NOPREN
Nutrition & Obesity
POLICY RESEARCH & EVALUATION NETWORK

New and Upcoming Nutrition & Obesity Data Sets from CDC

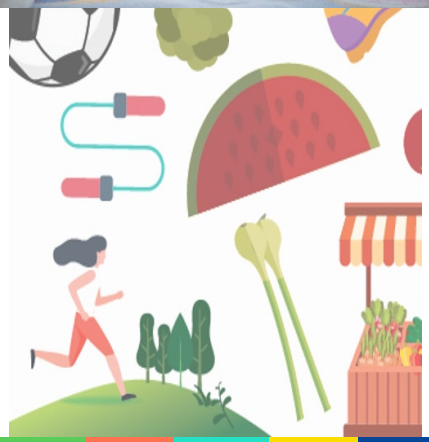
State-of-the-Science Monthly Webinar
January 2022

CAPT Heidi Blanck, Branch Chief,
Chronic Disease Nutrition and Obesity Prevention and Control

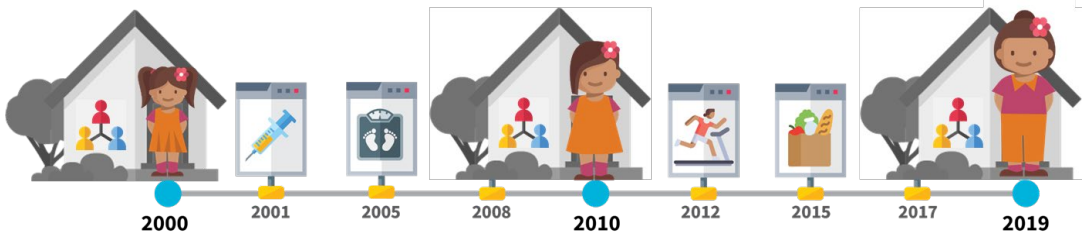
New and Upcoming Nutrition & Obesity Data Sets from CDC -

A peak at what's new

The findings and views presented are those of the presenters and do not represent the official views of CDC, DHHS, or the USPHS.



Data Modernization Initiative -- Clinical & Community Data Initiative (CODI)



Linking individual-level clinical & community data across time and space with privacy preserving linkages

- Health outcomes (obesity, diabetes) within EHRs
- Clinical & community interventions – captured through a variety of modes/platforms
- Community supports & services
- Social determinants of health (food insecurity)

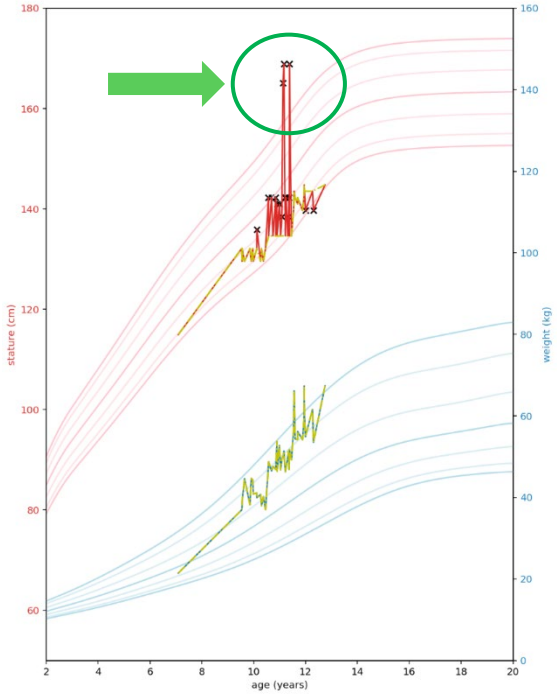
→Leading to new tools for research, evaluation, and surveillance

CODI
CLINICAL AND COMMUNITY DATA INITIATIVE

CLEANING EHR BMI DATA - KIDS & ADULTS

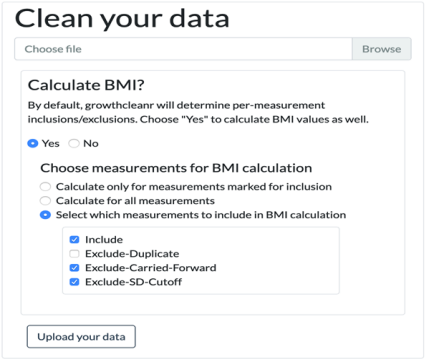
- Longitudinal data
- R package **growthcleanr** – cleans height and weight data from EHR systems
  - **Utilizes algorithm by Carrie Daymont* et al.**
  - Identifies biologically implausible height and weight measurements
    - Based on longitudinal analysis & variations from published growth charts
  - Uses exponentially weighted moving average and additional techniques to classify errors for potential exclusion
  - Identifies true outliers and false inliers
  - Web-based interface; future User Guides to come in late 2022
  - **Free/open source:** implementation guide, synthetic test data, tutorial development, github.com/carriedaymont/growthcleanr

*Daymont, C. "Automated identification of implausible values in growth data from pediatric electronic health records." Journal of the American Medical Informatics Association



USE OF DAYMONT ALGORITHIM 21.9M RECORDS OF CHILDRENS HT/WT IQVIA

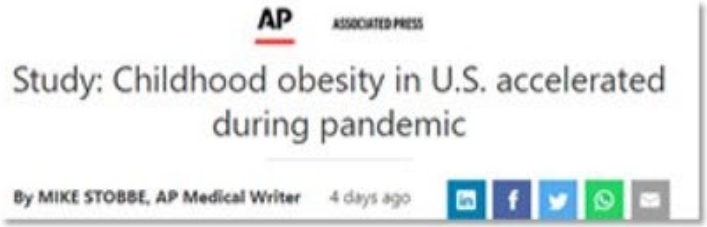
code	N	percent
Include	16,838,121	76.89
Exclude-Carried-Forward	4,355,358	19.89
Exclude-Min-Height-Change	259,653	1.19
EWMA	229,750	1.05
Exclude-Duplicate	170,087	0.78
Exclude-Too-Many-Errors	30,505	0.14
Exclude-Max-Height-Change	5,321	0.02
Exclude-SD-Cutoff	4,874	0.02
Exclude-Pair-Delta-17	2,606	0.01

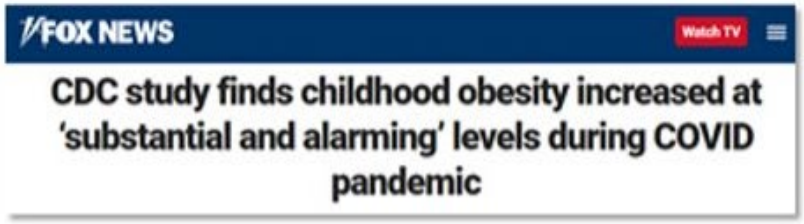


› Obes Sci Pract. 2020 Feb 8;6(3):300-306. doi: 10.1002/osp4.407. eCollection 2020 Jun.

