

## NCCOR Senior Leadership Briefing

July 22, 2015  
Washington, DC

### Participants

**Senior Leadership:** CDC: U. Bauer, J. Collins, J. Fulton; NIH: P. Coates, R. Croyle, G. Gibbons, V. Hubbard, W. Klein, D. Murray, W. Riley, G. Rodgers, C. Spong; RWJF: A. Plough; USDA: M. Bohman, R. Lucas, P. Starke-Reed, D. Toombs

**NCCOR Steering Committee Members:** CDC: L. Kettel Khan, L. McGuire; NIH: R. Ballard, D. Young-Hyman; RWJF: L. Leviton, T. Orleans; USDA: J. Mande, J. Variyam

**NCCOR Members:** S. Arteaga, D. Berrigan, M. Burke, H. D'Angelo, L. Esposito, J. Finley, S. Fleischhacker, D. Galuska, J. Guthrie, C. Hunter, Y. Jo, T. Kauh, R. Korycinski, S. Krebs-Smith, H. Nicastro, R. Kuczmarski, M. McDowell, L. Nebeling, A. Oh, J. Reedy, M. Wilson, S. Yanovski, L. Zatz

### Background

Senior leaders from National Collaborative on Childhood Obesity Research (NCCOR) funder organizations – the Centers for Disease Control and Prevention, the National Institutes of Health, the Robert Wood Johnson Foundation, and the U.S. Department of Agriculture – met with the NCCOR membership for a Senior Leadership Briefing on July 22, 2015 in Washington, DC.

NCCOR members presented to senior leaders “Exploring New Frontiers: Accelerating Progress in Reducing Childhood Obesity.” Attendees heard NCCOR Steering Committee (SC) members recount how NCCOR began in 2008, navigating an initially challenging landscape where little coverage for obesity-related preventive care existed and how since then, NCCOR has helped to change the landscape and accelerate progress in reducing childhood obesity in many areas. Senior leaders heard how NCCOR benefits its partner organizations—efficiently using agency funds, improving quality, and filling gaps and advancing work more quickly—and how NCCOR is ready for the future, undertaking strategic research projects to further advance the field and accelerate progress. NCCOR partners are making continued financial commitments to childhood obesity, and NCCOR is planning future strategic alliances to enhance its capacity to develop innovative tools and solutions that move the field of childhood obesity research field forward.

Some areas NCCOR is moving forward with are: studying childhood obesity declines; harmonizing measurement; learning from global efforts; encouraging healthier food purchases; examining clinical-community linkages; and applying behavioral design principles. In addition, NCCOR is considering opportunities for more engagement in the area of physical activity given the evolving research on the importance of physical activity to obesity prevention and overall health in children.

## Thoughts from Senior Leadership

Senior leaders were notably impressed with NCCOR's progress, high value, and ability to move the needle in efforts to reduce childhood obesity. They praised NCCOR's leadership and innovation in accelerating dialogue and true action, building knowledge and skills, launching ideas, and working across sectors to integrate childhood obesity priorities. Several leaders seconded that NCCOR's history of work and current activities are felt and positively discussed within the funders' divisions and agencies.

Senior leaders were asked to specifically consider how NCCOR can contribute to their organizations' priorities for childhood obesity research, future priorities and opportunities they envision for NCCOR, and ideas of organizations that might be well-suited for a strategic alliance with NCCOR. They had a number of specific thoughts and suggestions:

- R. Croyle shared that many of NCCOR's activities appear to focus on obesity in general, but not childhood obesity in particular. NCCOR may want to consider sharpening its focus on children.

SC members reassured the senior leaders that the Collaborative's focus is on children. However, NCCOR from the outset characterized its missions as addressing children and their families within the communities in which they live, work and play. This broader focus was based on the extensive research evidence that interventions to change health behaviors for children have been found to be effective only when their families and larger communities are engaged. Progress is not as swift or significant if those elements are not included. One member added that NCCOR is increasingly interested in understanding what clinical models work, but that clinicians say it is important to understand what is happening in the community. Clinical-community engagement is important for health and disease generally, not just for obesity. It is particularly important for children's health.

