

Meeting Summary

National Collaborative on Childhood Obesity Research (NCCOR) Member Meeting

Thursday, July 27, 2017
8:30 a.m.–3:00 p.m.

FHI 360
Academy Hall
Washington, DC

Livestream recordings: https://drive.google.com/open?id=0Bz_GNs-dPVZjSFp3aDZMVTJsRU0

Participants (DC): E. Arkin, S. S. Arteaga, R. Ballard, M. Brna, M. Burke, L. Canady, D. Chester, J. Clary Loveless, S. Cobb-Souza, P. Cotton, J. De Jesus, A. Drew, L. Esposito, S. Fleischhacker, D. Galuska, S. George, M. Gerhardt, C. Hales, B. Jean-Francois, L. Kettel Khan, R. Kuczumski, S. Kumanyika, L. Liburd, L. Mays, C. Ogden, C. T. Orleans, V. Osganian, A. Penman-Aguilar, T. Phillips, K. Piercy, E. Rahavi, J. Reedy, A. Samuels, P. Thornton, Y. Valdes, A. Vargas, J. Variyam, E. Villegas, K. Watson, S. Yanovski, A. Yaroch, D. Young Hyman (**Atlanta**): B. Belay, H. Hamilton, E. Hyde, J. Omera, E. Peterson, J. E. Ussery, Whitefield, H. Hamilton, J. Edelstein, K. Lee (**Phone**): K. Casavale, D. Harris, M. Green Parker

WELCOME AND INTRODUCTION

E. Arkin opened by welcoming everyone, including remote participants in Atlanta. She noted that the theme of the meeting is health equity and that they are still determining the theme for the September meeting, which will be held in Atlanta.

PROJECT/WORKGROUP UPDATES

Engaging Health Care Providers and Systems

B. Belay shared the group had completed six listening sessions with 15 participants (including primary care pediatricians, tertiary care and community care providers) to better understand the needed support for evaluation of childhood weight management programs (WMP).

Some of the key findings of these listening sessions include:

- A need to determine best practices
- A lack of clarity on most appropriate primary weight-related outcome measures
- Considering other outcome measures beyond weight percentiles/BMI-z score
- The need for an evaluation framework would be helpful to guide the work

Next steps include:

- Working with the American Academy of Pediatrics (AAP) to develop an evaluation framework to add to AAP's clinical guidelines for pediatricians

- Reaching out to Patient-Centered Outcomes Research Institute, Health Resources Services Administration, Centers for Medicare and Medicaid Services, and the Agency for Healthcare Research and Quality to learn what they are doing in this area

E. Arkin commented that the clinicians who were interviewed were very passionate about the high-risk populations they serve, which really fits into the health equity theme of the meeting. B. Belay thanked Susan for clarifying the nuances in the program and how to mesh NCCOR's evaluation approach with what AAP is doing.

If you are interested in joining this workgroup, please contact A. Samuels asamuels@fhi360.org.

Health, Behavioral Design, and the Built Environment

R. Ballard started by noting that the group completed the first phase of its efforts. The initial thought was to have a series of workshops and focus groups to examine how innovation across relevant disciplines can contribute to progress in this field. The workgroup held a series of workshops and focus groups and ultimately developed a white paper that was released in March 2017. In May 2017, members of the workgroup attended the Environmental Design Research Association (EDRA) symposium and presented on applying behavioral design related to changing the built environment to improve physical activity and healthy eating in the community. This was a collaboration among public health, architects, landscape architects, and city planners, among others.

R. Ballard commented that it was interesting that the keynote speaker of the symposium was a woman who had done a lot of work in in South Harlem in health equity to improve living in that area. The workgroup is now planning to host a webinar using several of the speakers from the symposium for an NCCOR Connect and Explore webinar. The workgroup was also recently asked to contribute an excerpt from the white paper to an Oxford University Press publication.

Next steps include reconvening the NCCOR workgroup to talk about what has already been accomplished in this area and to think about specific next steps. If you are interested in the next Behavioral Design call reach out to M. Brna at mbrna@fhi360.org.

Youth Energy Expenditure

K. Watson discussed the current workgroup activities, including developing a web-based youth compendium of physical activities. The workgroup was hoping to launch it at the end of 2016, but was put on hold to finalize the development paper. The workgroup submitted the paper to the *Medicine & Science in Sports & Exercise (MSSE)* in June 2017. A special supplement was also published in the *Journal of Physical Activity and Health* before this paper, and one of the main comments from MSSE was to incorporate all the data into that version as well. The paper was resubmitted and the workgroup is hoping to hear back from the journal by the end of the month. Once the paper is accepted, the workgroup will publish the data in an online compendium—*The Compendium of Youth Physical Activity*—hosted on the NCCOR website. A second paper was accepted by *Pediatric Exercise Science* discussing the accuracy of two methods of accounting for age dependency to express physical activity energy.