Tracking of obesity among 2- to 9-year-olds in an electronic heath record database from 2006 to 2018

David S Freedman [1], Alyson B Goodman [1], Raymond J King [1], Heidi M Blanck [1]





Morbidity and Mortality Weekly Report (MMWR), Sept. 17, 2021

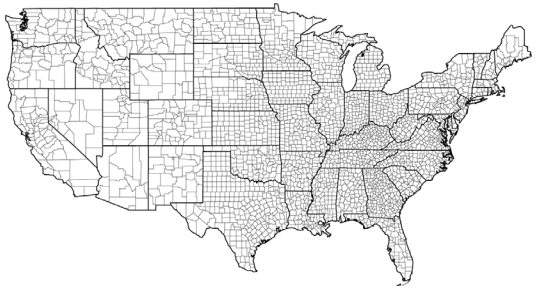
Longitudinal Trends in Body Mass Index Before and During the COVID-19 Pandemic Among Persons Aged 2-19 Years –United States, 2018-2020

Samantha Lange, MPH; Lyudmyla Kompaniyets, PhD; David Freedman, PhD; Emily M. Kraus, PhD; Renee Porter, DNP; Heidi M. Blanck, PhD; Alyson B. Goodman, MD.

FUTURE ANALYTICS: EHR DATA FOR LOCAL PREVALENCE ESTIMATES

- **Methodology for stable estimates (CDC, NORC, MITRE, +)**
  - **Developing open source algorithms in SAS**

    for EHR estimates by:
    - State, 3-digit ZCTA, County & Local Geography – CODI
  - **Provide researchers with data analysis options including:**
    - Statistical Weights
    - Race/ethnicity Imputation
    - Age Adjustments
  - Adopted suppression criteria; https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf



Looking for the latest national and state data?

Graphics, Grants, Secondary analyses

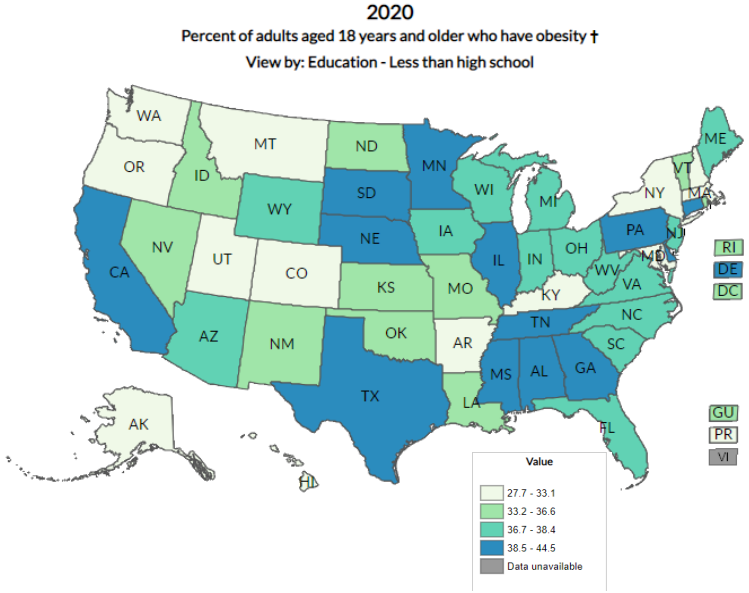
Data, Trends and Maps

- Interactive database with about 60 national and state-level health and behavior indicators and environmental or policy supports
- Nutrition Related Topics
  - Breastfeeding
  - Fruits and vegetables
  - Sugary drinks
  - Obesity and overweight
    - WIC: 0-2 high weight for length; 2-4 overweight and obesity
    - YRBS – Adolescent overweight & obesity; BRFSS – Adult obesity
- Data by demographics (sex, race/ethnicity, income, etc.)

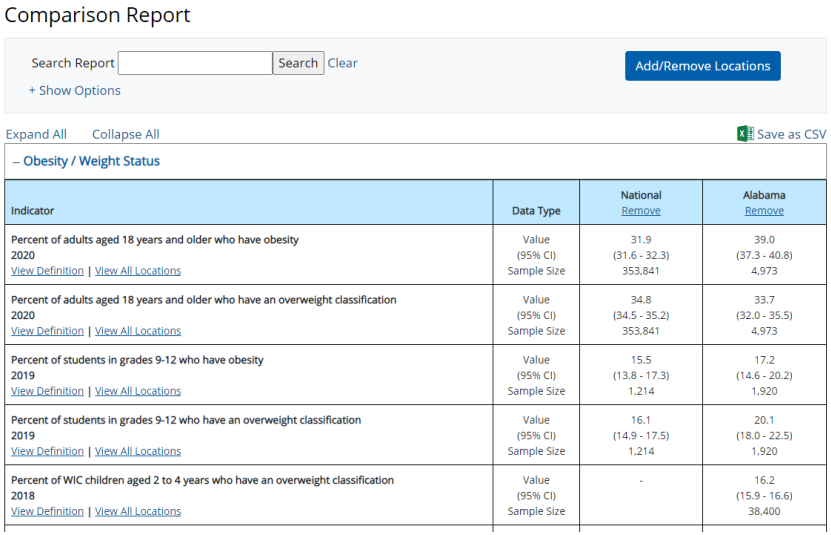
Nutrition, Physical Activity, and Obesity: Data, Trends and Maps | DNPAO | CDC

