

MEETING SUMMARY

National Collaborative on Childhood Obesity Research (NCCOR) Member Meeting

Wednesday, November 16, 2022

12:30–2:30 p.m. ET

PARTICIPANTS (n=55)

<p>CDC: H. Blanck, C. Dooyema, D. Ederer, A. Goodman, J. Gunn, H. Hamner, D. Harris, L. Kettel Khan, T. O’Toole, S. Park, R. Petersen, J. Seymour, S. Sliwa</p>	<p>USDA: M. Abley, A. Amico, K. Chandran, C. Cherry, H. Chipman, S. Fleischhacker, M. Koenings, C. Paolicelli, C. Sideck</p>
<p>NIH: S. Arteaga, D. Berrigan, A. Bremer, A. Brown, P. Cotton, L. Donze, L. Esposito, R. Fisher, S. George, K. Gibbs, K. Herrick, N. Jury, R. Kuczmarski, C. Lynch, C. Pratt, J. Reedy, S. Vorkoper, S. Yanovski, K. Zanetti, J. Zink</p>	<p>RWJF: K. Hempstead</p>
	<p>Coordinating Center (CC): E. Callahan, L. Canady, V. Do, R. Grimsland, K. Hilyard, T. Phillips, A. Sharfman, M. Van Orman, S. Xiong</p>
	<p>Others: Five joined by phone (names not captured)</p>
<p>Speakers (in order of appearance)</p> <ul style="list-style-type: none"> • Nick Jury, PhD, <i>NIH</i> • Ruth Petersen, MD, MPH, <i>CDC</i> • Christopher Lynch, PhD, <i>NIH</i> • Katherine Hempstead, PhD, <i>RWJF</i> • Kumar Chandran, MS, MPH, <i>USDA</i> 	

Welcome and Introduction – Karen Hilyard, NCCOR Coordinating Center

K. Hilyard welcomed participants, reviewed the agenda, highlighted the primary purpose of the meeting—to explore how NCCOR can support the White House’s Strategy on Hunger, Nutrition, and Health—and shared a few NCCOR notes on how NCCOR and the Coordinating Center can help agencies better leverage their strategic priorities:

- NCCOR members from different agencies come together to work on projects that are related to NCCOR’s core mission and goals.
- The NCCOR Coordinating Center (CC) provides logistical support to help members with NCCOR-related projects, such as meeting coordination and facilitation, marketing and communications, and technical scientific support to translate and disseminate NCCOR outputs.

Overview of White House Strategy – Nick Jury, PhD, Director of Communications, Legislative Affairs, and Policy, *NIH*

N. Jury provided key takeaways from the September 2022 White House Conference on Hunger, Nutrition, and Health. The Conference's overarching, ambitious goal is to end hunger, reduce diet-related diseases by improving healthy eating and physical activity, and eliminate relevant disparities by 2030. The White House developed five pillars to define the scope of the Conference and the ensuing actions in pursuit of this goal:

- Pillar 1: Improve food access and affordability in all communities
- Pillar 2: Integrate nutrition and health so that the healthcare system addresses nutritional needs, such as through screening for food insecurity in clinical settings
- Pillar 3: Empower all consumers to make and have access to healthy choices wherever they go, such as by conducting culturally appropriate public messaging and education campaigns
- Pillar 4: Support physical activity for all, to include raising awareness of the benefits of activity and ensuring safe spaces to be active
- Pillar 5: Enhance nutrition and food security research, which includes bolstering nutrition research funding to support evidence-based policies; implementing a coordinated federal vision for advancing nutrition science; and ensuring diversity and inclusion in nutrition, health, and food security research, including through the Dietary Guidelines for Americans process.

The [National Strategy](#) released in conjunction with the Conference identifies actionable steps the federal government will take in pursuit of the 2030 goals, including commitments from every federal agency that helped develop the strategy. The Conference also catalyzed the public and private sectors to address the intersections between food, hunger, nutrition, and health, as illustrated in the [private- and public-sector commitments](#) toward achieving the 2030 goals.

Panel – Reflecting on The White House Conference on Hunger, Nutrition, and Health and National Strategy: What does this mean for our agencies?

Moderator: Karen Hilyard, *NCCOR Coordinating Center*

Representatives from the four NCCOR agencies shared the implications of the Conference for their agencies and described their upcoming efforts pursuant to actions outlined in the National Strategy.

