

MEETING SUMMARY
National Collaborative on Childhood Obesity Research (NCCOR)
Member Meeting

Wednesday, February 28, 2024

1:00–3:00 p.m. ET

[Livestream recording](#)

[Meeting binder](#)

PARTICIPANTS (n= 33)

CDC: J. Fulton, D. Harris, C. Hales, L. Kettel Khan, J. Matjasko, J. Self, S. Sliwa	USDA: C. Cruz, L. Kaume, M. Koenings, S. Stluka
NIH: D. Berrigan, M. Brown, L. Esposito, A. Goldbaum, S. George, M. Green Parker, B. Kowtha, L. Nebeling, K. Zanetti, S. Vorkoper, S. Yanovski	RWJF:
Coordinating Center (CC): K. Deuman, M. Din, R. Grimsland, D. Hatfield, K. Hilyard, T. Phillips, A. Sharfman, M. Van Orman	Other Virtual Attendees: H. Fricke, K. Nelson, D. Vest

Welcome and Introductions – Karen Hilyard, PhD, NCCOR Coordinating Center

K. Hilyard welcomed participants to NCCOR’s winter member meeting, reviewed the agenda, introduced the meeting presenters, and highlighted the primary purpose of the meeting—to *discuss future strategic directions and priority areas for NCCOR*. K Hilyard explained that the purpose of the breakout discussions is to better understand agency priorities, receive input from NCCOR senior leaders, and engage in internal discussion. These discussions will continue over the following months in preparation for NCCOR’s senior leadership meeting on September 16, 2024, in Washington, DC.

NCCOR’s Strategic Direction: Where We Are and Where We Plan to Go – David Berrigan, PhD, MPH, *National Cancer Institute*

D. Berrigan described the background and purpose of NCCOR’s inception in 2009 to accelerate progress in childhood obesity research. At that time, obesity rates were rising, but the field lacked accessible data sets, validated measures, and a cohesive research agenda. D. Berrigan emphasized that the purpose of this meeting is to continue the conversation about where NCCOR is now, how NCCOR can build on achievements, and determine what needs to be done to further advance this field and work toward a more cohesive research agenda.

NCCOR’s history and achievements

- NCCOR supports research
 - NCCOR was developed out of the need for a cohesive research agenda and a forum for major funders to be able to identify priorities.

- NCCOR created a forum for NIH, CDC, RWJF, and USDA to collaborate and support new research that meets common priorities.
- NCCOR creates tools
 - In 2011, NCCOR released its first tools: the [Measures Registry](#) and [Catalogue of Surveillance Systems](#).
 - These tools created a centralized place for measures and set the foundation for a growing suite of NCCOR scientific resources.
- NCCOR translates research
 - For 15 years, NCCOR has connected researchers and practitioners with new developments in the field and facilitated the adoption of innovations through resource development, outreach, and educational opportunities.
- NCCOR's impact
 - NCCOR has helped to transform the field of childhood obesity research.
 - Seven [research tools](#) and over 200 [publications and resources](#), 50 conference presentations and exhibits, and 40 [webinars and workshops](#).
- NCCOR's future
 - Strategic discussions are needed to determine how NCCOR can build on achievements and adapt to the field's current needs as they relate to new advancements and challenges.
 - Topics for discussion include where we are and where we should be heading, agency needs and wants, how well NCCOR is delivering, and what NCCOR is missing.

NCCOR Member Survey 2023: Results Overview and Discussion – Hollyanne Fricke, Associate Scientist, *Gretchen Swanson Center for Nutrition*

H. Fricke presented key results from the NCCOR member survey conducted in fall 2023 in partnership with the [Gretchen Swanson Center for Nutrition](#). The survey yielded 33 total respondents representing the following agencies: the National Institutes of Health (63%), the Centers for Disease Control and Prevention (29%), and the U.S. Department of Agriculture (8%). Respondents reported the following primary areas of expertise: nutrition/healthy eating (39%), both nutrition and physical activity (29%), other (23%), and physical activity/active living (10%). The survey included questions regarding future directions for NCCOR, with specific topics including implementation science, treatment, life-stage interventions, and more. Members ranked implementation science highly as a priority topic across nutrition, physical activity, and topics spanning both nutrition and physical activity. When asked about expanding beyond the childhood population, nearly three-fourths of members (73%) were in favor, especially if including a lifecycle and/or household-level approach. Approximately half of members (54%) were in favor of expanding NCCOR's mission and vision to include obesity treatment. There was broad support overall from members for leveraging many types of strategic partners.