The workgroup also held a tutorial and an NCCOR exhibit booth at the 2017 American College of Sports Medicine conference. The conference was well attended. The workgroup is preparing additional presentations.

R. Ballard commented on the challenges in the field of measuring energy expenditure in youth. She noted differences in the previous compendium and how this new youth compendium is an advance in the field.

Other Updates

L. Kettel Khan gave an update on the childhood obesity decline project. The project currently has six papers in clearance right now, and the *Journal of Childhood Obesity* has agreed to publish them as a supplement in September 2017.

NEW PROJECTS

Advancing Measurement of Diet and Physical Activity for Childhood Obesity Research and Evaluation

J. Reedy gave an update on new proposal for advancing measurement of diet and physical activity in childhood obesity research and evaluation. This follows work done with the Measures Registry. In the proposal put forward to The JPB Foundation, there are three different elements:

- Enhancing outreach for Measures Registry and User Guides
- Examining measurement needs for underserved and specific high-risk population and communities
- Defining next steps in measurement needs in diet and physical activity to accelerate progress in reducing childhood obesity.

To further enhance outreach of Measures Registry and User Guides, the group plans to promote them at key meetings; the User Guides were already shared at the American College of Sports Medicine conference. The group wants to develop a series of teaching modules and work with funding organizations and journal editors to increase attention on the quality of the measures that are used.

To examine measurement needs for underserved populations, the group plans to complete an environmental scan to understand measurement needs and to host a workshop with measurement experts in the four domains of the Measures Registry. The group plans to create supplements to the User Guides for adapting measures in high-risk populations.

To define next steps, the group plans to update the Measures Registry from 2016–2018, and to hold a series of workshops. The group hopes to hear more from the JPB Foundation in August 2017 on funding. If funding is obtained, the start date would be September 1, 2017. R. Ballard commented that within ODP, they are working with tobacco and nicotine research interest groups on e-cigarettes and discussing the need for appropriate reporting related to the metrics used so investigators can look across publications and synthesize information. She noted the group has not attempted to do that before in this area and that it will be interesting to learn how to move in that space and what groups we might partner with. R. Ballard noted that this

was one of the challenges when speaking with the JPB Foundation because they wanted very concrete actions on how to do this work.

A. Yaroch wondered if the group was thinking about high-risk populations and shorter measures. J. Reedy said they are open to having that discussion and would start off as broadly as possible to hear from people about what has been successful and how to address those gaps.

J. Variyam asked whether other indicators like parental reporting, which has issues, and BMI are included in the evaluation. J. Reedy noted that the Measures Registry currently does not include biometric measures. They are looking at measures to assess dietary intake, individual physical activity, and the broader food environment and physical activity environment. When the Measures Registry was initially developed, there were other efforts that looked at those kinds of metrics around childhood obesity

S. Yanovski asked whether the group, when focusing on specific populations in improving physical activity measurement, looked at the 0–2 age group since they pose special challenges. She asked whether the group plans to have workshops on this or is looking at whether certain technology can capture this specific age group. J. Reedy responded by saying they see this both with physical activity in that group and is something the small workgroup will discuss in the breakout sessions this afternoon.

Physical Activity

K. Watson began her presentation by discussing two specific projects that they are working on: the additional benefits of walkability and youth active school transportation surveillance.

The goal of the additional benefits of walkability project is to identify benefits of walkable communities beyond physical activity and general physical health. Based on those benefits, the group is focusing on social cohesion and safety and how those benefits vary by context and the population. The first step is to have a literature review, convene an expert panel to discuss the findings, and finally to create a peer-reviewed manuscript based on the findings of the expert panel. The group is currently working on a statement of work (SOW) and identifying the reviewers.

The goals of the Youth Active School Transportation Surveillance Initiative is to provide guidance on improving comprehensive surveillance of youth active school transportation. This came out of a 2016 NCCOR meeting held in Atlanta on safe routes to schools (SRTS) and the need to measure the behavior in the environment. This project hopes to address that need. The project is starting with literature review to summarize evidence and identify measures that have been used related to behavior, environment, and policies and programs, and to convene an expert panel to recommend measures and methods for assessing these components at the local, state, and national levels.