Ruth Petersen, MD, MPH, Director, Division of Nutrition, Physical Activity, and Obesity, CDC

- Expand CDC's State Physical Activity and Nutrition Programs (SPAN): The National Strategy states the Biden-Harris Administration's will work with Congress to provide additional funding to expand SPAN from 16 states to all states and territories. SPAN implements evidence-based state and community-level policy, systems, and environmental strategies to reduce chronic disease by improving physical activity and nutrition.
- Improve the reach and scale of CDC's policy, systems, and environmental change strategies supported by evidence from the Community Guide, including making physical activity safe and accessible for all; making healthy food choices available in state and community facilities; making breastfeeding easier to initiate and sustain; strengthening obesity prevention standards in early care and education settings; and spreading and scaling family healthy weight programs (through at least three new upcoming funding opportunities).
- Expand access to healthier environments in federal facilities by implementing and updating the [Food Service Guidelines for Federal Facilities](#), which are based on the Dietary Guidelines for Americans and apply to all federal facilities where food is sold, served, and distributed.

- Bolster data collection to better identify trends: CDC and USDA will update national data methods and infrastructure to identify trends in population intake of sodium and added sugars. At present, data are lacking at a level to inform state or local action.
- Other topics at the intersection of public health needs and White House interest: More data are needed on birth-to-24-month feeding patterns and on micronutrient status (especially iron and iodine) among pregnant women and young children. CDC and HRSA are analyzing an oversample of National Survey of Children's Health data to gather state-level trend data on various eating patterns including intake of fruits/vegetables and SSBs. State-level data will be released in MMWR and will inform intervention strategies and help with segmentation by demographic data.

Christopher Lynch, PhD, Director, Office of Nutrition Research, NIH

- Ensure diversity and inclusion in nutrition, health, and food security research: NIH's Community Partnerships to Advance Science for Society (ComPASS) Program (part of the NIH Common Fund) will catalyze, develop, and assess community-led, health equity structural interventions that leverage multisectoral partnerships to advance health equity.
- Invest in creative new approaches to advance research on prevention and treatment of diet-related diseases: Examine the interplay between nutrition, oral disease, and comprehensive health; explore development of validated measurements and methodologies to assess 24-hour dietary patterns, physical activity, and sleep; and examine the role of diet and other early-life exposures in health and disease. A Developmental Origins of Health and Disease (DOHaD) framework can be useful for examining the impact of early-life exposures on childhood obesity. NIH is planning longitudinal research that will follow mothers from periconception through their offspring's early years to study how various factors affect disease risk. It also plans to study human milk composition in detail, including the functions of individual human milk components (some of which are being proposed for adding to infant formula).
- Research the intersection of climate change, food security, and nutrition: Leverage the NIH Climate and Health Initiative to study the effects of climate change on food access and quality (i.e., nutrient content) and ultimately, population health. Research opportunities are available to [understand and address hunger and food and nutrition insecurity](#).
- Establish [Food is Medicine Networks or Centers of Excellence](#): This new NIH initiative will use health networks or centers to conduct intervention studies; implementation science; behavioral, health quality and medical economics; and pragmatic research. It will also aim to improve training to better address obesity, food insecurity, and diet-related diseases.

Katherine Hempstead, PhD, Senior Policy Advisor, RWJF

- The recently released annual State of Childhood Obesity report, "[Meeting the Moment](#)," includes policy recommendations for SNAP and WIC and calls for moving beyond a weight-centered view of health given that health is more than weight.
- Disseminate a recently completed "proof of concept" project that examined if EHR data could be used to approximate nationally representative surveillance data from NHANES. RWJF partnered with FQHCs and a health information exchange to analyze data on millions of patients; results indicated that EHR data is a good, timely data source for surveillance that also allows for data disaggregation.
- Consider how to develop, govern, and fund a sustainable model for an ongoing source of surveillance data that is accessible by researchers.
- Continue to support CDC's clinical and community data initiative.

- Continue to develop funding opportunities:
 - Administer a new round of [research grants](#), co-sponsored with USDA, for researchers who will use one or more restricted-use data assets from the Consumer Food Data System to produce policy-relevant research on food policy; food retail markets; consumer behaviors related to food purchases and diet; and USDA nutrition assistance programs. (Awardees to be announced soon.)
 - RWJF's Healthy Eating Research program is currently evaluating proposals for a second round of funding on studies that examine how pandemic food assistance and safety net expansion affected children's health and wellbeing.
 - A new CFP is underway for projects that will grant researchers access to a rich EHR repository for projects related to nutrition and diet-related disease. The data could be used to investigate BMI's relationship to comorbidities and other outcomes of interest, or to explore SDOH screening and referrals to food and nutrition services.
- Improve equity in coverage for food security and nutrition initiatives in health care, such as screening and referral programs through Medicare Advantage, use of value-based insurance design (VBID) models, and expanding access to and coverage for nutrition counseling in Medicaid and other health insurance programs.

