NCCOR Member Call

March 18, 2026 | 2:00 p.m. ET

NCCOR

Building Evidence and Advancing Practice for Healthy Children, Families, and Communities

Agenda

- Steering Committee updates
- Spotlight: Childhood Obesity Trends in the U.S.
  - Cynthia Ogden, PhD, MRP, Centers for Disease Control and Prevention
  - Adi Noiman, PhD, Centers for Disease Control and Prevention
- Spotlight: NCCOR 2025 Annual Report
- Workgroup and communication updates
- Emerging opportunities for NCCOR
- Calendar reminders

Steering Committee Updates

- Winter Steering Committee Retreat Discussion:
  - Learning more about CDC's data trends sites
  - NCHS panel data surveys
  - CORD 3.0

Poll: We want to hear from you!

- What topics do you want featured at the June and September Member Meetings?

Spotlight: Childhood Obesity Trends in the U.S.

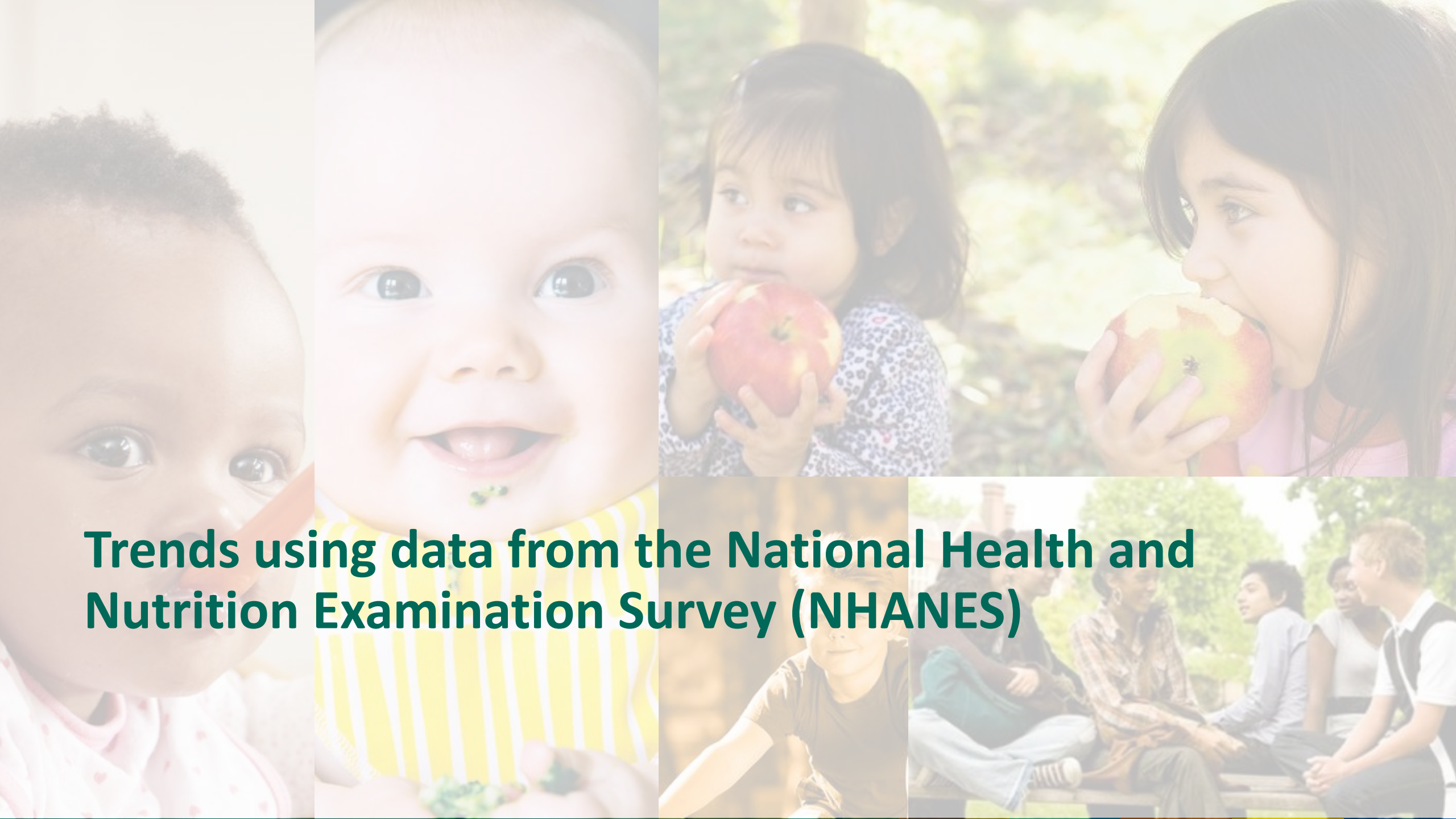
Cynthia Ogden and Adi Noiman
CDC

NCCOR

Childhood obesity trends in the US

Cynthia Ogden and Adi Noiman

NCCOR member call, March 18, 2026



Trends using data from the National Health and Nutrition Examination Survey (NHANES)

nhanes

The Nation's Mobile Health Survey

- Nationally representative
- Examination data
- 24-hour recall
- 10,000
- 2-year cycle

Providing data for 65 years

Survey	*Dates*	*Ages*
NHES I	1960-62	18-79 years
NHES II	1963-65	6-11 years
NHES III	1966-70	12-17 years
NHANES I	1971-75	1-74 years
NHANES II	1976-80	6 mo-74 years
NHANES III	1988-94	2 mo +
Continuous NHANES	1999-Mar 2020	all ages
Most recent released	Aug 2021-Aug 2023	all ages

In 2025 a redesigned NHANES was back in the field with a 3-year cycle

NHANES includes body measures and DXA scans

A reminder about obesity definitions

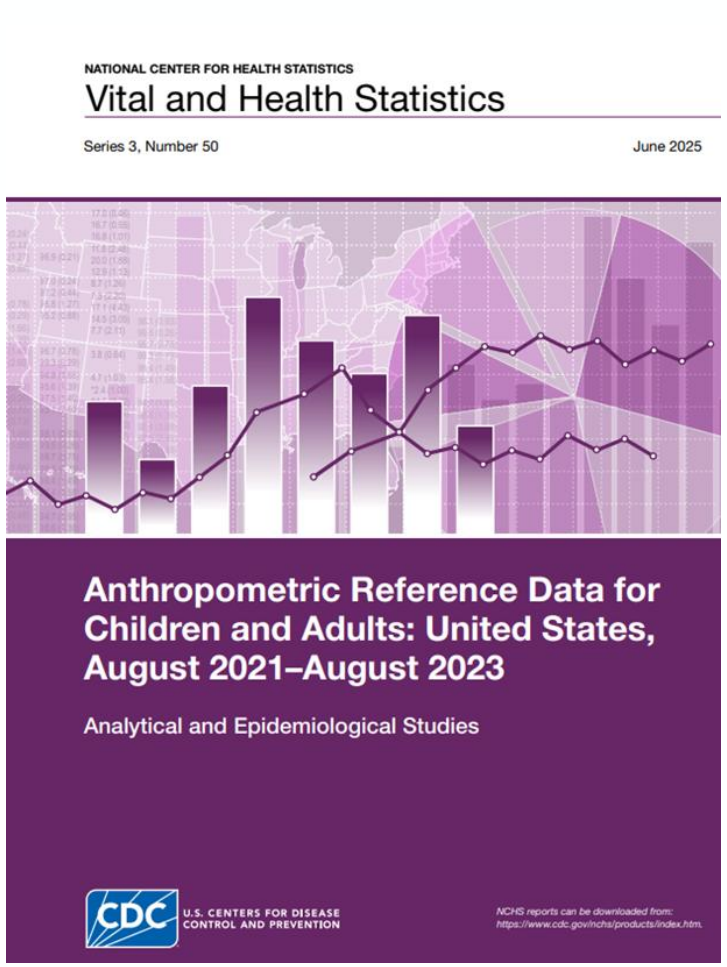
	Birth-<24 m	2-19 y
Indicator	Weight-for-length	BMI-for-age
Reference	WHO growth standards	CDC growth charts
Cut point	>=2 SD (97.7th percentile)	>=95th percentile
		>=120% of 95th percentile

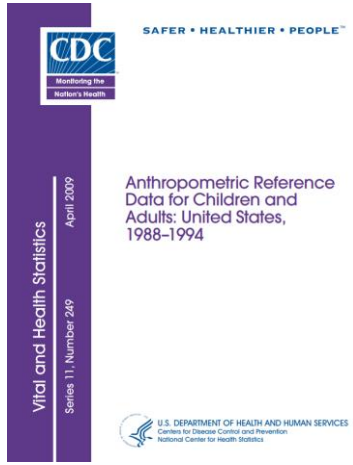
Obesity

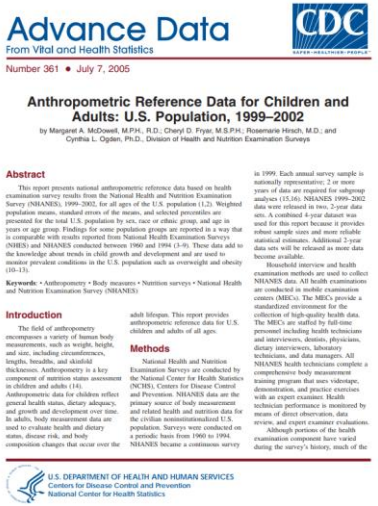
High weight-for-length

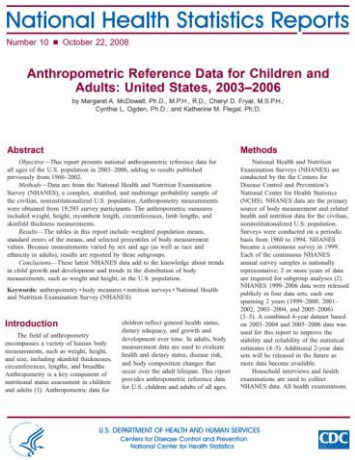
Severe Obesity

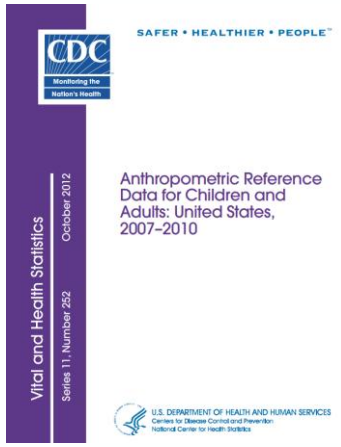
After each cycle NHANES publishes reference data

