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

Wednesday, June 10, 2026
10:00 p.m.–2:30 p.m. ET
Livestream recording
Meeting binder

PARTICIPANTS (n=56)
Online = 33; In-person = 23

<table>
<tr><td>CDC: C. Dooyema, D. Galuska, D. Harris, L. Kompaniyets, A. Noiman, C. Ogden, L. Zhao</td><td>RWJF:</td></tr>
<tr><td>USDA: C. Davis, S. Fleishhacker, D. Johnson-Bailey, B. Restrepo</td><td rowspan="2">Coordinating Center (CC): K. Deuman, M. Din, O. Giordano Kean, R. Grimsland, D. Hatfield, K. Hilyard, T. Phillips, A. Sharfman</td></tr>
<tr><td rowspan="3">NIH: S. Adas, A. Brown, Y. Bryan, C. Byrd, M. Canino, L. Donze, L. Esposito, M. Evans, R. Fisher, S. George, K. Gibbs, M. Green Parker, M. Haise, K. Herrick, A. Krans, A. Laposky, E. Levin, A. McMath, N. Minkoff, A. Oh, J. Reedy, M. Rienzo, D. Stredrick, E. Wambogo, K. Zanetti</td></tr>
<tr><td>HHS: J. de Jesus, M. Polster</td></tr>
<tr><td>Colleagues of Speakers: A. Hromi-Fiedler, A. Reynier Hernandez, G. Stott, L. Lacayo, R. Perez-Escamilla, Y. Song</td></tr>
<tr><td colspan="2">Speakers (in order of appearance)
● Hollyanne Fricke, MPH, Center for Nutrition and Health Impact
● Shreela Sharma, PhD, RDN, LD, UTHealth Houston School of Public Health
● Allison Wu, MD, MPH, Harvard Medical School, Boston Children's Hospital
● Katina Gionteris, Wholesome Wave</td></tr>
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Welcome and NCCOR's Recent Accomplishments

Karen Hilyard, PhD, *NCCOR Coordinating Center*

K. Hilyard welcomed participants to NCCOR's summer member meeting, including more than 20 individuals and the Centers for Disease Control (CDC) Steering Committee representatives who attended in person in Washington, D.C. Next, K. Hilyard reviewed the agenda, highlighted the primary purpose of the meeting—*to explore the impact of Food is Medicine (FIM) programs on at-risk populations, particularly children and pregnant women*—and shared NCCOR's recent accomplishments and activities from March 2026 through June 2026:

- **Connect & Explore Webinar (March):** NCCOR hosted the webinar titled "Supporting Recess in Schools: Evidence, Health Impact, and Action." The webinar featured experts from the Bloomberg American Health Initiative and the University of California, who discussed the development and practical applications of the Recess in Schools Toolkit and explored how researchers and practitioners can use this resource to inform policy and practice.

- **2025 Annual Report (March):** NCCOR published the 2025 Annual Report titled "New Horizons in Childhood Obesity Research." The report highlights NCCOR's Clinical Research Gaps in Pediatric Obesity Pharmacotherapy workshop, new NCCOR tools and resources, conference presentations and active workgroups from 2025, and upcoming activities for 2026.
- **Conference Presentations**
    - **NCCOR hosted a Research Roundtable at the Healthy Eating Research (HER) Annual Meeting (April):** Members of the OPUS Grantee Learning Network hosted a Research Roundtable at the HER Annual Meeting to explore how researchers are operationalizing whole-of-system approaches to address obesity through PSE (policy, systems, and environmental) strategies.
    - **NCCOR presented a poster at the 2026 Society for Prevention Research Annual Meeting (May):** Members of the PARO workgroup presented a poster titled "The PARO Framework as a Tool to Advance Physical Activity Research at the Society for Prevention Research Annual Meeting.