R. Ballard wanted to remind the group that these overarching workgroups were developed to facilitate the cross-talk on how these issues relate to one another. For example, the group will have conversations with CDC's Community Guide program to make sure efforts in transportation are complementary and not duplicative. K. Watson added that the group is looking for more people to work on this and thinks this work can benefit all of the agencies. She

noted the group has two other projects in the pipeline. The first focuses on moving youth physical activity from dissemination to implementation, focusing on translation. The second project focuses on applying national forestry service work on physical activity to youth.

Food Systems

L. Kettel Khan began her presentation by noting how this workgroup was created with the idea of overarching concepts. The group is going to work on a proposal to the JPB Foundation on a national evaluation of the healthy food finance initiative. There are many things going on in food systems, so the group is going to reconvene in August.

AGENCY UPDATES

Status Report for Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities

K. Watson began her presentation by giving an update on the status report for *Step It Up!*, which was released a couple of months ago. The status report summarizes the state of walkable communities and walkability when the call-to-action was released and focuses on selected activities. Key findings included:

- Physical activity needs to be improved.
- The call-to-action received a lot of web action and media interest.
- Activities are still being promoted by federal agencies and goals are being advanced.
- States, communities, and organizations are successfully implementing these activities.

New CDC Community Guide Recommendations on Built Environment and Physical Activity

K. Watson noted this is based on a systematic review of 90 studies. The task force recommended combining one or more of the interventions to improve pedestrian or bicycle transportation systems with one or more land use and environmental design interventions to increase physical activity. For example, improving sidewalks and making improvements to a park increases access to the park and be physically active in the park. NCCOR is planning a Connect and Explore webinar on this topic.

Unfit to Serve: Obesity is Impacting National Security

L. Kettel Khan spoke about "Unfit to Serve," a synopsis of the health status of all four branches of the military. She noted that in the 1950s, the U.S. government realized the general population was not in proper nutritional condition to serve, so it became a national security issue to fortify the food system with micronutrients. This report may play a similar role today with partnerships in the restaurant and food industry highlighting that this needs to be a national priority.

NIH Update on Nutrition Strategic Plan

R. Ballard gave an update on the NIH nutrition research task force. The plan gained input using crowd-sourcing and an expert panel. NIH is now looking to develop the strategic plan further. The goal is to release the first NIH strategic nutrition plan in October 2018.

Empowered Communities for a Healthier Nation Initiative FOA

S. Cobb-Sousa noted that the Office of Minority Health recently announced a competitive funding opportunity (MP-CPI17-004) to support HHS Secretary Tom Price's three priority areas:

- Address increasing opioid abuse by addressing the health consequences of opioid abuse and increasing access to treatment services and training to first responders.
- Support communities addressing childhood and adolescent obesity by supporting initiatives that will increase the number of families with children ages 2–19 enrolled in obesity prevention programs aimed at increasing fruit and vegetable consumption and decreasing simple carbohydrate consumption, as well as increasing the number of families enrolled in programs aimed at increasing the number of minutes spent in moderate and vigorous physical activity for children under 11 years old.
- Address serious mental illness by improving screenings at the primary care level.

The office anticipates funding 16 different awards in amounts of \$300,000–\$350,000 annually over a three-year performance period. The due date for proposals is August 1, 2017, 5:00 PM ET.

Other Updates

J. Variyam gave an update on the work being done with the Food and Nutrition Service to begin a second round of national household food acquisition and purchase surveys (FoodAps2). The surveys would be completed in 2020. The RFP is out and proposals are due August 7, 2017.

J. Variyam gave a second update on a project involving using scan data of food items to link barcode information to USDA databases and nutrition information and information on the quantity of the food in stores. As part of this effort there will also be a project to develop a national food price database.

J. Variyam gave a third update on a report looking at households that have a least one child who is obese and the food environment. They are discovering issues with parental reporting on BMI.

J. Variyam gave a final update on a report on childhood obesity and food insecurities. In the National Health Interview Surveys, they have included food insecurity measures. This report provides insight into these indicators.

C. Ogden wanted to reiterate the poor quality of parental reporting as a measure. She noted there tends to be an inflation in BMI and obesity because parents tend to report a more accurate weight but report a height that is too low. The statistics are significantly different than what is seen in NHANES reporting. She cautioned using parental reporting as a measure.