## Translation, Dissemination, and Implementation

- U. Bauer said that NCCOR has a laudable focus on research. The next step is translation and dissemination. Is it time to start disseminating best practices to researchers and the community? U. Bauer also suggested that it is important to remember that Congress is an important audience and they are interested in best practices. D. Toombs suggested that NCCOR keep USDA's Cooperative Extension Service in mind. It has been in existence a long time and is a proven distribution channel for best practices and translation efforts.

The SC responded that translation and dissemination is a primary goal of several NCCOR projects. For example, with the Childhood Obesity Declines project, NCCOR is examining data on changes in obesity rates to determine why the change occurred. The assumption is that multiple interventions and efforts are the drivers. The timeline for this project is short (December 2015) and focus is narrow (four communities). Translation and dissemination also is a focus of the Healthy Community Study. Data collection is ending in mid-August, and seven papers will be published in the *American Journal of Preventive Medicine* in October 2015. Fourteen more papers will be submitted over the next year and many will address these issues. In addition, NCCOR's Matrix Project is addressing translation and dissemination by compiling data on the putative drivers of change from major studies described in the Registry of Studies. This information will be useful for researchers, clinicians, and policymakers. Finally, dissemination is

an area where NCCOR is considering strategic alliances involved in clinical care research, such as the Department of Defense, Centers for Medicare & Medicaid Services, and the Agency for Healthcare Research and Quality.

- G. Gibbons offered that NCCOR has made significant progress, and it could now pivot to implementation science (NHLBI would be interested in this). Building implementation science helps ensure that dissemination happens and lessons learned are actually applied. It is important to think about unintended consequences, however. NCCOR can support research to help identify when they might occur and how to avoid them. NCCOR also should be thinking about scale. NHLBI is interested in how to leverage systems to scale.

SC members responded that USDA's SNAP-Ed program expansion is a great example of scaling. The SC has just approved a new project that will support a process to build national agreement upon what indicators the nutritional and obesity prevention-based food assistance program uses. The selected indicators will become the framework for the program's evaluation and monitoring of impact and effectiveness. NCCOR plans to bring experts from outside the SNAP-Ed program into the workgroup. NCCOR is planning a workshop to discuss this SNAP-Ed evaluation framework and will likely produce a best practices document from the workshop. NCCOR is also thinking about how to expand its efforts to influence the programmatic side of its work and do a better job of looping back to practitioners.

- R. Lucas shared that it is really important to think about research implementation. SNAP-Ed is a flexible modality, but NIH is thinking in terms of systems and how other systems, such as schools, WIC, or early childhood settings, can fit in. How do all the pieces fit together to make them all more effective? How can we tell communities who are working with many stakeholders how the programs for which they are responsible fit with other ongoing efforts?

### Disparities and Early Childhood

- C. Spong suggested that NCCOR begin to focus on the Birth-to-2 age cohort and the impact of environment in early life. This would fit with partner agencies' priorities. W. Riley suggested that NCCOR consider work in the prenatal/perinatal/postnatal period and how food preferences can be influenced at that stage.
- J. Fulton suggested looking at the research on rural/urban differences. Knowledge is limited, especially with physical activity and especially with rural areas.
- NCCOR must address the disparities issue by undertaking activities that help to explain and address disparities.

An SC member noted that in July 2015, NCCOR hosted a Connect & Explore webinar on "Childhood Obesity Declines and Disparities—A Complicated Relationship." Dr. Shiriki Kumanyika (University of Pennsylvania and President, APHA) and Tim Lobstein (World Obesity Federation) presented and nearly 300 people participated in the webinar.