Findings from CNHI Interviews: How Has NCCOR Advanced the Field?
Hollyanne Fricke, MPH, *Center for Nutrition and Health Impact*

H. Fricke presented key findings from an evaluation conducted in partnership with the Center for Nutrition and Health Impact, a national nonprofit research institute with expertise in measurement and evaluation of public health nutrition programs. CNHI has served as the external evaluator for NCCOR since 2012. The purpose of the evaluation was to understand NCCOR's impact over its 15-year existence on the extramural research community. CNHI conducted thirteen interviews with two sub-groups of the research community: 1) junior and mid-career researchers (n=6) and 2) program leaders or senior researchers (n=7). Both sub-groups were asked unique questions focused on four topics of interest: 1) funding, 2) webinars and workshops, 3) tools, and 4) future directions. Additionally, the junior and mid-career researcher sub-group was asked questions about career goals and NCCOR's impact, while the program leaders or senior researchers sub-group was asked questions about how NCCOR has contributed to the field of Childhood Obesity Research.

H. Fricke presented results from the junior and mid-career researchers (junior researchers) sub-group across the five topics of interest:

1. Career goals and NCCOR's impact: Many of the junior researchers were first introduced to NCCOR as graduate students or early in their careers by mentors, while others were invited to assist senior researcher(s) on an NCCOR project or with an NCCOR webinar or workshop. Junior researchers reported that the Measures Registry and Catalogue of Surveillance Systems are the most impactful NCCOR resources to them, noting that the ability to find comprehensive information in a single place is instrumental for knowledge building and proposal development.
2. Funding: Among the junior researchers, the funding sources of highest interest included federal (i.e., National Institutes of Health, U.S. Department of Agriculture, and Centers for Disease Control and Prevention), foundations (e.g., Robert Wood Johnson Foundation), voluntary organizations (e.g., American Heart Association), and industry. An important finding was that many of the junior researchers reported having used NCCOR tools in preparing grant applications, the most commonly used being the Measures Registry and Catalogue of Surveillance Systems. Some junior researchers reported that they were not aware that NCCOR highlights funding opportunities in its newsletter. Junior researchers shared that NCCOR could

help champion and/or highlight funding opportunities for career development, measures development, and lesser-known foundation funding.

3. NCCOR webinars and workshops: Junior researchers shared the most notable NCCOR webinars and workshops for their careers. The most notable NCCOR webinars were 1) Advancing Physical Activity Research and Practice with the PARO Framework (January 2026), 2) Turning Evidence into Action: Using NCCOR's Implementation Scorecard (October 2025), 3) Understanding Weight Stigma: Impacts on Family and Youth (January 2025), and 4) Optimizing Recess for Healthy Child Development (December 2022). The most notable workshops were 1) Obesity-Related Policy, Systems, and Environmental Research in the U.S. (OPUS) workshop I and II (June and October 2024), 2) Advancing Measurement for Childhood Obesity workshop series (2019–2020, and 3) SNAP-Ed Evaluation Framework workshop series (August–September 2016). Junior researchers identified the following ideas as helpful topics for future webinars, workshops, or projects: Food is Medicine (FIM), food and nutrition insecurity, artificial intelligence (AI) in research, screen time in toddlers (3–5 years of age), implementation science, child walkability index, and connecting researchers with practitioners and policymakers.
4. NCCOR tools: Among the junior researchers, the Measures Registry was the most commonly known and used NCCOR tool, followed by the Implementation Scorecard, the Catalogue of Surveillance Systems, and the Youth Compendium of Physical Activities. They reported that updating the Measures Registry would further improve and continue its utility. Junior researchers suggested that more investment in how NCCOR tools can be used (i.e., practical application) through user guides and mentorship would be helpful. Additionally, NCCOR tools could be promoted more heavily on LinkedIn to increase awareness and use.
5. Future directions: Junior researchers shared that in the future, NCCOR could provide resources such as mentorship and leadership development opportunities, as well as processes for measures validation. One interviewee said the following about NCCOR resources, “The resources are really rigorous, and the standards that they hold themselves to in terms of products and materials...these are resources that I definitely trust.” Ideas for future areas of research for NCCOR included community engagement; implementation strategies; bridging research to practice; children ages 3–5; mental health; ethics considerations with AI; and the life course for bridging the gap between children, adolescents, and adults and family units.