R. Ballard gave an update on an HHS strategic planning process that is currently underway. Many NCCOR members will be presenting some ideas related to the childhood obesity strategic priority. This will be included in the larger plan. S. Arteaga was part of developing this plan for the National Heart, Lung, and Blood Institute (NHLBI).

S. Arteaga spoke about developing the strategic planning process and how NIH was asked to submit three activities related to childhood obesity. NIH selected the following:

- A focus on pregnancy through age 5

- Leveraging existing data sets to further explore mechanisms and factors related to childhood obesity
- Continuing to encourage collaborations such as NCCOR

The next step is to develop metrics for these activities. This is an evolving process.

S. Fleischhacker talked about USDA's strategic planning process. Nutrition is mentioned and USDA will be having a nutrition-focused strategic planning meeting in November where NCCOR will be theoretically discussed. There will be more to report after November.

FEATURED PRESENTATION

Getting to Equity in Obesity Prevention: A Research and Action Framework (Shiriki Kumanyika)

R. Ballard introduced S. Kumanyika to the group by talking about NCCOR's goal to focus on having an impact on high-risk populations and reducing health disparities.

S. Kumanyika presented a new framework that emerged from discussions at the Institute of Medicine roundtable on obesity solutions. She discussed the need for a new framework due to longstanding higher prevalence associated with race/ethnicity and income. She noted that it is a good time for a new framework because of recent successes in this field. S. Kumanyika then gave an overview of a study published in *Preventing Chronic Disease*, "Prevalence, Disparities, and Trends in Obesity Among Students in the School District of Philadelphia, Pennsylvania, 2006–2013." The study found that over seven school years, the prevalence of childhood obesity and severe obesity declined, and that the declines were larger among boys than among girls and among African Americans and Asians than among non-Hispanic whites and Hispanics.

S. Kumanyika then discussed the new equity-focused obesity prevention framework. The framework has four components: increase healthy options, reduce deterrents to healthy behaviors, improve social and economic resources, and build community capacity. This framework links people and place and healthy behavior. She noted this framework captures things we already know but need to apply to our work to increase health equity.

S. Fleischhacker commented on the need for expansion in expertise and her work in nutrition and dietetics and asked for ideas on ways to interject the issue of health equity into an undergrad curriculum on nutrition.

S. Kumanyika responded by saying she has thought about whether the best way to go about this is to do it in teams so people could learn from other team members but the effort would not suffer from the learning curve or make people feel insecure. People like this framework because it is more operationally oriented. It drives people to ask what to do next and if the work is not included in their grant how to go about doing it. There is some bridge building that needs to be done, perhaps by sponsoring workshops to better understand what people in other fields know.

E. Arkin followed up by asking that if people are saying, "This work is not included in my grant," is this something we should be thinking about as funders? S. Kumanyika replied by saying yes; however, there are mission issues within agencies that are going to intervene. There may be opportunities for joint agency initiatives.

L. Kettel Khan commented by saying there are some interagency collaboratives on funding initiatives—Local Food, Local Places is one of them, which originated in the Environmental Protection Agency with Housing and Urban Development, CDC, and USDA as funders. The focus of the initiative is at the community level to support community engagement and what the community should be doing in the arena of Local Food, Local Places. We as funders need to think about how to use that as a model in the bigger area of research and evaluation. We have the specific expertise to look at the health impact, but perhaps we have less expertise in policy and environmental change. It could be a shifting of roles or a higher-level conversation between NCCOR and other organizations to negotiate the roles.

L. Mays said that some of the feedback they have received is the difficulty in finding staff to implement these interventions. Some organizations have success working with paraprofessionals who come from the community and experience these disparities. The challenges include hiring, retaining, and developing these professionals. She asked what resources might be available to help mitigate this issue. S. Kumanyika replied by saying it is difficult partly because of the nature of community engagement. There could be some intermediary agencies created to help with this. Some community-based participatory research partnerships have tried to take on the role of training staff, but she thinks we do need a new model for how to do this because it is hard to retain people.

A. Yaroch commented that she was trained as an individual behavioral scientist and asked whether S. Kumanyika could talk about social and cultural norms and how that fits into this equation from a mechanistic standpoint.

S. Kumanyika replied by saying she includes the social and cultural environment because we should know about it when we try to do policy change. It helps to understand the context and understand the people better and how the intervention will affect them. The other piece is identifying where the assets are in the community that are embedded in the culture and bring that forward as a part of the community engagement. It is not an individualistic approach but a “people” approach.