Several ways to interact with our data

- Ready to use maps, bar charts, tables, comparison reports



- Download data or create your own graphics



Comparison Report

Search Report Search Clear

Add/Remove Locations

+ Show Options

Expand All Collapse All Save as CSV

– Obesity / Weight Status

Indicator	Data Type	National Remove	Alabama Remove
Percent of adults aged 18 years and older who have obesity 2020 View Definition | View All Locations	Value (95% CI) Sample Size	31.9 (31.6 - 32.3) 353,841	39.0 (37.3 - 40.8) 4,973
Percent of adults aged 18 years and older who have an overweight classification 2020 View Definition | View All Locations	Value (95% CI) Sample Size	34.8 (34.5 - 35.2) 353,841	33.7 (32.0 - 35.5) 4,973
Percent of students in grades 9-12 who have obesity 2019 View Definition | View All Locations	Value (95% CI) Sample Size	15.5 (13.8 - 17.3) 1,214	17.2 (14.6 - 20.2) 1,920
Percent of students in grades 9-12 who have an overweight classification 2019 View Definition | View All Locations	Value (95% CI) Sample Size	16.1 (14.9 - 17.5) 1,214	20.1 (18.0 - 22.5) 1,920
Percent of WIC children aged 2 to 4 years who have an overweight classification 2018 View Definition | View All Locations	Value (95% CI) Sample Size	-	16.2 (15.9 - 16.6) 38,400

Learn more about how to use this tool at Using this Site: Data, Trends and Maps | Data, Trends and Maps | DNPAO | CDC

Looking for more context about a topic? PSE + Behavior

State Indicator Reports

Breastfeeding
Fruits/Vegetables
ECE – Late 2022

BRFSS Social Determinants of Health Module, *Proposed*

The Research & Data subgroup reviewed the **BRFSS Reactions to Race Module** and identified opportunities to include additional questions. Below highlights the proposed questions, which are pending approval by OMB

BRFSS Social Determinants of Health Module[1]	
Topic	**Question[1]**
Economic stability	Lost employment or had hours reduced?
Food insecurity	Food you bought did not last, and you didn't have money to get more?
Food assistance	Received food stamps or an EBT card?
Housing insecurity	Not able to pay your mortgage, rent or utility bills?
Housing insecurity	Electric, gas, oil, or water company threatened to shut off services?
Transportation	Lack reliable transportation kept you from medical appointments, meetings, work, or get things for daily living?
Social support	Get the social and emotional support you need?
Isolation	Feel isolated from others?
Life satisfaction	Satisfied with your life?

1. Note: Questions have been shortened for presentation purposes. Questions are pending OMB approval.

BRFSS Reactions to Race Optional Module, *Proposed*

The Research & Data subgroup reviewed the **BRFSS Reactions to Race Module** and identified opportunities to include additional questions. Below highlights the proposed questions, which are pending approval by OMB

BRFSS Reactions to Race Module[1]	
Topic	**Question[1]**
Socially-assigned race	How do other people usually classify you in this country?
Race consciousness	How often do you think about your race?
Physical reaction	Physical symptoms as a result of how you were treated based on your race?
Emotional reaction	Emotionally upset as a result of how you were treated based on your race?
Health care	Seeking health care, do you feel your experiences were worse than, same, or better than people of other races?
Workplace	At work, do you feel you were treated worse than, same, or better than people of other races?

1. Note: Questions have been shortened for presentation purposes. Please reference the complete Reactions to Race Module: https://www.cdc.gov/brfss/questionnaires/pdf-ques/2013-BRFSS_English.pdf

Up Next – Steve and Carrie

Help us keep America healthy and strong. See how at: **cdc.gov/nccdphp/dnpao**

Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity (DNPAO)
National Center for Chronic Disease Prevention and Health Promotion

Community Based Survey of Supports for Healthy Eating and Active Living (CBS-HEAL)

Stephen Onufrak, PhD

Epidemiologist, DNPAO, CDC

NOPREN State-of-the-Science Monthly Webinar: New and Upcoming Nutrition & Obesity Data Sets from DNPAO

January 10, 2022

Public Health Efforts for Nutrition and Physical Activity Policy and Environmental Approaches

