# Meeting Summary

**National Collaborative on Childhood Obesity Research (NCCOR)**
**Member Meeting**

Thursday, February 1, 2018
8:30 a.m.–3:00 p.m.

Centers for Disease Control and Prevention (CDC)
Atlanta, GA

Livestream recordings:
https://www.dropbox.com/sh/oaluuukvxh6usbr/AAAU7cFyJL8n3caXlMxk5K6Ya?dl=0

**Participants (Atlanta):** E. Arkin, H. Athar, R. Ballard, B. Belay, N. Budd, H. Blanck, J. Block, E. Bosso, D. Brown, M. Brna, L. Canady, S. Cobb-Souza, K. Cornett, S. Cory, C. Dooyema, S. Fishleder, R. Flores, M. Fulmer, J. Fulton, D. Galuska, C. Getty, A. Goodman, H. Hamilton, H. Hamner, D. Harris, M. Harrison, E. Hyde, T. Kauh, L. Kettel Khan, R. King, J. Kleinsorge, C. Kochtitzky, C. Landgren, S. Lange, E. Lundeen, L. Moore Freeman, A. Murriel, J. Nelson, A. O'Connor, I. Omoye, J. Omura, S. Onufrak, L. Pan, S. Park, R. Petersen, E. Peterson, T. Phillips, S. Pitt Barnes, A. Samuels, T. Schmid, J. Seymour, M. Tait, E. Ussery, Y. Valdes, J. Variyam M. Verploeg, K. Watson, G. Whitfield, A. Yaroch, D. Young-Hyman, H. Zaganjor **(DC):** D. Berrigan, S. George, L. Nebeling, A. Rhone, A. Vargas **(Phone):** S. Arteaga, J. Boyington, K. Casavale, P. Cotton, N. Elliott, J. Gunn, J. Jernigan, D. Johnson-Bailey, C. Hunter, B. Ford Lattimore, A. Oh, K. Piercy, E. Rahavi, J. Hall Ratliff, J. Reedy, D. Sikes, A. Warnock

## WELCOME AND INTRODUCTION

E. Arkin opened by welcoming participants in Atlanta, in Washington, DC, and one the phone. The participants introduced themselves.

## OPENING REMARKS

R. Peterson provided opening remarks.

## PARTNER AND STRATEGIC ALLIANCE UPDATES

### *NIH*

R. Ballard provided the following updates:

- S. Krebs-Smith retired; S. Fleischhacker moved into academia.
- Today's discussion is pertinent to the NIH Pathways to Prevention (P2P) workshop, which focused on enhancing the methods for evaluating natural experiments in obesity (e.g., changing our community environment). R. Ballard noted that NCCOR has tremendous potential in this area.
- NIH will publish a nutrition strategic plan for comment. It will be circulated through NCCOR.
- Federal staff working on the *Physical Activity Guidelines* held a meeting in January to discuss translating the *Physical Activity Guidelines Advisory Committee Report* into guidance. A major part of the report is addressing promotion of physical activity. Next steps are to identify research gaps and how to address those with NCCOR.

- Current initiatives include Adolescent Health and All of Us, a precision medicine initiative involving children. These initiatives could be topics of discussion at future NCCOR meetings.

***USDA***

J. Variyam provided the following updates:

- S. Ver Ploeg is the new Food Assistance Branch chief.
- J. Variyam highlighted the following USDA initiatives and projects:
    - Over the last 10 years, USDA has focused on building consumer data in the United States (e.g., food purchases).
    - The Committee on National Statistics (CNSTAT), of the National Academy of Sciences, reviews consumer data systems and provides recommendations.
    - USDA is starting a second round of the National Household Food Acquisition and Purchase Survey (FoodAPS).
    - The department is also conducting a study on the economics of breastfeeding and releasing a report on food availability at home.