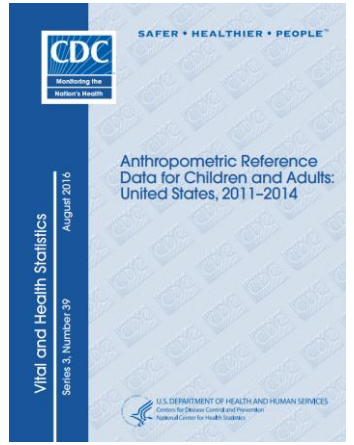


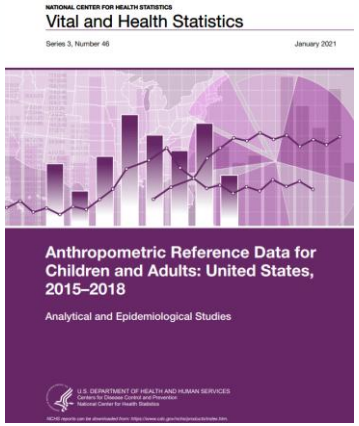












After each cycle NHANES publishes statistical analyses

Home | JAMA | Vol. 333, No. 12

Research Letter FREE

Trends in Obesity-Related Measures Among US Children, Adolescents, and Adults

Samuel D. Emmerich, DVM[1,2]; Cheryl D. Fryar, MSPH[1]; Bryan Stierman, MD, MPH[1]; et al

Author Affiliations | Article Information

RELATED ARTICLES | FIGURES | SUPPLEMENTAL CONTENT

The Healthy People 2030 goal for obesity prevalence is 15.5% in children and adolescents and 36.0% in adults.[1] This study analyzed trends from 2013-2014 to August 2021-August 2023 in the prevalence of obesity-related measures in the US.

Pediatric Obesity

WILEY | WORLD OBESITY

SHORT COMMUNICATION

Obesity Among Children and Adolescents in NHANES August 2021–August 2023: An Examination of Race/ Hispanic Origin Subgroup Estimates

Cynthia L. Ogden[1] | Samuel D. Emmerich[1,2] | Bryan Stierman[1] | Te-Ching Chen[1] | Alan E. Simon[1] | David S. Freedman[3] | Matt Jans[1] | Cheryl D. Fryar[1] | Jason Clark[4] | Minsun Riddles[4] | Lara J. Akinbami[1]

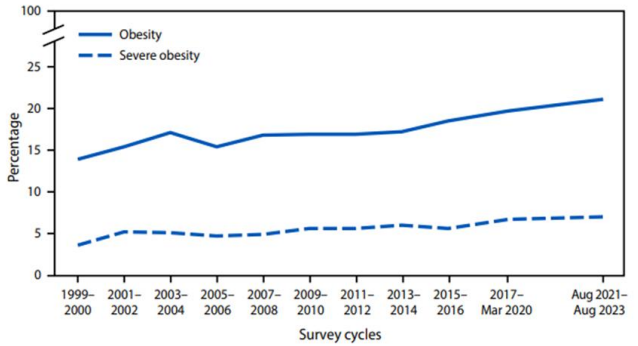
[1]National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland, USA | [2]Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, Georgia, USA | [3]Retired CDC Employee | [4]Westat, Rockville, Maryland, USA

Correspondence: Cynthia L. Ogden (cogden@cdc.gov)

Received: 18 December 2024 | **Revised:** 23 May 2025 | **Accepted:** 22 June 2025

Keywords: NHANES | obesity | sample design | sample size | youth

Prevalence of Obesity* and Severe Obesity† Among Persons Aged 2–19 Years — United States, 1999–2000 Through 2021–2023§



NCHS Data Brief ■ No. 508 ■ September 2024

Obesity and Severe Obesity Prevalence in Adults: United States, August 2021–August 2023

Samuel D. Emmerich, D.V.M., Cheryl D. Fryar, M.S.P.H., Bryan Stierman, M.D., M.P.H., and Cynthia L. Ogden, Ph.D., M.R.P.

Key findings

Data from the National Health and Nutrition Examination Survey

- During August 2021–August 2023, the prevalence of obesity in adults was 40.3%, with no significant differences between men and women. Obesity prevalence was higher in adults ages 40–59 than in ages 20–39 and 60 and older.
- The prevalence of obesity was lower in adults with a

Obesity is a chronic condition that increases the risk of hypertension, type 2 diabetes, coronary heart disease, stroke, and certain cancers (1). Obesity and severe obesity prevalence increased from 1999–2000 through 2017–2018 (2). This report provides prevalence estimates of adult obesity and severe obesity during August 2021–August 2023 by age and sex, as well as obesity prevalence by education level. Trends in the prevalence of adult obesity and severe obesity over the previous 10 years are also shown.

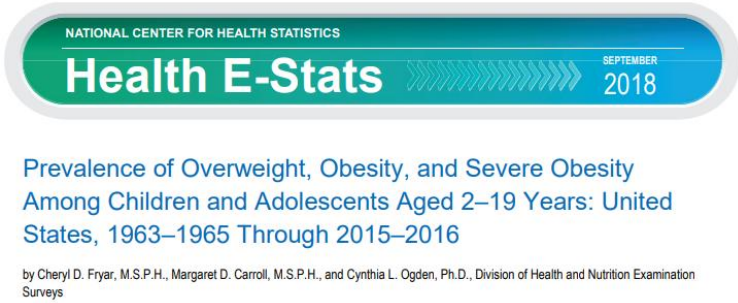
What was the prevalence of obesity in adults during August 2021–August 2023?

The prevalence of obesity among adults was 40.3% during August 2021–August 2023 (Figure 1, Table 1). The prevalence was 39.2% in men and 41.3% in women. No significant differences between men and women were seen overall or in any age group.

After each cycle NHANES updates online tables

Health E-Stat 112: Prevalence of Overweight, Obesity, and Severe Obesity Among Children and Adolescents Ages 2–19 Years: United States, 1963–1965 Through August 2021–August 2023

by Adi Noiman, Ph.D., Cheryl D. Fryar, M.S.P.H., Nadia T. Saif, M.D., and Joseph Afful, M.S.



What do all the analyses tell us?

In August 2021-August 2023…

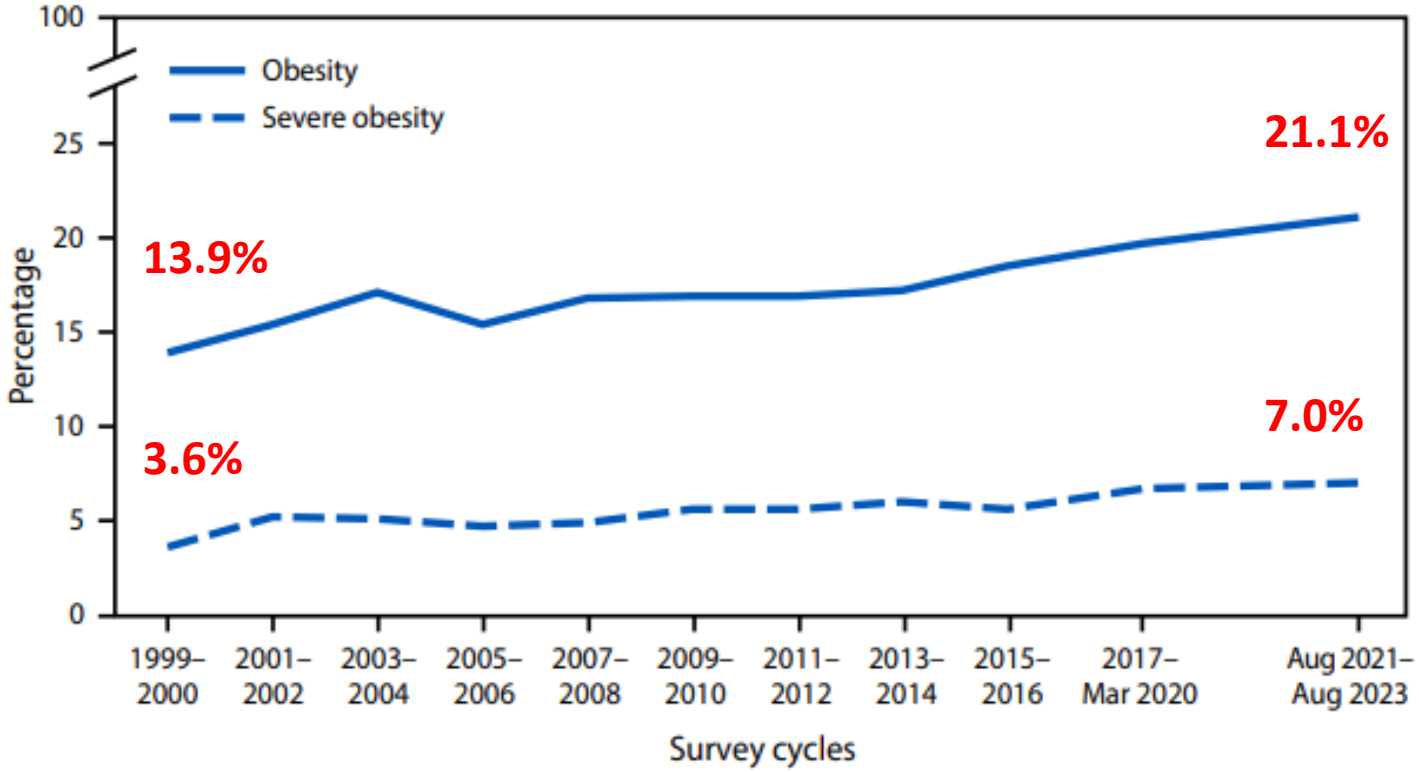
By age 12, 5% of girls have a BMI above 32.3

