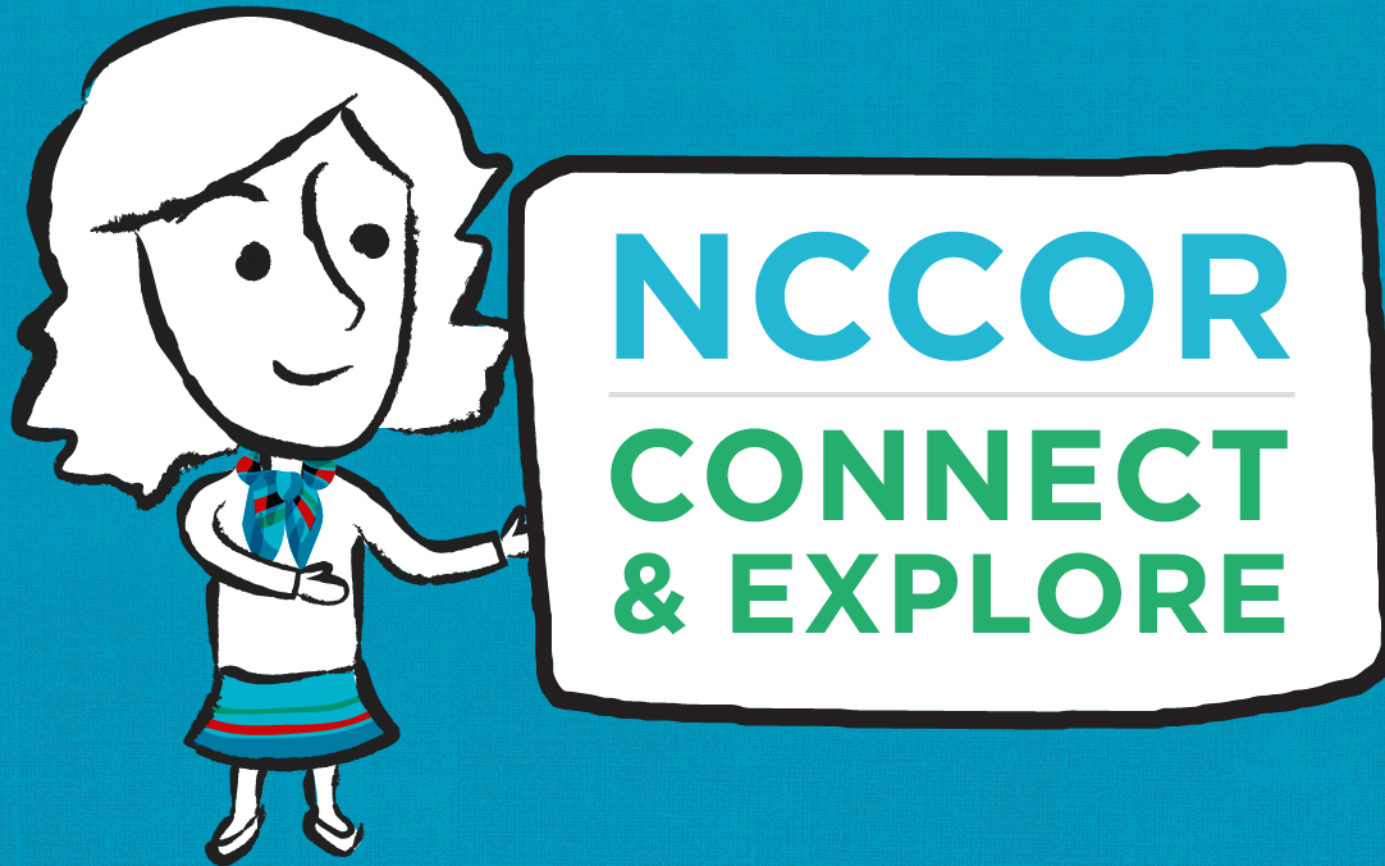


February 27, 2018



Connecting you with experts. Exploring the latest childhood obesity news and research.

We will begin at 3:05 to allow participants time to join the webinar.

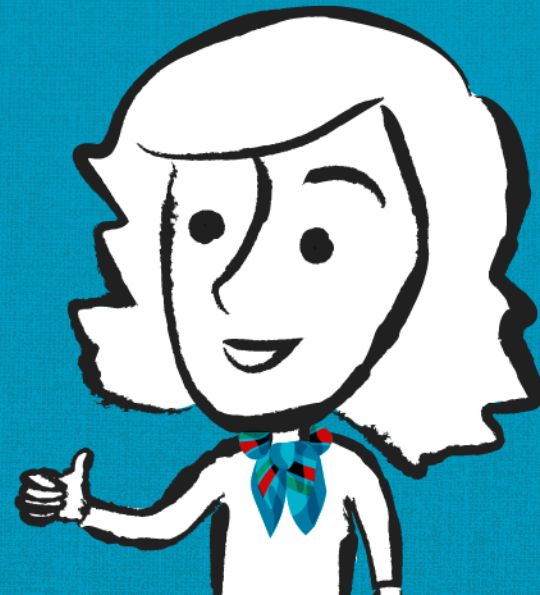
1. Spotlight

- Latin American Nutrition Transition
- Childhood Obesity Prevention in Latin America: From Research to Practice
- A Research Agenda to Guide Progress on Childhood Obesity Prevention in Latin America
- Capacity for Research on Childhood Obesity in Latin America

2. One on One

3. NCCOR Announcements

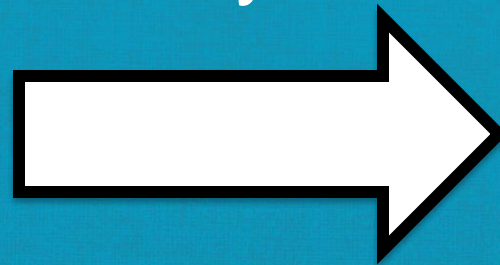
TODAY'S PROGRAM



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Today's Speakers



Elaine Arkin
National Collaborative on
Childhood Obesity Research



Rafael Pérez-Escamilla
Yale School of Public Health



**Juan Ángel Rivera
Dommarco**
National Institute of
Public Health, Mexico



Michael Pratt
University of California,
San Diego



Camila Corvalán
University of Chile



Preventing Childhood Obesity in Latin America Obesity Review Supplement 2017: Introduction

Juan Ángel Rivera Dommarco, PhD
General Director
National Institute of Public Health
Mexico



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Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

Objectives:

- Stimulate dialogue among diverse stakeholders about the state of the science and future directions for obesity research in the region
- Discuss the role of socioeconomic disparities, food policy, urbanization, nutrition, and physical activity
- Address programs and policies related to curbing the obesity epidemic

Participants:

- Researchers
- Policymakers
- U.S. and Latin American representatives of nongovernmental organizations
- Representatives of NIH offices and institutes
 - Office of Behavioral and Social Sciences Research; National Institute of Child Health and Human Development; National Heart, Lung, and Blood Institute; and National Institute of Diabetes and Digestive and Kidney Diseases

Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

Describes:

- Disparities within households, countries, and the region
- Distal and proximal causes of childhood obesity
- Barriers to addressing obesity prevention



Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

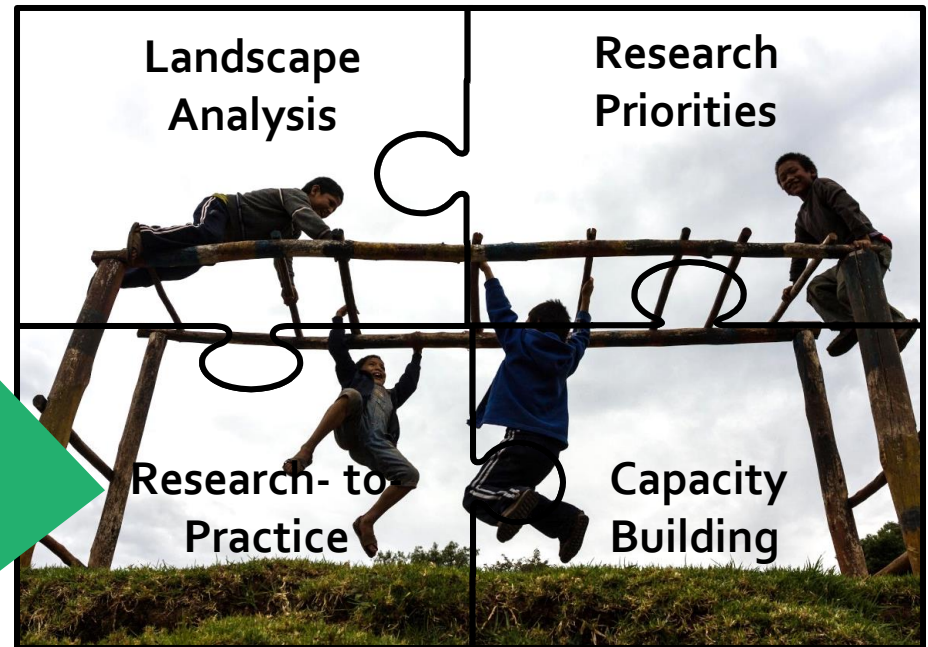
- Examines efforts in the region to reduce and prevent childhood obesity
- Identifies research challenges and opportunities
- Proposes a research agenda



Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

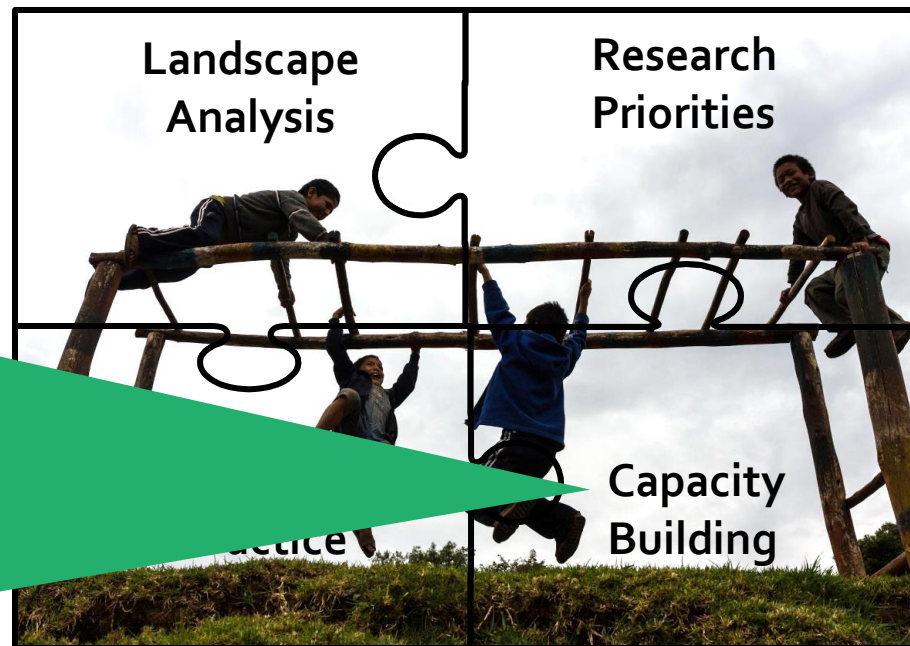
Examines the key components of successful implementation and sustainability of food and physical activity policies, through knowledge translation case studies



Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

Analysis of existing literature highlights the need to build strong research capacity for individuals, institutions, and network partnerships and collaborations



Preventing Childhood Obesity in Latin America

Obesity Review Supplement 2017

Nutrition Status During Childhood in Latin America

- Dr. Camila Corvalán, Institute of Nutrition and Food Technology, University of Chile

Prevention of Childhood Obesity and Food Policies in Latin America: From Research to Practice

- Dr. Rafael Pérez Escamilla, Yale School of Public Health

A Research Agenda to Guide Progress on Childhood Obesity Prevention in Latin America

- Dr. Juan Ángel Rivera Dommarco, National Institute of Public Health, Mexico

Capacity for Research on Childhood Obesity in Latin America

- Dr. Michael Pratt, Family Medicine and Public Health, University of California, San Diego