Next, H. Fricke presented results from the program leaders and senior researchers (program leaders) sub-group across the five topics of interest:

1. Field building: Program leaders see NCCOR as an amplifier that makes the whole greater than the sum of its parts. Similar to the junior researchers, the program leaders reported that the Measures Registry has been foundational in accelerating the field and provides researchers with a "trusted place to visit." One interviewee said, "[NCCOR's] strongest element is their commitment to measurement. NCCOR isn't just about obesity, but about the behaviors associated with it—healthy eating and active living. NCCOR has smartly pivoted with the field to be broader to public health versus just obesity." Program leaders reported using NCCOR resources as teaching tools with students and mentees to help ensure their work has high impact.
2. Funding: Program leaders believe that NCCOR’s most influential role in funding is fostering collaborations through both building and deepening connections. Like the junior researchers, the program leaders reported that NCCOR resources are often used to strengthen research proposals. Senior researchers promote NCCOR tools (especially Measures Registry and Catalogue of Surveillance Systems) to mentees and students for general knowledge building, including for use in grant submissions. Further, program leaders promote NCCOR tools,

particularly the Measures Registry and Catalogue of Surveillance Systems, to their mentees and students for both general knowledge building and for use in research grant submissions.

3. Webinars and workshops: Program leaders shared the most notable NCCOR webinars and workshops to their careers. The most notable NCCOR webinars were 1) Supporting Recess in Schools: Evidence, Health Impact, and Action (March 2026), 2) Advancing Physical Activity Research and Practice with the PARO Framework (January 2026), 3) Turning Evidence into Action: Using NCCOR's Implementation Scorecard to Strengthen Childhood Obesity, Nutrition, and Physical Activity Interventions (October 2025), and 4) Cooperative Extension's National Framework for Health Equity and Well-Being: Implementation and Intersections with NCCOR Partners (April 2023). The most notable NCCOR workshops were 1) Clinical Research Gaps in Pediatric Obesity Pharmacotherapy workshop series (September–November 2025), 2) Obesity-Related Policy, Systems, and Environmental Research in the U.S. (OPUS) workshop I and II (June and October 2024), and 3) Advancing Measurement for Childhood Obesity workshop series (2019–2020). Program leaders identified the following ideas as helpful topics for future webinars, workshops, or projects: 1) ultra-processed foods (UPF), 2) GLP-1 medications and nutritional implications, 3) AI assessment methods, 4) policy changes related to food assistance programs, 5) economics of obesity, 6) PSE evaluation approaches, and 7) re-presenting on old topics to examine how the literature/field has changed.
4. NCCOR tools: Among the program leaders, the Measures Registry was the most commonly known and used NCCOR tool, followed by the Youth Compendium of Physical Activities, the Toolkit for Evaluating Childhood Healthy Weight Programs, and the Catalogue of Surveillance Systems. Program leaders recommended that NCCOR promote the lesser-known NCCOR tools through webinars and presentations at national meetings.
5. Future directions: Program leaders reported that the field is heading in the direction of UPFs, GLP-1s and other medications, and precision nutrition. Ideas for NCCOR to help advance the field include the following: 1) promote PSE strategies, 2) examine child health within context of household, environment, across life course, 3) assess impact of policy and funding changes to federal food assistance programming, 4) update and maintain the Measures Registry and the Catalogue of Surveillance Systems, and 5) maintain momentum between conferences and convenings (e.g., NOPREN/PAPREN model).