Sex and age group (years)[1]	Number of examined people	Mean	Standard error of the mean	Percentile								
				5th	10th	15th	25th	50th	75th	85th	90th	95th
Male		Body mass index										
2–3	107	16.8	0.2	†	14.6	15.0	15.5	16.6	17.5	18.2	18.6	19.2
4–5	154	16.6	0.2	14.0	14.5	14.7	15.2	16.0	17.4	17.9	18.5	21.8
6–7	121	16.9	0.3	13.5	14.1	14.6	14.8	16.1	17.7	20.0	21.0	22.2
8–9	171	18.3	0.4	14.0	14.3	14.8	15.5	17.2	19.6	21.9	23.2	26.8
10–11	140	21.3	0.7	15.2	15.4	16.0	16.7	19.0	25.0	26.6	29.6	33.3
12–13	142	22.1	0.5	16.1	16.7	17.3	18.1	20.3	24.8	27.5	28.4	32.8
14–15	144	24.2	0.6	16.2	17.0	18.5	19.5	21.6	27.6	32.3	35.0	38.1
16–17	136	24.9	0.7	16.9	17.7	18.1	20.1	23.7	27.9	30.5	33.2	36.0
18–19	138	25.0	0.7	17.4	18.7	19.5	20.4	23.6	27.9	32.3	32.7	36.9
Female												
2–3	93	16.4	0.3	†	14.2	14.4	15.1	16.1	17.4	18.1	18.4	19.1
4–5	149	16.3	0.2	13.6	14.1	14.3	14.8	15.6	16.8	18.5	19.9	21.3
6–7	149	17.1	0.4	13.5	14.0	14.2	14.9	15.9	17.9	20.7	21.9	23.0
8–9	135	18.7	0.5	13.8	14.5	14.9	15.4	17.7	20.7	22.5	25.0	26.8
10–11	151	20.6	0.4	15.0	15.9	16.3	16.8	19.4	24.0	25.1	27.4	29.2
12–13	161	22.6	0.6	16.6	17.2	17.9	18.8	21.4	24.9	26.6	28.3	32.3
14–15	126	24.2	0.6	†	17.9	18.8	19.7	22.2	27.3	30.2	33.4	37.4
16–17	147	24.6	0.7	17.9	18.1	19.0	20.0	22.6	27.6	30.3	33.3	36.4
18–19	128	26.4	0.8	17.3	18.1	18.9	20.8	24.7	30.1	33.0	34.9	41.4

https://www.cdc.gov/nchs/data/series/sr_03/sr03-050.pdf

Over 25 years…

Between 1999-2000 and August 2021-August 2023 obesity and severe obesity prevalence in youth 2-19 years increased



https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a5.htm

Over the last decade….

No change in high weight-for-length in infants and toddlers

	2013-2014		2015-2016		2017-March 2020		2021-2023		Annual change[b]	*P* value for trend[c]	
	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	% (95% CI)	Linear	Quadratic
Children younger than 24 mo											
High weight-for-length (≥97.7th percentile on World Health Organization growth charts)											
Overall	609	8.1 (5.8 to 11.1)	630	8.9 (6.8 to 11.4)	852	7.7 (5.3 to 10.8)	238	8.1 (4.5 to 13.2)	−0.04 (−0.53 to 0.44)	.86	.98
Male	321	8.2 (5.4 to 11.7)	308	9.5 (6.5 to 13.4)	448	9.3 (6.2 to 13.2)	118	8.1 (3.3 to 16.2)[d]	−0.04 (−0.71 to 0.63)	.92	.52
Female	288	8.1 (4.4 to 13.4)	322	8.2 (4.6 to 13.2)	404	6.0 (3.2 to 10.1)	120	8.1 (3.3 to 16.1)[d]	−0.04 (−0.78 to 0.70)	.92	.49

https://jamanetwork.com/journals/jama/fullarticle/2830299

Increase in obesity among youth 2-19 years driven by increase in males

	2013-2014		2015-2016		2017-March 2020		2021-2023		Annual change[b]	*P* value for trend[c]	
	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	% (95% CI)	Linear	Quadratic
Children and adolescents aged 2-19 y											
Obesity (≥95th percentile on sex-specific CDC growth charts)											
Overall	3523	17.2 (14.9 to 19.6)	3340	18.5 (15.8 to 21.3)	4749	19.7 (17.9 to 21.6)	2492	21.1 (18.7 to 23.6)	0.44 (0.10 to 0.78)	.01[e]	.67
Male	1794	17.2 (14.6 to 20.1)	1696	19.1 (15.6 to 23.0)	2410	20.9 (18.9 to 22.9)	1253	23.0 (20.2 to 26.1)	0.65 (0.25 to 1.06)	.003	.66
Female	1729	17.1 (13.8 to 20.8)	1644	17.8 (15.3 to 20.6)	2339	18.5 (16.3 to 21.0)	1239	19.1 (15.9 to 22.5)	0.22 (−0.24 to 0.68)	.35	.79
2-5 y	843	9.4 (6.8 to 12.6)	814	13.9 (11.6 to 16.5)	1141	12.7 (10.8 to 14.8)	503	14.9 (11.9 to 18.3)	0.50 (0.11 to 0.89)	.01	.27
6-11 y	1294	17.4 (13.8 to 21.4)	1268	18.4 (14.9 to 22.3)	1765	20.7 (17.9 to 23.7)	867	22.1 (18.0 to 26.6)	0.56 (−0.00 to 1.12)	.05	.73
12-19 y	1386	20.6 (16.2 to 25.6)	1258	20.6 (16.4 to 25.2)	1843	22.2 (19.7 to 24.8)	1122	22.9 (19.3 to 26.8)	0.30 (−0.28 to 0.87)	.31	.97

https://jamanetwork.com/journals/jama/fullarticle/2830299

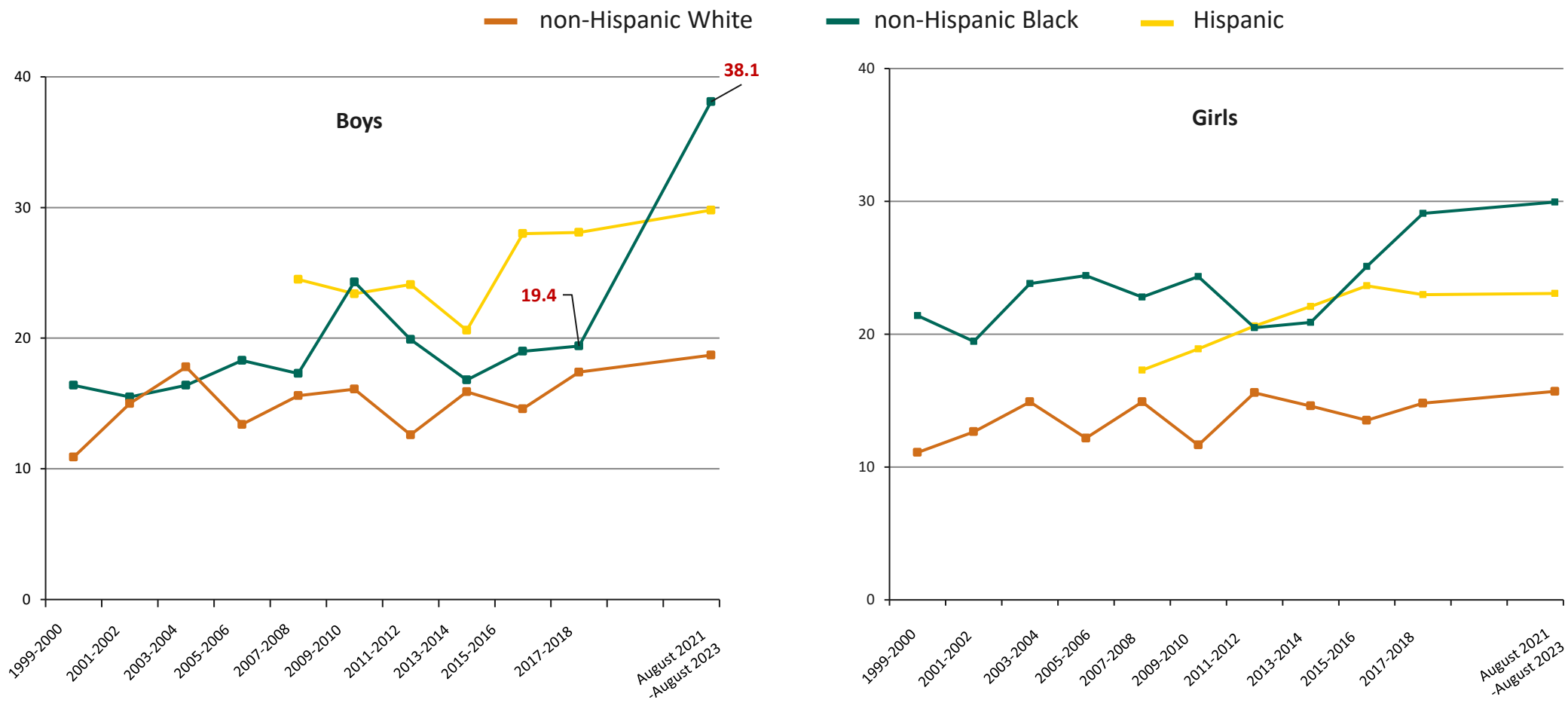
No significant change in severe obesity among youth