Fogarty Institute Workshop on Obesity Prevention in Latin America, October 2014



Not pictured: Dr. Enrique Jacoby

Latin American Nutrition Transition

Camila Corvalán, MD, PhD, MPH
Assistant Professor
University of Chile

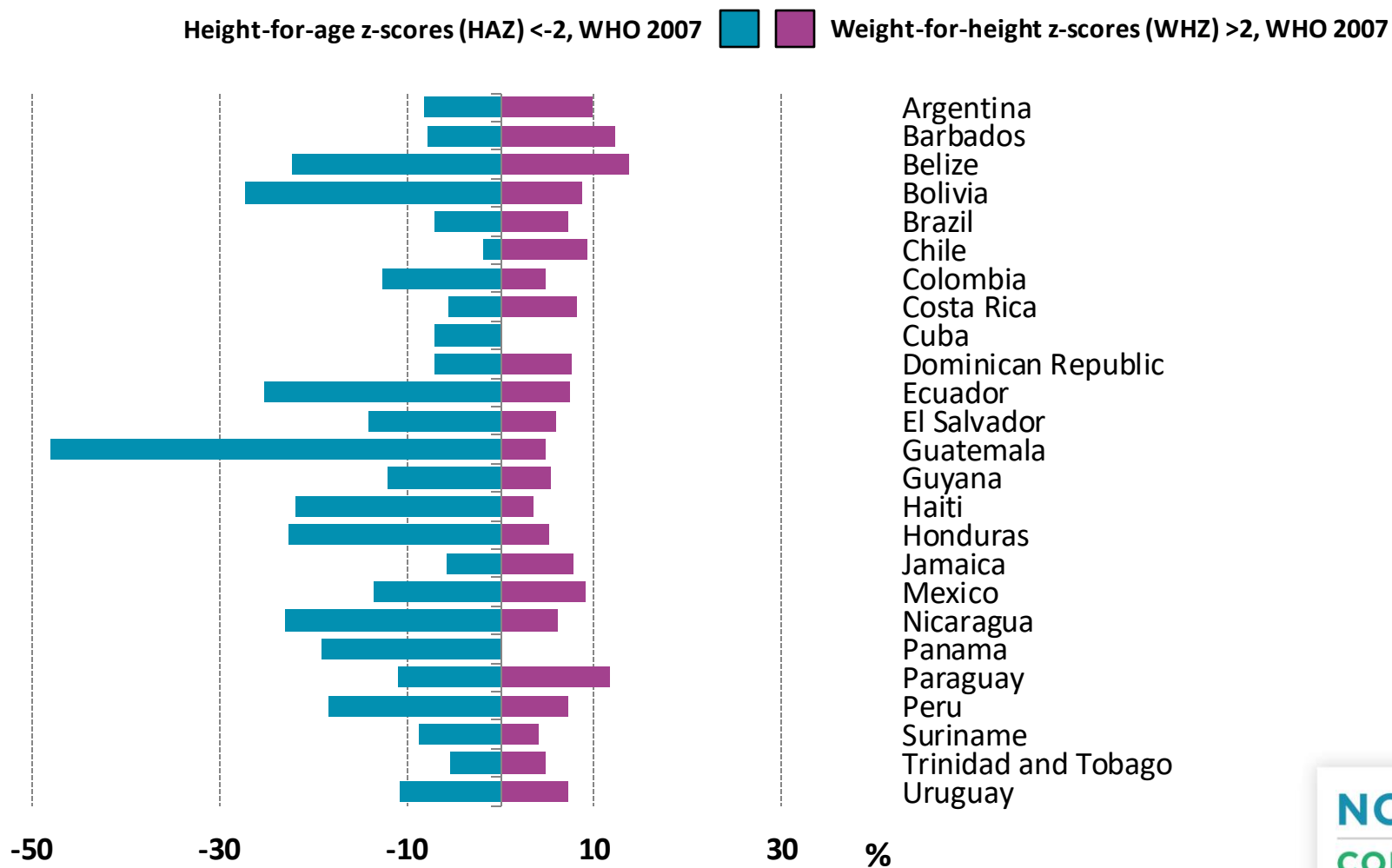


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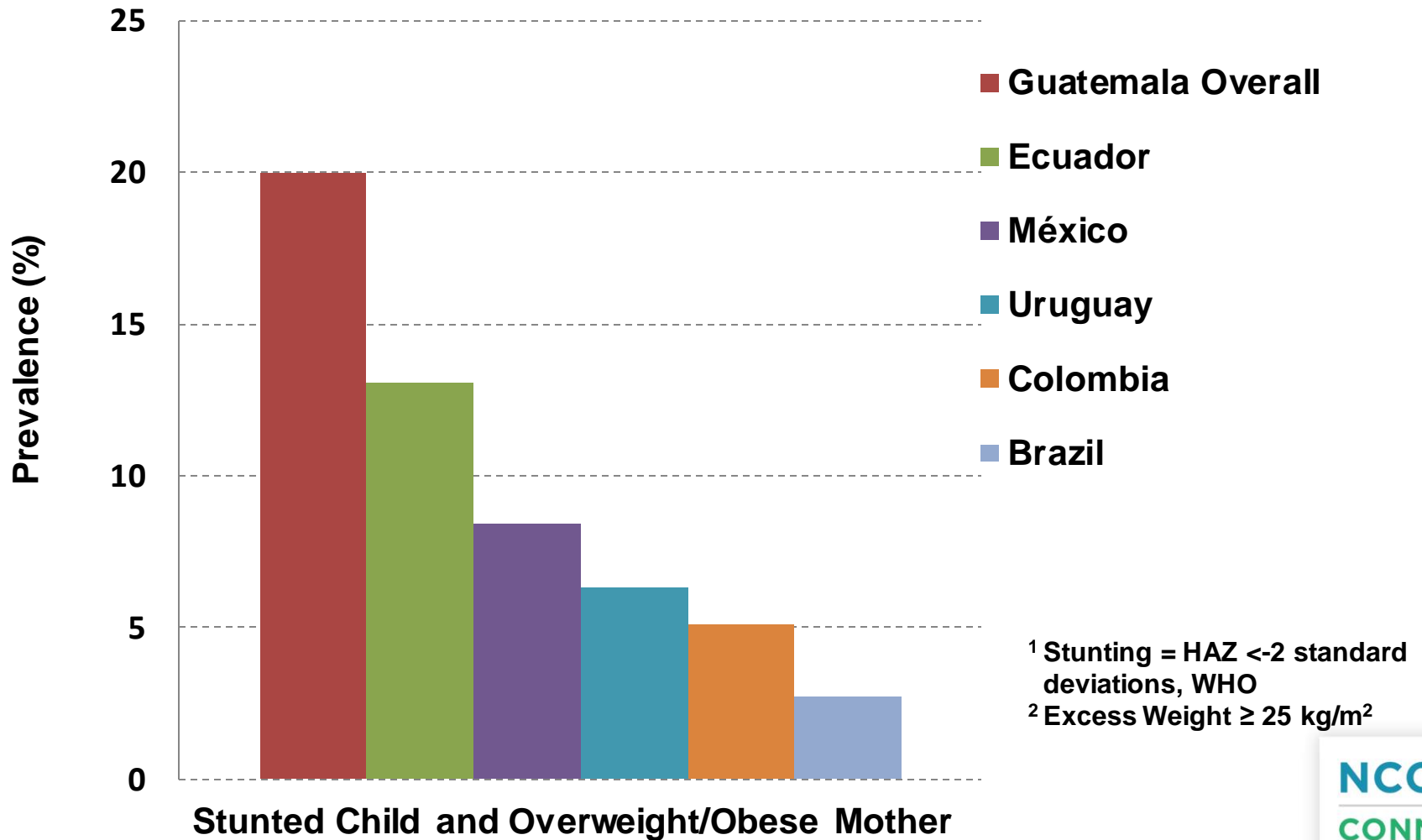
Nutrition Status



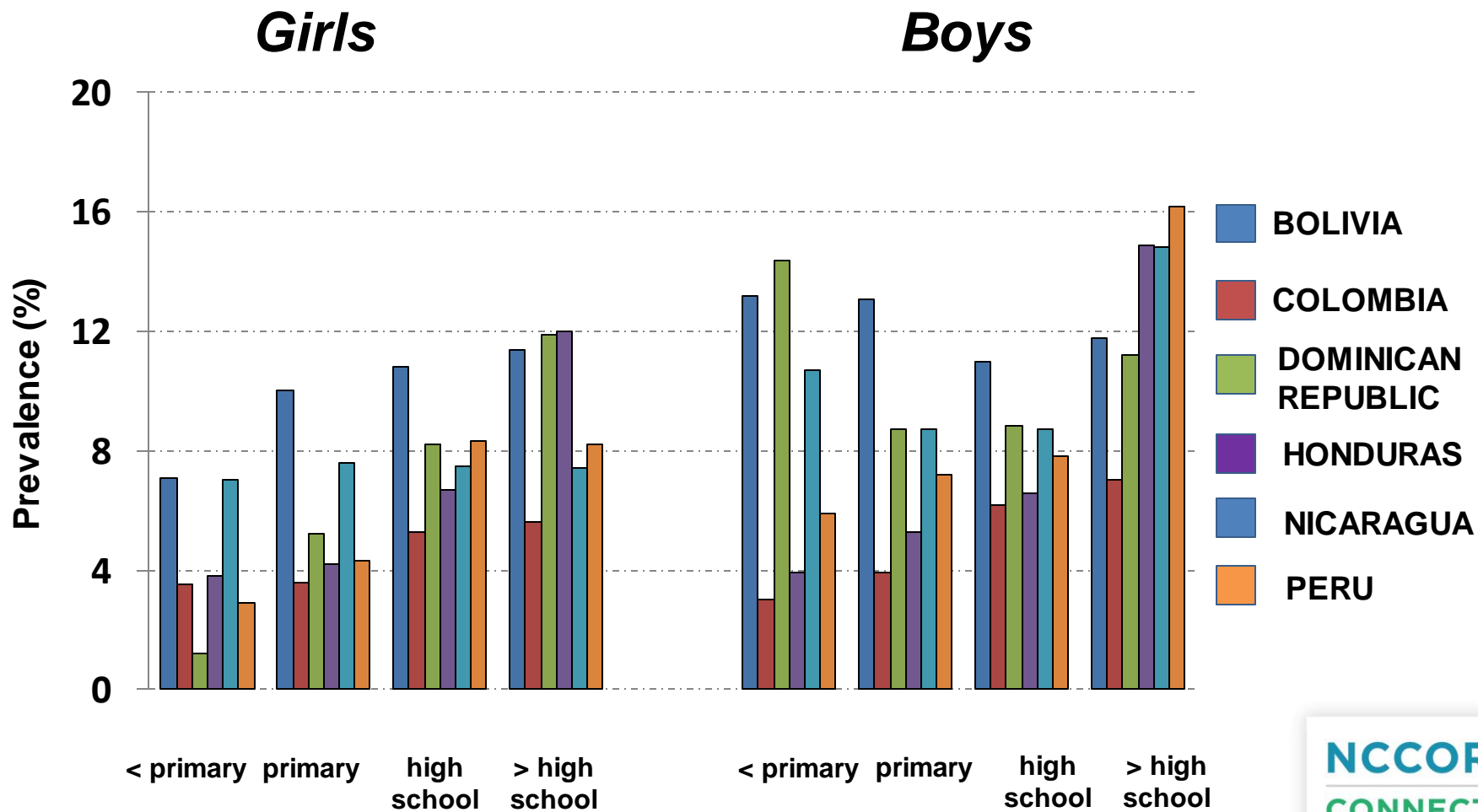
Prevalence of Stunting and Overweight in Children <5 Years in Latin America 2000-2014



Household Level Co-existence of Stunted Child <5 Years¹ and Mother Excess Weight,² Latin America, 2004–2012



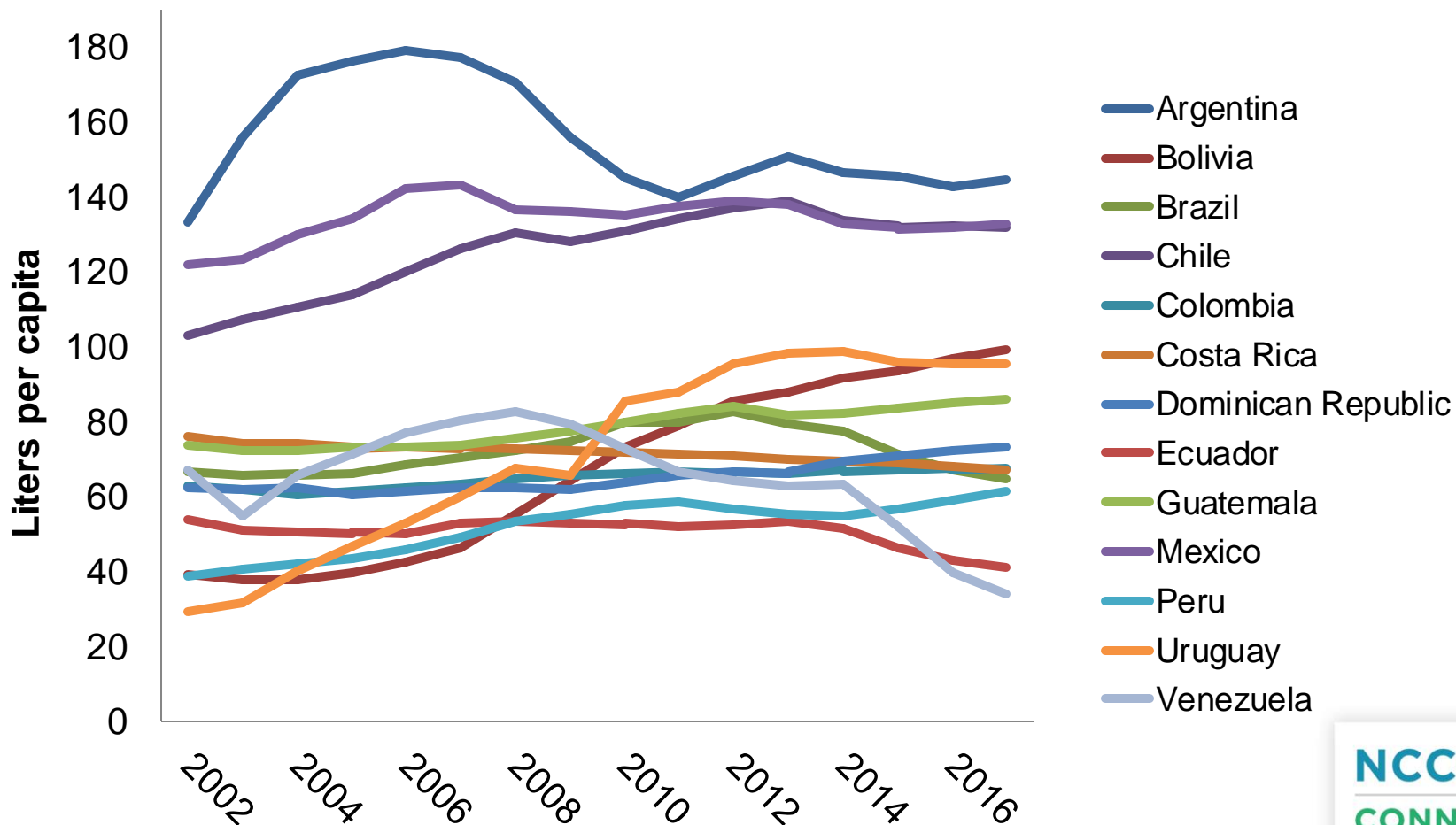
Differences in Obesity (WHZ > 2) by Maternal Schooling, Preschoolers, Latin America, 2000–2014



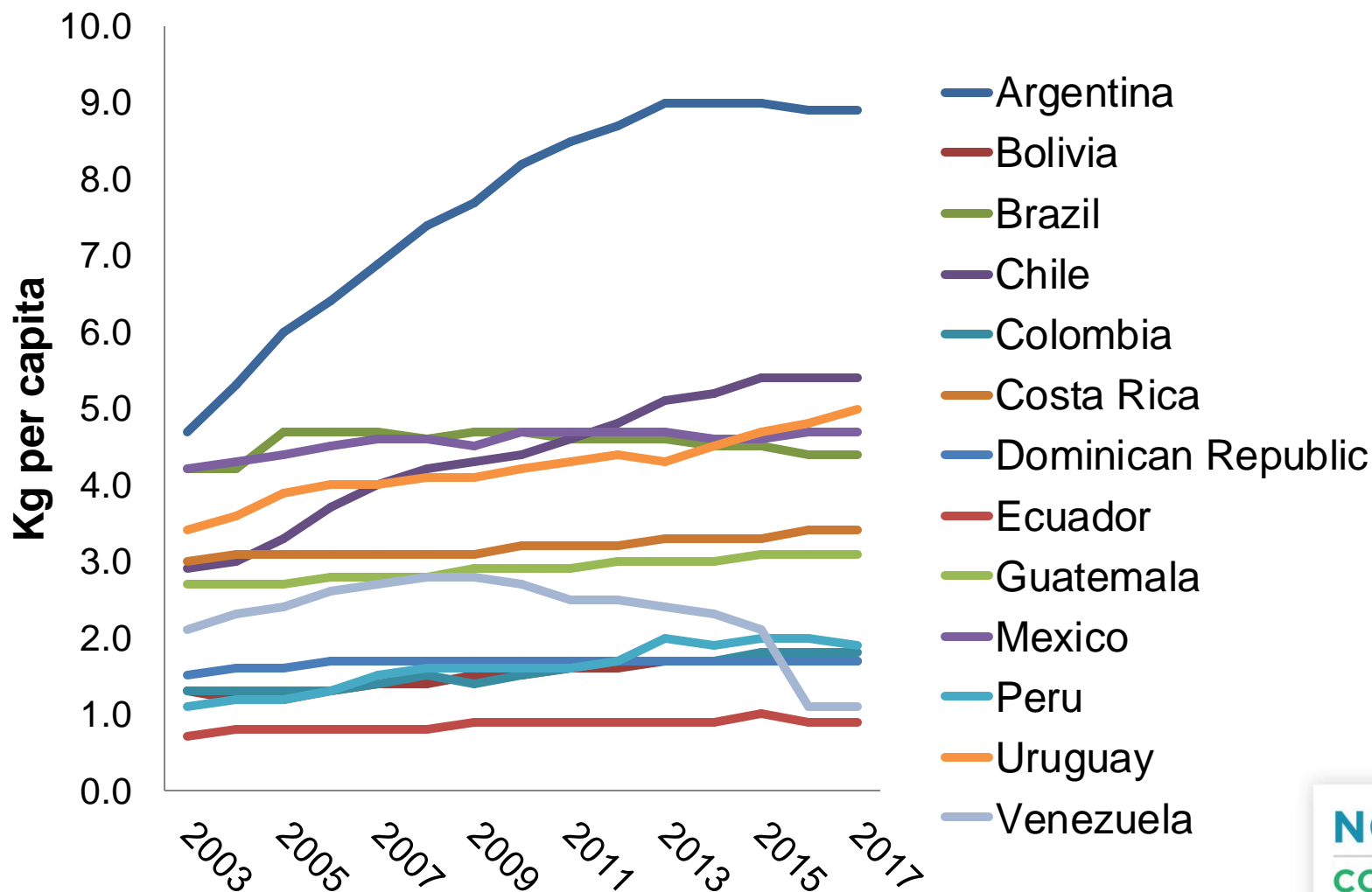
Drivers: Diet



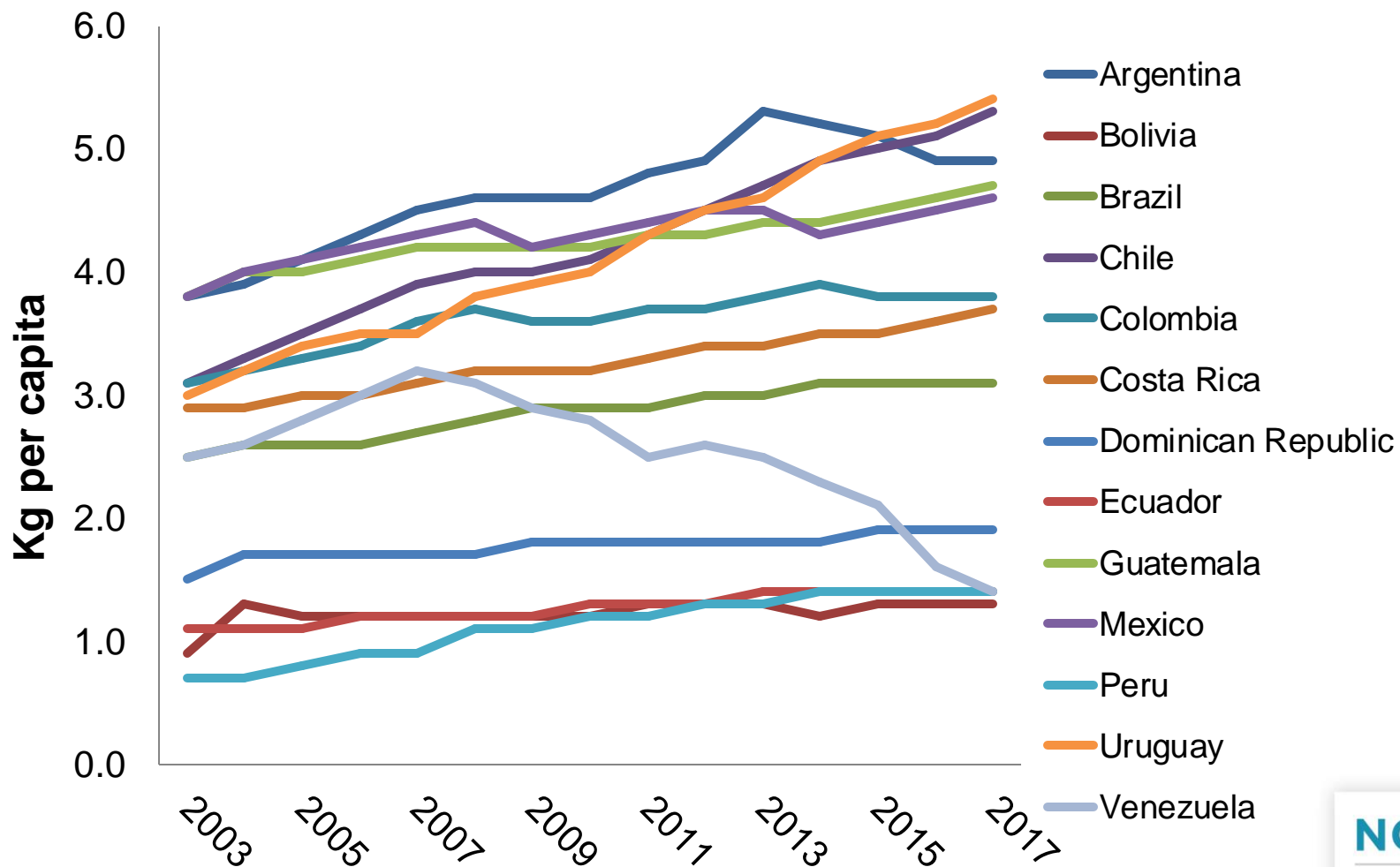
Changes in Annual Sales of Beverages, Latin America, 2002–2017