Key survey findings:

- **Top five nutrition/healthy eating priority topics:** 1) advancing food and nutrition security, 2) implementation science, 3) climate impacts on nutrition, 4) dietary assessment, and 5) nutrition across the lifespan (additional topics shown on slide 10).
- **Top five physical activity/active living priority topics:** 1) implementation science, 2) active transportation, 3) connection to outdoor spaces, 4) physical activity across the life course, and 5) climate impacts on physical activity (additional topics shown on slide 11).

- **Top five priority topics spanning nutrition and physical activity:** 1) 24-hour cycle, 2) implementation science for obesity prevention and treatment, 3) obesity prevention and/or treatment across the life course, 4) examining root causes of childhood obesity, and 4) data modernization (additional topics shown on slide 12).
- **Strategic re-envisioning:** Members were asked to report how much they agree or disagree with expanding NCCOR's mission to include obesity treatment. Approximately half of members (54%) either agree or strongly agree; 23% neither disagree nor agree; 23% disagree; and 0% strongly disagree with expanding to include treatment. Members were also asked to report how much they agree or disagree with NCCOR expanding its vision and mission beyond the childhood population. Almost three-fourths of members (73%) agree or strongly agree; 19% neither disagree nor agree; 8% disagree; and 0% strongly disagree.
- **Future potential members or strategic partners:** Based on the future priority topics selected, members were asked to select the organizations and agencies NCCOR should consider as future core members or strategic partners. The following government partners were selected (in order of highest rank): The Administration for Children and Families, HHS Office of Minority Health, U.S. Department of Housing and Urban Development, the Office of Disease Prevention and Health Promotion, U.S. Food and Drug Administration, Substance Abuse and Mental Health Services Administration, Health Resources and Services Administration, Agency for Healthcare Research and Quality, U.S. Department of Interior, and U.S. Agency for International Development.
- **Philanthropic organizations selected (in order of highest rank):** Gates Foundation, Rockefeller Foundation, Bloomberg Philanthropies, and William T Grant Foundation. The following research organizations were selected (in order of highest rank): Healthy Eating Research, Council on Black Health, and Salud America!.
- **Trade associations selected (in order of highest rank):** organizations that address health inequities due to race/ethnicity, Academy of Nutrition and Dietetics, Society for Implementation Science in Nutrition, American Academy of Pediatrics, The Obesity Society, Trust for America's Health, AARP, America Walks, Safe Routes to Schools, Eno Institute, Kellogg Foundation, National Pan-Hellenic Council, and NIH Office of Nutrition Research.
- **Non-profits selected (in order of highest rank):** The Urban Institute, The American Heart Association, National Bureau of Economic Research, organizations addressing food security, Share Our Strength, civil rights groups, campus-community partnerships, Food Research & Action Center, Partnership for a Healthier America, organizations related to the food industry, and Center for Science in the Public Interest.
- **Additional feedback on expanding or shifting NCCOR's vision, mission, and focus:** 1) It is important to meet people and organizations where they are, 2) continue to focus primarily on children, with more emphasis on the health of the larger community, 3) avoid obesity stigma, 4) NCCOR needs new champions from across the agencies, 5) center social justice, and 6) emphasize translation from research to action.
- **Ideas for increased NCCOR support of current members and agencies:** Members reported the following top three priority activities to support current NCCOR members: 1) training on emerging issues, 2) support for advancing equity, 3) tools for grantees (additional activities listed on slide 19). Members reported the following priority activities to support agency goals: 1) communication and outreach, 2) assistance with responding to issues in real time, 3) economic indicators and making the business case, 4) landscape analyses and assessment of obesity-specific evidence and evidence gaps, and 5) broader dissemination of NCCOR-led resources and hands-on workshops to learn new skills and collaborate (additional activities listed on slide 20). Members reported the following priority activities to support current member career goals: 1)

platforms to showcase impact such as multi-day workshops or symposiums (including virtual), 2) opportunities to collaborate with other researchers, 3) a clear roadmap for how to work with other members, 4) support of trans-NIH collaborative work, and 5) provide more trainings, professional development, and leadership opportunities (additional activities listed on slide 21). Members reported the following priority activities to reach new members: 1) assistance with determining who else from their agency needs to be involved, 2) annual workshop, symposium, or podcast series, 3) improved promotional materials, 4) outreach at agency staff meetings, and 5) pursue work with other U.S. governmental agencies where there is overlap (additional activities listed on slide 22).