***RWJF***

T. Kauh provided the following updates:

- RWJF has undergone staffing changes at the senior level:
    - Jim Marks retired.
    - Jennifer M. Ng'andu is the interim managing director for Healthy Children, Healthy Weight.
- Healthy Children, Healthy Weight is working on healthy school environments (e.g., school lunches), family support policies (e.g., the Women, Infants, and Children [WIC] program), and early childhood systems.
- RWJF is working on an evaluation of sugar-sweetened beverage (SSB) taxes in Philadelphia and Oakland, CA. A report on Philadelphia will be released in early June; a report on Oakland, CA. will be released at the end of 2018 or early 2019. RWJF will also release a cross-site paper in early 2019.

***CDC***

L. Kettel Khan and H. Blanck provided the following updates:

- CDC is co-releasing the following reports with USDA in 2018:
    - *State Indicator Report on Fruits and Vegetables*
    - *Special Supplemental Nutrition Program for Women, Infants, and Children Participants and Program Characteristics (WIC PC)*
- CDC is kicking off a state early care and education (ECE) surveillance pilot and passed its first food service guideline policy as an agency.
- The Childhood Obesity Research Demonstration Project (CORD) was funded $30 million for another 6 years.
- CDC is working on a new project called the Childhood Obesity Data Initiative (CODI), which harmonizes big data to get down to local data and help patients.
- The *Physical Activity Guidelines* are expected to be released in the fall of 2018.

***Coordinating Center (CC)***

T. Phillips provided the following updates:

- The CC held a call in December with the NCCOR External Scientific Panel. The following key recommendations for NCCOR were presented on the call:
    - Consider health equity issues versus health disparities
    - Conduct additional analyses related to ethic and minority groups using data from the Healthy Community Study
    - Continue to expand NCCOR's childhood obesity research focus to include prenatal and birth to 2 years old
    - Continue work around measuring policy, specifically soda tax, and the rapid response funding mechanism to receive baseline data prior to policy changes
    - Explore the impact of technology (e.g., social media) on children's eating behaviors

**PROJECT/WORKGROUP UPDATES**

***Youth Active School Transportation Surveillance Initiative***

E. Ussery shared that the purpose of the group is to improve public health surveillance of youth active school transportation (AST) across three content areas: youth AST behaviors, environmental supports for AST, and program and policy supports for AST.

Activities:

- Working with Dr. Noreen McDonald, director of the Carolina Transportation Program at the University of North Carolina at Chapel Hill, to conduct a literature review to describe the current state of surveillance of youth AST
- Plan to convene an expert panel over a 2-day workshop to identify youth AST behaviors of interest, features of the built environment that facilitate or hinder youth AST, youth AST policies and programs, and measures for assessing Youth AST
- Will combine the results from the literature review and the expert panel into a white paper or manuscript

Individuals interested in joining this group should contact M. Brna (mbrna@fhi360.org).

***Additional Benefits of Walkability***

J. Omura shared that the purpose of the group is to identify and quantify additional benefits of walkability beyond physical activity and health, specifically social cohesion and injury prevention.

Activities:

- Working with Dr. Keshia Pollack—professor at Johns Hopkins Bloomberg School of Public Health with expertise on safety, walking, and community issues—and FHI 360 research staff to conduct a literature review on the quantification of social cohesion and injury prevention benefits associated with increased walkability
- Convene a panel of experts to review the evidence surrounding the additional benefits of social cohesion and injury prevention, identify gaps where more work is needed, and summarize how these additional benefits can be measured
- Will develop a white paper or peer-reviewed manuscript(s) to summarize the results

Individuals interested in joining this group should contact M. Brna (mbrna@fhi360.org).

***Youth Energy Expenditure***
K. Watson shared that the group started in 2012 to support research efforts to achieve consensus on methods and measures for improving youth energy expenditure values.