Changes in the Annual Sales of Sweet Snacks, Latin America 2003–2017



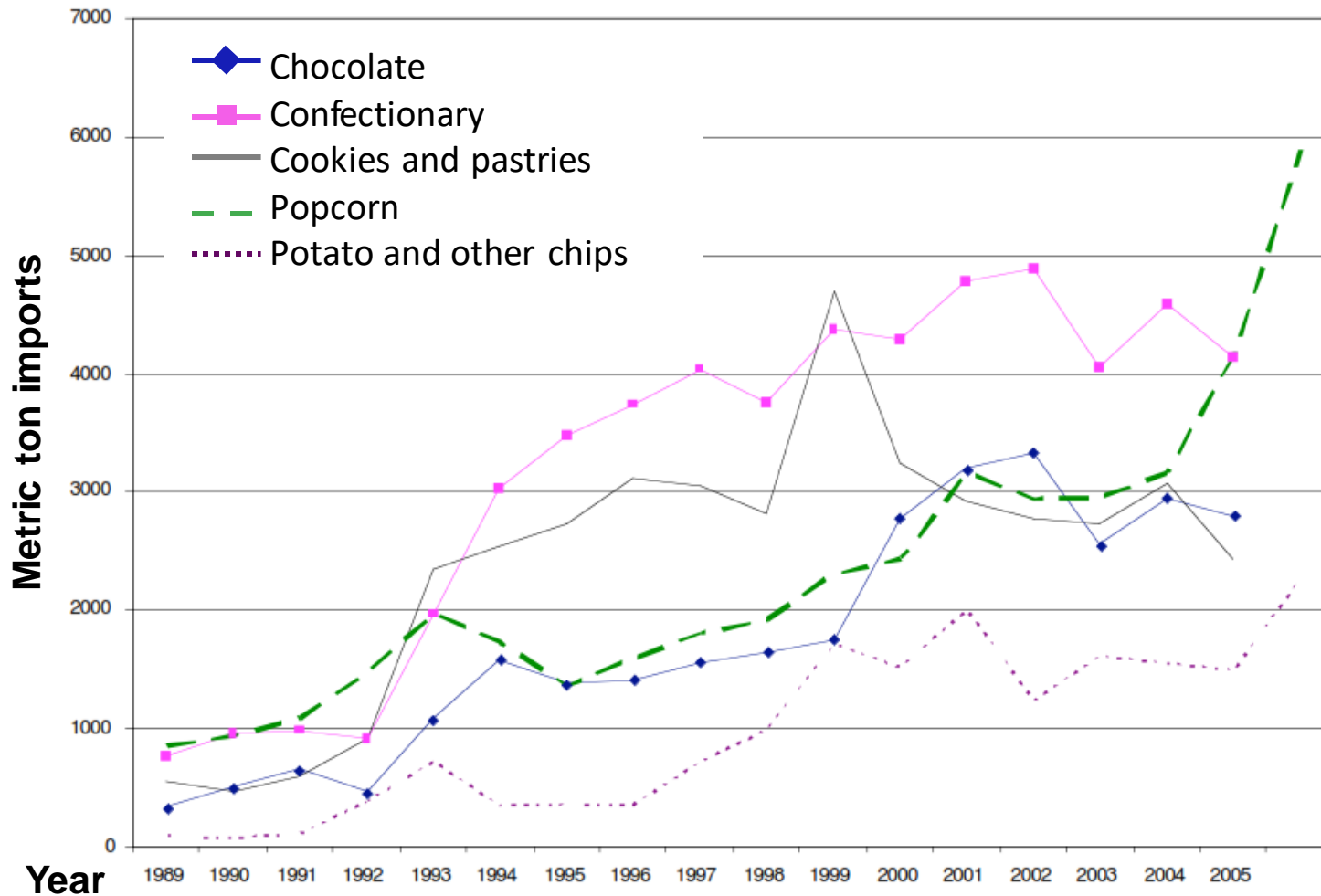
Changes in the Annual Sales of Savory Snacks, Latin America 2003–2017



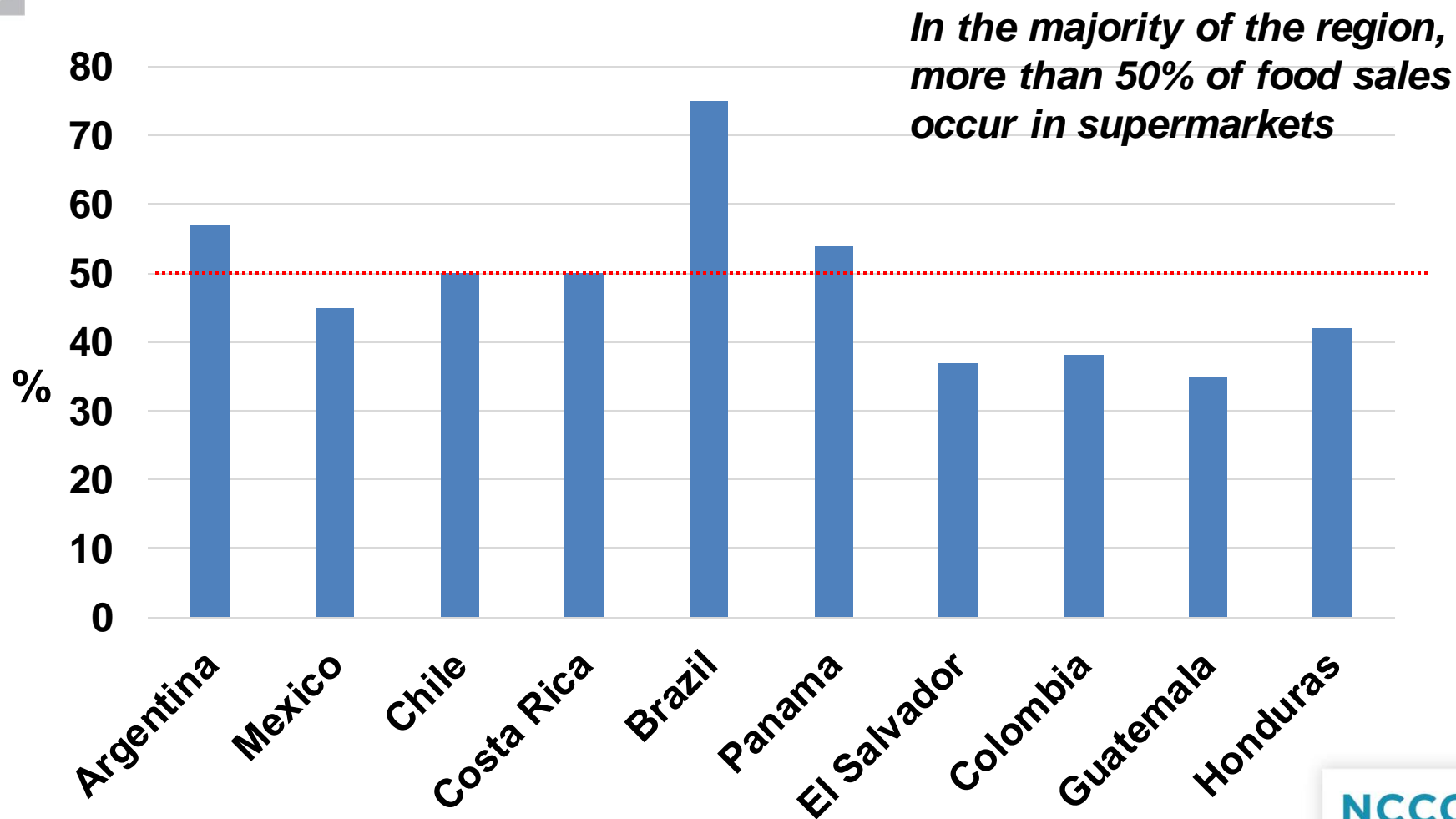
Food Environment



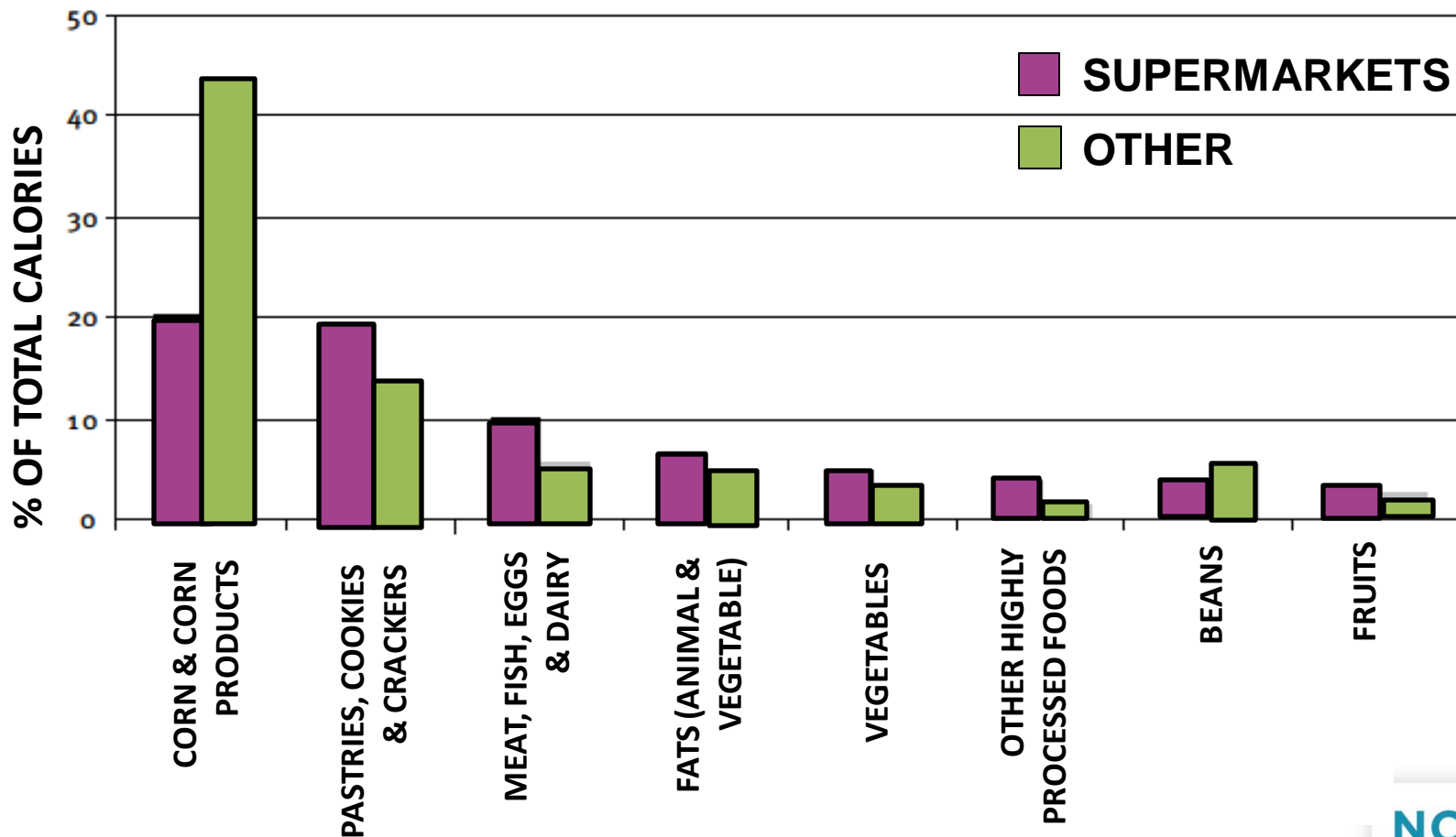
Increase in Snack Imports from the United States into Central America, 1989–2006



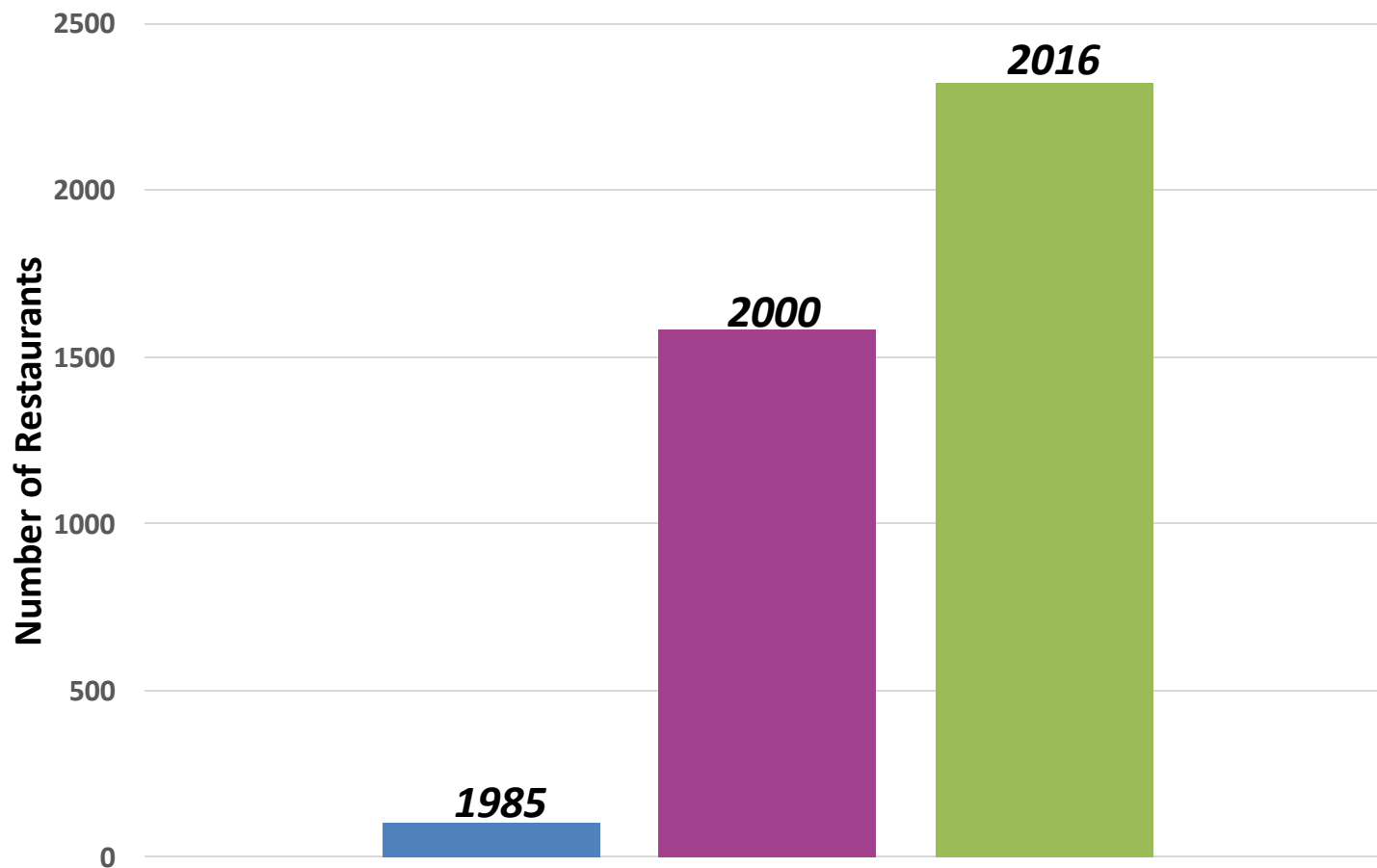
Increase in Supermarkets in a Decade (1990—2000), Latin America