Another member asked the senior leaders whether it would be fruitful for NCCOR to reach out to the director of the National Institute on Minority Health and Health Disparities (NIMHD) to discuss the possibility of forming a small collaborative to address disparities issues to

complement the NIH Vision for Disparities Research. The senior leaders responded that NIMHD is a small institute handling many demands. A better approach may be for NCCOR to strengthen its disparities work, and then connect with the institute later. OBSSR is doing considerable work in disparities; D Young-Hyman is now one of the NIH co-chairs for NIH and with her input OBSSR has increased its activity within NCCOR. B Riley welcomed more engagement of OBSSR with NCCOR.

### Behavioral and Environmental Factors

- M. Bohman suggested that NCCOR continue to support childhood obesity research and should continue to collect new data in three areas:
  - Issues for low-income Americans, who face constrained environments and difficulties in obtaining healthy food. This issue is especially important to USDA.
  - Work on the broader food environment (e.g., food prices, settings). USDA is carrying out several large efforts in this area, including work in the retail environment (e.g., the Food APS study, which is providing rich data and provocative findings about how low-income Americans acquire food; a second round of FoodAPS will be launched in 2017).
  - Work on behavioral economics. USDA funds two centers at Cornell (focusing on children) and Duke (focusing on the retail food environment as well as children and obesity). Harmonizing measurements would be helpful to researchers; multiple leaders expressed approval of this idea.
- G. Rodgers offered that given the complexity of the issue, NCCOR's approach is outstanding. It is important for NCCOR to emphasize what can be learned from communities that have seen changes in their obesity rates. We must push into health care systems and also understand individual variability, an area of focused research for NIH. What behavioral and environmental factors drive weight regain?

### Sustainability

- P. Starke-Reed shared that USDA is working with food producers to focus on food quality and how to enhance it. NCCOR could think about looking at this issue, especially when thinking about sustainability.
- V. Hubbard suggested that sustaining the benefits of interventions is an important message to convey to the public. People generally think about short-term change, but it is important to also communicate the importance of sustained change. NCCOR could consider a role in these communications and how to engage non-health sectors in sustaining interventions.

SC members responded that sustaining change is increasingly an issue in remaking communities. A healthy community is a big driver in people's decisions to move. The Green Building Council and the urban design community generally are addressing how to provide data on community characteristics. Engaging with groups across diverse sectors has its challenges, though, and NCCOR will need to develop ways to do this effectively.

- R. Croyle added that it is time for NCCOR to begin planning for the next Administration. How can NCCOR institutionalize its childhood obesity research work within HHS and USDA and build capacity at the state and local level to keep programs thriving if they are unable to continue on the national level?
- To increase the sustainability of NCCOR's impact, NCCOR members will focus on increasing the dissemination of NCCOR research initiatives and findings. Possible activities include requesting that NCCOR support/involvement be routinely acknowledged in NCCOR-related peer-reviewed journal articles/reports, developing and posting an annual summary of NCCOR-funded initiatives, and other research findings/translational efforts. These efforts would accompany NCCOR's analytics/reporting associated with NCCOR tools and communication channels.

### Other Areas of Growth and Scale-Up

- A. Plough shared that RWJF has recently developed an Action Framework (*From Vision to Action*) and a corresponding set of 41 measures that are designed to mobilize critical areas where action is needed to improve health. The Framework presents these measures in four sectors as a catalyst to get other sectors involved and to spur collaborative partnerships to address obesity within a broad social context. This Framework also complements three national programs of RWJF—Evidence for Action, Evidence for Systems, and Evidence for Policy—which support the Foundation's work to build a Culture of Health in the United States.

SC members asked whether RWJF would talk with NCCOR about these measures and what they mean for NCCOR priorities and how they can help NCCOR successfully engage with other groups. A. Plough responded that RWJF would be happy to work with NCCOR and that it will be hosting two large sessions at the upcoming American Public Health Association meeting on these measures.

- W. Klein asked how NCCOR might use success stories from tobacco as a model for its work. Connections with what we have learned from tobacco are not evident. Is NCCOR using these? D. Murray added that the tobacco control community successfully made the smoking cessation message inescapable. How can we do that with childhood obesity? We must use every possible avenue and multiple interventions. We need to make messages pervasive and use a whole community approach (not just community-based).

