obesity have lower educational attainment and income and are less likely to be partnered in later adulthood. Depression may partly mediate the associations.
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Prospective associations between obesity in adolescence and adult socioeconomic outcomes, and potential mediators, were examined in a contemporary cohort.

Methods

Longitudinal data collected in 1998 to 1999 (Project EAT-I) and 2015 to 2016 (EAT-II) were analyzed for 7,796 participants who provided data at both time points. Adolescents (mean age = 13.5 years) self-reported demographic and psychosocial variables (EAT-I) and follow-up outcomes (EAT-II). Body weight and height were directly measured. Bachelor’s degree or more education, income ≥ US $50,000, and partnered status at follow-up were examined by baseline obesity (≥95th BMI percentile) using logistic regression. Self-esteem, depression, and weight-related teasing were examined as mediators using multivariate probit regressions. All analyses were adjusted for race, baseline age, and parent socioeconomic status.

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Longitudinal data collected in 1998 to 1999 (Project EAT-I) and 2015 to 2016 (EAT-IV) were analyzed for 1,796 participants who provided data at both time points. Adolescents (mean age = 14.6 years) self-reported demographic and psychosocial variables (EAT-I) and follow-up outcomes (EAT-IV). Body weight and height were directly measured. Bachelor’s degree or more education, income ≥ US $50,000, and partnered status at follow-up were examined by baseline obesity (≥95th BMI percentile) using logistic regression. Self-esteem, depression, and weight-related teasing were examined as mediators using multivariate probit regressions. All analyses were adjusted for race, baseline age, and parent socioeconomic status.

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Girls with obesity were significantly less likely to have achieved a bachelor’s degree (OR 0.32, 95% CI [0.18, 0.58]; P < 0.001), earn ≥ $50,000 annually (OR 0.57, 95% CI [0.33, 0.99]; P < 0.04), or be partnered (OR 0.45, 95% CI [0.27, 0.75]; P < 0.002) in adulthood. No associations were observed among boys. Among girls, depression mediated 8.5% and 23.6% of the association between adolescent obesity and adult education and income, respectively.

Conclusions

Adolescent girls with obesity have lower educational attainment and income and are less likely to be partnered in later adulthood. Depression may partly mediate the associations.
A glimpse in time

- DNPAO State Grant Program (805): ECE not mentioned; several states w/ECE Activities
- 1st HKHF Summit
- DNPAO ECE WG
- 1st Obesity Prevention Standards
- Monthly ECE Networking Calls and Newsblast
- Weight of Nation
  ECE Track & State Training
- ECE Learning Collaboratives $20M, 10 States, 5 yrs
- DNPAO ECE Team
- DNPAO ECE Webpage
- 1305 State Program: ECE Required Activity
- 1305 complete
  Mini-CoIIN
  7 States, 9 mo
- Go NAP SACC Pilot; ECE Indicator Report
- DNPAO ECE Team
- CPPW: ECE not mentioned; several states and communities w/ECE Activities
- DNPAO National Meeting!
- SPAN, HOP and REACH and 3 new CSTLTS co-ags
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Our Beacon = the Spectrum of Opportunities
Look how the SOO has grown!

Born 10/10/2010 8/5/2013 8th birthday 2018
Look what you’ve accomplished
What you’ve accomplished

• Built relationships
• Created and supported task forces
• Organized, provided and supported trainings
• Recruited people for LMCC, NAP SACC, statewide home grown interventions
• Created recognition and designation programs
• Made online materials, manuals & professional development courses
• Made ECE’s healthier better places!
2010 – 2017

State Licensing Updates 2010 – 2017

We need to make the case

**West Virginia: Key 2 a Healthy Start Intervention**

This brief provides a summary of the CHOICES Learning Collaborative Partnership simulation model of integrating Key 2 a Healthy Start, West Virginia's implementation of Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC), into the state's Tiered Reimbursement system, which provides subsidy incentives to child care centers meeting quality standards.

**The Issue**

Over the past four decades, childhood obesity has tripled.* In WV, obesity rates in 2-4 year old WV participants increased from 14% up to 36.4% in 2014.** WV was one of four states that experienced increasing rates in this young population. Now labeled as an epidemic, health care costs for treating obesity-related health conditions such as heart disease and diabetes range from $471 billion to $2.3 trillion per year.*** While multiple strategies are being rehashed to reverse this epidemic, emerging prevention strategies directed at children show great promise for addressing the epidemic.**** A large body of evidence shows that healthy eating, physical activity, and limiting sugary drinks and screen time helps kids grow up at a healthy weight.

In West Virginia, 41% of 2-5 year olds attend a licensed child care center. Licensed centers can offer healthy, nurturing environments for children. Tiered Reimbursement can encourage and empower centers to voluntarily improve nutrition, physical activity, and screen time standards while increasing financial stability.

**About Key 2 A Healthy Start**

Key 2 Healthy Start is based on NAP SACC, an evidence-based intervention for helping child care centers adopt best practices regarding nutrition, active play, and screen time. The program enables child care directors and staff to complete self-assessments of their nutrition, active play, and screen time practices and receive training and technical assistance to implement changes that create healthier environments and policies. Integrating Key 2 a Healthy Start into West Virginia's Tiered Reimbursement system would incentivize and support participation in the intervention and broaden its availability.

**Comparing Costs and Outcomes**

CHOICES cost-effectiveness analysis compared the costs and outcomes of integrating Key 2 a Healthy Start into Tiered Reimbursement over 10 years versus the costs and outcomes of not implementing the intervention. The model assumes that 44% of licensed child care centers will participate in Tiered Reimbursement and thus participate in Key 2 a Healthy Start.

**Implementing Key 2 a Healthy Start in child care centers throughout West Virginia is an investment in the future:**

- **OVER 36,000 CHILDREN REACHED**
- **$69.80 COST PER CHILD**
- **593 CASES OF CHILDHOOD OBESITY PREVENTED**

What do ECEs look like now?
How we can help…

- Pilot a surveillance system
- Surveillance Reports
- 1 on 1 and group TA
- TA Resource Development
- 8 national committees
- Scientific Publications
- Data Exploration
- Reporting & Requests
- Monthly Networking Calls
- Listserve
Oh the places you will go…

You’ll be on your way up!
You’ll be seeing great sights!
You’ll join the high fliers
who soar to high heights.
5 fantastic presentations and networking!

SPAN Highlights

Division of Nutrition, Physical Activity, and Obesity
Thanks and happy retirement to Meredith Reynolds
Dream big

Make no little plans; they have no magic to stir men's blood. ... Make big plans; aim high in hope and work.

-Daniel Burnham, architect and urban designer (1846-1912)

What’s your BIG plan?