Accomplishments:

- A companion paper, *A Youth Compendium of Physical Activities: Activity Codes and Metabolic Intensities*, with a complete description of methods and data sources, was published in September 2017 in *Medicine & Science in Sports & Exercise*.
- Released the web-based Youth Compendium of Physical Activities in October 2017
- Held a scientific session and staffed an NCCOR exhibit booth at the Obesity Week conference in October 2017
- Hosted a Connect & Explore webinar in December 2017 to discuss the development of the Youth Compendium and ways to use the tool

Next Steps:

- Disseminate Youth Compendium materials at the Active Living Research conference in February 2018
- Publish a blog post and manuscript in the American College of Sports Medicine's bulletin in February 2018
- B. Ainsworth—honored with the McCloy Lecture—will present at the SHAPE America National Convention & Expo in March 2018; NCCOR will exhibit.
- CDC and NIH submitted for merit awards because of this work

Individuals interested in joining this group should contact A. Samuels (asamuels@fhi360.org).

***Advancing Measurement of Diet and Physical Activity for Childhood Obesity Research and Evaluation***
J. Reedy shared that this group, with support from the JPB Foundation, is expanding its work with the Measures Registry User Guides to promote the use of validated measures; support training in measures selection; better understand adaptation of measures for underserved and high-risk populations; and develop an approach for identifying a set of recommended measures and next steps in measurement science for four domains: individual diet, individual physical activity, food environment, and physical activity environment.

Accomplishments:

- Conducted six 1-hour focus groups with 24 participants, including researchers, professors, practitioners, health care clinicians, and graduate students
    - Focus group recommendations include:
        - Create an overview module of the breadth of measures in each domain
        - Develop guidance on how to narrow a search
        - Develop different modules for practitioners and researchers
- Completed a literature search to update the Measures Registry with articles from December 2015 to 2017
- Began identifying features of and a structure for teaching modules

Next Steps:

- Develop teaching modules with a subcontractor or vendor and experts
- Create a workgroup for developing a User Guide on BMI measurements
- Begin work on Task 2: Examining Measurement Needs in Underserved Populations
    - Activities will include conducting an environmental scan of measurement needs in high-risk populations, holding a workshop on adapting measures in high-risk populations, and creating supplements for the Measures Registry User Guides.
- Participate at 2018 conferences, including Active Living Research and Society of Behavioral Medicine

Individuals interested in joining any of these workgroups should contact A. Samuels (asamuels@fhi360.org).

***Other Updates***

R. Ballard announced C. Ogden is conducting a workshop to address the challenge of extreme obesity in children. This is increasingly becoming a challenge because we are unable to discern much movement in this area. C. Ogden has agreed to be involved in the BMI User Guide effort. R. Ballard also noted that the Youth Active School Transportation Surveillance Initiative project is complementary to The Community Guide's efforts.

L. Kettel Khan announced that the Food Systems workgroup has been meeting over the last couple of months; this is the overarching workgroup that keeps tabs on all different food-related projects in NCCOR. This workgroup is currently brainstorming whether there may be a new project to bring to the Steering Committee. L. Kettel Khan also announced that NCCOR's six paper supplement for the Childhood Obesity Declines project has been accepted in the *Childhood Obesity* journal.

J. Reedy announced that NCCOR is in the process of updating the Catalogue of Surveillance Systems (CSS). Individuals interested in the CSS, or who have ideas for systems to include, should contact J. Reedy (reedyj@mail.nih.gov) and M. Brna (mbrna@fhi360.org).

**NEW PROJECTS**

***Increasing Opportunities for Trail Use to Promote Physical Activity and Health among Underserved Youth***

D. Brown shared that youth from underserved groups are thought to rarely use trails; gaps exist in our knowledge of effective approaches to promote and increase trail use among underserved youth. The new project aims to identify what is known about the benefits of trail use, effective interventions or programs to promote and increase trail use among underserved youth, and facilitators and barriers related to trail use as a health enhancing behavior among youth. The new project seeks to answer if evidence indicates how to increase the initiation and maintenance of trail use by underserved youth and if increasing access will create sustained use of trails among underserved youth.