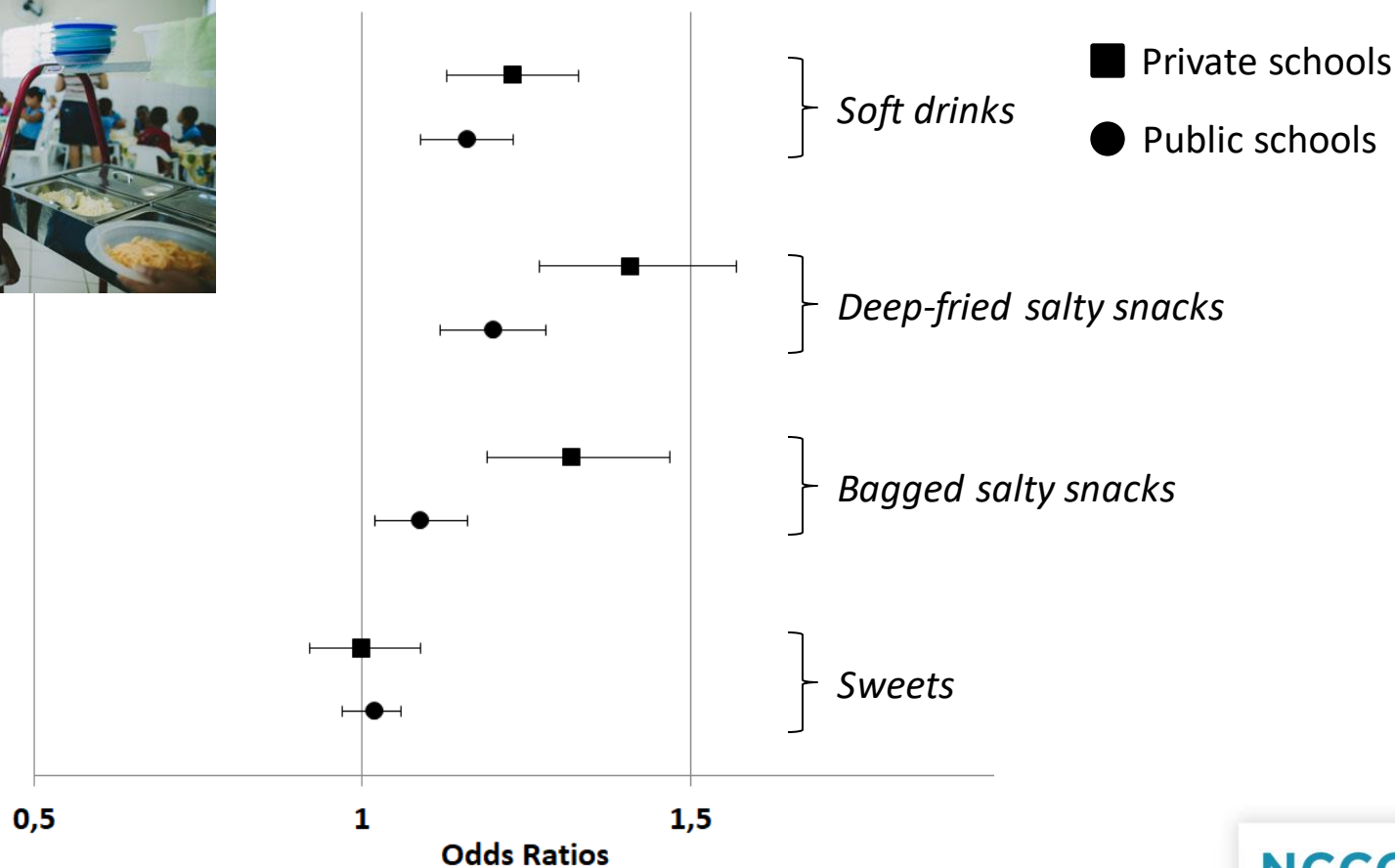
In Supermarkets, People Buy More Processed Foods and Less Minimally Processed Foods, Guatemala (2000)



Increase in Fast-food Restaurants, Latin America, 1989–2006



Risk of Regular Consumption of Unhealthy Foods (>5 times/week) by Adolescents According to Availability at School Cafeteria, Brazil, 2012 (n = 109,104)

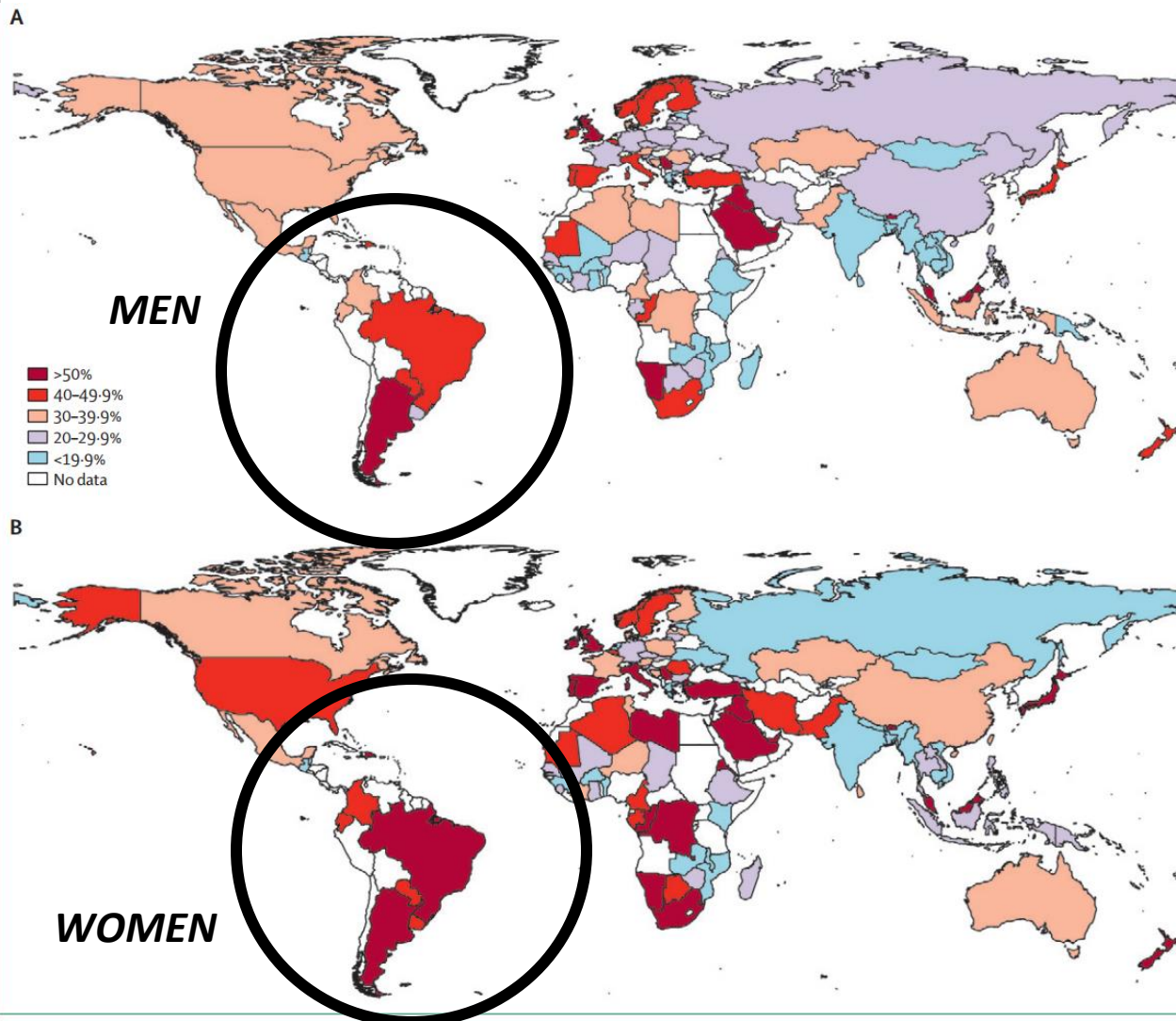


* Adjusted for sex, age, maternal educational level, race/ethnicity, and geographical area, and county type (capital or non-capital).

Drivers: Physical Activity



Latin America Is One of the Regions with the Highest Physical Inactivity (2011)



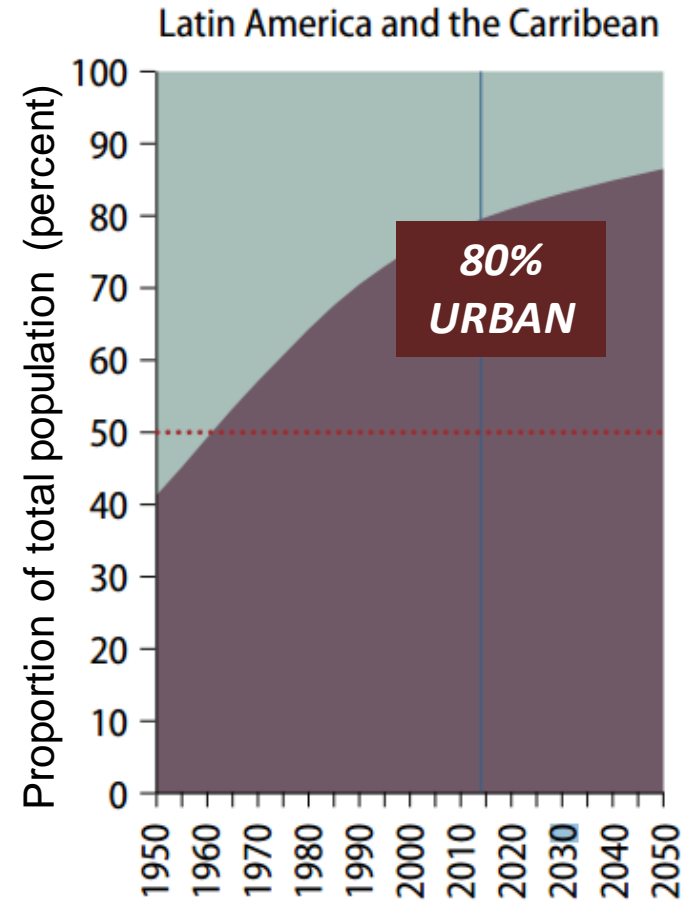
Physical inactivity: not meeting any of the following three criteria:

- 30 minutes of moderate PA, at least 5 days/week
- 20 minutes of vigorous PA, at least 3 days/week
- Equivalent combination reaching 600 metabolic equivalents (MET) min/week

Physical Environment



Latin America Is the Most Urbanized Region in the World (80% of People Live in Cities)

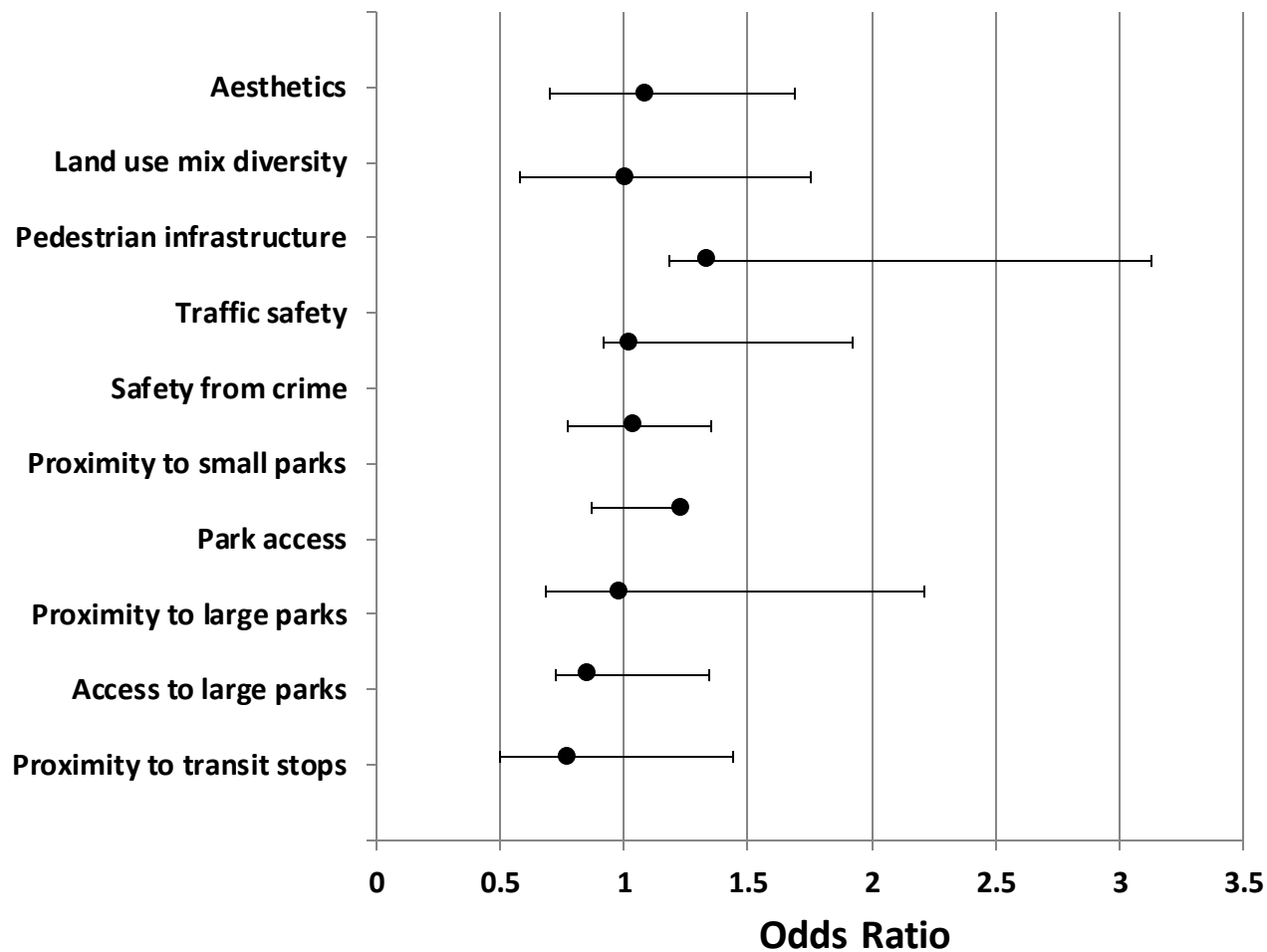


Changes in Transportation, Latin America

City	Cycling for transport (%)		Walking for transport (%)		Cars per 1,000 inhabitants (year)	Motorcycles per 1,000 inhabitants
Bogotá *	4.3	(2010)	40.5	(2010)	84.7 (2005)	NA
Curitiba **	8.0	(2008)	55.0	(2008)	556.4 (2010)	75.6 (2010)
Santiago ***	1.9	(2008)	NA		129.0 (1998-2000)	NA



Perceived Environmental Correlates of Time Spent Walking for Leisure among Mexican Adults, Mexico, 2011 (n = 668)



* Adjusted for sex, age, marital status, individual socioeconomic status, motor vehicle ownership, educational attainment.

