

## **The Healthy Communities Study, How Communities Shape Children's Health**

### *Identifying Best Practices in Communities to Promote Childhood Obesity Prevention and Control*

The National Collaborative on Childhood Obesity Research (NCCOR) aims to evaluate new and existing obesity prevention and weight control interventions, with an emphasis on those involving multilevel and/or multi-component approaches, and to strengthen the capacity (e.g., knowledge, skills, tools) to implement both interventions and evaluations. Evidence is necessary at the individual, community, and population levels.

To promote and accelerate this kind of research, maximize outcomes from research, and create and support the mechanisms and infrastructure needed for translation and dissemination, NCCOR supported the five-year NIH Broad Agency Agreement (BAA) titled "The Healthy Communities Study, How Communities Shape Children's Health."

The purpose of this five year study is to support a nationwide scientific study of community-level efforts to identify characteristics of community programs and policies that may help reduce childhood obesity rates. The goal is to inform public-health practice and policy by identifying community approaches that may work best for reducing childhood obesity. The study will also help identify future research directions. The study aims are to

1. To determine the associations between community programs/policies and BMI, diet, and physical activity for children, and
2. Identify the community, family, child factors that modify or mediate the associations between community programs/policies and BMI, diet, and physical activity in children.

The study design will use a probability-based sample of approximately 280 communities across the U.S., with 80 communities included with certainty because of their innovative, promising programs, and policies. Retrospective and prospective data will be collected. The retrospective data will include BMI (extracted from medical charts) and details of community programs/policies dating back to 2000. Prospective data will include in-person and telephone assessment of BMI, diet, and physical activity.

Data collection on at least 78 children from within each community (3 boys and 3 girls for each age in the range) will use a staged sampling approach, with all study children

receiving less burdensome Stage 1 measures (e.g., brief questionnaires), and a 20 percent randomly selected subset of children receiving more intensive Stage 2 measures (e.g., accelerometers). In addition to children, data will also be collected from parents, school administrators/teachers, and community key informants.

Program/policy and environmental data will be collected through interviews with community key informants, participant perceptions of the school and home environments, document review, GIS data, and direct observations of communities

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