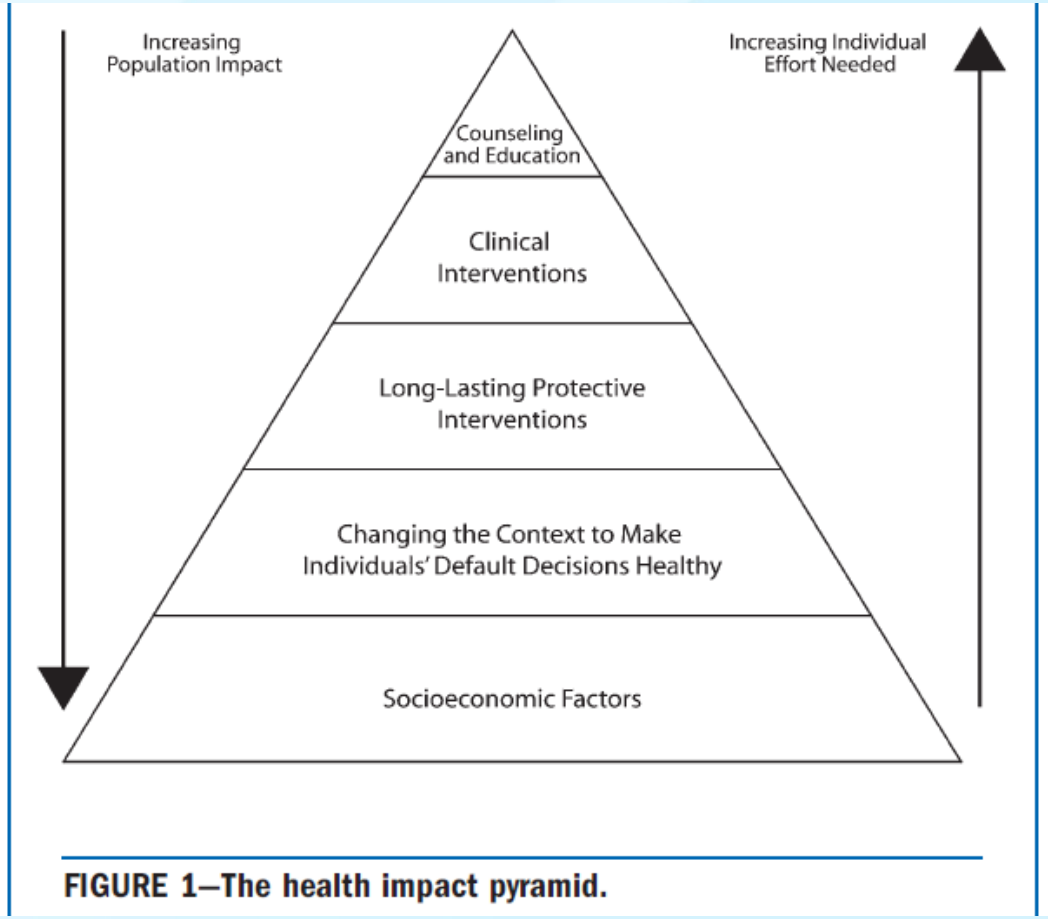
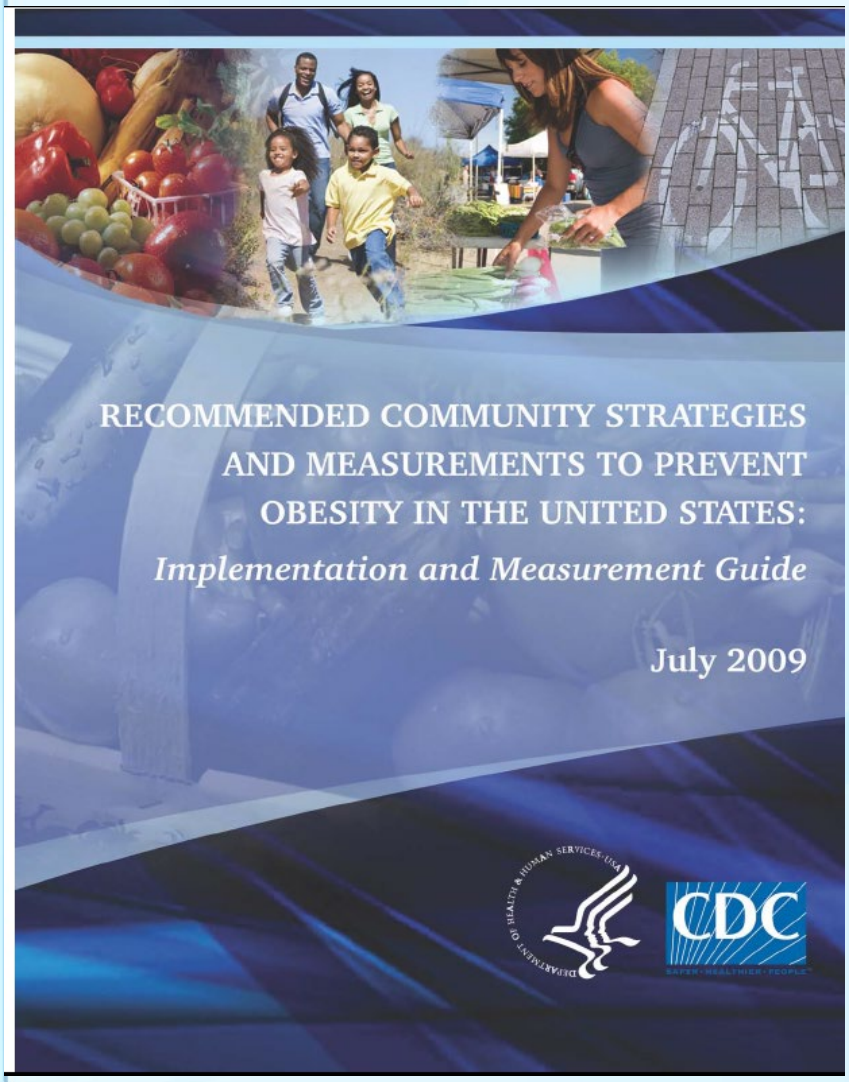


FIGURE 1—The health impact pyramid.

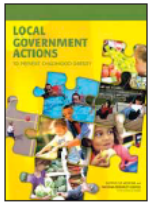
* Frieden TR. A framework for public health action: the health impact pyramid. Am J Public Health. 2010 Apr;100(4):590-5.

Motivation for CBS-HEAL Survey



REPORT BRIEF • SEPTEMBER 2009

Local Government Actions to Prevent Childhood Obesity



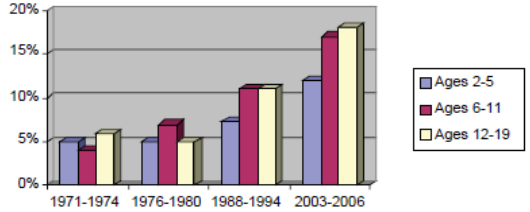
In the United States, 16.3 percent of children and adolescents between the ages of two and 19 are obese. This epidemic has exploded over just three decades. Among children two to five years old, obesity prevalence increased from 5 percent to 12.4 percent; among children six to 11, it increased from 6.5 percent to 17 percent; and among adolescents 12 to 19 years old, it increased from 5 percent to 17.6 percent (see Figure 1).

The prevalence of obesity is so high that it may reduce the life expectancy of today's generation of children and diminish the overall quality of their lives. Obese children and adolescents are more likely than their lower-weight counterparts to develop hypertension, high cholesterol, and type 2 diabetes when they are young, and they are more likely to be obese as adults.

In 2008, the Institute of Medicine (IOM) Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising ways to address this problem on what may well be the epidemic's frontlines. The good news is that there are numerous actions that show potential for use by local governments. Of course, parents and other adult caregivers play a fundamental role in teaching children about healthy behaviors, in modeling those behaviors, and in making decisions for children when needed. But those positive efforts can be undermined by local environments that are poorly suited to supporting healthy behaviors—and may even promote unhealthy behaviors. For example, many communities lack ready sources of healthy food choices, such as supermarkets and grocery stores. Or they may not provide safe places for children to walk or play. In such communities, even the most motivated child or adolescent may find it difficult to act in healthy ways.

. . . local governments are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights.

FIGURE 1: PREVALENCE OF OBESITY AMONG CHILDREN, 1971-2006



SOURCE: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

For more information visit www.iom.edu/obesitylocalgov.

Advising the Nation. Improving Health.