AHA Scientific Statement

Promoting Physical Activity in Children and Youth A Leadership Role for Schools

A Scientific Statement From the American Heart Association Council on Nutrition, Physical Activity, and Metabolism (Physical Activity Committee) in Collaboration With the Councils on Cardiovascular Disease in the Young and Cardiovascular Nursing



Conclusions

- In Latin America, co-existence of high prevalence of stunting and obesity in children
- Important disparities exist within and between countries, including ethnic differences
- Changes in food and physical environments (urbanization and supermarket penetration) have occurred rapidly and will continue

Conclusions

- To stop increasing trends of obesity, countries in the region need to acknowledge this new reality and adapt their:
 - Nutrition status monitoring systems
 - Health care systems
 - Social support systems

ANIMAL
POLTICO



En 2014, el impuesto a bebidas azucaradas **disminuyó** el consumo

12%

FUENTE: INSTITUTO NACIONAL DE SALUD PÚBLICA Y LA UNIVERSIDAD DE CAROLINA DEL NORTE

● EL IMPUESTO ENTRÓ EN VIGOR EL 1 DE ENERO DE 2014



● **163 LITROS PER CÁPITA** CONSUMO PROMEDIO EN MÉXICO

● EL 19 OCTUBRE DE 2015 SE APROBÓ UNA REDUCCIÓN DEL IMPUESTO A LA MITAD



GABA
Guías Alimentarias
Basadas en Alimentos



Prefiera
alimentos con
menos sellos

Y SI NO TIENEN, MEJOR

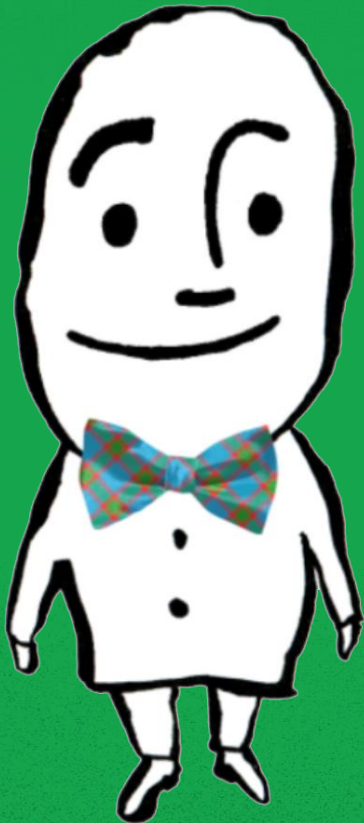


LEY DE ALIMENTOS

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QUESTIONS?

Please type your question(s) in the chat box located on the right.




Childhood Obesity Prevention in Latin America: From Research to Practice

Rafael Pérez-Escamilla, PhD
Professor of Public Health
Director, Global Health Concentration
Yale School of Public Health



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Prevention of childhood obesity and food policies in Latin America: from research to practice

R. Pérez-Escamilla*¹; C.K. Lutter²; C. Rabadan-Diehl³; A. Rubinstein⁴; A. Calvillo⁵; C. Corvalán⁶; C. Batis^{7,8} ; E. Jacoby²; S. Vorkoper⁹; L. Kline⁹; E. Ewart-Pierce⁹ and J.A. Rivera⁷

Obesity Reviews **18** (Suppl. 2), 28–38, July 2017

Summary

Background: Addressing childhood obesity in Latin America requires a package of multisectoral, evidence-based policies that enable environments conducive to healthy lifestyles.

Objective: Identify and examine key elements to translating research into effective obesity policies in Latin America.

Methods: We examined obesity prevention policies through case studies developed with an expert in the specific policy. Policies were selected based on their level of implementation, visibility and potential impact to reduce childhood obesity. They include: (i) excise taxes on sugar sweetened beverages and energy-dense foods; (ii) front-of-package food label legislation; (iii) trans fatty acids removal from processed foods; and (iv) Ciclovías recreativas or ‘open streets’. Case studies were coded to identify components that explained successful implementation and sustainability using the Complex Adaptive Health Systems framework.

Results: The analysis identified key elements for effective and sustainable policy, including evidence justifying policy; evidence-based advocacy by civil society; political will; and legislation and skillful negotiations across government, academia, the private sector and civil society. Scientific evidence and evaluation played an important role in achieving tipping points for policies’ launch and sustain effective implementation.

Conclusions: Well-coordinated, intersectoral partnerships are needed to successfully implement evidence-based anti-obesity policies. Prospective policy research may be useful for advancing knowledge translation.

Obesity Prevention Policies Case Studies



Excise taxes on sugar-sweetened beverages (SSBs) and energy-dense foods (Mexico)



Trans fatty acids removal from processed foods (Argentina)



Front-of-package food label legislation (Chile and Ecuador)



Ciclo vías recreativas or “open streets” (Several Latin American cities)

Methods

- Obesity prevention policies case studies
 - Developed with an expert in the specific policy
 - Policies selected based on level of implementation, visibility, and potential impact to reduce childhood obesity
- Case studies coded to identify components that explained successful implementation and sustainability using the Complex Adaptive Health Systems (CAS) framework (*Paina & Peters 2012*)
 - Iterative consensus process among co-authors

SSB Tax—Mexico

Why Taxes?

Food Labeling (FL) and Advertising Law—Chile

Why FL & Advertising?

Trans Fatty Acids (TFA) Elimination—Argentina

Why TFA Elimination?

Ciclovías Recreativas (CRs)—Columbia

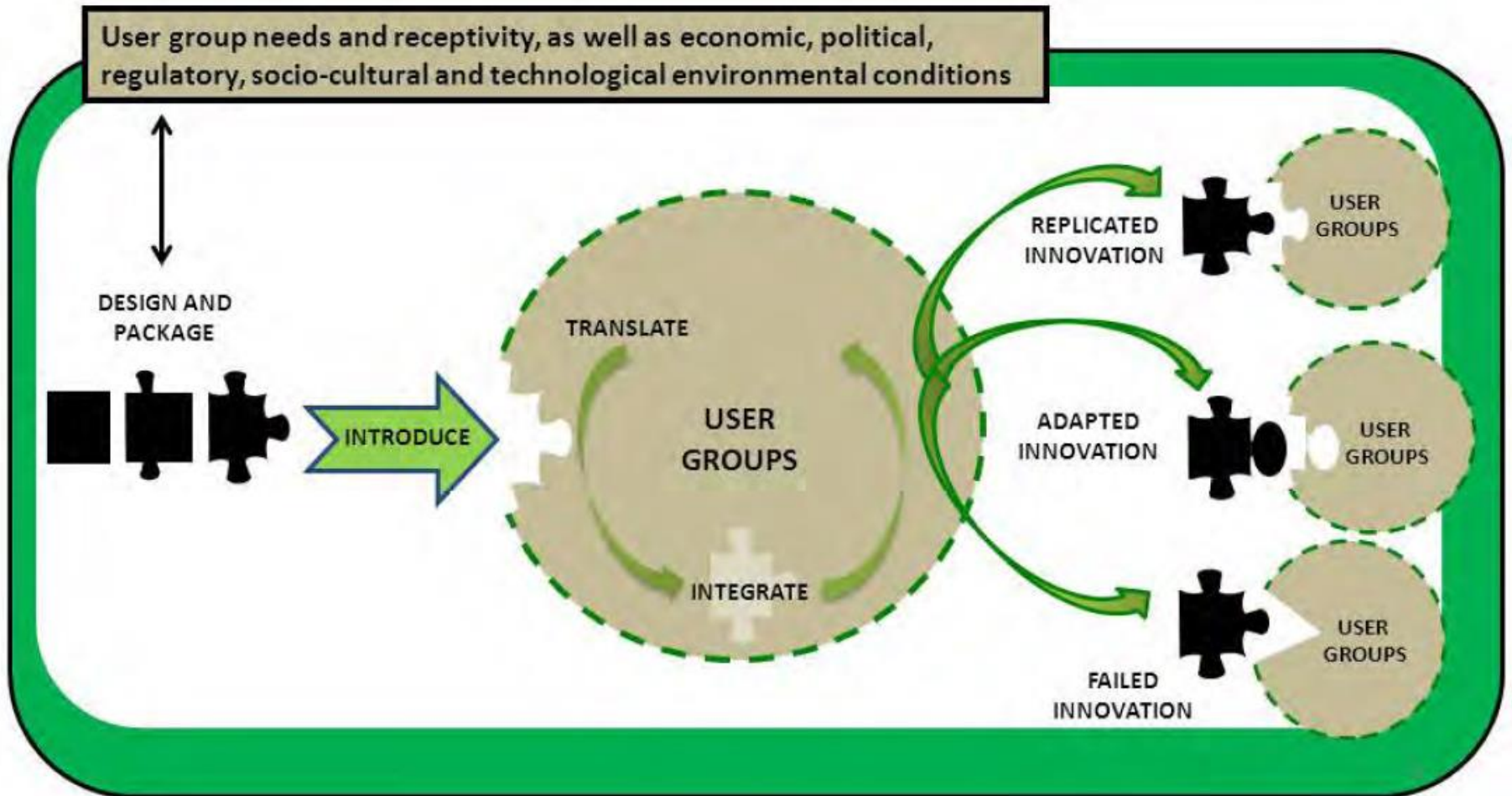
Why CRs?

Cross-cutting Enabling Factors

- **Champions**
 - Evidence-based advocacy
- **Political will and support**
- **Legislative process**
- **Intersectoral dialogue/coordination**
 - Strong representation from civil society
- **Research and evaluation (i.e., data)**



Bradley, Curry, Pérez-Escamilla et al. (2012)



Known as Ciclovías Recreativas in Latin America, Open Streets programs temporarily open streets exclusively for people so they can enjoy safe, free space in their city for cycling, skating, walking, jogging or other activities.

How did this innovation spread?

Evidence/know how + civil society + political will

Figure 1. Programs in the Americas *

Source: Diaz del Castillo et al. (2013)

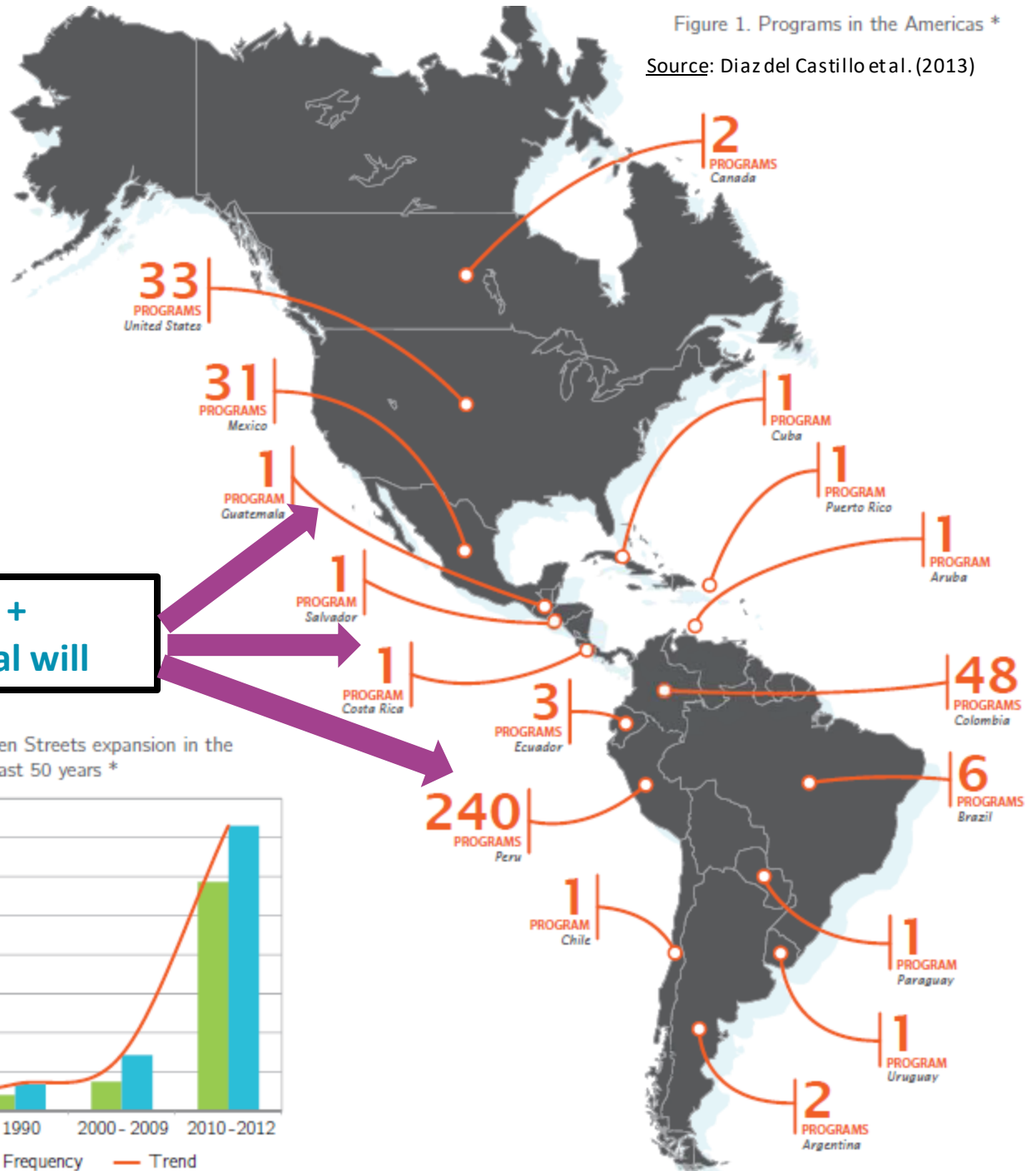
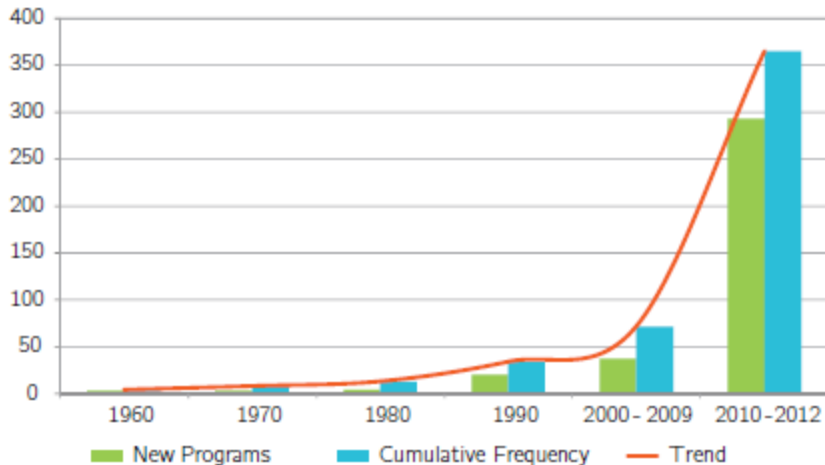
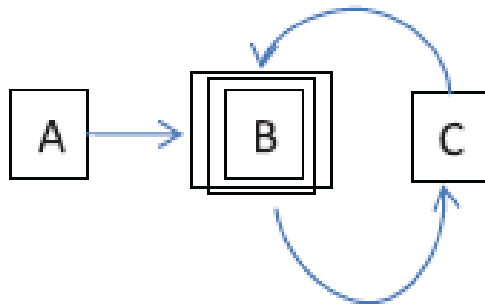


Figure 2. A healthy epidemic: Open Streets expansion in the Americas over the past 50 years *



Feedback loops occur when an output of a process within the system is fed back as an input into the same system. A central feature of all case studies reviewed was the importance of overcoming or preventing onset of negative feedback loops or “resistance” with positive feedback loops or “facilitators”

Feedback

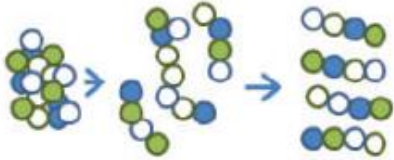


Examples:

- Mexico: Media campaign orchestrated by El Poder del Consumidor to counteract soda companies “scare tactics”
- Mexico: INSP evidence-based policy briefs to counteract industry lobbying of legislators to reduce or repeal the SSB tax
- Chile: Reaching a compromise with food industry to be able to implement modified FL and marketing law
- Argentina: Multisectoral dialogue to understand different stakeholders’ concerns to prevent negative feedback loops from slowing process

Emergent behavior refers to the spontaneous creation of order, which appears when smaller entities on their own jointly contribute to organized behaviors as a collective

Emergent behaviour



All four case studies are good examples of the CAS “perfect storm” needed for successful implementation of obesity prevention/reduction policies



Phase transitions occur when radical changes take place in the features of system parameters as they reach certain critical or tipping points