T. Orleans spoke about the conceptual model—essentially social determinants of health—and asked how we get those types of studies funded. S. Kumanyika replied by saying that it is more of an issue of how we explain it to the funders because everything must be put into context. It is about getting people to understand how to implement these practices and what is needed for the implementation. There is a science to that and you have to promote the science. T. Orleans followed up by saying when they do efficacy studies they do a model of intervention actions but wondered how to get back to personal needs. S. Kumanyika stated she is not talking about personal needs in the framework but the needs at the population level. There are ways to break down the aspects of the context and that is in the field of implementation science. In terms of the personal needs, that is another layer that has to do with the capacity category of the framework. The community must be empowered but individuals have to make the best of the opportunities they have. It is social determinants on one side and people, community, and capacity on another side.

D. Brown asked whether in terms of the life course of discrimination and social injustice, there is probably also anxiety, depression, and fatigue the individual experiences so when we try to get people to change nutrition and physical activity behaviors, to what extent do measuring

constructs of mental and emotional well-being factor into your model for addressing disparities in health equity? To what extent should we be thinking about metrics related to mental health and stress?

S. Kumanyika replied by saying that all of those things should be measured at both the community and individual levels, but stressed the community because community capacity and collective efficacy can have an important bearing on the individual's efficacy and well-being. At the level of population-based interventions we should look at that as much as the community factors. Also, the measures should include assets because of the fact that some people survive and thrive in spite of difficulties.

T. Orleans stated she thinks there is an exciting possibility ahead in looking at how to authentically engage the effective populations. She recently learned from colleagues at Stanford who are trying to engage older adults in low-income communities in California to get out and look at their environment. They are taking photos of circumstances in their communities that impact their ability to have a healthy lifestyle—things that frighten them or make them feel unempowered. Specifically, these older adults were terrified of the stray dogs that roamed the community. They took photos of these dogs and brought them to community decision makers, which spurred action. They found that afterwards those older adults were more likely to stay engaged and this action changed their demeanor around community agencies. S. Kumanyika replied by saying that there is a feel for how to do that well around health issues, because people are scared to engage with communities but they may be afraid of repercussions. There are also other community issues, for example, people may be more concerned about gun violence than access to healthy foods.

PANEL DISCUSSION: HEALTH EQUITY INITIATIVES IN OUR AGENCIES

L. Kettle Khan opened the discussion by introducing the panel of representatives from each agency to provide updates on health equity initiatives happening within their agencies.

Robert Wood Johnson Foundation (RWJF)

T. Orleans talked about RWJF's Culture of Health mission and how health equity is a critical piece of the mission. She noted that RWJF gave out 413 grants in 2016 that focused in some way on health equity, and they are now trying to determine how to do that work. T. Orleans talked about the How Healthy is Your Zip Code initiative that focuses on how where we live, learn, work, and play affects health. This initiative helped RWJF shift the focus to social determinants of health. So far, the focus of the work has been on race/ethnicity and socioeconomic disparities, but is not limited to that alone. To initiate this work, a team was commissioned to define health equity. RWJF then funded a National Academy of Medicine report on initiatives to improve health equity in multiple domains—education, transportation, housing, and so on. RWJF is now working on a new health equity collaborative and funded a meeting of federal and private funders in July 2017 to discuss working together in health equity.

Clinical Applications and Prevention Branch, NHLBI, NIH

S. Artega began by talking about how the National Institute on Minority Health and Health Disparities was created in NIH in 2010. NIH has several strategic plans that address health

disparities, specifically the NIH Strategic Plan to Reduce Health Disparities. There are three areas within this strategic plan: Increase research, increase research capacity building, and increase community outreach. The fourth component of the plan is to bring all three of these pieces together. She also noted that in 2011, NIH developed the Strategic Plan for NIH Obesity Research; health disparities was included in that plan as a cross-cutting issue.

S. Arteaga then talked about an NIH portfolio analysis done on childhood obesity research that looked at how much NIH funds, what the pattern of funding is over time, who the major funders are, the major types of funding mechanisms, and the major themes within childhood obesity and health disparities. They discovered there was about \$467 million in funding from 2008–2016. They learned that within NIH, the National Institute of Child Health and Human Development (NICHD) was the top funder. They also found that about 51 percent of projects are R01, R03, or R21 research project mechanisms. The themes of childhood obesity research ranged from dietary intake, weight status, low income, weight gain, to lifestyle. S. Arteaga then gave several examples of the work being funded and recommendations for future work, including research addressing geographic disparities, multi-level approaches, and training in obesity and health disparities research.