	2013-2014		2015-2016		2017-March 2020		2021-2023		Annual change[b]	*P* value for trend[c]	
	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	No.	% (95% CI)	% (95% CI)	Linear	Quadratic
Severe obesity (≥120% of the sex-specific 95th percentile on CDC growth charts)											
Overall	3523	6.0 (4.8 to 7.3)	3340	5.6 (4.0 to 7.6)	4749	6.7 (5.5 to 8.1)	2492	7.0 (5.8 to 8.4)	0.15 (−0.03 to 0.33)	.11[f]	.97
Male	1794	5.6 (4.5 to 7.0)	1696	6.3 (4.3 to 8.9)	2410	7.3 (5.9 to 9.0)	1253	7.8 (5.5 to 10.6)	0.24 (−0.05 to 0.54)	.11	.61
Female	1729	6.3 (4.4 to 8.6)	1644	4.9 (3.2 to 7.2)	2339	6.1 (4.9 to 7.6)	1239	6.3 (4.6 to 8.3)	0.05 (−0.21 to 0.31)	.69	.55
2-5 y	843	1.7 (0.8 to 3.3)	814	1.8 (0.8 to 3.4)	1141	2.5 (1.5 to 4.0)	503	3.4 (1.9 to 5.7)	0.21 (−0.01 to 0.43)	.07	.75
6-11 y	1294	4.3 (3.0 to 6.1)	1268	5.2 (3.7 to 7.2)	1765	6.9 (5.0 to 9.3)	867	6.5 (3.9 to 10.0)	0.26 (−0.08 to 0.59)	.14	.28
12-19 y	1386	9.1 (7.0 to 11.5)	1258	7.7 (5.0 to 11.2)	1843	8.5 (6.8 to 10.5)	1122	8.9 (7.1 to 11.0)	0.03 (−0.27 to 0.32)	.86	.47

https://jamanetwork.com/journals/jama/fullarticle/2830299

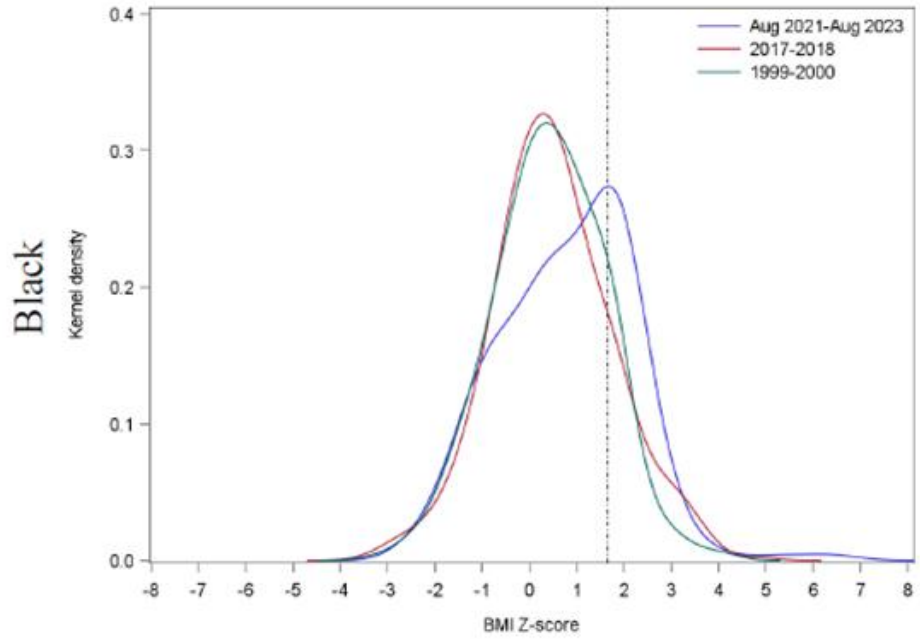
Trends by race/Hispanic origin ….

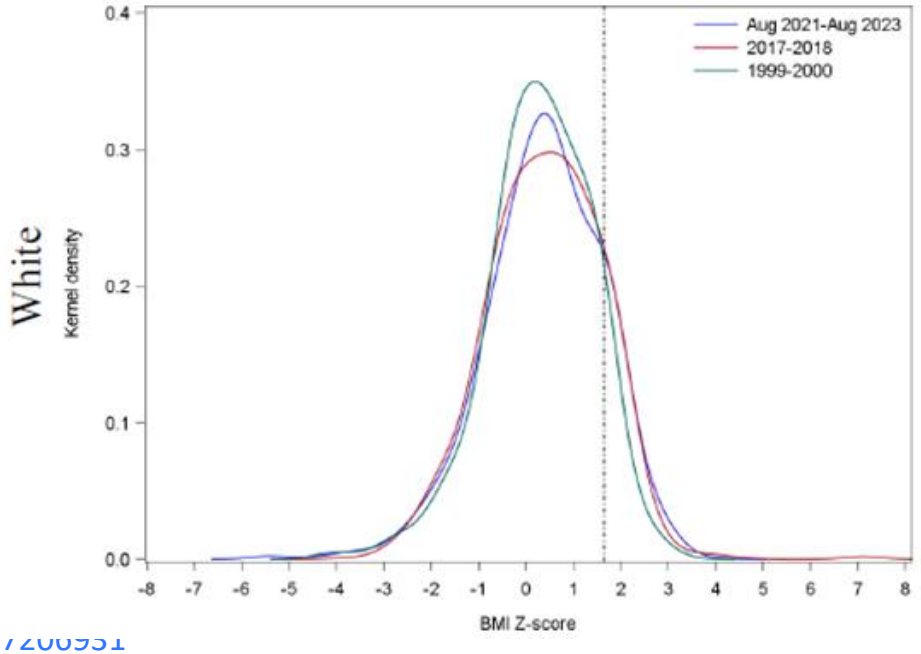
Trends over 25 years show implausible increase in non-Hispanic black boys in Aug 2021-Aug 2023 and no change in other groups



Linear trend: Hispanic boys (p=.04); non-Hispanic Black boys (p<.001); non-Hispanic White boys (p=.02); Hispanic girls (p=.02); non-Hispanic Black girls (p=.02); non-Hispanic White girls (p=.07); Quadratic trend, non-Hispanic Black boys (p=.03) https://onlinelibrary.wiley.com/doi/10.1111/ijpo.70041?msockid=1ec71bc1f6f6686c336b0cd5f7206931

The distribution of BMI-Z score among non-Hispanic Black boys in August 2021-August 2023 also unusual





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Why?

- **August 2021-August 2023 different from earlier cycles**
- **Pandemic**
- **Design changes to reduce in-person contact**
  - No over sampling by race/Hispanic origin
  - Smaller sample sizes for some subgroups
- **Response rates continued to drop**
  - Large drop in screener response from 91% to 61% between 17-18 and 21-23
  - Non-Response bias analysis found no evidence of bias
  - But possible that due to unmeasured sampling variation the sample may have differed systematically from the overall population

Sample size for non-Hispanic Black boys was smaller in August 2021-August 2023

Sample sizes, children and adolescents 2-19 years, NHANES				
	2011-2012	2013-2014	2015-2016	August 2021-August 2023
Total Hispanic				
Females	499	585	590	367
Males	536	558	536	370
non-Hispanic Black				
Females	489	435	377	187
Males	519	467	390	178
non-Hispanic White				
Females	356	426	437	495
Males	372	493	488	498

https://onlinelibrary.wiley.com/doi/10.1111/ijpo.70041?msockid=1ec71bc1f6f6686c336b0cd5f7206931

A recent analysis by other authors using NHANES reported a 1.4% increase since before the pandemic.

Although the paper states this was not statistically significant, online communication does not make that distinction.

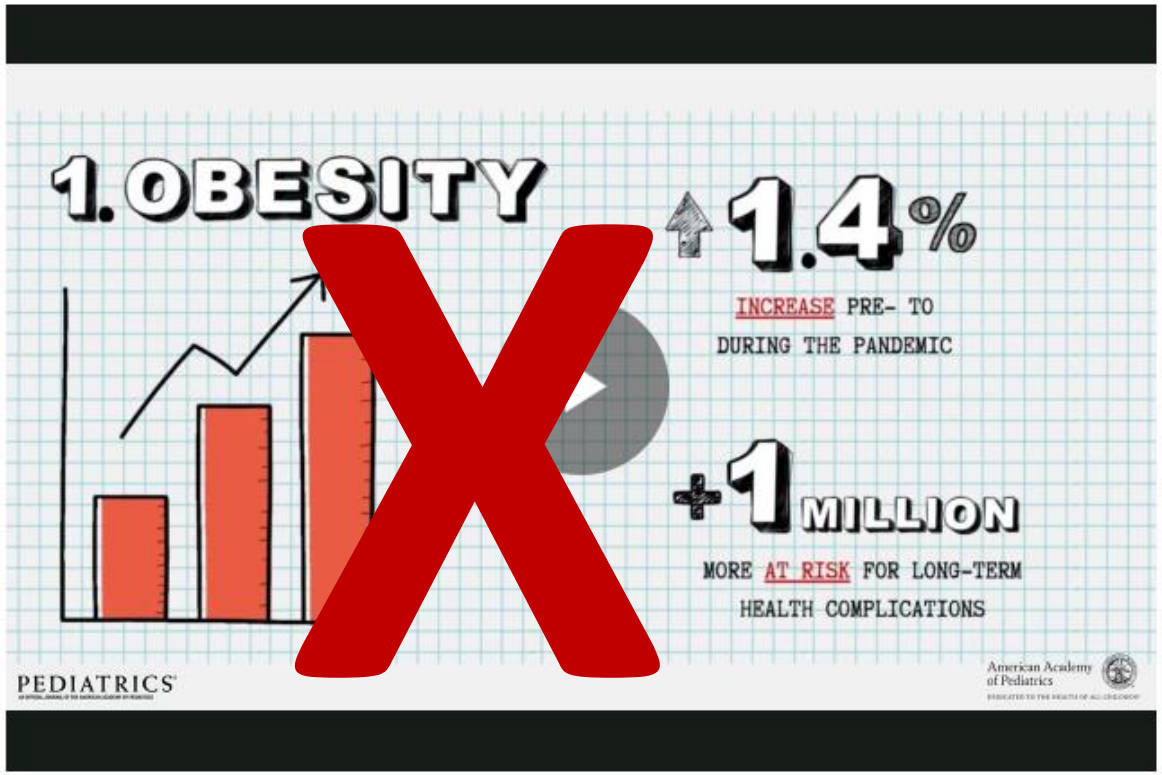
RESEARCH | DECEMBER 02 2025

Obesity and Severe Obesity in Youth Before and During COVID-19

Sarah E. Messiah, PhD, MPH ✉; Yujia Guo, MS; Luyu Xie, PharmD, PhD; Deepali K. Ernest, MPH, PhD; Eurídice Martínez Steele, PhD; Daniela Neri, PhD; Margaret E. Sova McCabe, JD; Stacia M. DeSantis, PhD; Bethany R. Cartwright, MD, PhD; Steven E. Lipshultz, MD; Sarah E. Barlow, MD, MPH

Pediatrics (2026) 157 (1): e2024070370.
https://doi.org/10.1542/peds.2024-070370 **Article history**