Phase transitions

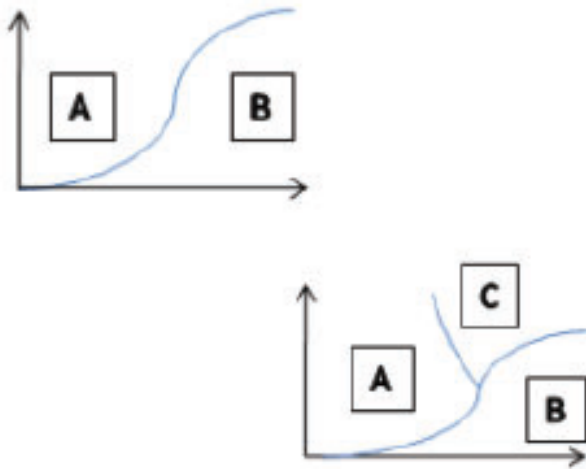
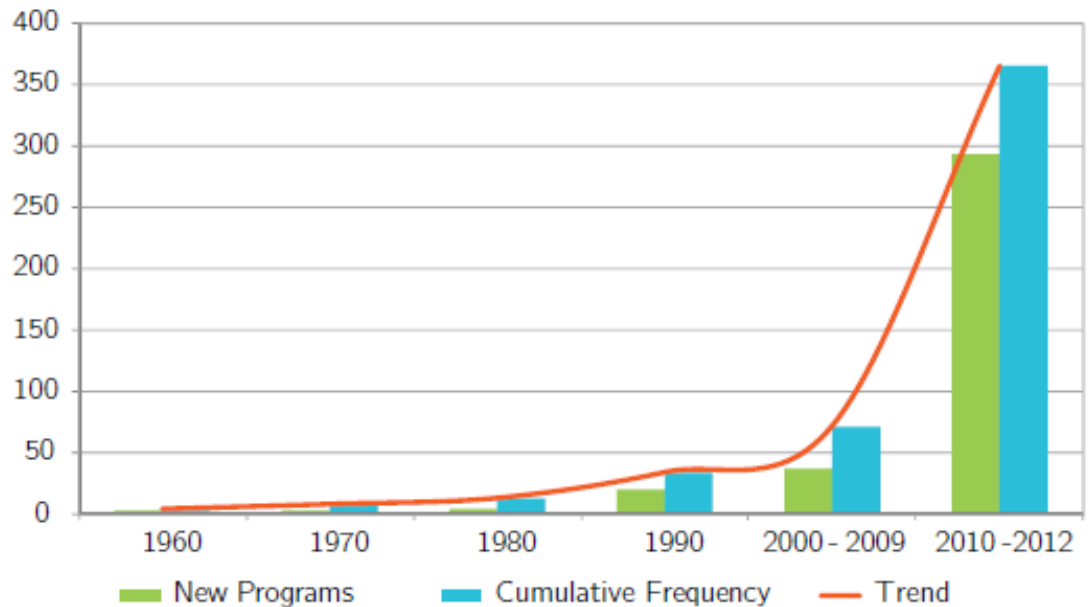


Figure 2. A healthy epidemic: Open Streets expansion in the Americas over the past 50 years *

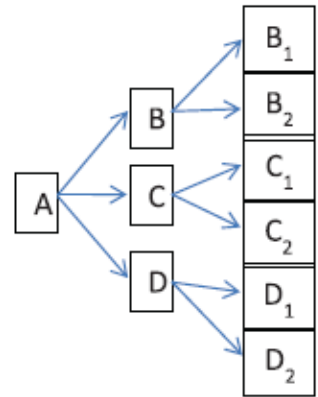


Source: Diaz del Castillo et al. (2013)

Scientific evidence and evaluation played an important role in achieving tipping points for policies' launch and sustain effective implementation

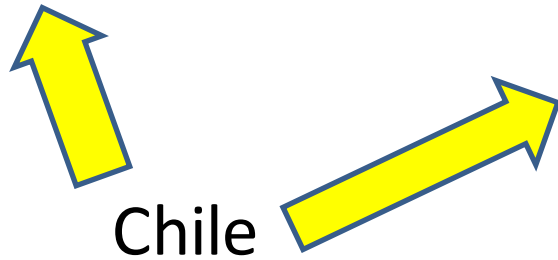
Same policies may need very different strategies to get them off the ground and then may follow very different policy articulation and implementation patterns that are context specific (path dependence)

Path dependence



Examples:

- FL legislation in Chile vs. Ecuador (Lutter)
- SSB taxes in Mexico vs. Berkeley, CA (Falbe et al. 2015)
- Ciclovías in Bogota vs. Mexico City



Etiquetado de alimentos procesados		
Sodio (sal)	Azúcar	Grasas
ALTO <ul style="list-style-type: none"> • Margarina • Embutidos 	<ul style="list-style-type: none"> • Yogur • Cereal • Gaseosas 	<ul style="list-style-type: none"> • Margarina • Aceite
MEDIO <ul style="list-style-type: none"> • Fideos • Atún 	<ul style="list-style-type: none"> • Leche entera • Leche saborizada 	<ul style="list-style-type: none"> • Leche • Yogur • Leche saborizada • Atún • Embutidos
BAJO <ul style="list-style-type: none"> • Leche • Yogur, • Leche saborizada • Queso • Cereal • Gaseosas 	<ul style="list-style-type: none"> • Endulzantes (no azúcar) 	<ul style="list-style-type: none"> • Queso • Fideos • Cereal • Gaseosas

*Las carnes empacadas no muestran los niveles de grasas y los huevos los muestran por unidad.
 **Los porcentajes de contenido se marcan actualmente en base a porciones.

Conclusions

- Implementation of evidence-informed anti-obesity policies gaining momentum in Latin America
 - Translating science into policy is a highly complex multi-directional non-linear process (Pratt et al. *Environment & Behavior* 2015)
- Need for multisectoral coordination of evidence-based policies that enable environments conducive to healthy lifestyles (change the default)
- Complex Adaptive Systems scaling up frameworks needed to objectively assess readiness for and progress with implementation of national evidence-informed anti-obesity policies
 - Key goal: Shorten amount of time it takes for effective anti-obesity policy implementation to happen

From Chile to Canada



“New regulations, which corporate interests delayed for almost a decade, require explicit labeling and limit the marketing of sugary foods to children.” *New York Times*
<https://www.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html>



In Sweeping War on Obesity, Chile Slays Tony the Tiger

New regulations, which corporate interests delayed for almost a decade, require explicit labeling and limit the marketing of sugary foods to children.

High in / Élevé en

Sat fat / Gras sat

Sugars / Sucres

Sodium

Health Canada / Santé Canada

► Figure 1 - Long description

High in / Élevé en

Sat fat / Gras sat

Sugars / Sucres

Sodium

Health Canada / Santé Canada

► Figure 2 - Long description

High in / Élevé en

Sat fat / Gras sat

Sugars / Sucres

Sodium

Health Canada / Santé Canada

► Figure 3 - Long description

High in / Élevé en

Sat fat / Gras sat

Sugars / Sucres

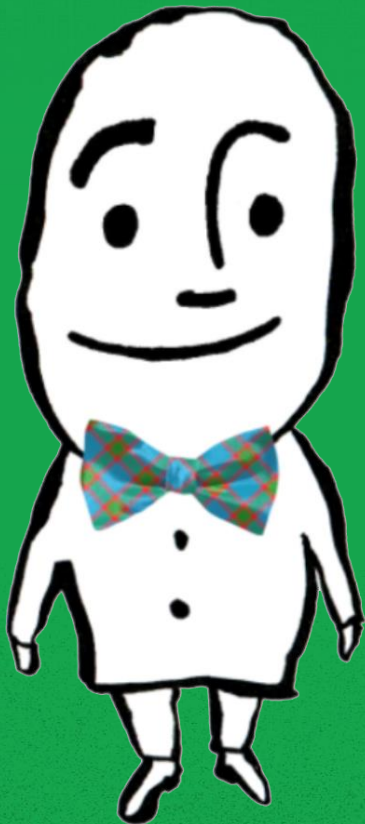
Sodium

Health Canada / Santé Canada



QUESTIONS?

Please type your question(s) in the chat box located on the right.



A Research Agenda to Guide Progress on Childhood Obesity Prevention in Latin America



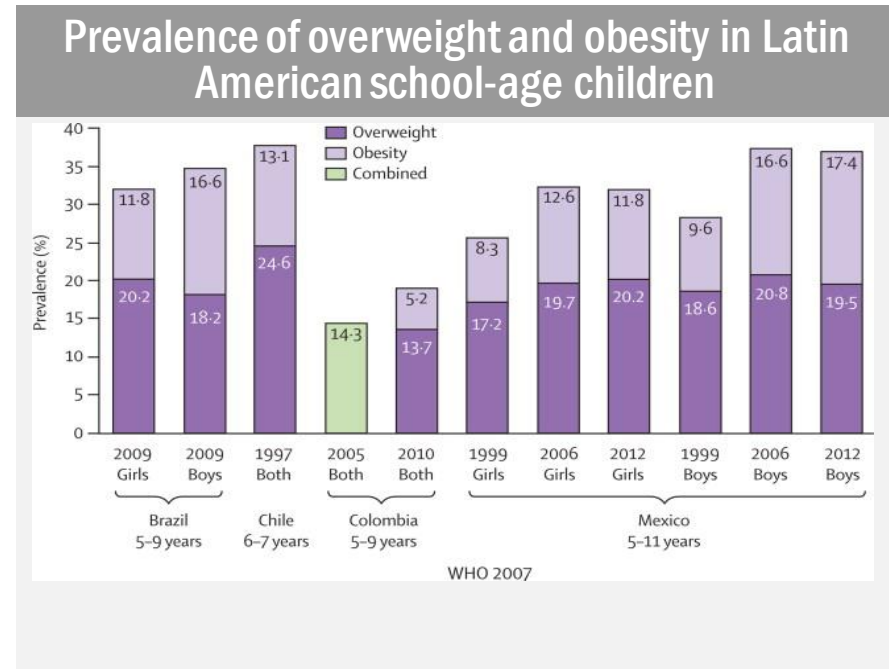
Juan Ángel Rivera Dommarco, PhD
General Director
National Institute of Public Health
Mexico



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Research Agenda to Guide Progress in the Region

- Childhood obesity rates in Latin America are among the highest in the world
- We examine and evaluate efforts in the region to reduce and prevent obesity
- We identify and discuss research challenges and opportunities in Latin America
- We propose a research agenda for the prevention of childhood obesity and non-communicable diseases in the region



Research Agenda to Guide Progress in the Region

- Research gaps include:
 - Biological challenges to healthy growth across the life cycle
 - Diet and physical activity (PA) dynamics
 - Community interventions promoting healthy child growth
 - Rigorous evaluation of national food and activity programs and regulatory actions
- Addressing these gaps is critical to advance evidence-based effective policy in childhood obesity prevention, tailored to the Latin American context



Direct and Underlying Drivers of Dietary and Physical Activity Patterns

Food environment food system changes

- Supermarkets, convenience stores, and fast-food restaurants have dominated the food scene since the 1990s
- Abundance of energy-dense, processed, high-sugar, high-fat, and high-sodium foods and sugar-sweetened beverages
- Little research has tackled the impact of these changes on food purchasing and consumption behaviors
- A clear need to better understand the global food system transformation and its determinants

Direct and Underlying Drivers of Dietary and Physical Activity Patterns

Evaluation of government efforts to create healthier diets

- Countries are encouraging changes in their food system through:
 - Front-of-package labeling
 - Restricting unhealthy foods in schools
 - Dietary guidelines
 - Taxation
 - Restricting marketing to children
- Little is known about the effect of media, education, and marketing on food purchasing and consumption
- Process and impact evaluations are key for appraising complex interventions and implementation approaches to ultimately advance effective solutions

Direct and Underlying Drivers of Dietary and Physical Activity Patterns

Environmental and psychosocial correlates of physical activity

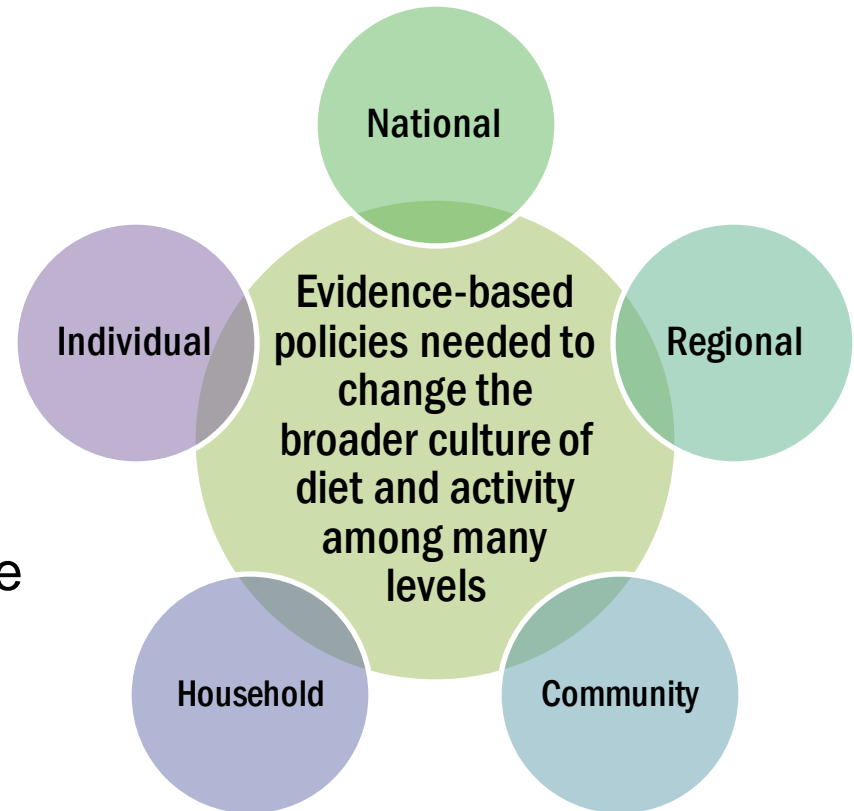
- Societal changes in Latin America likely to reduce PA, but little documentation outside Brazil
- Impact of social environments (e.g., crime and traffic), psychosocial variables (e.g., social support and perceived barriers), and biological variables (e.g., obesity and genetics) on PA are important to understand independently and in concert
- Little is known about correlates (cross-sectional) and determinants (longitudinal) of PA in Latin America

Surveillance and Measurement Concerns

- Research gaps in measuring diet and PA
- Need for detailed measurement of food/energy/nutrient intake, PA, energy expenditure to inform policy
- Nationally representative anthropometric, dietary, and PA surveys
- Food composition tables (databases of barcoded food and beverages)
- Surveillance of and measurement technique gaps related to PA
 - Self-reports of PA are not as reliable as objective measures
 - Self-reports of individual behavior do not capture environmental, social, and individual correlates of physical activity
 - Limited data exist on the quantity and quality of physical education and opportunities at schools

Efficacious Interventions for Behavior Change

- Conduct research in a variety of areas to inform evidence-based policy and programming
- Combine behavior change strategies with environment modification and policy change
- Develop multisectoral, multilevel policy actions
- When designing programs, prioritize approaches that can be scaled-up for population impact
- Evaluate effect of behavior change strategies



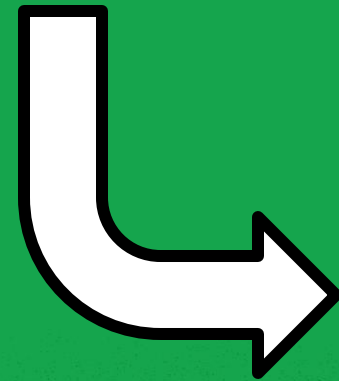
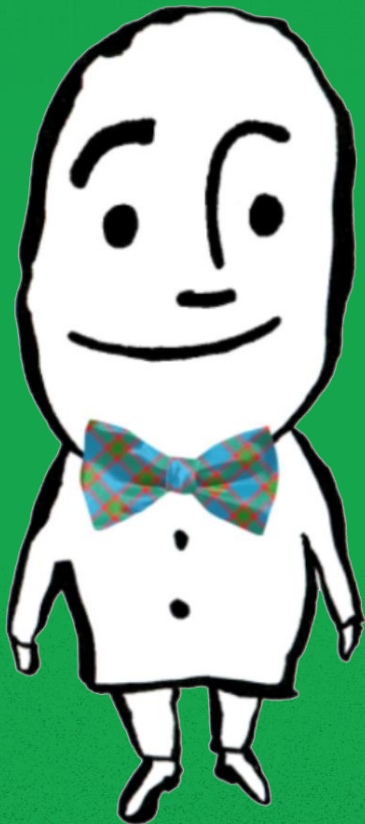
Evaluation of Policy and Community Interventions

- Latin America has been a leader in initiating regulatory actions and multisectoral policies, but many lack evidence of efficacy
- Policy evaluations can help identify best practices to understand accomplishments in pricing (taxes), promotion (marketing and labelling), and built environment
- Evaluations should:
 - Use multiple disciplines and methods to assess implementation and impact of policies
 - Take advantage of natural experiments and use mixed-methods research
 - Measure the on-the-ground impact of policies and programs, and identify any needed changes or additions



QUESTIONS?