Activities:

- Conduct evidence-based and practice-based literature reviews using subject matter experts
- Summarize results into one or two white papers

- Identify if and how the Community Preventive Services Task Force's Built Environment Recommendation to Increase Physical Activity may address barriers to or facilitators of trail use among underserved youth
- Convene an expert panel to discuss the white paper(s), review findings, and provide qualitative input

This workgroup includes representatives from the U.S. Department of Transportation, USDA Forest Service, and National Park Service. Individuals interested in joining this group should contact M. Brna (mbrna@fhi360.org).

***Collaborative Learning Project on the Evaluation of Childhood Healthy Weight Programs***
B. Belay shared that the Engaging Health Care Providers and Systems Workgroup (HCPS) convened focus groups in May 2017 to determine the utility of a peer-led collaborative learning project to evaluate healthy weight programs (HWPs) and needs that such a project could help address. B. Belay noted two highlights that emerged from the focus groups: an evaluation framework is needed for HWPs, and community-based HWPs are ready to participate in collaborative learning projects.

Activities:
- Host a 1 ½ day kickoff meeting (scheduled for April 18–19, 2018, in Washington, DC) for focus group members and subject matter experts to determine the content of the learning modules and web-based platform as well as finalize the evaluation framework
- Develop a collaborative web-based platform to facilitate evaluation-related learning (tentatively scheduled to launch in July 2018)
- Develop an evaluation framework
    - HCPS is developing criteria to evaluate the input garnered throughout the project; criteria will be used to inform the final evaluation framework.

Individuals interested in joining this group should contact H. Zaganjor (hzaganjor@fhi360.org).

***Pilot Test of Meta-Analytic Method: Childhood Obesity Evidence Base (COEB) -***
D. Young-Hyman shared that this project—to make better use of evidence from a wide variety of obesity prevention studies—will pilot test a novel *taxonomic approach* to evidence aggregation. This approach will allow comparison of the evidence from reports of varying levels of rigor and specificity, examination of the success of intervention components in targeted populations and circumstances, and comparison to evidence generated by well accepted meta-analytic methods focused on potential impact on effect size.

Mission Measurement will be a subcontractor on this project through the CC.

Activities:
- An expert panel of researchers and stakeholders in the field of childhood obesity prevention will determine the scope and focus of the literature to be included in the pilot. A topic focus will be identified.
- The COEB Workgroup and Mission Measurement will identify reports to be included in taxonomy development and create the coding system for categorizing evidence.
- The taxonomy will be reviewed and verified by a methodology advisory team.

- The COEB Workgroup will develop a tool for NCCOR and others to use.

Individuals interested in joining this group should contact M. Brna (mbrna@fhi360.org).

***Questions/Discussion***
J. Fulton asked D. Young-Hyman if this taxonomic approach has been used in other disciplines. D. Young-Hyman said that Mission Measurement has tested this methodology in other areas. She noted that Mission Measurement has done data analysis for the Olympics.

***Special Announcement***
R. Ballard announced that NCCOR will publish two manuscripts in the March issue of the *American Journal of Preventive Medicine*. The first paper, *Developing A Partnership for Change: The National Collaborative on Childhood Obesity Research*, highlights the formation, structure, and operations of NCCOR and discusses the benefits of using a collaborative model to address health problems. The companion paper, *A National Collaborative for Building the Field of Childhood Obesity Research*, details several principles for successful partnerships and how NCCOR used these principles to make significant contributions to the fields of research, evaluation, and surveillance for childhood obesity prevention and management.