Selected IOM and CDC Strategies for Local Governments

- **Support Healthy Food Retail**
  - Zoning, Permitting, Incentives, Transportation Supports
  - Food Policy Councils
- **Access to Farmers Markets**
- **WIC/SNAP Acceptance**
- **Nutrition Standards for Government Food Venues**
- **Free Drinking Water Access**
- **Breastfeeding Policies**
- **Built Environment to Support Active Transportation**
- **Access to Places for Recreational Physical Activity**

CBS-HEAL Study Timeline

- 2010 –Convene Expert Panel of Local Government
- 2012 – Pilot CBS-HEAL Survey in Minnesota and California
- 2014 –1st National CBS-HEAL Fielded
- 2019 – Planning begins for CBS-HEAL 2.0
- 2021 – CBS-HEAL 2.0 Fielded
- 2022 and beyond – Analyze CBS-HEAL 2.0 Data

2014 CBS-HEAL

- **CBS-HEAL Question Design**
  - Questions based largely on items from IOM and CDC reports with input from branches
  - Cognitively tested with potential survey respondents (city managers, planners, etc.)

- **CBS-HEAL Sample Design**
  - Sampling frame based on 2007 Census of Governments (COG) files
    - Minimum population size of 1,000
  - Stratified on census region and urban/rural status to create nationally representative
  - Survey of 4,484 municipalities from all 50 states
  - Response primarily through secure website with options for mailing paper survey
  - Final Sample = 2,232; Response Rate=50%

Selected Findings from 2014 CBS-HEAL

- 3% of US municipalities reported nutrition standards for foods sold or served by the government
- 56% had a community plan with a written objective to provide free drinking water in outdoor areas, and 59% had polices/budget provisions for free drinking water in parks/outdoor recreation areas
- 67% of municipalities reported incentives to support farmers' markets, 34% reported incentives to encourage opening new supermarkets, and 14% reported incentives to help existing convenience or corner stores
- 8% reported having a local or regional food policy council
- Of those with public transit, 33.8% considered food access in transportation planning.

2014 CBS-HEAL Manuscripts

1. **Onufrak SJ, Moore LV, Carlson SA, Zaganjor H, Kimmons J, Galuska D. Prevalence and Characteristics of Food Service Guideline Nutrition Standards for Foods Served or Sold in Municipal Government Buildings or Worksites in the United States, 2014. *Preventing Chronic Disease*, 2016; 13: 160364.**

2. **Moore LV, Carlson SA, Onufrak S, Carroll DD, Galuska D. Development and implementation of a local government survey to measure community supports for healthy eating and active living. *Preventive Medicine Reports*, 2017; 6: 74–79.**

3. **Omura JD, Carlson SA, Paul P, Silwa S, Onufrak SJ. Shared Use Agreements between Municipalities and Public Schools in the United States, 2014. *Preventive Medicine*, 2017; 95 Suppl: S53–S59.**

4. **Carlson SA, Paul P, Kumar G, Watson KB, Atherton E, Fulton JE. Prevalence of Complete Streets policies in U.S. municipalities. *Journal of Transport & Health*, 2017; 5: 142–150.**

5. **Peterson EL, Carlson SA, Schmid TL, Brown DR. Prevalence of master plans supportive of active living in US municipalities. *Preventive Medicine,* 2018; 115: 39-46.**

6. **Park S, Onufrak S, Wilking C, Cradock A. Community-Based Policies and Support for Free Drinking Water Access in Outdoor Areas and Building Standards in U.S. Municipalities. *Clinical Nutrition Research,* 2018; 7 (2): 91-101.**

7. **Peterson EL, Carlson SA, Schmid TL, Brown DR, Galuska DA. Supporting Active Living through Community Plans: The Association of Planning Documents with Design Standards and Features. *American Journal of Health Promotion*, 2019; 33 (2).**

8. **Lange, S., Moore, L., & Galuska, D. Local government retail incentives for healthier food retailers in the USA, 2014. Public Health Nutrition, 2019. 22(13), 2521-2529.**

9. **Peterson EL, Carlson SA, Ussery EN, Dunn I, Brown DR, Galuska DA. Differences in Park Plans and Policies across US Municipalities. *Journal of Park and Recreation Administration*. 2020, doi:10.18666/JPRA- 2020-9323.**

10. **Omura JD, Kochtitzky C, Galuska DA, Fulton JE, Shah S, Carlson SA. Public Health Representation on Active Transportation Bodies Across US Municipalities, *Journal of Public Health Management and Practice;* 2020 Jun 1. Online ahead of print.**

11. **Lange SJ, Calancie L, Onufrak SJ, Reddy KT, Palmer A, Lowry Warnock A. Associations between Food Policy Councils and Policies That Support Healthy Food Access: A National Survey of Community Policy Supports. Nutrients. 2021 Feb 20;13(2):683.**

12. **Dumas BL, Harris DM, McMahon JM, Daymunde TJ, Warnock AL, Moore LV, Onufrak SJ. Prevalence of Municipal-Level Policies Dedicated to Transportation that Consider Food Access. Preventing Chronic Disease [In Press]**

2021 CBS-HEAL 2.0

- **CBS 2.0 Question Revision**
  - Questions revised based on 2014 results and SME input
  - New questions cognitively tested with potential survey respondents

- **CBS 2.0 Sample Design**
  - Same sampling methods as 2014 using 2017 Census of Governments
  - Survey sent to 4,417 municipalities
  - New ability to nominate colleagues to answer questions
  - Fielded June-September 2021; New Nomination Feature
  - Final Sample = 1982; Response Rate=45%

2021 CBS-HEAL 2.0

- **Survey Content**
  - Planning Documents and Objectives
  - Supports for Healthy Food Retail
  - Food Policy Councils
  - Supports for Farmers Markets
  - EBT for Farmers Markets
  - SNAP Incentive Programs for Healthy Foods
  - Food Service Guidelines
  - Drinking Water Access
  - Breastfeeding Supports
  - Public Transit/Transportation Supports for Healthy Food Access
  - Supports for Active Transport and Leisure PA

2021 CBS-HEAL 2.0

- **Additional Linked Variables**
  - Population size, region, rural/urban, education, race/ethnicity, income
  - Healthy food access (from USDA Food Atlas)
  - Commuting
  - Parks and Schools
  - Potential to link other external variables

Data Release Plans

- **Journal Supplement - 2022**
  - First batch of CBS-Heal 2.0 papers from CDC
  - Commentary from partner organizations

- **CBS-HEAL Webpage Coming**
  - Data will be available for public use approximately 2023

- **Stay Tuned for Research Opportunities Using 2021 CBS-HEAL Data!**

CDC PROJECT TEAM

Deborah Galuska/Latetia Moore/Ellen Yard (ADS Office)
Susan Carlson/John Omura/Jeff Whitfield (PAHB)
Carol MacGowan (Nutrition Branch)
Steve Onufrak (OPCB)

Thank You!