- **Ideas for increased NCCOR support for new members and researchers:** Members reported the following priority activities to support new researchers, such as graduate students and junior researchers: 1) develop a workgroup within NCCOR to think more about this, 2) provide a fellowship/internship program, 3) increase the awareness about NCCOR, 4) host networking and socialization events at conferences, and 5) provide trainings and workshops (additional activities listed on slide 22).

Q&A with H. Fricke

Q: When thinking about expanding NCCOR's focus beyond childhood populations, were there any specific populations that came up more frequently?

A: Many of the responses focused on the lifespan and life cycle perspective and considering children within the context of their household and their broader environment.

Q: The advancing food and nutrition security theme received a lot of points in the survey. Does advancing food and nutrition security address childhood obesity directly, or is it a separate issue that could be fixed without having an impact on childhood obesity? Would fixing nutrition security make a difference in childhood obesity? This might be a bigger question to connect to the mission of NCCOR and connect the scientific dots.

Q: I guess treatment can fall into secondary prevention, too.

Breakout Discussions: Envisioning NCCOR's Future – Karen Hilyard, PhD, NCCOR Coordinating Center

To facilitate discussion about NCCOR's future, NCCOR members were divided into four breakout groups to discuss three topics that rose to the top of the member survey: 1) obesity across the lifespan, 2) implementation science, and 3) obesity treatment. The following questions were discussed among NCCOR members during the breakout groups to determine if the three topics should become a part of NCCOR's focus and, if so, how. Following the breakout groups, K. Hilyard moderated a report out and synthesis. A summary of major themes and ideas across all breakout groups is provided for each of the three topic areas:

Obesity across the lifespan:

- 1) How might NCCOR expand its focus to address the lifespan?
- 2) With the interest in expanding NCCOR to cover the entire life course, how can we collaborate with existing players to help integrate childhood obesity research with efforts focusing on young adults, pregnancy, etc. (e.g., community-focused interventions, family interventions, etc.)?

Several themes arose around how members thought NCCOR might expand its focus to address the lifespan. Multiple members mentioned the importance of including populations that encompass the periods of pre-pregnancy, pregnancy, and lactation. Another theme mentioned was the idea to leverage developmental milestones or focus on developmental windows of susceptibility, like early childhood or the transition to adulthood, as well as important life milestones, such as becoming new parents or grandparents. A third major theme was the importance of considering the whole child in the context of their family setting and community, for example, living in a multigenerational family and generational impacts on the child.

There were also concerns about expanding across the lifespan. Some voiced a concern that research on children continues to be underrepresented and that expanding the scope may risk “diluting our ability to learn more about this population that’s been really hard to get traction around.” Similarly, one member mentioned that NCCOR’s work should remain in the context of adolescents and youth. Members provided several ideas for how NCCOR can collaborate with existing players to help integrate childhood obesity research with efforts to cover the entire life course. One idea that was mentioned multiple times was to collaborate with and explore the role of the medical provider in obesity treatment and outcomes. Ideas included looking deeper into provider attitudes toward obesity, provider training on how to treat people with obesity and various health conditions, the impact of provider behavior on patient outcomes, engaging providers effectively, and non-traditional healthcare settings. Another idea that was discussed in multiple breakout groups was to engage with federal assistance programs that already reach populations of interest (moms and babies), such as the [Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC). Lastly, the [NIH ECHO Trials](#) were cited by one member as a potential collaborative resource.

Implementation science:

- 1) How do you think NCCOR can use implementation science to make childhood obesity interventions more effective and scalable?
- 2) What ideas do you have for ensuring that evidence-based practices really work in diverse settings and communities?

Members provided ideas for how NCCOR can use implementation science to make childhood obesity interventions more effective and scalable, including continuing to promote implementation science among members and partners. Examples of resources include case studies exploring how researchers have used implementation science and tailoring tools to be useful for various practitioners. Additionally, members want to emphasize to the field that you don’t have to be an expert in implementation science to engage with the principles. They suggested utilizing NCCOR’s network of scientists to help agencies and other organizations leverage each other’s knowledge and expertise.