R. Ballard also demonstrated the new NCCOR Accomplishments webpage, which is a living document.

**OPENING SESSION**

***Data for Action: Community-Based Surveillance***
D. Galuska began by providing the following definition for surveillance from Thacker et al.'s 1999 *Morbidity and Mortality Weekly Report* article: "Public health surveillance is the systematic, ongoing collection, management, analysis, and interpretation of data followed by the dissemination of these data to public health programs to stimulate public health action." She said that surveillance data are used for planning (including evaluation), advocating (e.g., "getting people to do something," obtaining funding, and research), and learning. She provided the framework for surveillance—consisting of changing places, behaviors, and health outcomes—and the common levels of surveillance—national, communities, and states. She provided a working definition for community surveillance: data collected in a geographic unit of a county or smaller area (i.e., a county, city, census track, or neighborhood). D. Galuska broke down community surveillance into two types:

Within-community surveillance:
- Describes the condition of people or place in a single community (unit of analysis is smaller than the community)
- Used to guide local planning and decision making
- Collection method can be designed to meet community needs

Across-community surveillance:
- Describes the condition of people or places across communities in geographic area (unit of analysis is the community)
- Used for benchmarking and evaluating large-scale interventions

- Collection methods must be consistent across communities

D. Galuska discussed the methods of data collection. Primary collection is active data collection done for surveillance and includes individual surveys and direct measures. Modeling/Small Area Estimates (SAEs) is using statistical methods to estimate a measure using information known about similar areas or people. Secondary data sources are those whose primary purpose was not surveillance (e.g., obesity data from electronic health records [EHRs]).

Using the five evaluation characteristics of surveillance systems (i.e., data quality, representativeness, timeliness, complexity, and usefulness), D. Galuska discussed the influences related to each method of data collection. For example, data quality is important for primary collection and data complexity is important for modeling/SAEs. She highlighted issues that arise with secondary data, including usefulness, or disseminating and interpreting the results.

D. Galuska provided the following examples of data systems:

- National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living (CBS-HEAL)
- Environmental Protection Agency National Walkability Index

D. Galuska closed with the following potential opportunities for NCCOR:

- Webinars and other trainings on relevant topics for community leaders
- Expert panels and white papers on methodological topics:
    - Comparing SAE methods
    - Metrics
    - Large data
- Sharing examples of innovative community surveillance methods
- Collaboration on data collection projects

***Q&A***

J. Variyam asked about D. Galuska's thoughts on security and privacy issues. She said this is more of an issue on the community level. When you begin to link data, people can be identified. There are HIPPA rules on EHRs.

D. Brown asked D. Galuska to comment on using surveillance on self-reported measurements. She said self-reported measurements have biases but are also cheaper. She noted that within a community, you can pick the method if you have the right resources.

R. Ballard commented that the need for more data on multiple levels was highlighted repeatedly at the NIH Pathways to Prevention (P2P) workshop where methods for evaluating natural experiments in obesity was discussed. For example, enhancing NCCOR's CSS with information on systems that provide data on policy initiation and implementation. This is an interesting and challenging space.

D. Berrigan suggested NCCOR consider thinking about addressing the tension between the big data warehouse approach and the traditional data approach. D. Galuska said that choosing which data to use depends on the purpose of the data and what is good enough. Also, money

can affect which type of data to use. For example, if you have a low budget, average data may be fine.

D. Young-Hyman mentioned sampling biases when doing surveillance data. D. Galuska said phone surveys may not last much longer and trust is important when providing information to someone.

J. Fulton asked D. Galuska how to get information to the right people at the right time to get them to act. She responded that there are thousands of ways to disseminate information and understand the best way to influence your target population. She noted that the current political environment shows how information sharing has changed.

L. Kettel Khan discussed disseminating data to the right groups. She asked how can we get ourselves connected enough to know about our various data generating processes to share them correctly and disseminate them in the most useful way? She challenged the group (with partnerships like NCCOR and non-NCCOR partnerships) to be vigilant in what our partners are doing and if we can use it.