Steve Onufrak

seo5@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

CHILDCARE SURVEY OF ACTIVITY AND WELLNESS (C-SAW)

CARRIE DOOYEMA, MSN, MPH, RN

DNPAO EARLY CARE AND EDUCATION TEAM

Good Nutrition

Regular Physical Activity

Healthy Weight

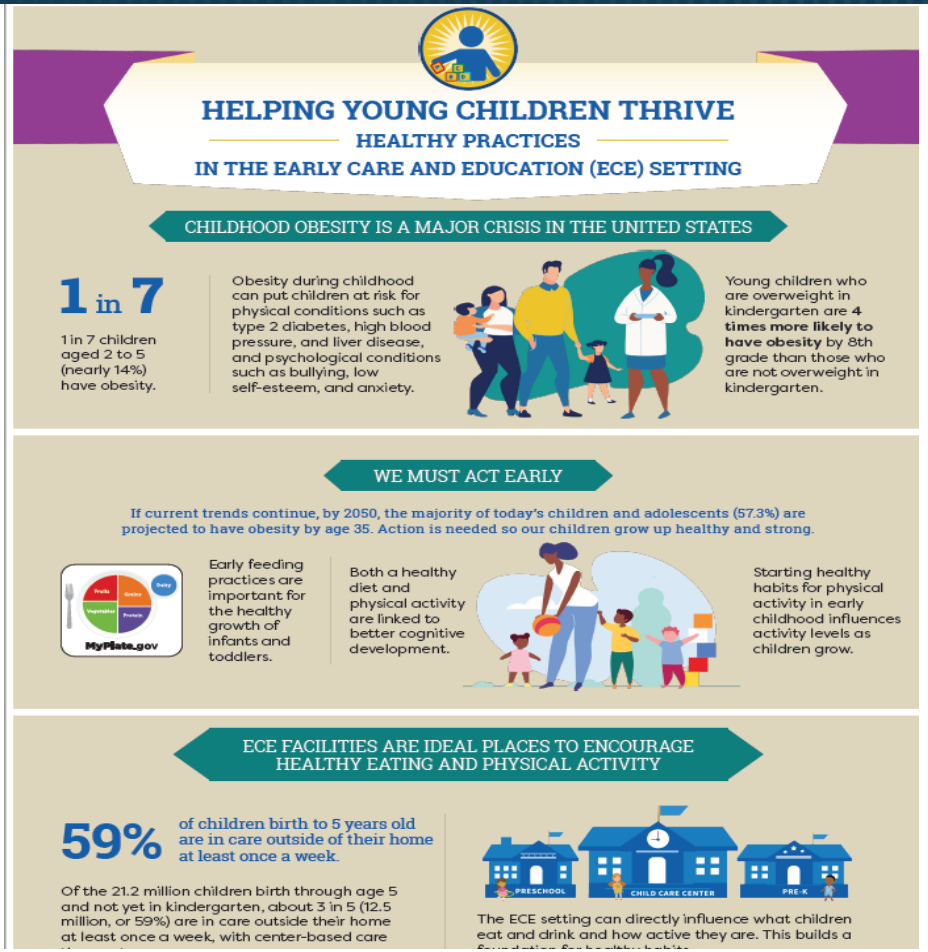
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

THE IMPORTANCE OF EARLY CARE & EDUCATION (ECE)

- 21.1 million children birth to 5 years of age in US
- 12.5 million (3 in 5) are in care outside the home at least 1x week
- Center based care most common type
- Beneficial to understand policies and practices of ECE facilities for many reasons
- CDC funds and provides TA to state health departments for ECE activities



CDC-DNPAO SURVEILLANCE EFFORTS

- National Resource Center for Health & Safety in Child Care & Early Ed
  - Annual report *Achieving a State of Health Weight (~2010-2020)*
  - Looks at how well state licensing regulations align with national obesity prevention recommendations for young children
  - CDC has created ECE Licensing Scorecards as a translation tool for states to understand their scores and areas for improvement

ECE STATE INDICATOR REPORT

(2016, 2022)

LICENSING
QRIS
PROF DEVPMT
AND MORE

CHILDCARE SURVEY OF ACTIVITY & WELLNESS C-SAW

- A number of states (WA, NC, RI) have implemented their own surveys without consistent Q
- The purpose of C-SAW
  - Pilot a state-based surveillance system in ECE facilities (centers)
  - Monitor and measure state-level progress in implementing nutrition, physical activity, and wellness policies
  - Assess state lists, state engagement strategies, feasibility, response rates
- Goal of C-SAW:
  - To provide representative data for each state and provide CDC, federal partners, states, and others to track progress toward implementation of the national standards
  - Identify gaps and successes in implementing national standards
- Study population
  - ECE center-based programs serving children 0-5 years in 4 states

BRIEF C-SAW TIMELINE

- Contract awarded to Westat (2017) to get expert input, design & carry out a pilot survey in 4 states
- Survey was created and cognitively tested (2018-2019)
- OMB approved in 2019
- Sample drawn and scheduled to be in the field March 17, 2020 which was exactly when COVID was declared a global pandemic and thus delayed
- OMB approval expired and then re-approved in 2021
- Sample re-drawn
- In the field from April 15 to June 29, 2021 **during the pandemic**

SURVEY INSTRUMENT

- A survey instrument was developed to collect information on nine topic areas:
  - Program descriptors (e.g., ages served, number of children enrolled, full- and/or half-day program)
  - Nutrition
  - Physical activity
  - Screen time
  - Staff training
  - Activities to improve nutrition and physical activity offerings
  - Tracking developmental progress
  - Discipline
  - **Impact of coronavirus (COVID-19) on the ECE program**