Please type your question(s) in the chat box located on the right.




Capacity for Research on Childhood Obesity in Latin America

Michael Pratt, MD, MSPE, MPH
Professor
University of California, San Diego



Research capacity for childhood obesity prevention in Latin America: an area for growth

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Summary

Background: The rise of childhood obesity in Latin America calls for research capacity to understand, monitor and implement strategies, policies and programmes to address it.

Objective: The objective of the study was to assess current research capacity in Latin America related to childhood obesity, nutrition and physical activity.

Methods: We conducted a search of peer-reviewed articles on childhood obesity in Latin America with at least one Latin American author from 2010 to May 2015. We coded 484 published articles for author affiliation, study subjects' nationality, research topic and study design and extracted a series of networks per research topic, study design and collaborating country for each of the countries.

Results: Obesity is the most frequently explored topic. Nutrition and obesity are somewhat better developed compared with physical activity and sedentary behaviour. There are numerous observational and cross-sectional studies, indicating either a lack of capacity required for more complex research or the extent of the problem and associated factors is still unknown. The low number of intervention studies and the near absence of policy articles suggest a void in research capacity.

Conclusion: For childhood obesity, there is a clear need to build research capacity that documents the current state of the problem and design evidence-based prevention and intervention efforts.

Keywords: childhood obesity, Latin America, nutrition, physical activity.

Defining Research Capacity

“the ability of individuals, institutions, and networks to pursue locally relevant research, maintain a career pipeline for scientists, and promote a research environment that is conducive to multidisciplinary collaboration”

AND

“skill sets and support systems that enable the transfer of evidence into policy and practice”

How to Measure Research Capacity?

- Academic infrastructure
- National research funding
- Doctoral and post-doctoral training programs
- Number of active researchers
- Publication and citation metrics
- Ability to communicate results at national and international conferences and in national and international peer-reviewed publications

Methods

- Reviewed PubMed and LILAC from 2010–2015 for English, Spanish, and Portuguese articles on obesity, nutrition, and physical activity in Latin America
- Of 1,253 articles identified, 569 met basic inclusion criteria; after review and coding of abstracts by two authors, the final analytic sample was 484 articles
- Identified author affiliation and nationality, research topic, and study design

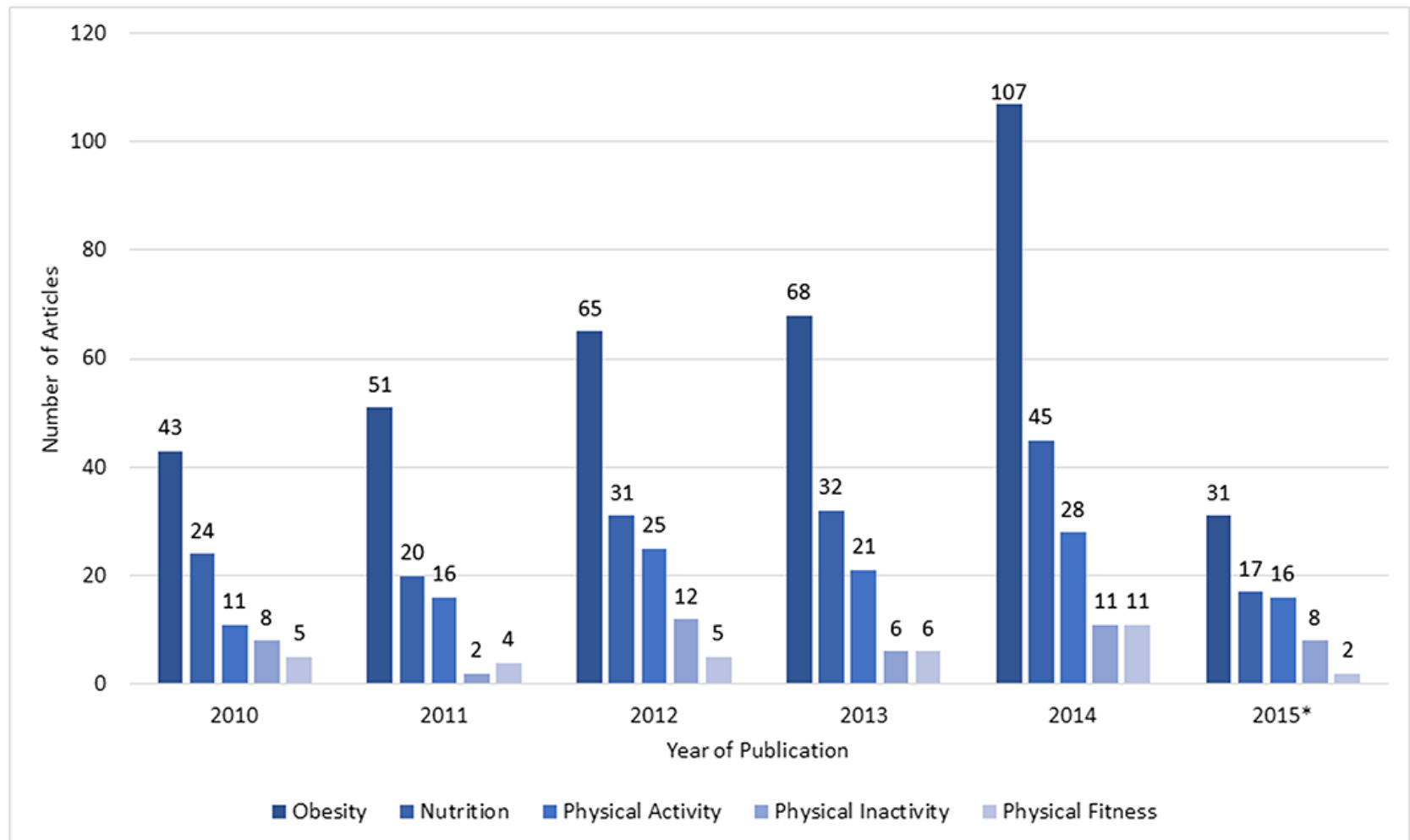
Research Topic Description

Topic	Description (could include any of the following)
Obesity	Measures of BMI, waist circumference, waist-to-height, adiposity, BMI-for-age, weight-for-age, overweight, obesity and nutritional status (only if it included overweight and/or obesity and was not focused on undernutrition only)
Physical activity	Vigorous or moderate-intensity physical activity; any type of leisure, organized activities or sports; and occupational, household, transportation or commuting physical activity
Physical inactivity	Any type of sedentary behavior measure or proxy such as screen or television time
Physical fitness	Any physiologic characteristic (measured in the field or in a laboratory setting) including aerobic capacity, muscular strength, muscular endurance and flexibility
Nutrition/ diet	Diet, energy, nutrients, food, food group or dietary pattern intake; biomarkers of nutrients

Study Design Description

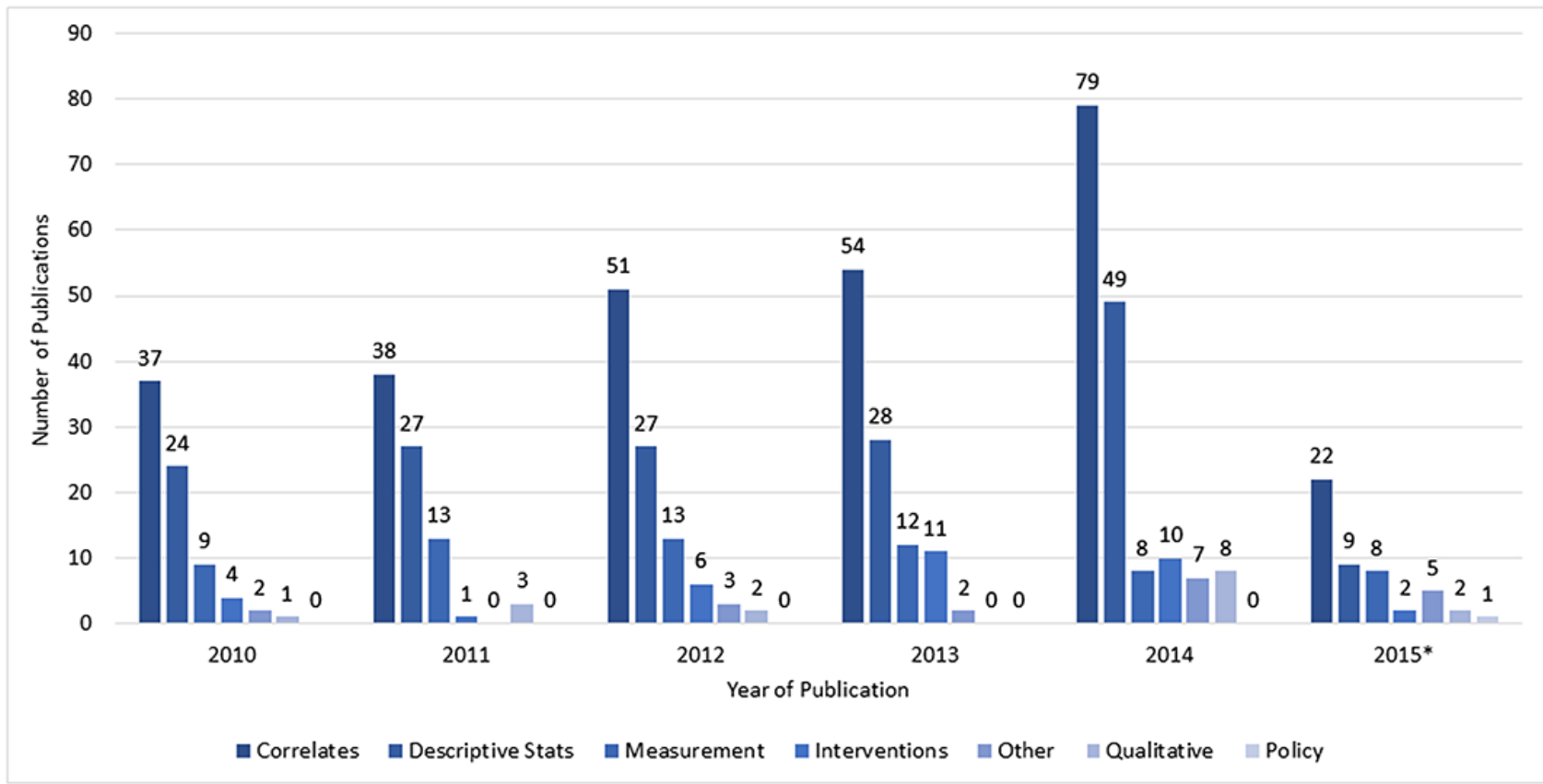
Study design	Description (could include any of the following)
Descriptive statistics	Studies that quantify descriptive estimates, trends and/or patterns of the topics of interest (e.g. prevalence, surveillance and incidence). This design category included articles that performed association or stratified analysis with non-modifiable variables such as age, sex, place or time
Qualitative	Focus groups, interviews, observations, study of the “why,” “how” or beliefs
Measurement	Studies focused on development of new measurement techniques, improving existing techniques and comparing measurement techniques, validity and/or reliability studies
Correlates	Studies aiming to identify determinants or consequences of our topics of interest (excluding non-modifiable determinants). Analyses including measures of associations such as correlation or regression coefficients, odds ratios, risk ratios and hazard ratios
Interventions	Randomized controlled trials, community trials, non-national programme evaluations, natural experiments, interventions and other quasi-experimental designs focused on modifying at least one of our topics of interest
Policy	Public health and research recommendations, national program evaluations, national plans and policy evaluations
Other	Descriptive studies including an aspect of temporality, e.g. longitudinal cohorts and nested case–control studies