National Institute of Food and Agriculture (NIFA), USDA

P. Cotton talked about NIFA's health and wellness portfolio, which focuses on a broad array of health and wellness issues, including agricultural health and safety, consumer health education, health literacy, environmental health, access to health care, and preventive services and community health planning. P. Cotton then talked about NIFA's tribal programs promoting learning, opportunity, and health in Indian Country. The agency has five grants specifically targeting Indian Country, including the 1994 Land-Grants and the Federally Recognized Tribes Extension Program (FRTEP). He then discussed the Vulnerable Populations program, which provides opportunities for youth in vulnerable populations.

P. Cotton then discussed NIFA's Hunger and Food Security Program and the several programs it funds. He then gave an overview of the Community Food Projects Competitive Grant Program, which fights food insecurity through developing community food projects that help promote the self-sufficiency of low-income communities. P. Cotton then touched on the Food Insecurity Nutrition Incentive (FINI) Grant Program, which supports projects to increase the purchase of fruits and vegetables among low-income consumers who participate in SNAP by giving incentives at the point of purchase. He then talked about the Expanded Food and Nutrition Education Program (EFNEP), which is successfully addressing critical societal concerns by employing paraprofessional staff and influencing nutrition and physical activity behaviors of low-income families.

He discussed the Agriculture Food Research Initiative (AFRI) Childhood Obesity Prevention Challenge Areas that focus on the societal challenge to end obesity among children. P. Cotton then shared competitive and non-competitive funding opportunities.

Office of Minority Health and Health Equity, CDC

L. Liburd began by saying her office does not fund childhood obesity, but is more cross-cutting. The office focuses strongly on health equity, however, and works to protect diverse and vulnerable communities from preventable injury, disease, and premature death. The office's

priorities include solutions for reducing health disparities, facilitating the implementation of policies and strategies across CDC that promote eliminating health disparities in communities, advancing the science and practice of health equity, and collaborating with national and global partners to promote reducing health inequalities. The office is also the lead for the Healthy People 2020 Social Determinants of Health component.

L. Liburd stated that health disparity is the problem, health equity is the goal, and social determinants of health is the pathway to get there. She discussed how the office has framed the approach to achieving health equity through four components: Infrastructure, programs, measurement, and policy. This framing is published in the *Journal of Public Health Management and Practice*. Suggestions for future research include:

- Understanding what public health strategies can be implemented in community settings to address chronic stress experience by children that contributes to overweight and obesity.
- How social cohesion and social capital in communities of color can be harnessed to reduce childhood obesity.

Q&A

K. Watson noted she was surprised with USDA's work and considering health outcomes related to health disparities. She thought the work was more food-related. P. Cotton replied by saying you cannot address these issues in a vacuum; you have to work on all of them to resolve these issues. NIFA's approach is to address as many issues as possible that are determinants of health equity.

L. Kettel Khan asked L. Liburd about her final slide and the question of social stress. She said she had not thought about NCCOR and health equity in that way and asked whether there were any major responses as a focus or tactic area for NCCOR to address at some point. L. Liburd responded by saying she thinks stress is a factor that triggers obesity by affecting things like cortisol levels. She thinks we would want to reduce and eliminate stresses, but does not know how we could do that adequately. We think about stress and mental health issues more from a clinical, physiological standpoint. We have done less from a population standpoint.

M. Burke commented that SNAP-Ed has a large amount of funding that goes not only into nutrition but also obesity. WIC has a large component that goes for maternal and child nutrition and health.

R. Ballard asked whether L. Liburd could briefly comment from her experience in CDC on which chronic disease areas have paid the most attention health equity. L. Liburd commented that there are several, including National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), National Center for Injury Prevention and Control (NCIPC), National Center for Environmental Health (NCEH). A. Penman-Aguilar said National Center for Immunization and Respiratory Disease (NCIRD) is as well, and National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) is also very concerned about health equity as it relates to immigration. L. Kettel Khan noted DNPAO now has to think about individual work plans relative to health equity. The first step is working in health disparities, for example, SNAP-Ed.

D. Brown asked P. Cotton how his experiences with extension services in 4-H programs might address some of these issues in the rural areas. The first awards were in 2009, so research and analysis is still very young.

CLOSING

E. Arkin announced the small group sessions and thanked everyone in Atlanta for tuning in, as well as the panelists and participants in DC for coming. E. Arkin reminded everyone to think about themes for the next meeting.

R. Ballard mentioned that there was interest in discussing innovation in community surveillance as the potential topic for the next meeting. D. Galuska was mentioned as having thoughts in that space.