**PANEL DISCUSSION: COMMUNITY-LEVEL DATA**
E. Arkin welcomed and introduced the panel.

***Community Commons***
J. Kleinsorge shared that Community Commons was launch in 2011 in response to the Affordable Care Act's regulations related to hospitals having to do a community health needs assessment (CHNA) to demonstrate benefit. The CHNA tool was built to assist hospitals and organizations seeking to better understand the needs and assets of their communities as well as collaborate to make measurable improvements in community health and well-being. Community Commons also developed a community needs assessment (CNA) tool to broadly explore community needs. They provide access to data and mapping tools as well as highlights use cases and success stories.

J. Kleinsorge discussed Community Commons' challenges related to community data surveillance, including priority indicators, local data integration, data and tool interoperability, data sharing, volume of assessment and data tools, and sustainability of community surveillance tools. J. Kleinsorge highlighted opportunities to address these challenges by providing insights on the following upcoming Community Commons tools:

- Community Commons 3.0 is an open source framework that will address sustainability of tools.
- Community Commons Data Exchange is a platform that will help facilitate interoperability and data governance.
- IP3 | ASSESS is the next generation assessment that will lessen the complexity of data analysis.
- IP3 | MEASURE is a collection of survey development and data collect tools that provides an easier way to track progress and features custom measure creation.
- IP3 | IMPACT is a new tool in development.

J. Kleinsorge noted that a new version of Community Commons will be released in June 2018 that will have more capabilities. She also said Community Commons cannot do it alone and ideas, criticisms, and comments are encouraged.

***Challenges and Considerations for Small Area Estimation—Lessons Learned from the 500 Cities Project***

J. Holt shared that the 500 Cities Project—a collaboration between RWJF, CDC Foundation, and CDC—is a first-of-its-kind data analysis for the 500 largest American cities, and the census tracts within these cities, to estimate and report data for 27 chronic disease measures (uses data from the Behavioral Risk Factor Surveillance System). He mentioned that the 500 largest cities in America make up 33 percent of the population. Also, data estimates were first produced in December 2016 and updated at in November 2017.

J. Holt continued with sharing information on the methodology of the project. They used SAE because there is insufficient (or no) sample sizes to create direct survey estimates at the city level. SAE enables the prediction of prevalence for "small" areas (geographically or statistically) where there are small or no samples. The SAE method used was Multilevel Regression and Post-Stratification to apply the parameters from the multilevel models to the census population to obtain probability of health risk or outcome at the individual level. Block-level estimates are aggregated to produce census tract estimates and city estimates. J. Holt displayed the Census Geography Hierarchy, the standard hierarchy of census geographic entities, demonstrating that this type of methodology can be applied to different types of settings.

J. Holt continued with sharing information on the project's challenges. He highlighted the following challenges:

- Needed a flexible framework due to requests for varying geographies and wanted to combine individual-level with area-level (e.g., contextual) information
- Need detailed population estimates
- Highly specified models may not necessarily lead to better predictions.
- The Catch-22: If you have small-area direct survey estimates to validate SAEs across all areas, you really do not need SAEs.
- Mapping the data was critical; however, there were massive amounts of data.
- Unintended or unanticipated uses, such as trends, program evaluation, and real estate market use

Next steps include model improvements, continuation and expansion of the 500 Cities Project, and continued collaboration with CDC programs.

***EHRs for Public Health Surveillance: PCORnet Weight Cohorts and More***

J. Block shared that The National Patient-Centered Clinical Research Network (PCORnet) is a national network funded by the Patient Centered Outcomes Research Institute (PCORI). PCORnet is designed to empower people to make informed health care decisions by enabling clinical research that is faster, easier, less costly, and more relevant to their needs. PCORnet is a large, highly representative, national "network of networks" that collects data routinely gathered in a variety of health care settings, including hospitals, doctors' offices, and community clinics. PCORnet represents approximately 128 million patients who have had a medical encounter in the past 5 years.