Number of Published Studies by Research Topic



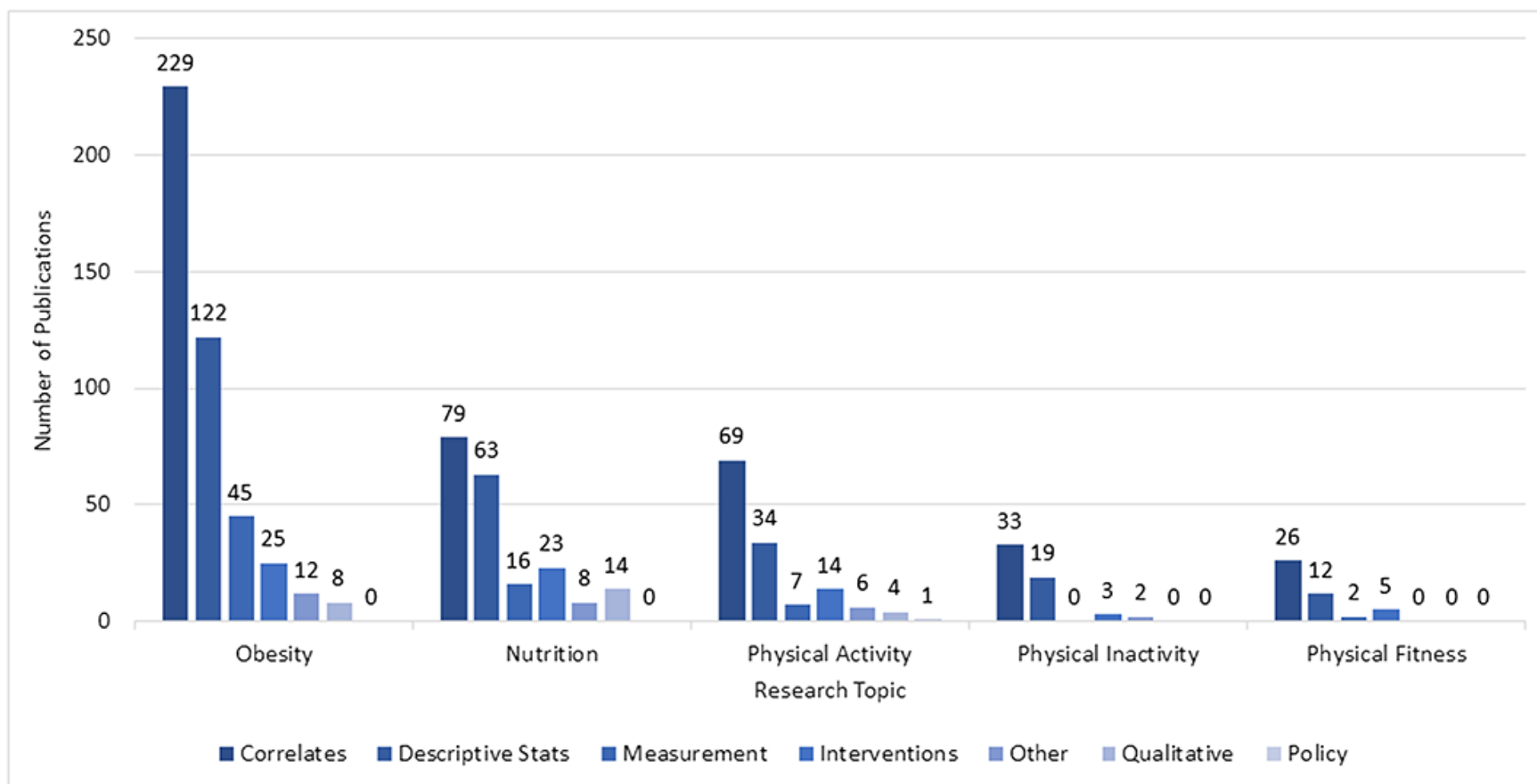
* Data for 2015 are incomplete

Number of Published Studies by Study Design



* Data for 2015 are incomplete

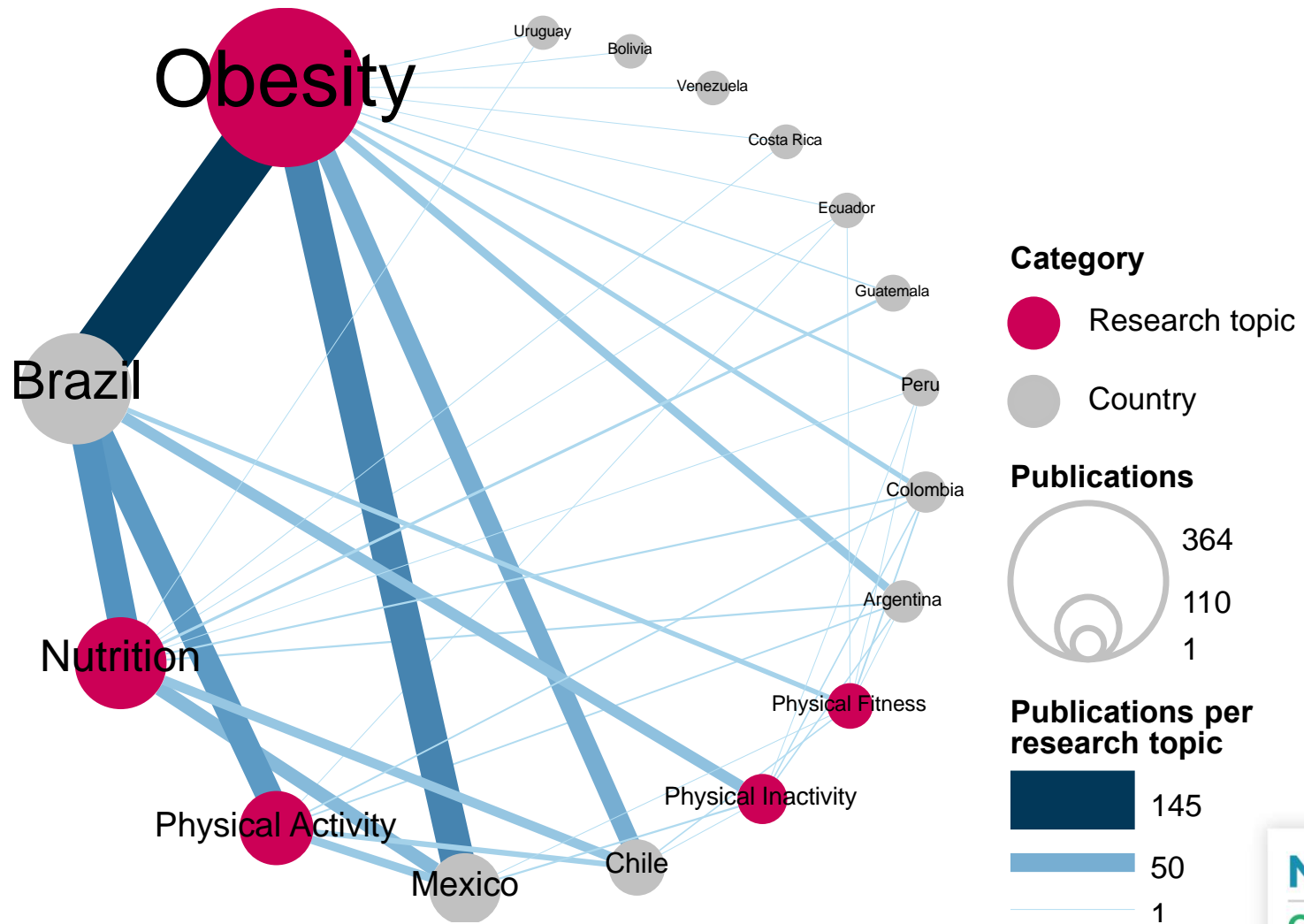
Number of Published Studies by Research Topic and Study Design, 2010—2015



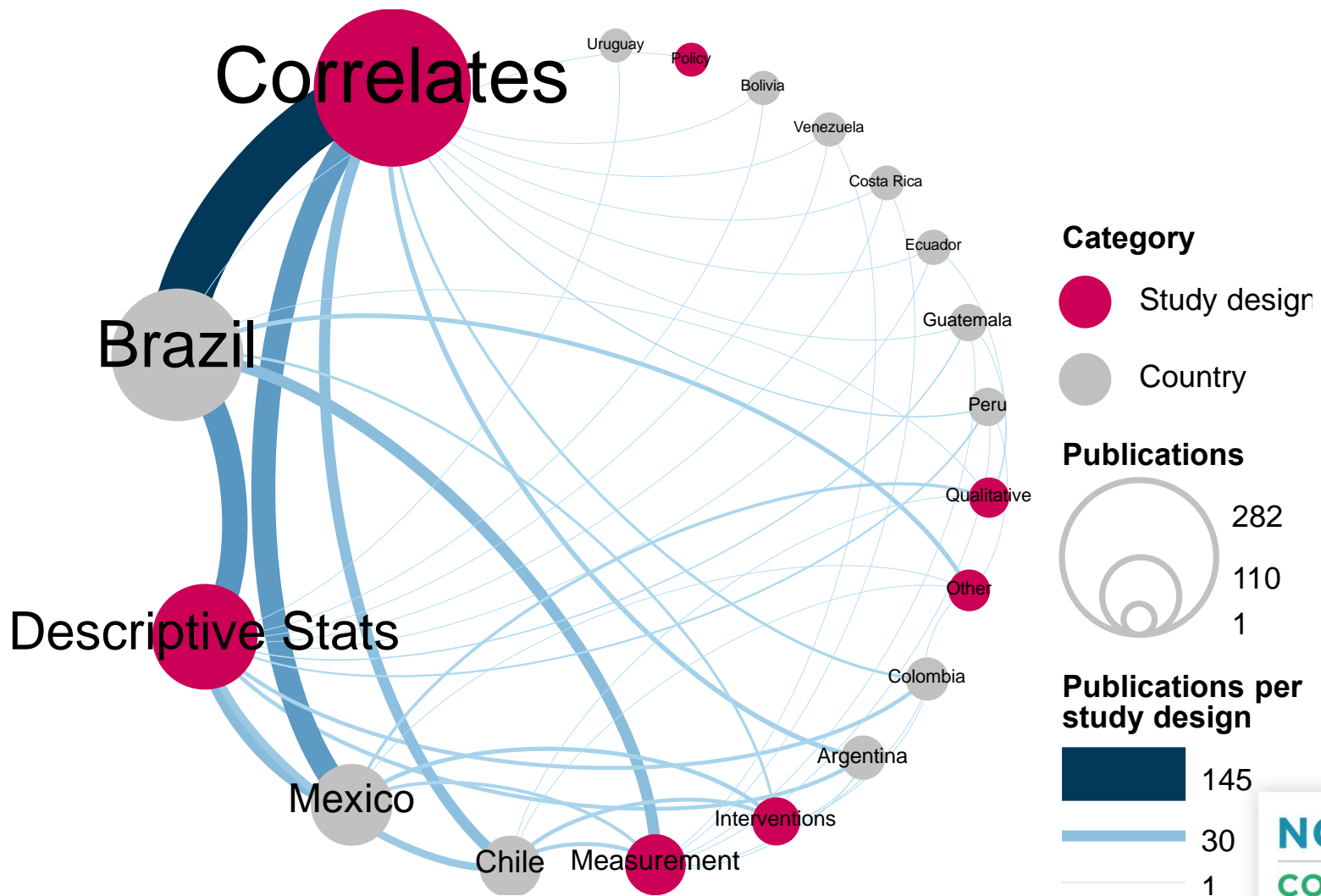
Key Findings

- Obesity is the most frequently explored topic
- Increasing number of publications across topics
- Numerous observational and cross-sectional studies
- Only 56 longitudinal studies (8.6% of total)
- Apparent lack of capacity required for more complex study designs
- Low number of intervention studies and near absence of policy articles suggest the need to improve research capacity in these areas

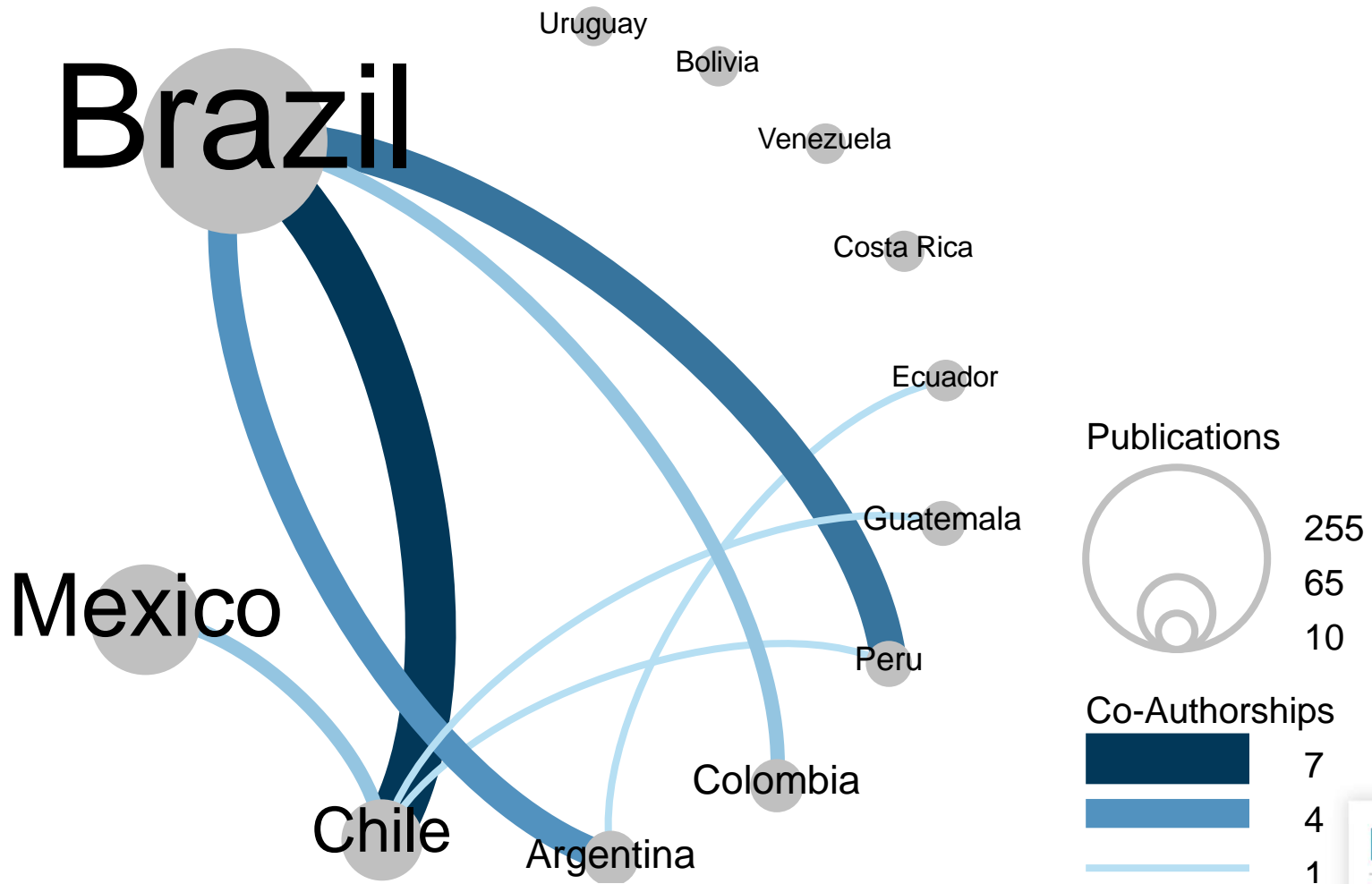
Published Studies by Lead Author Country Affiliation and Research Topic



Published Studies by Lead Author County Affiliation and Study Design



Network Analysis of Joint Publications by Author's Country Affiliation



Key Findings

- Publications from Brazil, Mexico, and Chile dominate across topics with few other countries in the region demonstrating much capacity to publish
- Extent of the problem and associated factors still unknown in many countries
- Clear need to build research capacity to document the current state of childhood obesity in more countries, and to design evidence-based prevention and intervention efforts in the entire region
- Surprisingly few cross-country collaborations

Study Limitations

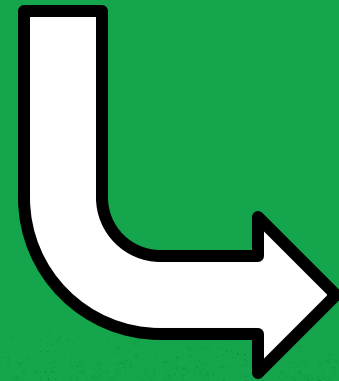
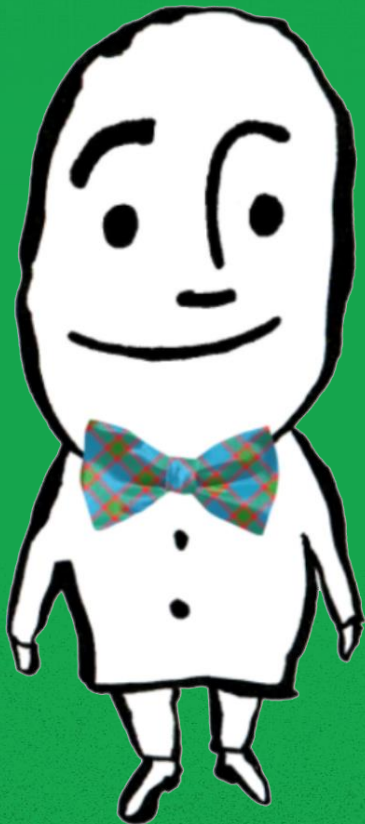
- Publications are not the only way to measure research capacity
- Differential engagement of researchers from different countries in the global academic community
- Classification of study design by abstract review can be difficult

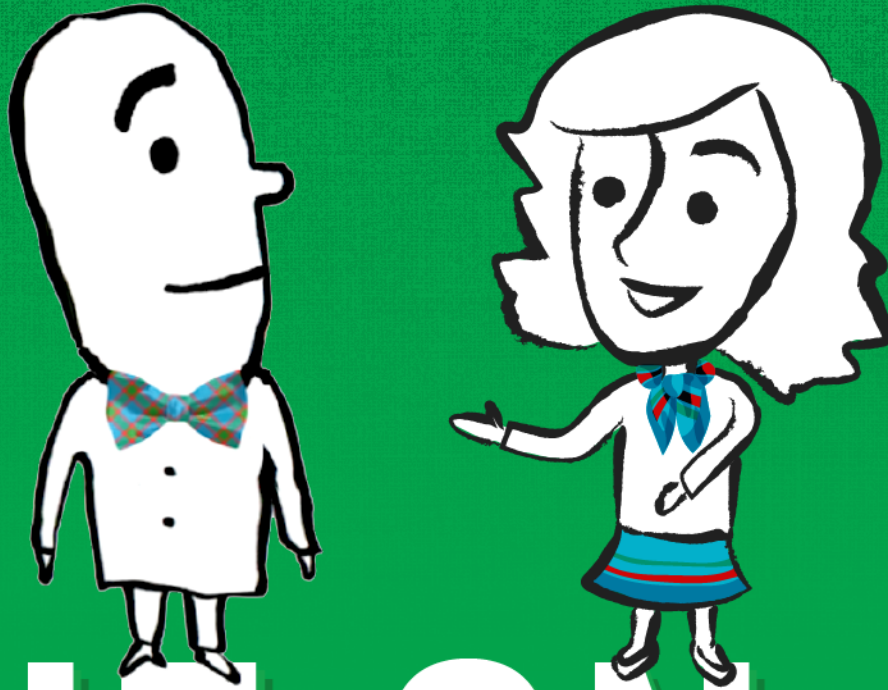
Enhancing Research Capacity in Latin America

- Moving beyond child survival and communicable disease prevention
- Research capacity needed across obesity, nutrition, physical activity, physical inactivity, and physical fitness
- Intervention and policy research focused on evaluating the abundance of creative initiatives in Latin America
- Support for regional collaborations and networks
- Programs that build regional research and training infrastructure, such as
 - The National Heart, Lung, and Blood Institute's Global Collaborating Centers of Excellence
 - CDC's Guide for Useful Interventions for Activity in Brazil and Latin America (GUIA) Project

QUESTIONS?

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ONE ON ONE

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UPCOMING EVENT



Connect & Explore Webinar

- Collaborating for Impact: Lessons Learned from NCCOR
 - The next Connect & Explore highlights NCCOR's recently published papers in the *American Journal of Preventive Medicine*
 - March 27 at 2 p.m. ET
 - Speakers:
 - Rachel Ballard, MD, MPH, NIH
 - Jasmine Hall Ratliff, MHA, RWJF
 - Laura Kettel Kahn, PhD, CDC
 - Jay Variyam, PhD, USDA

FURTHER QUESTIONS?

Other questions about NCCOR
or upcoming activities?

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NCCOR at ALR 2018

Call for comments: NIH P2P Workshop

CHOICES research predicts long-term risks of obesity in children

NCCOR launches Youth Compendium of Physical Activities

Connect & Explore



Upcoming Webinars

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FEB 27

Preventing Childhood Obesity in Latin America: An Agenda for Regional Research and Strategic Partnerships

MAR 27

Collaborating for Impact: Lessons Learned from NCCOR

Archived Webinars

THANK YOU!



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