SMALL GROUP SESSIONS

Physical Activity Workgroup

Participants: R. Ballard, M. Brna, D. Brown, S. Cobb-Souza, A. Drew, L. Esposito, D. Galuska, S. George, H. Hamilton, E. Hyde, B. Jean-Francois, L. Kettel-Khan, L. Mays, J. Omura, A. Penman-Aguilar, E. Peterson, K. Piercy, E. Ussery, K. Watson, G. Whitfield

Physical Activity Workgroup Overview

- Developed to foster cross-NCCOR planning and engagement on physical activity
- Several ideas in development and two proposals have been reviewed by the NCCOR Steering Committee and are beginning:
 - Additional Benefits of Walkability
 - Youth Active School Transportation Surveillance

Additional Benefits of Walkability

- Identify benefits of walkable communities beyond physical activity (that is, social cohesion and safety) and review evidence for the measurement of these additional benefits
- Implementation: conduct a literature review, convene an expert panel, publish a peer-reviewed manuscript
- May distribute tools for facilitating measurement of additional benefits of walkability
- Next steps:
 - Finalize the SOW
 - Select consultants to conduct the literature review; send suggestions to E. Peterson (lwt0@cdc.gov) and J. Omura (ydk8@cdc.gov)
 - Schedule next subgroup meeting
 - Email Miranda Brna (mbrna@fhi360.org) to be added to subgroup

Youth Active School Transportation Surveillance Initiative

- Provide guidance on improving comprehensive surveillance of Youth Active School Transportation
- Implementation: conduct literature review, convene expert panel

- The Community Guide is starting a review of interventions to promote active school transportation for youth; E. Ussery will meet with them on August 1 to identify overlap
- Kelly Evenson, PhD (UNC) was suggested for the expert panel
- Next steps:
 - Finalize the SOW
 - Select consultants to conduct the literature review; send suggestions to E. Ussery (yzv4@cdc.gov)
 - Next meeting: Monday, August 7, at 10:00am EST
 - Email Miranda Brna (mbrna@fhi360.org) to be added to subgroup

Other Projects

- Apply National Forestry Service work on physical activity to youth
 - Project Lead: David Brown, CDC, drb8@cdc.gov
 - Address disparities with trail use (different racial and ethnic groups do not have equal access to trails)
 - D. Brown thinks there are some existing programs that address this issue
 - Next steps:
 - R. Ballard will provide information on academic programs that may be addressing this issue
 - Discuss reaching out to various Schools of Natural Resources to see what they know about this issue
 - Develop a list of universities
- Moving youth physical activity from dissemination to implementation
 - Project Lead: Tom Schmid, CDC, tls4@cdc.gov
 - How to operationalize and define critical components of physical activity programs; how do you disseminate these programs?
 - Proposal in development; interested in other people's opinions/advice
 - Email T. Schmid (tls4@cdc.gov) with ideas

Next steps

- Schedule next Physical Activity Workgroup call
- Add the following new members to the Physical Activity Workgroup:
 - S. Cobb-Souza (OMH)
 - A. Drew (OMH)
 - L. Esposito (NIH)
 - D. Galuska (CDC)
 - B. Jean-Francois (NIH)

Advancing Measurement of Diet and Physical Activity for Childhood Obesity Research and Evaluation

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Additional members interested who were unavailable: D. Berrigan, S. Cobb-Sousa, L. Kettel Khan, D. Johnson-Bailey

Project 1: Enhance outreach for Measures Registry and User Guides—initial project