J. Block said that PCORnet could advance surveillance by providing opportunities to examine subgroups, multimorbidity, and novel small area geographic estimates of prevalence and incidence of disease. He went on to discuss PCORnet's Weight Cohorts that assessed weight and weight status across a network for a million young children, children, and adults. They stratified the data by race, ethnicity, age group, and gender, showing increased obesity rates among female children.

J. Block discussed other PCORnet studies, including the SCOPE study that is using EHRs for dietary surveillance. This study screens for SSBs with automated educational information provided in "After Visit" summaries. He also discussed weight and health behavior surveillance in EHRs, noting that there is an increasing capacity to do this on a large scale. The challenges include fixed availability of data, health system participation, and limited behavioral data. However, there are important opportunities to expand in this area moving forward.

**PARTNER PLANS FOR COMMUNITY-LEVEL DATA**
L. Kettel Khan welcomed and introduced the panel of agency representatives.

***RWJF: Learning From Community-Level Surveillance***
M. Tait discussed RWJF's Sentinel Communities project, which explores how a culture of health unfolds at the local level. The Sentinel Communities project consists of 30 cities, counties, regions, tribal nations, and states, selected to reflect the nation's diversity in terms of geography, demographics, and approaches to improving health. By tracking these communities over time, RWJF seeks to better understand the local health landscape, how challenges can be addressed in different geographic and historical contexts, and how communities make progress or encounter barriers in pursuing goals of improving residents' health and well-being. M. Tait highlighted the following lessons learned over the last 2 years:

- There are varying levels of and approaches to data-informed decision making.
- Context matters and this project is time consuming (30 communities is a lot to track and monitor).
- The available data tell the story from a public health perspective.

M. Tait discussed future opportunities, including the need for community-level data around health values and understanding how diverse groups of stakeholders are using community-level data.

***USDA: Measures of the Food Environment and Community Surveillance***
S. Ver Ploeg provided an overview of three economic research service (ERS) community and surveillance data products.

- The Food Environment Atlas is the broadest of the surveillance tools and a county-level data set. It helps communities understand how their population's food choices influence the food environment. It assembles more than 275 statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality. It provides a spatial overview of a community's ability to access healthy food and its success in doing so.

- The Food Access Research Atlas presents a spatial overview of food access indicators at the census tract level. It provides food access data for populations of interest that can be downloaded for community planning or research.
- FoodAPS is a nationwide household survey conducted from 2012 to 2013. The goal of the survey was to collect information on food purchased and its cost. The survey oversampled four target groups based on Supplemental Nutrition Assistance Program benefits and income to collect data on underrepresented populations.

S. Ver Ploeg noted the following challenges to the listed tools: selecting and retiring indicators, keeping data current (e.g., USDA relies on data from others for the Food Environment Atlas), frequency of data updates, inconsistencies across geographies, and sticking to core data and avoiding less essential data.

***NIH: Community Level Surveillance in Relation to Obesity Research***

D. Berrigan began by stating that NCCOR can engage with NIH in surveillance by framing it as research, as surveillance and research are intertwined. One cannot be done without the other.

D. Berrigan highlighted the Classification of Laws Associated with School Students (CLASS) project, a surveillance and data resource related to physical activity and diet in school settings. He mentioned that CLASS is starting to think about the next phase (i.e., CLASS 2.0) and that this could potentially be done with NCCOR or benefit from NCCOR. He also highlighted the NHLBI Accumulating Data to Optimally Predict Obesity Treatment (ADOPT) project. He mentioned that the idea behind this project was to select plausible measures to incorporate into obesity interventions and determine relevant interventions. He stressed that this may be a good model to accelerate progress and wants to continue to talk about this model with NCCOR in the coming year.

***CDC: Data for Action: Community-Based Surveillance***

D. Galuska said the physical activity group at CDC is working on a project to determine if machine-based learning (e.g., Google Maps) can be applied to street audits.