Split-Screen Views PDF Share Tools

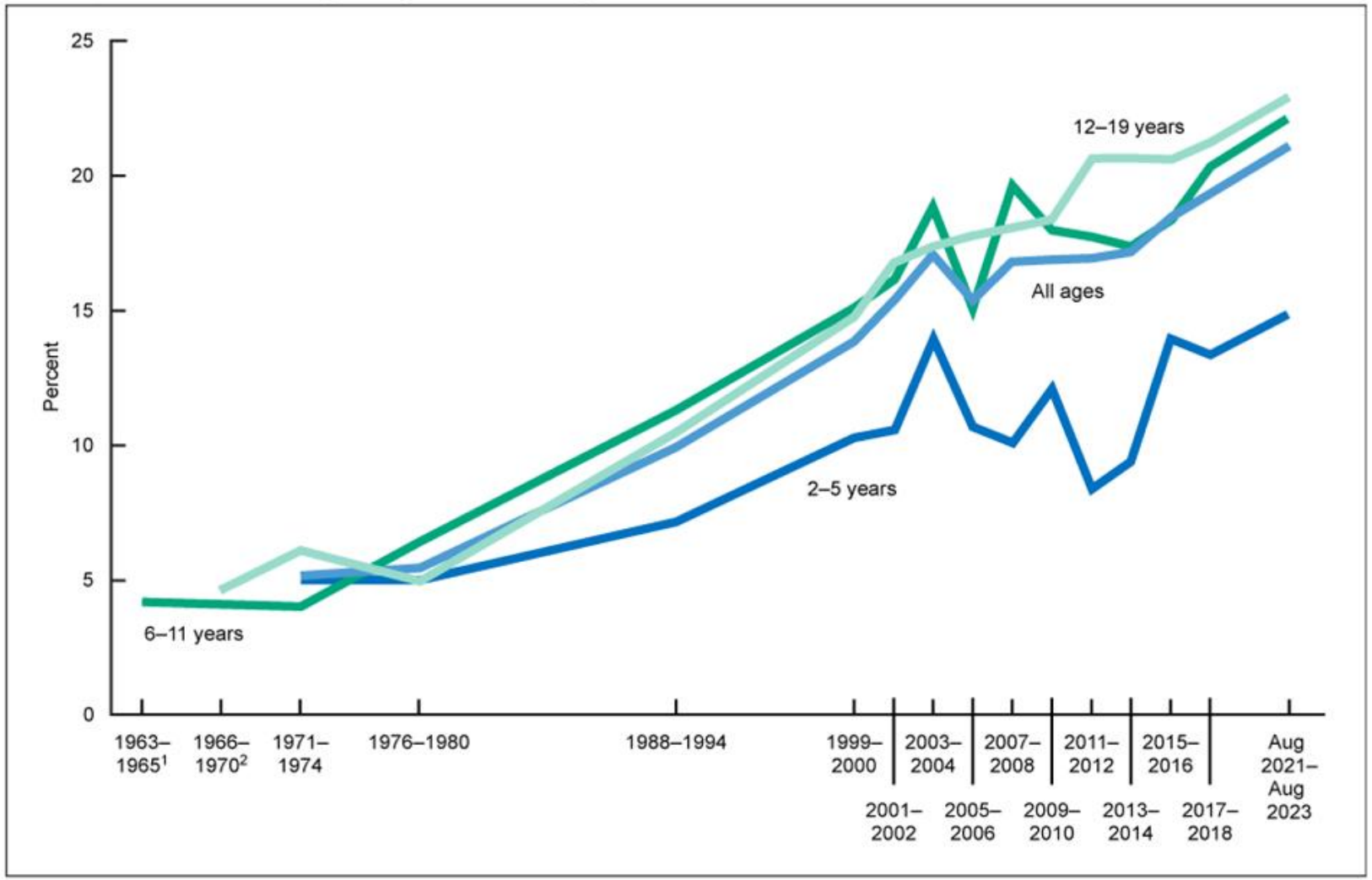


https://publications.aap.org/pediatrics/article/157/1/e2024070370/205715/Obesity-and-Severe-Obesity-in-Youth-Before-and?autologincheck=redirected

Recent NCHS health e-stat shows all previously published estimates with no statistical testing

Multiple Health E-Stats with high weight-for-length, obesity, underweight

Health E-Stats show childhood obesity from early 1960s in a figure



And multiple tables

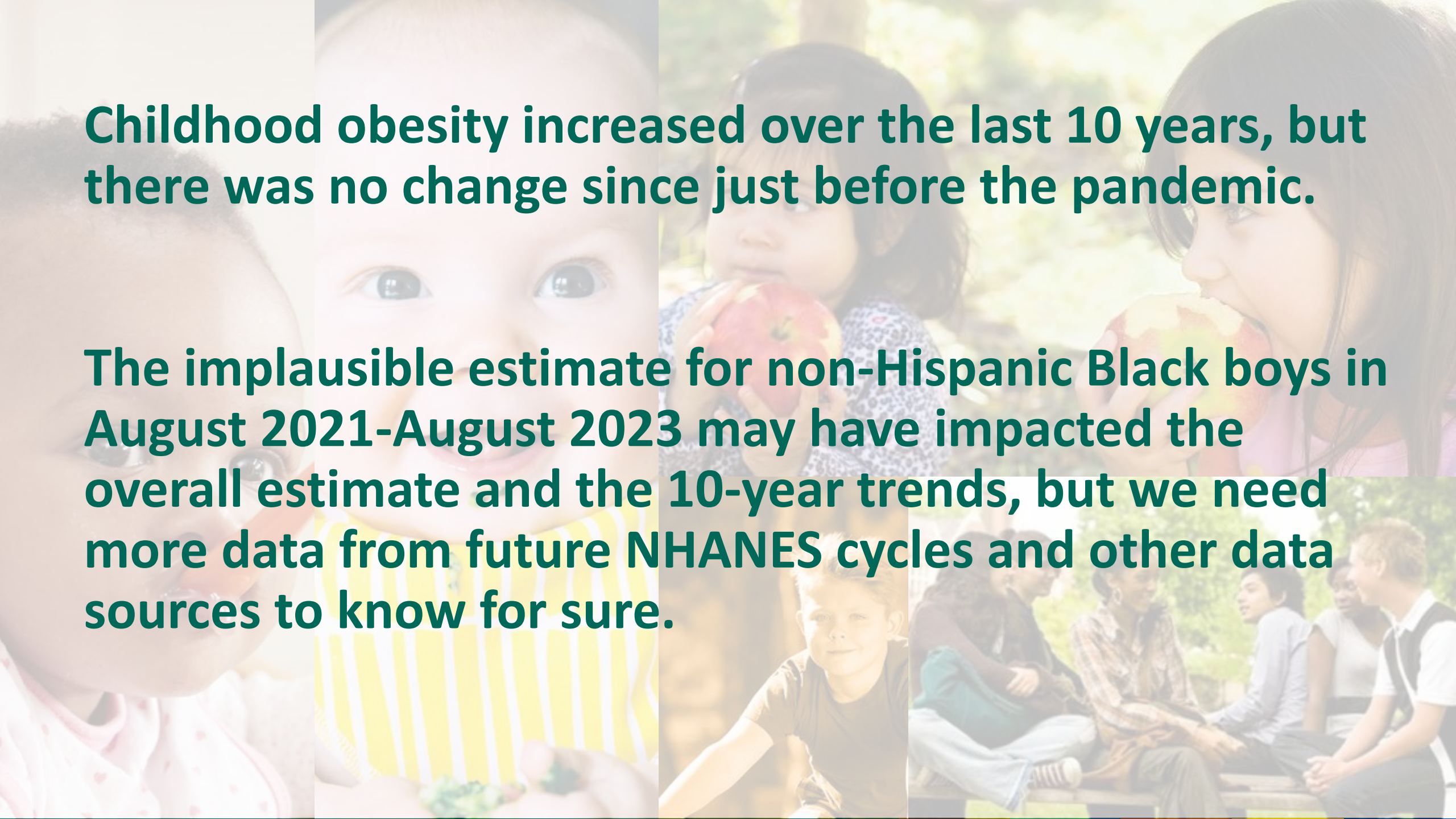
Table 1. Prevalence of overweight, obesity, and severe obesity in children and adolescents ages 2–19 years, by sex: United States, 1971–1974 through August 2021–August 2023

Survey period	Sample (*n*)	All[1]			Boys			Girls[1]		
		Overweight	Obesity	Severe obesity	Overweight	Obesity	Severe obesity	Overweight	Obesity	Severe obesity
		Percent (standard error)								
1971–1974	7,041	10.2 (0.6)	5.2 (0.3)	1.0 (0.1)	10.3 (0.8)	5.3 (0.5)	1.0 (0.2)	10.1 (0.8)	5.1 (0.4)	1.0 (0.2)
1976–1980	7,351	9.2 (0.4)	5.5 (0.4)	1.3 (0.2)	9.4 (0.6)	5.4 (0.4)	1.2 (0.3)	9.0 (0.5)	5.6 (0.6)	1.3 (0.3)
1988–1994	10,777	13.0 (0.7)	10.0 (0.5)	2.6 (0.4)	12.6 (0.9)	10.2 (0.7)	2.7 (0.5)	13.4 (0.9)	9.8 (0.8)	2.6 (0.4)
1999–2000	4,039	14.2 (0.9)	13.9 (0.9)	3.6 (0.5)	15.0 (1.9)	14.0 (1.2)	3.7 (0.7)	13.4 (0.8)	13.8 (1.1)	3.6 (0.6)
2001–2002	4,261	14.6 (0.6)	15.4 (0.9)	5.2 (0.5)	14.2 (0.7)	16.4 (1.0)	6.1 (0.8)	15.0 (0.9)	14.3 (1.3)	4.2 (0.6)
2003–2004	3,961	16.5 (0.8)	17.1 (1.3)	5.1 (0.6)	16.6 (1.0)	18.2 (1.5)	5.4 (0.8)	16.3 (0.9)	16.0 (1.4)	4.7 (0.7)
2005–2006	4,207	14.6 (0.9)	15.4 (1.4)	4.7 (0.6)	14.7 (1.2)	15.9 (1.5)	4.9 (0.8)	14.6 (1.0)	14.9 (1.6)	4.5 (0.7)
2007–2008	3,249	14.8 (0.7)	16.8 (1.3)	4.9 (0.6)	14.3 (0.7)	17.7 (1.4)	5.5 (0.8)	15.4 (1.5)	15.9 (1.5)	4.3 (0.8)
2009–2010	3,408	14.9 (0.8)	16.9 (0.7)	5.6 (0.6)	14.4 (1.0)	18.6 (1.1)	6.4 (1.0)	15.4 (0.9)	15.0 (0.8)	4.7 (0.6)
2011–2012	3,355	14.9 (0.9)	16.9 (1.0)	5.6 (0.7)	15.4 (1.3)	16.7 (1.4)	5.7 (0.9)	14.5 (1.4)	17.2 (1.2)	5.5 (0.8)
2013–2014	3,523	16.2 (0.6)	17.2 (1.1)	6.0 (0.6)	16.4 (0.8)	17.2 (1.3)	5.6 (0.6)	16.0 (1.0)	17.1 (1.6)	6.3 (0.9)
2015–2016	3,340	16.6 (0.8)	18.5 (1.3)	5.6 (0.8)	15.7 (1.0)	19.1 (1.7)	6.3 (1.0)	17.6 (1.2)	17.8 (1.2)	4.9 (0.9)
2017–2018	2,824	16.1 (0.8)	19.3 (1.0)	6.1 (0.7)	14.7 (1.2)	20.5 (1.1)	6.9 (0.9)	17.6 (1.1)	18.0 (1.4)	5.2 (0.7)
August 2021–August 2023	2,492	15.1 (1.0)	21.1 (1.1)	7.0 (0.6)	13.0 (0.9)	23.0 (1.4)	7.8 (1.2)	17.5 (1.5)	19.1 (1.5)	6.3 (0.8)

[1]Excludes pregnant females.