Kumar Chandran, MS, MPH, Senior Advisor for Nutrition, Office of the Secretary, USDA

- Propose updates to the WIC food packages and to nutrition standards in school meals to align with the current edition of the Dietary Guidelines for Americans; expand incentives for fruits and vegetables in SNAP; and redouble nutrition education efforts (including refreshing SNAP-Ed's resource library).
- Pursue a research agenda that clarifies priority gaps in data needs and metrics; increase data on diverse populations to inform more equitable policy and practice implications.
- Continue to promote the nexus between the health care sector and food and nutrition security, pursuant to [USDA's October 25 summit on healthcare and nutrition security](#).
- Identify lessons learned from enacted policies in individual states (e.g., a recent ballot initiative in Colorado that expands universal school meals [which has been recommended by the [Community Guide](#)] and promotes local food procurement) and apply those learnings to efforts to pass similar policies in other states or nationally.
- Demonstrate the impacts of proposed policy changes, such as the revised WIC food packages, to show that policy changes can meaningfully impact health disparities and health outcomes.

Q&A with Panelists

K. Hilyard: What's on your wish list of ideal projects for NCCOR?

- K. Hempstead: Reconsidering the use of BMI as a universal measure, examining considerations and limitations related to using BMI in various populations.

D Berrigan: How much can improving access to healthy food contribute to reducing childhood obesity without concurrently restricting access to unhealthy foods?

- C. Lynch: Education is an important add-on to improving access so that people know how to prepare the foods provided. Teaching kitchens provide settings to help fill that educational gap. Another important support is to ensure that people have basic kitchen equipment and tools to prepare and store healthy foods; this is a challenge for homeless individuals in particular.

- R. Petersen: The hierarchy of needs is an important concept to consider when answering this question. If a person is experiencing adverse circumstances (e.g., homelessness, addiction, abuse), it will be difficult for them to select and prepare healthy foods that are available. Clinical screening tools to identify social needs and refer patients to corresponding services (e.g., housing or housing assistance) are expanding and research is needed about what factors contribute to the success of these efforts. Is it the availability of a patient navigator or community health worker? Is it the provision of stable housing or consistent food assistance? Or is it something else? And how does it vary by person? This is a complex question that health care and public health systems could collaborate to explore and might make a good NCCOR project.
- D. Berrigan: The recent (Nov. 14-15) NIDDK workshop on [housing and obesity](#) strongly highlighted the “hierarchy of needs” concept, as did a recent NHLBI workshop on adult obesity and equity – indicating that this concept likely applies to childhood obesity as well.
- R. Petersen: We have much to learn from implementation science about the “secret sauce” for success with policy, systems, and environmental change. For example, is there anything “around the edges” that we have not yet detected but meaningfully affects change?

D. Harris shared a link in the chat to CDC’s [Food Service Guidelines for Federal Facilities](#)

- D. Harris: The food service guidelines for federal facilities (e.g., military installations, correctional facilities, state and local government facilities) are encouraged in non-federal settings as well. The Guidelines are intended to support adults by making healthy choices more available in their work environments. CDC also funds capacity building, such as state farm-to-ECE programs, so that individuals are educated and empowered grow, select, and prepare healthy foods. The early-life programming helps prime kids for K-12 participation in farm-to-school programs.
- L. Kettel Khan: CDC’s range of programs reflect a lifespan approach, as well as a goal to impact the food system by influencing what crops agriculture produces, what foods are procured in schools and worksites, and ultimately what foods individuals select to consume.

A USDA representative shared a link in the chat to a NIFA funding opportunity

- M. Koenings: USDA NIFA will release a competitive funding opportunity in 2023 for a training, technical assistance, evaluation, and information center to support the coordinated national evaluation of nutrition incentive and produce prescription projects funded by the GusNIP grant programs.¹

Small Group Discussions: NCCOR’s Contributions to Pillar 5 Goals

Attendees split into three breakout groups to discuss opportunities for NCCOR to advance specific action items included in the National Strategy for Pillar 5, which is devoted to enhancing nutrition and food security research by improving nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.

Breakout Group 1: Social Determinants of Health

Pillar 5 action item from the National Strategy: “*Better understand SDOH to help achieve health equity through research,*” such as by measuring social risk factors (e.g., food insecurity) in at-risk groups.

