

Tiffani L. Grant, MS, RDN, LD
Director, Division of Nutrition, Physical Activity & Obesity
Mississippi State Department of Health

“THE CHOICES PROJECT”

Why MS Chose to Participate

- High rates of state childhood obesity
- What is impact of what we are doing and what else can we do?
- Evidence-based initiatives
- Return on investment

State childhood obesity data

- MS Child and Youth Prevalence of Obesity Survey
- Incorporated into CHOICES model for MS

Mississippi State Project Goals

- Use cost effectiveness results to understand impact, cost and cost effectiveness of interventions being implemented in the state
- Explore cost effectiveness of potential new interventions for implementation

Mississippi Interventions

Intervention	Population	Description
MEND	7-13 years	Counseling and lifestyle intervention for children with obesity with support from their caregivers
Active PE K-8	5-14 years	State requirement that 50% of physical education class time spent in moderate- to-vigorous physical activity
ECE Screen Time	2-5 years	Updated state licensing regulations to reduce screen time in facilities and educational support for children and families to reduce screen time at home

Early Care & Education (ECE) Screen Time

- ◎ Three models:
 - Change to state licensing restricting screen time
 - Training program for providers to implement screen time reduction education initiative for children/families
 - Combination of doing both the licensing change and training program

ECE Screen Time-partners

- DoH Licensure Office

- Provided licensed child care participation data
- Staff helped conceptualize intervention and identify resources, activities and costs

ECE Screen Time

Licensing Change Draft Results

- Costs \$0.50 per child
- Cost savings (-\$6,000)
- Prevents childhood obesity: 150 cases in 2025

ECE Screen Time

Training Program Draft Results

- ⦿ Prevents childhood obesity: 160 cases in 2025
- ⦿ Requires some investment in resources:
 - Cost per child = \$20
 - Not cost saving

ECE Screen Time Draft Results for doing both initiatives

- Reaches the most children: 42,000 in Year 1
- Reduces the most cases of childhood obesity: 340 in 2025
- Low cost (\$6 per child) but is not cost savings

Decision-making considerations

- ⦿ Licensing change requires action by Board of Health
- ⦿ Training program requires identifying funding
 - Potential for CDC funding application

Using CHOICES model results

- Share results with Child care licensing office and partners engaged in issue around children and childhood obesity
- Disseminate results to decision makers
- Determine action:
 - Funding applications
 - Pursue any regulatory change
 - Policy action or policy implementation

ECE Screen Time- lessons learned

⦿ Partnerships with licensing office critical

- Conceptualizing intervention and implementation
- Considering what to do next with results

⦿ Need for additional research in state on current early child care practices

Lessons learned

- ① Partnerships with state agencies/offices critical for
 - Value of developing interagency relationships
 - Medicaid
 - Conceptualizing how interventions might play out in state
 - Considering what to do next with results
- ① Value of developing external relationships
 - Emergence of need for a diverse group of partnerships
 - Non profits organizations
- ① Data collected on schools very useful for modeling
 - Intentional and thoughtful approach to data collection activities

Value for decision-making

- Performance based budgeting process
- Searching for solutions for health challenges of health problems impacting MS
- Provide info Medicaid would need for doing MEND pilot
- Plan implementation activities, resources, costs
- Decide what interventions to pursue for funding proposals or requests