NOTE: Overweight is body mass index (BMI) at or above the 85th percentile and below the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts, obesity is BMI at or above the 95th percentile, and severe obesity is BMI at or above 120% of the 95th percentile.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Surveys, 1971–1974, 1976–1980, 1988–1994, 1999–2018, and August 2021–August 2023.



Childhood obesity increased over the last 10 years, but there was no change since just before the pandemic.

The implausible estimate for non-Hispanic Black boys in August 2021-August 2023 may have impacted the overall estimate and the 10-year trends, but we need more data from future NHANES cycles and other data sources to know for sure.

NHANES AUGUST 2021-AUGUST 2023, SELECT CHILDHOOD OBESITY PUBLICATIONS

- Emmerich SD, Fryar CD, Stierman B, Gu Q, Afful J, Ogden CL. Trends in Obesity-Related Measures Among US Children, Adolescents, and Adults. JAMA. 2025 Mar 25;333(12):1082-1084. doi: 10.1001/jama.2024.27676. PMID: 39946125; PMCID:PMC11826431.
- Fryar CD, Gu Q, Afful J, Carroll MD, Ogden CL. Anthropometric reference data for childrenand adults: United States, August 2021–August 2023. Vital Health Stat 3. 2025 Jun;(50):1–28. DOI: https://dx.doi.org/10.15620/cdc/174595
- Ogden CL, Emmerich SD, Stierman B, Chen TC, Simon AE, Freedman DS, Jans M, Fryar CD, Clark J, Riddles M, Akinbami LJ. Obesity Among Children and Adolescents in NHANES August 2021-August 2023: An Examination of Race/Hispanic Origin Subgroup Estimates. Pediatr Obes. 2025 Oct;20(10):e70041. doi:10.1111/ijpo.70041. Epub 2025 Jul 24. PMID: 40915576.
- Obesity and Severe Obesity in Youth Before and During COVID-19 | Pediatrics | American Academy of Pediatrics Comment: No significant change in childhood obesity
- Noiman AN, Fryar CD, Saif NT, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents ages 2–19 years: United States, 1963–1965 through August 2021–August 2023. NCHS Health E-Stat. 2025 Feb;(112)1–7. DOI: https://dx.doi.org/10.15620/cdc/174645
- QuickStats: Prevalence of Obesity and Severe Obesity Among Persons Aged 2–19 Years — United States, 1999–2000 Through 2021–2023. MMWR Morb Mortal Wkly Rep 2024;73:936. DOI: http://dx.doi.org/10.15585/mmwr.mm7341a5

Thank you to our colleagues

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Spotlight: NCCOR 2025 Annual Report

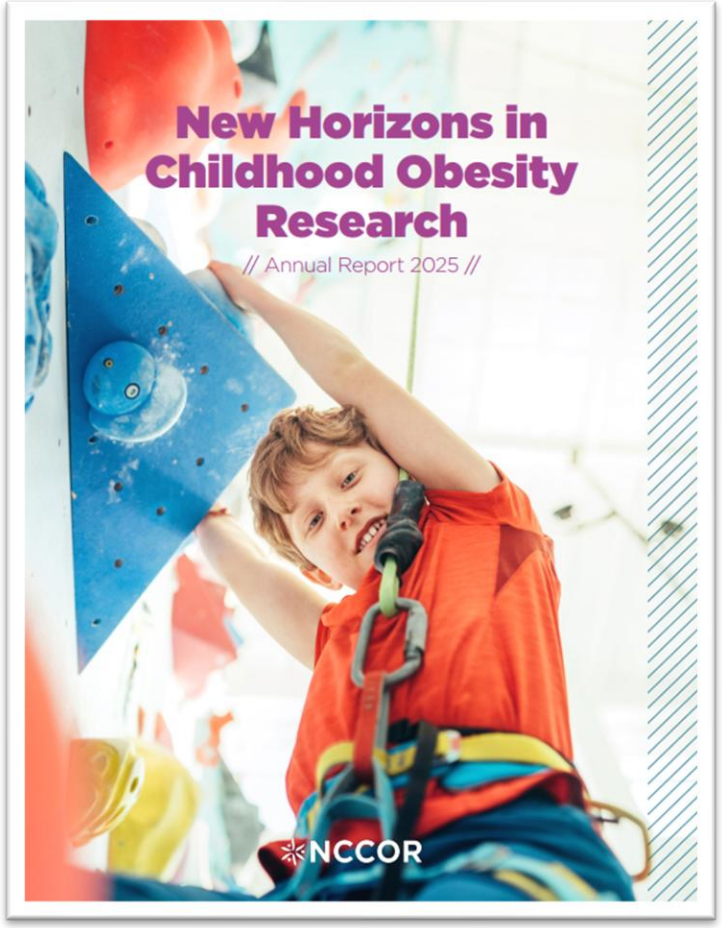
Todd Phillips
NCCOR Coordinating Center

NCCOR

New Horizons in Childhood Obesity Research

- Childhood obesity research is entering a transformative period:
  - Rapid advances in clinical treatment
  - Continued importance of policy, systems, and environmental (PSE) approaches

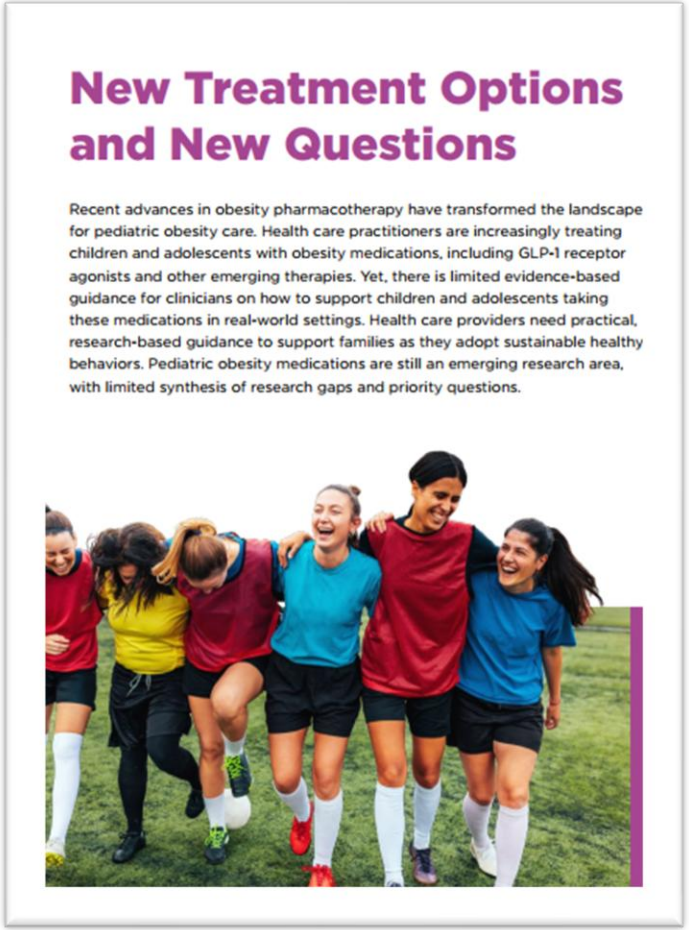
- Theme highlights how NCCOR is helping the field navigate emerging questions, bridge research and practice, and foster collaboration across disciplines and sectors



New Treatment Options and New Questions

Clinical Research Gaps in Pediatric Obesity Pharmacotherapy Workshop

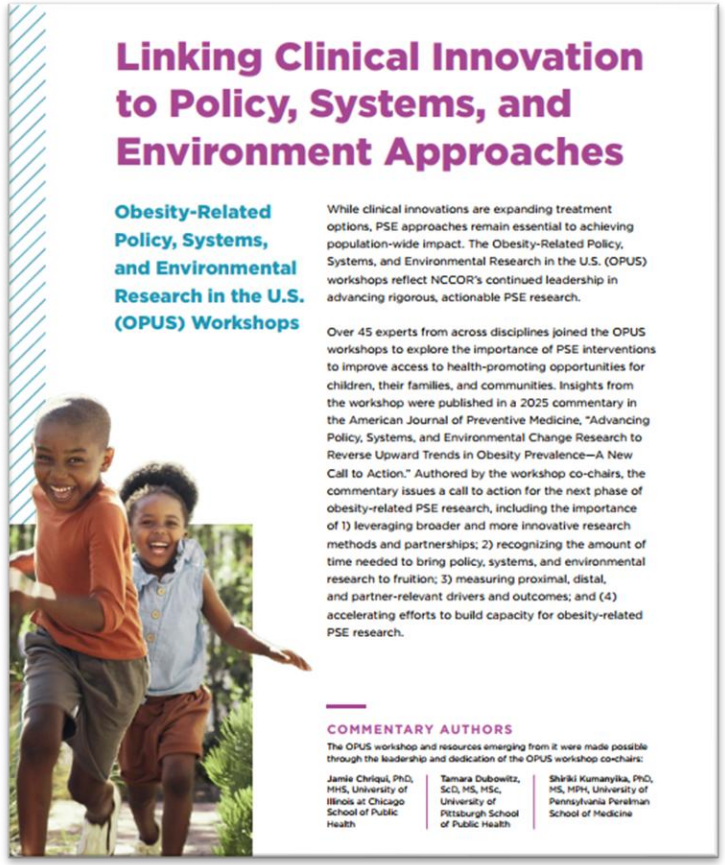
- Brought together experts from pediatric medicine, nutrition, physical activity, behavioral science, mental health, and public health to discuss priority gap areas identified by participants.
- Objective to understand current practice and identify gaps and priority research questions that could guide clinicians in the prescription, maintenance, and discontinuation of obesity medications for children and adolescents, as well as in supporting their caregivers