- Teaching Modules
 - Needs Assessment/Listening Sessions with target audiences (September–October 2017)
 - Look into what the State of California has done well
 - Potential target audiences
 - a. Professors (undergrad/grad)
 - b. Local public health departments (CDC contacts?)
 - c. Early stage investigators
 - d. Look into professional societies like SNEB, ASNNA NACCHO
 - Questions to ask
 - a. Are Continuing Medical Education (CME)/Continuing Education Units (CEU) important? What incentives do we need to get people interested in these modules.
- Conferences/Sessions
 - Discussion on who might write and present these abstracts/sessions and the process for preparing abstracts
 - The NCCOR steering committee approves different conferences where NCCOR will have exhibits
 - Potential conference to consider
 - Active Living Research 2018
 - a. Conference: February 11–14, 2018, Banff, Alberta, Canada
 - b. Abstract Submission: August 24, 2017
 - Healthy Eating Research 2018
 - a. Contact Mary Story (meeting is usually in February/March)
 - Society of Behavioral Medicine 2018
 - a. Conference: April 11–14, 2018, New Orleans, LA
 - b. Abstract Submission: September 12, 2017
 - International Society of Behavior Nutrition and Physical Activity 2018
 - a. Conference: June 3–6, 2018, Hong Kong
 - b. Workshop Submission: September 30, 2017
 - Association of State Public Health Nutritionists June 2018
 - a. Conference: June 2018
 - American Society for Nutrition 2018
 - a. Conference: June 9–12, 2018, Boston, MA
 - b. Symposiums are closed
 - c. Abstracts for oral presentation September 2017
 - Society for Nutrition Education and Behavior 2018
 - a. Conference: July 21–24, 2018, Minneapolis, MN
 - Food and Nutrition Conference & Expo 2018
 - a. Conference: October 20–23, 2018, Washington, DC
 - b. Abstracts due November
 - c. A. Vargas is involved with this conference
 - American Evaluation Association
 - a. Conference: October 28–Nov 3, 2018 Cleveland, OH

- American Public Health Association 2018
 - a. NCCOR will have an exhibit for 2017
 - b. Conference: November 10–15, 2018 San Diego, CA
 - c. Theme is Health Equity
- Obesity Week 2018
 - a. Conference: November 12–15, 2018, Nashville, TN
- American College of Sports Medicine 2019
- American Academy of Health Behavior—no 2018 meeting information

Workgroup members who may be interested in this effort

- E. Rahavi
- L. Mays
- A. Vargas

Project 2: Examine measurement needs for underserved and specific high-risk populations and communities—initial project (*September 2019–December 2019*) *would like to have the contract in place before then*

- Defining underserved/high risk
 - For the purpose of the proposal, underserved/high risk was intentionally broad; those interested in working on this project can help further define
- Environmental scan
 - The purpose is to identify what has already been done; this is not intended to be a formal lit scan
 - Parameters of what to look for needs to be identified
 - Groups/projects to consider
 - Coping questions that accompany our diet questions
 - Notah Begay Foundation—Native American population <http://www.nb3foundation.org/>
 - Adapting measures for SNAP-Ed population
 - African American Collaborative Obesity Research Network (AACORN) <http://aacorn.org/>
 - Salud America! population—Hispanic/Latino <https://salud-america.org/>
 - NOPREN—rural food access
 - Health Opportunity and Equity (HOPE) Measures Project <http://www.nationalcollaborative.org/our-programs/national-health-equity-index-project/>
 - Potential consultants
- ***Workgroup members who may be interested in this effort***
 - S. Arteaga
 - A. Yarocho
 - B. Jean Francois
 - S. Fleischhacker

Project 3: Define next steps in measurement of diet and physical activity needs to accelerate progress in reducing childhood obesity

- Update the current Measures Registry from the end of 2015 through mid-2018 using current process
- As part of our workshop series, we will ask experts how the Measures Registry content should be updated
- Consider a process to spotlight groups or organizations that are doing things well, such as case studies
 - Healthy People leading health indicators; they spotlight a community using the measures really well, here is how; works well for SNAP-Ed, too
- Practitioners are looking to understand how much they can adapt a measure before it loses validity
- Part of the proposal is to review whether any domains are ready for recommended measures
 - Different domains are in different stages and that is okay
- Considering reviewing the evidence for adding sleep and sedentary behavior into the Measures Registry
 - Sleep
 - Healthy People is trying to measure sleep and looking at surveillance systems
 - Involve CDC School Health branch
 - Involve USDA School Breakfast group (Child Nutrition)
 - NIH
 - a. Chantelle Hart
<https://cph.temple.edu/socialbehavioral/faculty/chantelle-hart-phd>
 - Sedentary Behavior
 - Sedentary Behavior research group in Canada
<http://www.sedentarybehaviour.org/>
 - Focus area for the 2018 Physical Activity Guidelines
 - NIH-Josephine Boyington
- Additional domains/topic areas for including in Measures Registry
 - Water consumption
 - Food Insecurity
 - Pregnancy and 0–2 years
 - Not in the Measures Registry universe but could point to additional resources
 - Adverse Childhood Events (ACES), chronic stress, chaos, coping
- **Workgroup members who may be interested in this effort**
 - A. Yaroch
 - A. Vargas

Next Steps

- Hear back from JPB on funding in August
- Start date is September 1
- Please complete this doodle poll to set the next full group meeting
<https://doodle.com/poll/e232sga7rg3f6uay>