- She highlighted place-based surveillance:
  - The Maternity Practices in Infant Nutrition and Care Survey looks at what is happening in hospitals related to breastfeeding.
  - The School Health Profiles assess school health policies and practices, and Workplace Health in America.
- She discussed CDC needs, noting that there are needs within and across community data.

L. Kettel Khan thanked the panelists and asked the lunch panel to join the panelists for a Q&A.

***Q&A***

- G. Whitfield asked J. Block if it is possible to identify data derived at preventive health visits. J. Block said yes, but the process is imperfect. For example, there are codes associated with well-child visits, which allow you to isolate the measures collected at these visits. However, this process is imperfect and hard to triage.
- J. Holt was asked about the 500 Cities Project and what criteria are being considered for expanding to more cities. He explained they are currently in communications with the

CDC Foundation and RWJF for more funding for additional years of data for the 500 cities. He said there are both technical and practical considerations.

- H. Hamner asked J. Block if there has been thought of opportunities to link data with patients or families (not just an individual). He said yes, but it is not easy. The problem is that institutions do not have the capacity to do it.
- R. Ballard asked if we have the capacity to identify new forces that may be influencing trends or changes we are seeing in a population. How well are we thinking we can do this in the public health arena? D. Galuska posed the idea of identifying the indicators. J. Block said it depends on what you have access to.
- H. Blanck asked J. Kleinsorge how possible it is for survey items (such as those included in NCCOR's Catalogue of Surveillance Systems and the Measures Registry) to be used like Yelp. J. Kleinsorge said that Community Commons is trying to operationalize it. There are groups putting out great resources and other groups putting out paid resources; they are trying to weed out the paid resources. It is also hard to stay in touch with all the new resources coming out.
- S. George asked J. Holt how lengthy and involved the process of developing and validating the model was. J. Holt said that is was an evolving process that began in 2009. It took 5–6 years to get something in the literature documenting the methodology.

***Group Session: What Role can NCCOR Play in Enhancing Community Level Data Relevant to Childhood Obesity?***

L. Kettel Khan asked meeting attendees about possible next steps for NCCOR. She mentioned that J. Kleinsorge suggested meeting in one room to talk about linking to each other's data or data platforms.

- J. Block said no one data system will provide all the answers; each system has its assets and challenges. He suggested mapping out these assets and liabilities (e.g., uses for EHRs to identify a couple of useful sources).
- J. Kleinsorge said Community Commons is collecting stories using their data to help understand what people are doing in their communities. She noted that one of the challenges they hear specific to childhood obesity is the lack of updated data in that realm. She suggested NCCOR find ways to support communities in their information collecting by standardizing indicators to make inferences across communities.
- D. Berrigan said there may be an opportunity to teach or train people about different data resources so they learn how to use them for their childhood obesity research purposes.
- S. Silwa asked how people heard about Community Commons. J. Kleinsorge responded that they rely on word-of-mouth and do not advertise.
- J. Fulton asked for people's thoughts on how to think about technology or enterprises in the private sector and what NCCOR can do to help leverage those resources. H. Blanck suggested having an NCCOR meeting with experts in nutrition and physical activity devices (e.g., wearable technology for nutrition assessment) to discuss the pros and cons of different devices. D. Galuska noted that some of this information is proprietary, and there may be a collective advantage to talking more with each other. She also noted the opportunity to figure out how to make data more representative. R. Ballard said in the past, NIH worked with certain groups when a technology was limiting the advance of a field; it would be interesting to think if there were a few targeted areas where it would be useful to have those conversations.

**CLOSING**

E. Arkin delivered closing remarks:

- She proposed setting up a conference call, or a series of calls, to identify issues that NCCOR is interested in exploring. These issues may turn into formal workgroups or follow-up activities such as a technology workshop.
- She thanked everyone for participating and encouraged participants to reach out to the appropriate contact if they are interested in joining a workgroup or a new project.
- She announced NCCOR is looking for themes for future meetings. The next meeting is June 15, 2018, in Washington, DC.