Linking Clinical Innovation to PSE Approaches

OPUS (Obesity-Related Policy, Systems, and Environmental Research in the U.S.) Workshops and Commentary

- Convened 45+ experts to advance PSE research and published a commentary.
- Commentary calls for strengthening PSE research by:
  - Using broader and more innovative research methods
  - Recognizing the long timelines needed for PSE progress
  - Measuring proximal, distal, and partner-relevant outcomes
  - Building greater capacity for PSE research



Linking Clinical Innovation to Policy, Systems, and Environment Approaches

Obesity-Related Policy, Systems, and Environmental Research in the U.S. (OPUS) Workshops

While clinical innovations are expanding treatment options, PSE approaches remain essential to achieving population-wide impact. The Obesity-Related Policy, Systems, and Environmental Research in the U.S. (OPUS) workshops reflect NCCOR's continued leadership in advancing rigorous, actionable PSE research.

Over 45 experts from across disciplines joined the OPUS workshops to explore the importance of PSE interventions to improve access to health-promoting opportunities for children, their families, and communities. Insights from the workshop were published in a 2025 commentary in the American Journal of Preventive Medicine, "Advancing Policy, Systems, and Environmental Change Research to Reverse Upward Trends in Obesity Prevalence—A New Call to Action." Authored by the workshop co-chairs, the commentary issues a call to action for the next phase of obesity-related PSE research, including the importance of 1) leveraging broader and more innovative research methods and partnerships; 2) recognizing the amount of time needed to bring policy, systems, and environmental research to fruition; 3) measuring proximal, distal, and partner-relevant drivers and outcomes; and (4) accelerating efforts to build capacity for obesity-related PSE research.

COMMENTARY AUTHORS

The OPUS workshop and resources emerging from it were made possible through the leadership and dedication of the OPUS workshop co-chairs:

Jamie Chriqui, PhD, MHS, University of Illinois at Chicago School of Public Health

Tamara Dubowitz, ScD, MS, MSc, University of Pittsburgh School of Public Health

Shiriki Kumanyika, PhD, MS, MPH, University of Pennsylvania Perelman School of Medicine

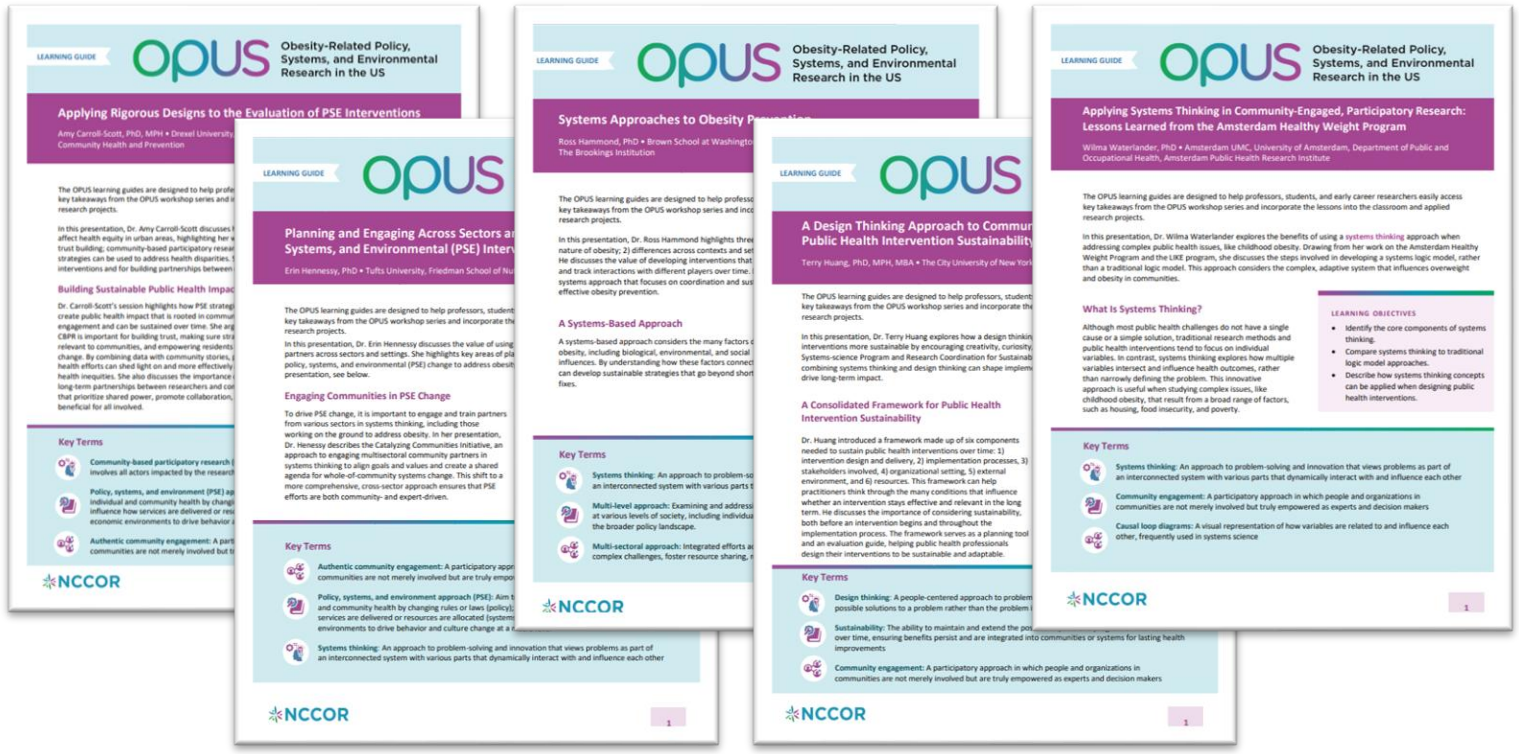
Supporting the Next Generation

OPUS Learning Guides

- Published five OPUS Learning Guides to translate workshop insights into classroom and applied settings.

Student Hub

- Student Hub expanded with new tools, case studies, and curated research resources.



Evidence in Action

Physical Activity Research Opportunities (PARO) Framework

Reliability and Validity of Physical Activity Measures for Children and Adolescents

Evidence in Action

At the heart of NCCOR's mission is developing and disseminating research tools, resources, and findings that strengthen capabilities across the field. In 2025, NCCOR published three research articles, presented findings at four scientific conferences, and hosted three webinars on a wide range of timely and practical research topics designed to impact population health.

The Physical Activity Research Opportunities (PARO) Framework

NCCOR's new PARO framework, detailed in the December 2025 article, "Development of the Physical Activity Research Opportunities (PARO) Framework" and published in the *International Journal of Behavioral Nutrition and Physical Activity*, offers a strategic roadmap for researchers, funders, practitioners, and policymakers to advance their work.

The PARO framework highlights that most opportunities call for real-world research and interventions delivered in community settings where people live, work, learn, and play—particularly in studies of effectiveness, but also dissemination and implementation. While the framework found a focus on PSE interventions, it also identified critical gaps—such as limited research considering physical activity across diverse populations.

SHARING THE PARO FRAMEWORK WITH THE FIELD

NCCOR has already had a couple opportunities to disseminate the PARO framework to key audiences in 2025:

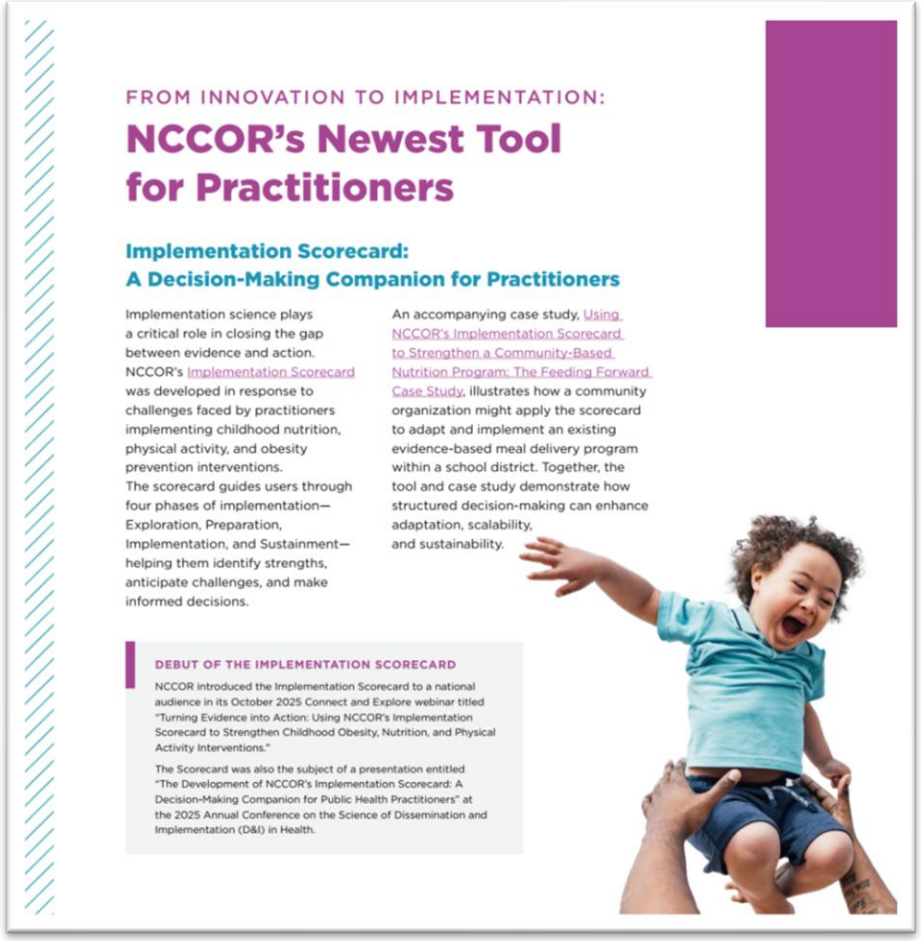
Workshop:
"Using the PARO Framework to Advance Dissemination and Implementation Research" at the 2025 Active Living Conference.