H. Fricke summarized the key takeaways from the interviews. First, across both disciplines and length of time in the field, interviewees had a unanimous appreciation for NCCOR and cared deeply about its sustainability. Despite the changing nature of the field and the funding environment, NCCOR remains relevant as a resource generator, field-builder, convener, and connector. Among all the available NCCOR tools, the Measures Registry has been the most impactful resource to the field. Both junior and senior researchers believed that investing time and resources in updating it would be valuable to the field. Topics of highest interest across both junior and senior researchers included PSE strategies, implementation science, AI, and life course research. In summary, NCCOR continues to play an important role in creating and promoting work that can have population-level impact.

Q&A with H. Fricke

Q: Can you describe the participants' understanding of the future of NCCOR?

H. Fricke: We didn't offer context around the future of NCCOR to the participants. Participants were excited about the future of NCCOR and see a continued role for NCCOR in the field, particularly to ensure there continues to be a space for population health work.

Feedback from NCCOR External Scientific Panel (NESP)

T. Phillips, *NCCOR Coordinating Center*

T. Philips explained that NCCOR has three external groups that guide its focus. The first is the NCCOR members who provide feedback on opportunities for synergy, collaboration, and advancement of priorities. The second group is researchers in the field, whom H. Fricke just presented feedback from. And the third group is the NCCOR External Scientific Panel (NESP), which advises NCCOR on its future direction and provides guidance on specific projects or emerging work. NCCOR recently convened five NESP members to ask them broad questions about the field and how they think NCCOR can contribute. In speaking with the five NESP members, the following four themes rose to the top of the discussion: 1) Treatment, 2) Prevention, 3) Food is Medicine, and 4) Artificial Intelligence.

Treatment

NESP members believed that pharmacotherapy and GLP-1 medications are reshaping obesity care and that there is a need to better understand how treatment integrates with prevention programs, community interventions, and long-term weight maintenance. Additionally, there is a growing need to address youth mental health implications related to GLP-1 medication use. T. Phillips described opportunities for NCCOR in the treatment space, including convening experts to address emerging questions and challenges, examining lessons learned from other health issues with treatment breakthroughs (e.g., smoking and cardiovascular disease), and using systems science and modeling approaches to anticipate future impacts (e.g., implications of increased GLP-1 medication use among adolescents).

Prevention

First, the NESP members believed that prevention must remain central as treatment advances are accelerated. They noted that the last published prevention agenda, Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation, was from 2012 and questioned whether the time was right to develop a new agenda. Secondly, there is continued importance for family-based approaches, community and neighborhood interventions, and systems-level strategies. T. Phillips described opportunities for NCCOR in the prevention space, including developing an updated prevention agenda and identifying measures of impact, building on existing NCCOR work (e.g., the Childhood Obesity Declines project and the OPUS workshop series), using systems science approaches to understand community-level factors, and highlighting and learning from innovative local and international models.

Food is Medicine

NESP members believed that there is interest in how FIM initiatives are reshaping the food system, particularly related to UPFs and nutrition access and chronic disease prevention. They also highlighted that there is wide variation across FIM programs, which makes evaluation difficult. T. Phillips explained that NESP members believe there is an opportunity for NCCOR to support evaluation of FIM programs, particularly by hosting convenings or providing guidelines, tools, and overall support.

Artificial Intelligence

NESP members have observed that AI is increasingly used for nutrition and health information and is an emerging tool for research. However, there are concerns about misinformation and quality of information. To that end, there is a need to ensure future health care professionals can critically

evaluate AI-generated information, navigate large volumes of AI-generated content, and communicate evidence-based guidance effectively. NESP members believed that the opportunities for NCCOR in the AI space include exploring the application of AI in obesity research to accelerate timelines and disseminate findings, supporting AI guidance and training for the field, and considering AI implications for provider education and workforce training.

In asking NESP members about what other funder groups NCCOR should consider engaging with, responses included federal partners (e.g., Health Resources and Services Administration and Centers for Medicare & Medicaid Services) and private foundations (e.g., Kresge Foundation, JPB Foundation, Nissan Foundation). They also suggested exploring strategic collaborations with pharmaceutical companies to share learning and evidence generation.