PILOT STATES AND SAMPLE FRAME

- Four pilot states: Arizona, Florida, Ohio, and New York
- States selected purposely with different state licensing structures to maximize what can be learned from the pilot about sample frame construction
- C-SAW Team met with officials from each state (typically DOH) to engage them as partners in the pilot and request their assistance in obtaining an up-to-date list of ECE center based programs in each state
  - Number of lists varied by state – some only had 1 that was updated monthly and publicly available others had 4
  - Final sampling frame consisted of a complete list of all the eligible center based ECEs
  - Stratified systematic sampling used to select survey participants;
    - Stratification was based on license status – licensed or legally operating but license exempt
  - With in the strata, the sampling units were sorted by urbanicity and enrollment capacity and selected with equal probabilities
  - Data was weighted to be representative

SURVEY DISTRIBUTION

EACH ECE SENT A RECRUITMENT LETTER AND LINK TO COMPLETE SURVEY ONLINE

SENT A REMINDER POSTCARD 2 WEEKS LATER; 4 WEEKS LATER REMINDER AND PAPER COPY OF SURVEY

STATE AGENCIES/PARTNERS ALSO SENT OUT MAILERS, EMAILS, SOCIAL MEDIA POSTS TO PROMOTE/ENCOURAGE ECES TO COMPLETE THE SURVEY (ACTIVITIES VARIED BY STATE)

SAMPLE SIZE AND RESPONSE RATES

State	Sample Size	Completed Surveys	Ineligible*	Response Rate (%)
AZ	289	77	1	27.0
FL	299	58	3	20.4
NY	400	56	0	14.0
OH	296	57	2	19.9
Tribal HS programs[12]	33	1	0	3.0

- 75% of respondents filled out web survey and 25% on paper
- Undeliverable
  - Sixteen of the 33 (48.5%) of the recruitment mailings to the Tribal HS/EHS programs and 5.9% of those sent to ECEs in states were returned as undeliverable
- 75% said they completed it in less then 30 min
- 92% said the survey was easy or very easy

PRELIMINARY DATA

- We had a mix of ECE sizes – AZ example: small (~32%), medium (46%) and large (20%)
- Public funding (public pre-k, subsidy, Head Start)
  - 81% in AZ
  - 84% in FL
  - 63% in NY
  - 69% in OH
- Participated in CACFP
  - 43% in AZ
  - 56% in FL
  - 42% in NY
  - 45% in OH
- Most common reason for not participating was that they had not heard of the program
- Majority provided the meals/snacks (vs being brought from home)

KEY NUTRITION TOPICS

Topic	AZ	FL	NY	OH
No juice served last week	53%	40%	43%	40%
SSBs are not served at all	100%	91.5%	94%	97.4%
Fruits served 2 or 3 x day	61%	64%	66%	75%
Vegetables not served at all last week or not served every day	29%	18%	25%	16%
Sweet baked good served 1 or 2 times a week	29%	30%	28%	33%

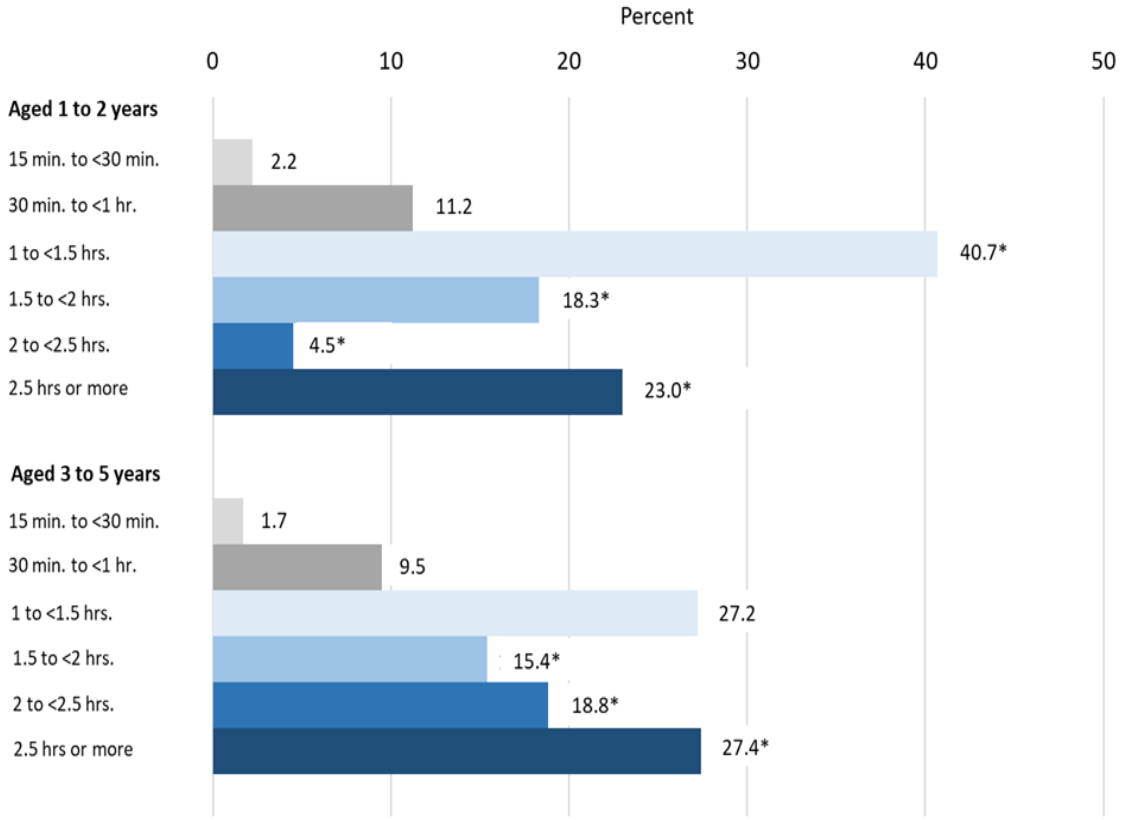
FOOD SECURITY

- *How often do you and other staff at this ECE program see children who do not appear to be getting enough food to eat at home?*

State	Never or rarely	Sometimes	Often	Very Often
AZ	61%	35%	3%	1%
FL	62%	38%	2%	2%
NY	81%	17%	3%	0%
OH	62%	31%	7%	0%