¹ GusNIP Produce Prescription Program projects include both the fresh fruit and vegetable prescriptions written by healthcare partners and nutrition education. Nutrition education can be in the form of medical nutrition therapy or SNAP-Education, EFNEP, or WIC nutrition education.

Research gaps and corresponding potential NCCOR projects

- *It was noted that NCCOR agencies do not typically fund research on upstream, structural determinants of health, but that this is a topic of conversation internally.*
- Examine the effects of interventions to address underlying drivers of SDOH, such as providing basic income, vouchers, and tax credits to alleviate poverty's effects on health. Assess the results of providing such benefits to families and compare the health effects on various family members (e.g., adults compared to children).
- Explore changes to environmental features that may have unexpected positive effects (e.g., [restoring blighted vacant land had positive effects on crime, violence, and fear](#)) for childhood obesity risk factors. NCCOR could facilitate a convening to discuss potential novel targets to explore, based on conceptual and theoretical work, for modification.
- Examine whether SDOH measures for adults, such as those in the [PhenX Toolkit](#), are sufficient for childhood obesity, whether child-specific versions of those measures may be needed, and whether other SDOH may be more relevant for children. The Gretchen Swanson Nutrition Center is conducting an environmental scan of SDOH measures and relevant indexes such as the Social Vulnerability Index and the Child Opportunity Index. The results will inform potential applications and uses of these measures and indices for childhood obesity research – tune into the December 14 NCCOR member call to learn more.
- Consider systems and statistical modeling approaches that make use of “big data” to help pinpoint which SDOH are most relevant to preventing/mitigating/reducing childhood obesity and to disentangle the relative impact of various SDOH or combinations of SDOH on childhood obesity outcomes. NCCOR could review the literature and consider testing innovative modeling techniques² to better understand which SDOH have the most meaningful impact on childhood obesity, and how related correlates such as income and parental education might affect the impact of various SDOH.
- Gather and assess evidence to enable linking specific policies that modify SDOH to positive effects on childhood obesity.
- Measure the collective impact of similar obesity-related programs at NCCOR agencies, which have slightly differing requirements and strategies but similar audiences and common goals.
- Understand how to communicate about SDOH in a relevant way to intended research audiences and beneficiaries in order to promote sustained research funding and buy-in from intended beneficiaries of the research. Target audiences should be engaged in communications planning and implementation. NCCOR could convene an expert panel discussion to learn from communications experts about best practices for communicating about SDOH and obesity.
- NCCOR could host a “Connect and Explore” webinar with the four cities/towns from the Childhood Obesity Declines Project to determine how they weathered the pandemic/current rates of childhood obesity, or look at four organizations that NCCOR spoke with by phone in 2018 to do a “Where Are You Now?”

Breakout Group 2: Diet-related Disease

Pillar 5 action item from the National Strategy: *“Invest in creative new approaches to advance research regarding the prevention and treatment of diet-related disease,”* such as by determining the role of diet

² An example provided was the [Childhood Obesity Modeling for Prevention and Community Transformation project](#).

and other early-life exposures in health and disease and developing validated measurements and methodologies to assess 24-hour patterns of diet, physical activity, and sleep.

Research gaps and corresponding potential NCCOR projects

- Evaluate the impact of dietary exposures early in life on various childhood obesity-related outcomes.
- Measure the benefits of the proposed updates to the WIC food packages on outcomes such as improvements to child behavior, maternal diet, and the food environment. NCCOR could help facilitate the modification of the NEMS tool so it is suitable for assessing and auditing the changes in community food environments that are occurring because of the new WIC food packages. NCCOR could also help modify dietary screeners so they are better suited to capture dietary intakes of WIC participants.
- Consider strategies for NCCOR to be more nimble in enabling research so that members can take advantage of opportunities to study implementation and measure the impacts of policies that are or may soon be implemented (e.g., universal school meals—what is the impact on food waste?; healthy icon in food labeling; earned income tax credit—does NCCOR have a way to connect social policy researchers and nutrition researchers?; medically tailored meals; park prescriptions; inclusion of diet module in EHRs).
- Build the evidence base on dissemination and implementation strategies and ensure that interventions are conducted with an equity lens and include community outreach and education as elements of fidelity.
- Expand the scale of effective interventions such as NAPSACC and CATCH and study community acceptability, co-design, and cost in tribal, rural, urban, and Latino communities. Implementation science approaches are needed to help tailor implementation of effective interventions in different context and populations.
- Build a better pipeline to The Community Guide so new research projects are more likely to help build an evidence base that can fill gaps in its recommendations (an example of a gap is nutrition interventions for ages 0-2 years).
- Consider opportunities for NCCOR to augment member agencies' workforce such as by establishing NCCOR Fellows, hiring consultants, or better connecting member agencies' fellows in NCCOR projects.