T. Phillips concluded by summarizing the NESP member feedback. NESP members believe that NCCOR is needed now more than ever and can continue to play a critical role by helping the field navigate rapid transformation in obesity care; maintaining a strong prevention focus amid treatment advances; and connecting clinical, community, systems, and policy perspectives. Finally, NCCOR is well-positioned to do the following: 1) convene diverse stakeholders, 2) identify emerging research gaps, 3) translate evidence into action, and 4) support a national prevention-related obesity research agenda.

Q&A with T. Phillips

Q: In regard to the 2012 report, Accelerating Progress in Obesity Prevention, did the NESP members report a need for an update on the current status of the field because NASEM hasn't been filling that and it could be a possibility for NCCOR?

A. Sharfman: I'm not sure the NESP members specifically said that NASEM wasn't filling the gap but rather emphasized that there hasn't been a report like that since 2012. I believe that NASEM may have recently explored updating that report and had decided not to.

Facilitated discussion with NCCOR members regarding findings from interviews and NESP members:

K. Hilyard then moved on to facilitate a discussion among members. She started by asking, what resonates with you?

Life course/bridging the gap between children, adolescents, and adults/family units

- The junior researchers highlighted the importance of the family unit. I think the fact that our family units are growing means that our youth are exposed to not just their parents, but also grandparents. Those generational considerations within the family unit and their knowledge, attitudes, and behaviors as they relate to nutrition probably vary. It is important to consider that even within the households, there are multiple generations of thoughts around nutrition and how that impacts outcomes.

K. Hilyard: What topics or activities should NCCOR take on?

Treatment / GLP-1 and other medications

- In the Office of Dietary Supplements, one of the things that we are grappling with is this dietary supplement group that is purporting to mimic GLP-1s and other medications that are approved.

One of the things that we are really looking into is how to engage the industry and the trade groups.

- When you said supplements, I thought about all the privatized health programs that are showing up and getting a lot of momentum. How is that impacting utilization, adherence, and access?
- Related to past conversations about advertising. If you were a parent with an adolescent eligible for GLP-1 medications, you may or may not have the health insurance to support that. It only takes a few clicks to have the marketing targeted to you about what you might need, and this might include those supplemental products. It is very difficult, even for the most educated consumer, to be able to sort out what's evidence-based and what's not. Maybe there's room for NCCOR there to sort out what is scientific information and what is not. We have to think about some of those safety concerns, too. Perhaps there is a space for NCCOR to serve as a clearinghouse for sharing evidence-based information. And maybe there's some learning we could do at a future member meeting on that topic or a webinar.

Medical Education

- I didn't hear NESP members talk about medical education. I think NCCOR could be tremendous with thinking through the education aspects in terms of allied professionals and around youth health behaviors as it relates to weight discrimination and weight stigma. I think those conversations with HHS, more specifically around nutrition education and culinary curriculum, would be really useful for us. FNIP and the National Institute of Food and Agriculture (NIFA) have been pioneers in the nutrition and culinary education space. I think there could be a revisit of the recommended practices in that space, separate from what we had done for SNAP-Ed, which was very PSE-centered. I think those [are the] core messages for translating the dietary guidelines into curriculum-based materials.
- The NIH Obesity Research Task Force held a medical education obesity-related meeting, and it did involve allied health professionals. There's going to be a publication that should come out in the next couple of months that could be leveraged. It included adolescence, and access to medications is an emphasis right now, though it did not include younger children.