Poster presentation:
"Using Qualitative Data Analysis Combined with Expert Consultation to Consolidate Research Opportunities: Developing the Physical Activity Research Opportunities (PARO) Framework" at the 2025 Annual Conference on the Science of Dissemination and Implementation (D&I) in Health.

NCCOR's Newest Tool for Practitioners

Implementation Scorecard: A Decision-Making Companion for Practitioners

- Developed the Implementation Scorecard to help practitioners strengthen program delivery.
- Tool guides users through exploration, preparation, implementation, and sustainment phases.
- Accompanying case study demonstrates how structured decision-making supports adaptation and scalability.



FROM INNOVATION TO IMPLEMENTATION:

NCCOR's Newest Tool for Practitioners

Implementation Scorecard: A Decision-Making Companion for Practitioners

Implementation science plays a critical role in closing the gap between evidence and action. NCCOR's Implementation Scorecard was developed in response to challenges faced by practitioners implementing childhood nutrition, physical activity, and obesity prevention interventions. The scorecard guides users through four phases of implementation—Exploration, Preparation, Implementation, and Sustainment—helping them identify strengths, anticipate challenges, and make informed decisions.

An accompanying case study, Using NCCOR's Implementation Scorecard to Strengthen a Community-Based Nutrition Program: The Feeding Forward Case Study, illustrates how a community organization might apply the scorecard to adapt and implement an existing evidence-based meal delivery program within a school district. Together, the tool and case study demonstrate how structured decision-making can enhance adaptation, scalability, and sustainability.

DEBUT OF THE IMPLEMENTATION SCORECARD

NCCOR introduced the Implementation Scorecard to a national audience in its October 2025 Connect and Explore webinar titled "Turning Evidence into Action: Using NCCOR's Implementation Scorecard to Strengthen Childhood Obesity, Nutrition, and Physical Activity Interventions."

The Scorecard was also the subject of a presentation entitled "The Development of NCCOR's Implementation Scorecard: A Decision-Making Companion for Public Health Practitioners" at the 2025 Annual Conference on the Science of Dissemination and Implementation (D&I) in Health.

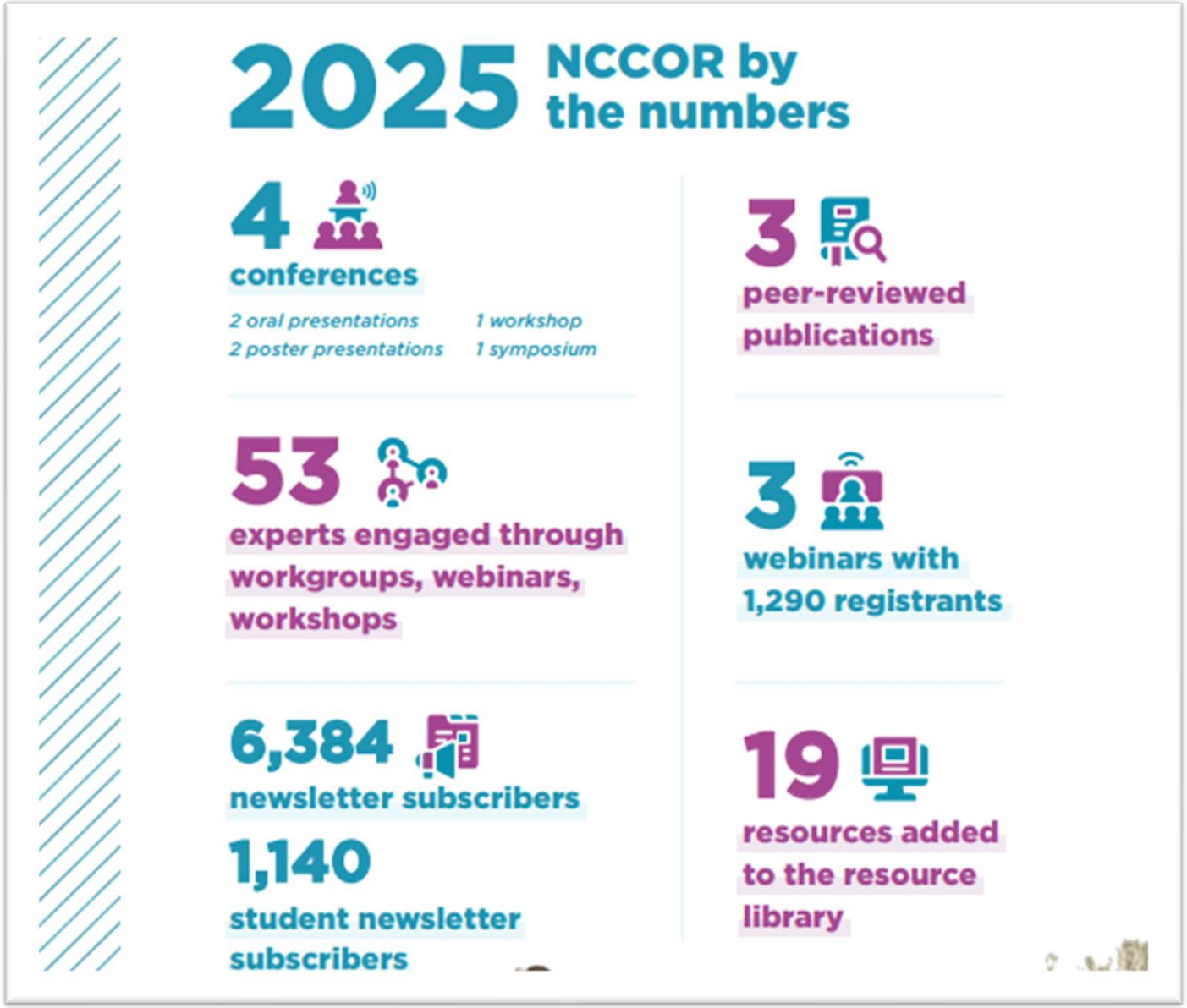
Amplifying Evidence and Identifying Emerging Priorities

Conferences

- Attended four conferences, delivering presentations on physical activity research gaps, implementation science, OPUS, and pediatric obesity pharmacotherapy:
  - 2025 Active Living Conference
  - APHA 2025 Annual Meeting & Expo
  - Obesity Week®
  - Annual Conference on the Science of Dissemination and Implementation (D&I) in Health

Looking Ahead

- NCCOR's agenda for 2026 includes:
  - **Advancing research on pediatric obesity pharmacotherapy** through developing resources to help advance research in key areas related to emerging pharmacotherapy treatments
  - **Learning from the OPUS Grantee Network** that will support the development of whole-of-systems approaches to addressing obesity for cancer prevention and control
  - **Identifying best-practice approaches for ensuring access to youth sports programs** by documenting high-quality school- and community-based sports programs that successfully ensure access for all children and identify contextual factors that improve children's engagement
  - **Connecting the field to the latest research** by continuing to host Connect & Explore webinars on important topics in childhood obesity research


2025 NCCOR by the numbers
4
conferences
2 oral presentations
2 poster presentations
1 workshop
1 symposium
3
peer-reviewed publications
53
experts engaged through workgroups, webinars, workshops
3
webinars with 1,290 registrants
6,384
newsletter subscribers
1,140
student newsletter subscribers
19
resources added to the resource library

Workgroup and Communication Updates

Olivia Giordano Kean
NCCOR Coordinating Center

NCCOR

Workgroup Updates

- **Obesity-Related Policy Research in the U.S. (OPUS) Learning Network:** The next meeting of the OPUS Learning Network will be on Thursday, March 26 where grantees will be discussing how to define scope and manage scope creep while working with communities. The group's symposium proposal has been accepted for ObesityWeek and they will be hosting a roundtable at HER.
- **Research Gaps in Treatment of Pediatric Obesity with Obesity Medications:** The workgroup and workshop co-chairs have consolidated the list of 105 research questions generated during the workshop to 36. The group is continuing to process other outcomes of the workshop and develop the white paper. The group's symposium proposal has been accepted for ObesityWeek .
- **Sport and Youth Well-Being:** This workgroup has begun their environmental scan, including refining their definition of “quality” youth sports programs and compiling relevant literature.

Recent Connect & Explore Webinar on Supporting Recess in Schools

- Discussed the development and practical applications of the Recess in Schools Toolkit and explore how researchers and practitioners can use this resource to inform policy and practice.
- Majority of respondents were new to NCCOR
- Participants rated the session very positively, agreeing it was a good use of their time and would strongly recommend it to others
- Content resonated as practical and relevant

Upcoming Conferences

- Representatives from the OPUS Learning Network workgroup will be hosting a roundtable at **HER 2026** to discuss whole-of-system approaches to obesity prevention
- The Identification and Categorization of Gaps in Physical Activity Research workgroup's poster "*PARO Framework as a Tool to Advance the Physical Activity Research Agenda*" was accepted to the **Society for Prevention Research 2026** meeting

Healthy Eating Research

Upcoming Conferences

- Two symposium proposals accepted at **ObesityWeek® 2026**:
  - Assessing Capacity to Address Obesity using Whole of Systems Approaches for Cancer Prevention and Control: Lessons Learned from One-Year of Relationship Building
  - Clinical Research Gaps in Pediatric Obesity Pharmacotherapy

Emerging Opportunities for NCCOR

Thank you, Linda!

- Linda Nebeling has been part of NCCOR since its inception and has attended almost all the member meetings!

Calendar Reminders

Member Calls

- April 15
- May 20
- July 15
- August 19

Member Meetings

- June 10
- September 16

Do you want to present your work to NCCOR members? Let us know at rgrimsland@fhi360.org!

Questions?