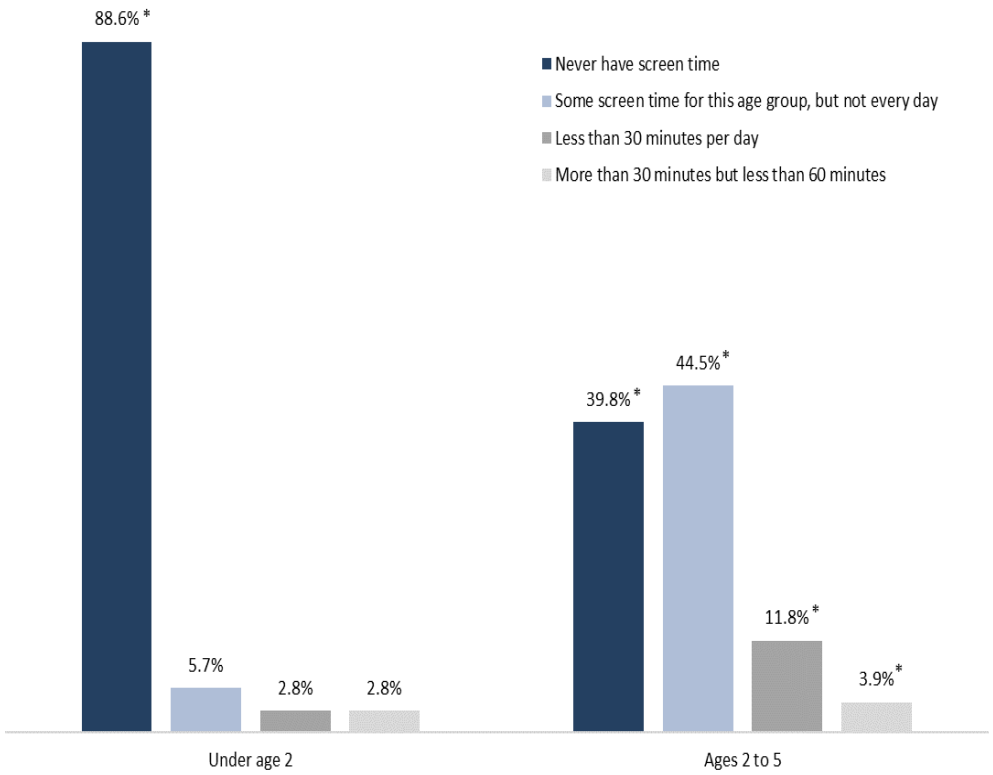
PRELIMINARY DATA FROM AZ

- Total physical activity time by age (see graph)
- In AZ 60% taking kids outdoors 2x day (range 52-87%)



SCREENTIME IN AZ

- Usual daily screen time for children at the ECE program, by age group



COVID-19 QUESTION FINDINGS

- >66% of ECE programs were closed for one or more weeks in the past year due to the pandemic
- Some provided food assistance to families when they were closed (39% AZ, 11% FL, 24% NY, 29% OH)
- ~70-80% reported a decrease in enrollment from 1/2020 to 1/2021
- Many reported staff layoffs, furloughs, and/or pay cuts since the beginning of the pandemic.

LIMITATIONS OF PILOT

- Low response rate
- Although the data were weighted to account for selection probabilities and nonresponse, the state-level should be interpreted with caution due to the low response rate and the small number of completed cases

LESSONS LEARNED

Lessons Learned

- Public health departments were extremely effective in serving as a point of contact and making needed connections between different state agencies to obtain needed lists to develop sampling frames
- States had varying levels of ability to promote the survey
- We tried to include tribal ECEs (in Arizona only) and the response rate was very low (1/33)
- Optional menu upload during the survey or at time of mail in was very positive
  - Half of respondents provided menus (57 uploaded & 44 hardcopy)
- Even though response rates were low – provides CDC and pilot states data that was not previously available

NEXT STEPS

- Data analysis for all states and report writing will be complete in Early 2022
- Continue to disseminate survey findings in pilot states and beyond
- Continue to share findings and lessons learned with other federal partners
- Provide a copy of the C-SAW survey instrument to anyone who is interested – including CDC recipients who could do the survey in their own state or other federal partners; there is also an accompanying teacher survey that was created but never cognitively tested
- CDC has started an Early Child Cross agency Workgroup and this group is interested in learning more about C-SAW

National Survey of Children's Health

What: A national survey on physical and emotional health of U.S. children

When: Conducted annually

Who: National **and** state-level estimates for children 0 – 17 years of age

What's new?

- CDC partnered with HRSA's National Survey of Children's Health to add 5 NEW questions to the 2021 and 2022 survey for children 1 – 5 years:
  - Fruit, vegetable, and sugar-sweetened beverage consumption, and outdoor play
- Existing questions include topics such as breastfeeding, food security, screen-time, sleep

THANK YOU

For more information, contact: **Carrie Dooyema** igb7@cdc.gov

Email me for a copy of any of the materials discussed today.

Help us keep America healthy and strong. See how at: **cdc.gov/nccdphp/dnpao**

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

Upcoming Work Group Meetings

COVID-19 Food and Nutrition: January 20th @ 2pm EST
Contact Jessica Soldavini (jessica6@live.unc.edu) for more details.

Drinking Water: January 26th @ 12:30pm EST
Contact Abigail Colburn (atcolbur@asu.edu) for more details.

Early Childhood: No January meeting
Contact Alison Tovar (alison_tovar@uri.edu) for more details.

Food Policy Council: January 14th @ 1pm EST
Contact Abiodun Atoloye (abiodun.atoloye@uconn.edu) for more details.

Food Security: January 24th @ 12pm EST
Contact Kaitlyn Harper (kharpe14@jhu.edu) for more details.

Food Service Guidelines: January 25th @ 2pm EST
Contact Bethany Williams (bethany-williams@ouhsc.edu) for more details.

Healthy Food Retail: No January meeting
Contact Caitlin Lowery (clowery@unc.edu)

Rural Food Access: January 20th @ 12pm EST
Contact Kyle Busse (kybusse@live.unc.edu) for more details.

School Wellness: January 11th @ 2pm EST
Contact Deb Olarte (dao2113@tc.columbia.edu) or Marisa Tsai (marisa.tsai@berkeley.edu)

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Join for the next State-of-the-Science webinar on February 14th @ 12pm EST

NIH Nutrition Roadmap (Holly NiCastro)

Want to learn more about NOPREN or join the network?
Visit https://nopren.ucsf.edu or contact NOPREN@ucsf.edu

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