Artificial Intelligence:

- **T. Phillips:** For our partners, when you are releasing funding announcements, are you starting to require disclosure of AI use? Are you getting into this space around AI and research, or putting parameters out around what AI can be used for?
- I definitely think that NCCOR could be tremendous in the AI space, particularly from the collaborative space across the agencies.
- NIH has started to limit the number of applications that can be submitted per year due to concerns that AI is pumping out lots of applications. It is six per year per Principal Investigator, and that includes submissions, renewals, and resubmissions. That is one strategy for potentially containing infinite amounts of applications that are being produced by AI. I see applications coming in that have statements about whether AI was used and how (such as for grammatical checking). I don't know if we have language in the FOA about what's allowable. We have responsible use of AI policies.
- NIH does have a policy that we're looking at because USDA doesn't have one. I think NCCOR could think through AI as a tool for research analysis and for educational pieces. I don't think AI in relation to applications is related to NCCOR.
- There also needs to be an understanding of how AI is being used from the funder's perspective, not just the applicant's perspective, as it relates to review of applications. We may have some

restrictions in terms of what that transparency looks like, but I don't want this conversation to be half-complete. AI is being integrated into many spaces, and it's not clear to me that the transparency and/or the awareness in the research community is happening.

- Looking at NIDDK's portfolio, we're starting to see more applications that propose to use AI in the context of clinical care. Peer review is definitely screening for use of AI with tools.
- I was curious if and how proposals are disclosing whether AI is used in the actual research activities. It seems like there are multiple ways AI could be useful and save time, but I was wondering if there are limitations, or guidelines, or just disclosure of how and when it's used.
- NIH has applications where the specific aim of the research is to pilot whether or not AI is capable of coding to the extent that human coders can, and in what amount of time. The methods for how they use the AI and the comparison are part of the research, which is sort of different.
- CDC does have an internal policy on AI use, and it has all the rules that you talked about: You have to disclose, and you have to say how you used it. One of the challenges is that AI is moving faster than anyone can keep up with. This brings up ethical issues, and anticipating those could be a challenge.
- NIH also is funding grants that use or test AI in interventions for obesity.
- Undergraduates are being told by their PIs to use AI, and it is sometimes even mandatory.
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Food is Medicine

- At the Food is Medicine Conference (FIMCON) last week, it didn't seem like NCCOR is needed in the FIM space. We have to understand that FIM is out there, but there are a lot of other players in this space. For example, the Food is Medicine Institute at Tufts recently put out a huge toolkit. HHS has been doing FIM. GusNIP and NIFA have done a lot of metrics work on produce prescriptions. It is important to recognize FIM, and we should complement it, but I think we'd have to do a landscape analysis to fully understand how we'd fit in. From USDA's perspective, WIC has been in this space for decades. When we think of it from a youth perspective, it boils down to WIC. HRSA is going to start to implement FIM pilots. After the presentation today, I think we can start to determine how NCCOR can complement those existing efforts.
- For me, the question around FIM is "What does FIM in kids look like?" Is it prevention? Is it treatment? Is it WIC that has been doing it for decades? NCCOR could shape the space or the conversation around FIM for children by providing examples for what this means in the pediatric population and how that's attached to an adult population. In regard to extension, CDC has had funded recipients in that space for a long time. What could they do in this childhood space? There is a huge potential to bring some ideas and players together, and NCCOR could help shape that in terms of both the research assets and the practitioner assets.
- I appreciate and second the comment around not duplicating efforts regarding FIM and the importance of being synergistic with existing effort. I was not at FIMCON, and I was curious if they had a perspective around children or if it was more so focused on chronic disease management? There may be a need for this that NCCOR could fill. With NCCOR, I know we went through a rebranding to broaden it beyond childhood obesity, but there might be a need for FIM specific to earlier in the life course. I'd be curious to have additional insight from FIMCON.
    - There were ~three posters presented at FIMCON that focused on maternal and child populations. Most of the presentations at FIMCON did not focus on this population, though.
- The Food is Medicine Coalition comes from the Ryan White HIV/AIDS program, so it is an AIDS-focused kind of coalition. There is a need to think about FIM broadly: the framing and the

specific interventions as it relates to youth. I don't want to say there's not a need; I just think if we are diving into FIM, there needs to be a very concerted coordination effort, given the existing bodies in this space. I think being at the table makes sense, but our priority—if other groups are filling that need—could be translating some of the resources. It is a space that is already being filled by other organizations, including us at HHS.

