

# NESP Thoughts and Recommendations for NCCOR

## NCCOR External Scientific Panel (NESP) Webinar

November 12, 2021

### Attendees:

**NESP Members:** J. Cawley, T. Huang, J. Sallis, M. Story

**NESP Liaisons:** S. Onufrak, S. Yanovski

**NCCOR Steering Committee:** D. Berrigan, D. Bremer, J. Guthrie, H. Hamner

**NCCOR Coordinating Center:** V. Do, T. Phillips

On November 12, 2021, the National Collaborative on Childhood Obesity Research (NCCOR) hosted a webinar with the NESP to discuss priority topics and emerging areas as well as current research needs and gaps for the childhood obesity field post pandemic. Highlights from those discussions follow.

- **Consider changes in society that may never revert, such as a shift to online shopping and online certification of FNS programs like WIC.**
  - Consider whether changes in the WIC package affected the development of childhood obesity and younger children.
  - More kids became overweight during the pandemic. Is this a permanent shift upward in their percentile growth chart, or will there be another change once normative behaviors resume?
  - Clarity in research questions and data needs would be helpful for NCCOR members.
- **Consider lessons learned from other developed countries.**
  - World Obesity Federation has put obesity on the global agenda for non-communicable diseases, pushing for universal health coverage for obesity-related care and building strong alliances with UNICEF with a focus on childhood obesity in developing countries.
- **From a public health perspective, it will be important to gather lessons learned if we have another pandemic or climate-related disaster.**
  - COVID caused data collection to stop abruptly. Can NCCOR members collect more data when there are economic, weather-related, infectious disease-related, or war-related “shocks” to the system? When things go south is when we want to collect more data, not less. If data collecting agencies could have capacity to do counter cyclical data collection or have reserves of people, power, and money, we can take advantage and learn more.
  - Research could look at mechanisms for collecting data under these circumstances.
    - For example, NHANES and USDA School Nutrition and Milk Study had to stop. Could alternative methods and resources (census, pulse survey, rapid information collection, system administrative data, electronic health records, etc.) have been used to keep data collection going?

- People are increasingly unwilling to participate in surveys, so a new mechanism for data collection may be beneficial.
  - The pandemic demonstrated that our lack of success in controlling chronic diseases was a giant factor in mortality from COVID. The relevancy of childhood obesity, diet, and activity for kids to infectious disease is probably less known. This could be a research topic worth looking into. How can we do joint research with people in the infectious disease world?
- **Focus on obesity treatment rather than prevention; how can we integrate primary and secondary prevention models?**
  - Integrated primary and secondary prevention/treatment models are difficult to fund. CORD studies were a step in the right direction, but the studies were not able to fully do the integration. The Texas study had some beneficiaries of the primary prevention, and some beneficiaries of the secondary treatment, but no integration between the two. This is an area to think about and potentially innovate in terms of strategies and funding.
    - Is this a structural issue, where grants tend to fund one model over the other? Perhaps NCCOR could hold a meeting or discussion about the value of integration, which might lead to some changes in grant-making approaches.
    - PCORI funds comparative effectiveness research, including childhood obesity treatment.
  - American Academy of Pediatrics will be releasing new treatment guidelines for childhood obesity. This is a good opportunity for NCCOR to review the guidelines and think about research needs on treatment and insurance coverage policies.
  - NCCOR could hold a discussion on how to bridge the gap between intervention development and application. This could lead to potential opportunities to explore options such as small business innovation grants and working more closely with CMS, HRQ, and other agencies that focus on health care delivery.
    - Are these treatments not out there because there is no mechanism such as insurance payment? Or are there no effective treatments identified?
- **Study environmental context**
  - Brian Saelens' study was recently funded where they will be adding environmental data to PA intervention studies on the hypothesis that interventions conducted in more favorable environments will be more effective. This could be applied to obesity.
  - It may be possible to add evaluations of food and activity environments to treatment studies to test the hypothesis and lead to more integrated approaches.
- **Evaluate how the return to school during the pandemic compares to pre-pandemic times**
  - Find ways to evaluate how schools are returning and how their food and activity policies and practices compare to prior to the pandemic.
  - The less resourced schools are likely to not be effective with healthy eating active living policies and may be worse now. This is an opportunity to add a new dimension to studies going on in schools prior to the pandemic and leverage that baseline data. This can lead to adding some components to understand changes, priorities, and barriers.
  - Schools are probably going to focus on learning loss. We may have the same kind of challenge faced in the area of physical activity when standardized testing became

prioritized in schools and lower achieving schools would cut recess and PE to focus on boosting test scores. Bringing environmental context into interventions might be an interesting thing for NCCOR to discuss. Economic Research Service collects a lot of data on surround environments and clinicians may not know about it.

- **Climate and environmental issues related to childhood obesity**

- It may be useful to do a deep dive on various stakeholders (national and international) and get a sense of the landscape in terms of what people are focusing on and what they are not focusing on but should. There could also be new stakeholders—for example, around climate change.
- We may need to invest in some cross-natural solutions that are not exclusive to the childhood obesity end point but could have a significant impact on childhood obesity.
- Agriculture is being affected already. Healthier, less beef intensive diets would have climate benefits as well as health and obesity benefits. High temperatures affect physical activity. How are we going to adapt to a changing climate and keep kids healthy and not just shut them inside their houses all the time? We need to be more involved in the climate science because our attempts at healthier eating and more activity can help mitigate emissions.
- Does the childhood obesity field need some sort of national, bigger summit to bring sectors together and think about these things? For example, most built environment conferences are focused on sustainability, not obesity. In obesity settings, built environment is more of a subtopic and not front and center.