While members were enthusiastic about implementation science, they noted that the concept of implementation science is broad, and frameworks tend to be very individual-focused. NCCOR may find it useful to conduct a landscape analysis to determine how much research is ready for implementation and at what stage, as well as identify processes for translating science to implementation. One member mentioned that there are a lot of policies and politics involved in implementing science into practice and that it can be difficult to get consensus on standardization of tools, which can sometimes take years with many partners and a lot of money invested. To ensure that evidence-based practices work in diverse settings and communities, members recommended evaluating and testing tools and resources to show evidence of efficacy in the long term, developing partnerships with professional associations to reach practitioners who can implement programs and practices, and ensuring implementation and community

engagement components advance health equity. Additionally, it is particularly important to understand the impact of historical trauma that many populations have suffered in relationships with researchers and the medical community. Until trust is gained, this will remain a barrier to advancing implementation science.

Obesity treatment:

- 1) Given the evolving landscape of the field, should NCCOR expand its mission to explicitly include aspects of obesity treatment?
- 2) In what specific ways could NCCOR contribute to advancing obesity treatment efforts, considering its existing resources and expertise?

Members expressed mixed feelings about whether NCCOR should expand its mission to explicitly include aspects of obesity treatment. Some members identified opportunities for NCCOR to advance obesity treatment efforts while maintaining a focus on population health, including examining different treatment options or models (e.g., food as medicine; treatment plus behavioral components), examining treatment as secondary prevention (i.e., early diagnosis and management to prevent complications from disease), assessing access to treatment and health equity, and focusing on treatment from a population-level perspective (e.g., family healthy weight programs; long-term effects of treatment on communities). One member mentioned that a scoping review may be useful to assess short and long-term impacts of diverse types of obesity treatment.

A few members mentioned that they would like more information and context about how NCCOR defines obesity treatment and wondered whether the influx of weight loss drugs is driving interest. Members mentioned the following reasons for being hesitant about expanding into obesity treatment: treatment is outside of NCCOR's scope; focusing on pharmaceuticals implies that behavioral interventions don't work, which is not the case; prevention should always be a component when focusing on pediatric populations; NCCOR's niche has always been PSE programs and population health; drugs are not accessible or affordable treatment options for many; and little is known about long-term impacts of newer drugs.

If time permitted at the end of the breakout discussions, some groups also discussed some or all of the following questions:

- 1) Thinking about 5 years from now, how might the childhood obesity landscape look different?
- 2) How do you think NCCOR could make a difference in the next 3–5 years?
- 3) How do you think NCCOR can strengthen its existing efforts to weave research on physical, social, and environmental influences into its agenda?
- 4) How important is a stronger focus on nutrition security? What are some of the gaps in research NCCOR could address?
- 5) Are there specific partnership or collaboration ideas that come to mind for addressing the multidisciplinary factors contributing to childhood obesity?

Members expressed a variety of ideas for how NCCOR could make a difference in the next 3–5 years, as well as specific partnership or collaboration ideas for addressing the multidisciplinary factors contributing to childhood obesity. One breakout group expressed interest in NCCOR holding bigger meetings (virtually) to engage a variety of stakeholders and increase dissemination of NCCOR research and resources to a broader audience. For example, the idea was proposed to hold a joint [NOPREN/PAPREN](#) meeting (virtual) to facilitate research partnerships and allow for broader information sharing.

Additional ideas included holding workshops on implementation of new tools that include implementation science researchers as well as practitioners to hear both perspectives on implementation and potentially tweak tools or resources before disseminating them. NCCOR could also develop communities of practice with opportunities to work on specific projects.

Lastly, it was shared that Susan Vorkoper ([Fogarty International Center](#) at NIH) co-leads the global nutrition program, which has very similar conversations to NCCOR and could be a resource for cross-sharing information.

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

Upcoming Events:

- Connect & Explore Webinar, [“Sleep’s Role in Child Health: Expanding NCCOR’s Catalogue of Surveillance Systems”](#) –Wednesday, March 13, 2024 from 3:00–4:00 p.m. ET
- NCCOR Summer Member Meeting – Tuesday, July 9, 2024, in Washington, DC (hybrid option)
- NCCOR Senior Leadership Briefing – Monday, September 16, 2024, in Washington, DC