Other Topics/Ideas:

- At NIFA, we've been going through a process with our extension public health leaders of thinking through their framework update. I think having NCCOR expertise to help our Cooperative Extension support staff understand where topics around obesity fit into their broader schema of health and well-being would be useful.
- NCCOR had Megan Lott from Healthy Eating Research join a recent member meeting to present their short-term research agenda. As HER is going through its evolution, NCCOR should think about where and how we might complement them and their future work. The same applies for CDC's NOPREN. HER and NOPREN are very well connected, so having those conversations with both of those groups about where and how NCCOR could complement or take on work, as needed, would be useful.
- There are still populations and individuals who are not as comfortable with the medical system, yet there are community organizations that are very successful in creating a trusted space for sharing of information. I think that's a low-hanging fruit opportunity for NCCOR as well.

K. Hilyard: What should NCCOR continue to champion?

Prevention / GLP-1s and other medications

- Since GLP-1 medications are so widespread now, how do we focus on keeping prevention part of the discussion? The unique role that NCCOR could play is ensuring prevention is part of the larger conversation.
- We should also think about it from the public health perspective of primary, secondary, and tertiary prevention. Tertiary prevention would include kids on GLP-1s, but they still need the primary and secondary supports as well. That might be a way to frame discussions around prevention talks.

Research to practice / Dissemination

- I do think NCCOR plays a particular role with professional societies. I would recommend thinking through those intersections with professional societies, particularly how we disseminate resources to them, but also hear from them what the needs are.
- H. Fricke presented the value of NCCOR career development for junior scientists. We're in a period where career trajectories just aren't as clear as they might have been 10 years ago for government or for public health. I'm wondering if there's some low-hanging fruit there.
    - NCCOR has a student hub where we collect resources and opportunities for students and young investigators. We have a newsletter to make students aware of all of our tools that may help them in their studies.
    - Another low-hanging fruit would be to have an NCCOR slide deck that we could use when giving lectures or presentations to students that highlights the resources available.
    - Is NCCOR part of the HER NOPREN summer speaker series for students? It is a great way to distribute resources to students.

Evidence of Food is Medicine Programs for Children and Pregnant Women
moderated by Karen Hilyard, PhD, *NCCOR Coordinating Center*

K. Hilyard introduced three speakers to present on the topic of "Evidence of Food is Medicine for Children and Pregnant Women."

From Philosophy to Practice: Food is Medicine in Pediatric Care – Allison Wu, MD, MPH, *Harvard Medical School, Boston Children's Hospital*

A. Wu provided an overview of the philosophy of Food is Medicine (FIM), including three examples of evidence-based FIM interventions, and concluded with practical implementation considerations. A. Wu described FIM as the "critical link between nutrition and health," which includes a spectrum of food-based nutrition programs and interventions integrated in the health care setting: Medically Tailored Meals (MTM), Medically Tailored Groceries (MTG), and Produce Prescriptions (PRx). She explained that the goal of FIM is to promote optimal well-being and prevent, manage, and treat diet-related diseases.

A. Wu described the growing landscape of evidence to support FIM interventions in adults and children. MTMs, prepared meals for specific medical needs, provided to adults have been shown to improve several clinical outcomes (e.g., HIV/AIDS, type 2 diabetes, heart failure, chronic liver disease) and reduce health care utilization, spending, and mortality. In children, she explained, the published pediatric-specific MTM outcome data are currently limited. MTGs, or unprepared/lightly processed foods, provided to adults have been associated with decreases in food insecurity and improvements in dietary quality. In children, the literature is less established, with fewer rigorous studies. Finally, research on PRx vouchers or direct provision of fruits and vegetables has shown positive impacts on clinical markers of cardiometabolic health (diabetes, hypertension, obesity) and mental health among adults. For children, evidence shows that PRx has positive impacts on food insecurity and diet quality.