SC members responded that tobacco control at the community level was a key model when NCCOR was formed. In fact, many of the investigators who have been most active in the area of obesity prevention research at the community level transitioned from research they did in the tobacco arena. The Collaborative is getting close to the time when the field has sufficient accumulated data to really move into action, and the tobacco model is increasingly relevant. Perhaps NCCOR could convene experts who have worked in both obesity and tobacco control to share their lessons learned, including in the area of translation and dissemination.

- R. Croyle wondered if scaling up to improve implementation capacity is similar to scaling up to improve capacity for advocacy and policy change. Does NCCOR have a plan so that it can be ready to emphasize advocacy/policy change when the evidence base is ready?

SC members responded that NCCOR considered this early in its history. RWJF can engage in this work, whereas federal agencies cannot. RWJF is working with the American Heart Association on research, action, and communications. It would be helpful for senior leaders to help NCCOR think of new alliances that can help with scaling up in both arenas.

- A. Plough shared that barriers to healthy eating and physical activity are deeply rooted and cultural. Cultural issues have many nuances and must be understood in their entirety. Robust analytic tools are needed to understand this context, as are nuanced policy approaches to address them. RWJF has a “Southern strategy” to aid in this work. USDA has made a \$4 million investment in four regional centers to test innovative nutrition education strategies for low-income families. NCCOR could help.

SC members noted that a number of efforts are underway in this arena. USDA’s Southwest regional office is working with CDC and the South Carolina Regional Center to develop best practices for SNAP-Ed. CDC also is funding a Learning Collaborative among Southeastern states to share information on how they are partnering with groups on these efforts. They are beginning work on a cross-walk to leverage all the collaboratives and partnerships ongoing so as to document the process and share with others.

- J. Collins offered that NCCOR should consider work in how to standardize measures for cost assessment of intervention design. Routinely measuring intervention cost and determining the cost relative to impact would be an important contribution.

SC members stated that this idea has surfaced repeatedly and NCCOR has considered doing work in this area. This issue was described in the recent National Nutrition Research Roadmap and the SC has considered reviewing research directions described in that report as one source for considering future research directions. If we can show that an intervention has cost benefits as well as health benefits, then we can build a strong business case for the intervention.

Senior leaders also briefly mentioned several other topic areas and potential strategic partners for NCCOR’s consideration:

- Topic areas
  - G. Rodgers suggested reviewing work around the microbiome (translation/dissemination of this research could be useful).
  - G. Rodgers also suggested examining the role of sleep in the weight control mix, along with diet and physical activity.
  - J. Fulton also suggested looking into big data. How can we capture big data and mobile informatics, especially about movement, now that cell phones are ubiquitous?
  - D. Murray suggested examining dental care. Poor nutrition affects dental health as well as weight status.
  - Methods for measurement design and analysis.
- Potential strategic partners
  - Groups interested and involved in physical activity (e.g., National Football League, groups that make devices to track fitness)

- Groups doing behavioral economics research (e.g., National Bureau of Economics, Brookings, Princeton's Woodrow Wilson School)
- The US Geological Survey (e.g., Carl Shapiro). They are very interested in environmental effects on behaviors.
- P. Coates shared that the NIH Office of Dietary Supplements (ODS) keeps a low profile with respect to obesity. Given the high percentage of people who use supplements (50% of adults and 30% of children), however, obesity issues related to nutrient status could be a rich area for investigation. ODS puts a high priority on communication efforts and has many fact sheets for health care professionals and consumers. The most recent fact sheet is on weight loss supplements. ODS would welcome the opportunity to partner with others.

## **Next Steps**

Senior leaders were warmly thanked for their support of NCCOR, their thoughtful suggestions, and the fruitful discussion. NCCOR will begin discussing the recommendations and plan how NCCOR can prioritize the guidance shared and take action. NCCOR may follow up with particular senior leaders on their comments.