Breakout Group 3: Data Collection/Measurement

Pillar 5 action item from the National Strategy: *“Bolster data collection to better identify trends,”* such as by identifying trends in population intake of sodium and added sugars and developing and implementing a second FoodAPS survey.

Research gaps and corresponding potential NCCOR projects

- Measure population trends in children's intakes of 1) micronutrients including iodine, folate, vitamin D, and magnesium, and 2) specific foods that are relevant for childhood obesity, such as sugar-sweetened beverages. NCCOR could convene subject matter experts to prioritize specific nutrients and foods to be captured.
- Develop survey questions to help fill the data gap for physical activity levels among young children; available (proxy) measures are limited to amount of time spent outdoors.

- Fill gaps in local and state data on existence of environmental and policy supports for healthy eating and activity behaviors (e.g., nutrition standards for foods in early childhood education settings).
- Evaluate existing policies for effectiveness, ease of implementation, and accountability (i.e., whether the policy is implemented as intended).
- Develop food and nutrition security measures that intersect with agricultural and climate measures (could build on USDA effort to standardize nutrition security measures); consider opportunities to identify and raise awareness of connections between climate change and child health, which could open new avenues to promote children's health.
- Fill knowledge gaps about what parameters and context are needed for optimal program and policy implementation to support child wellness. NCCOR could help define those parameters.
- NCCOR could support many of the listed gaps by convening workshops that aim to identify and prioritize gaps in measures and suggest survey designs/questions and assessment tools (broadly or for specific topics) to fill the gaps. NCCOR could commission literature reviews on related topic areas to be presented at such a workshop.
- Improve understanding of the current status of tribal food sovereignty and indigenous knowledge, which is mostly informed by self-reported data. NCCOR could develop guidance on conducting needs assessments in tribal communities and best practices for working with these communities.

General comments about data collection and measurement:

- The group recognized that data collection and measurement apply to multiple action areas in Pillar 5 and recommended that this topic be a key component of each action area.
- The group suggested that identifying NCCOR's impact goals for the next 5-10 years would help to focus targets for improved data collection and measurement. Such goal-settings may require convening the NCCOR agencies for strategic planning and prioritization.
- A balance must be struck between survey burden (e.g., number of questions) and effectiveness in terms of capturing the intended information in sufficient detail and maximizing survey reach and response rate.

Report Out & Next Steps – Karen Hilyard, *NCCOR Coordinating Center*

K. Hilyard recapped the process for NCCOR members to advance their ideas toward a tangible NCCOR project. Key steps in the set-up process are to share the idea or opportunity with NCCOR; secure agreement from one other NCCOR agency to advance the idea; complete the proposed project form; wait for the Steering Committee to review proposal; if approved, determine the funding source and mechanism; designate a lead and set up a working group; and identify CC support team (see graphic on [slides 31-32](#)).

Sneak Peak of NCCOR's Updated Website – Melissa Van Orman, *NCCOR Coordinating Center*

M. Van Orman shared sample screen shots and new features that will be included in the revamped NCCOR website along with an evolved visual interface and functionality. The new version of the website will better accommodate NCCOR's sizeable and growing collection of resources and content. It will transform the Internal Resources page for NCCOR members to a new and improved member hub. Visually, it will have a more modern and intuitive approach to navigation and content organization and

feature full-screen images and videos. The new resources section will include a library of social media content.

M. Van Orman noted that one of NCCOR's resources, a 2020 NCCOR systematic review and meta-analysis ([the Childhood Obesity Evidence Base Project](#)), was recently called out by the journal *Childhood Obesity* as a high-impact paper. She also shared that NCCOR's booth at APHA garnered around 150 new subscribers to NCCOR's database and that an NCCOR member led a walk through APHA's host city of Boston to point out built environment features that influence active transportation.

Wrap-Up and Announcements – Karen Hilyard, *NCCOR Coordinating Center*

- Connect & Explore webinars:
 - [Create Thriving, Activity-Friendly Communities with NCCOR](#) – November 17
 - [Optimizing Recess for Healthy Child Development](#) – December 6
- Workshop: [Sparking Conversations and Action to Advance Equity](#) – November 30
- New workgroup: State of the Science on Measures of Individual Physical Activity (contact David Berrigan berrigad@nih.gov or Amanda Sharfman asharfman@fhi360.org if interested)
- Member call: December 14 | 2:00pm ET
- Virtual member meeting: January 18, 2023 | 12:30-3:30pm ET