Next, A. Wu provided three examples of evidence-based FIM interventions in the pediatric population. The first example is a weekly plant-based food package provided to families with children aged 2 to 18 years of age during the COVID-19 pandemic. The study found that for each additional package received, there was a BMI change of −0.04 kg/m^2 from baseline to follow-up, and there was a change in overweight and obesity prevalence from baseline (57%) to follow-up (49%). The second example is a randomized crossover phase I trial of 30 caregiver-child dyads with overweight and obesity and household food insecurity. The families were provided six weeks of healthy meal kit delivery for which caregivers reported high overall satisfaction (95%), and most children (86%) liked and ate the meals. The third example is a study called Food Access, Value, and Optimization of Resources (FAVORes) that provided five caregiver education workshops to 37 participants focused on food access, budgeting, and healthy eating strategies. The participating caregivers reported improved confidence in navigating food resources and preparing healthy meals.

A. Wu concluded by providing several key practical implementation takeaways for FIM. She explained that universal clinic screening for food insecurity using a validated tool (i.e., Hunger Vital Sign) is a critical part of routine care delivery and that FIM implementation begins with screening and referral. She highlighted a number of barriers and challenges for integrating FIM into clinical care, including implementation barriers (e.g., data sharing between partners), barriers to adherence, the risk of over-medicalization of food, and ensuring equity and structural inequities are thoroughly addressed. A. Wu reiterated that evidence supports specific FIM interventions, specifically for adult populations, and that

pediatric research is understudied. She highlighted that FIM interventions offer benefits beyond clinical outcomes, such as health care utilization and whole-of-family benefits.

Food is Medicine in Pediatric Populations – Shreela Sharma, PhD, RDN, LD, *UTHealth Houston School of Public Health*

S. Sharma provided an overview of a FIM pilot comparative effectiveness Randomized Controlled Trial (RCT) conducted in a pediatric population. The study compared two FIM strategies on implementation and health outcomes in Medicaid-eligible children aged 5 to 12 years with a BMI ≥85th percentile. Enrolled children were an average of 9 years old at baseline. About half were boys, 60% were food insecure, 48% were Hispanic, and 45% were Black. The participants were randomized to one of three groups for an intervention duration of 32 weeks: 1) comparison, or standard care (n=50), 2) produce retail vouchers ($25; 16 reloads every two weeks), plus nutrition education (n=50), and 3) Brighter Bites produce boxes delivered via DoorDash (16 every two weeks), plus nutrition education (n=50). Both intervention groups received the same nutrition education through Brighter Bites, delivered primarily through text messages and short culinary videos. Brighter Bites, the primary FIM partner for the study, is a national nonprofit with a mission to create communities of health through fresh food.

S. Sharma described the key performance metrics and implementation outcomes of the study. For the produce box group, the participants received 16 boxes per week, with each box containing an average of 18 pounds of produce (equivalent to almost 52 servings). For the vouchers group, there was a 92% activation rate, with an average of a total of $400 provided per participant and $353 (88%) redeemed. For the nutrition education component, about 73% received and/or used the materials provided. Qualitatively, the program was well received across both intervention groups; however, the voucher group was better received than the home delivery group.

Next, S. Sharma described the change in fruit and vegetable consumption from pre-to-post intervention. There was an increase in fruit and vegetable consumption across both intervention groups and a concurrent decrease in the control group. The greatest increase in consumption was in the produce voucher intervention group. The changes were not statistically significant in any of the groups, likely due to a small sample size. Finally, S. Sharma described the health outcome changes. Measures of biometric outcomes (BMI, HbA1c, BP, TG, LDL, HDL, total cholesterol) improved in the produce voucher group, remained the same in the produce box group, and worsened in the control group. The only statistically significant change was in the voucher group: there was a significant decrease in the liver panel blood tests (AST).

S. Sharma concluded by emphasizing that FIM in pediatrics populations is highly understudied, partially because children do not typically develop health outcomes of interest and so payers are largely not interested. However, she stated, this is an extremely important opportunity to integrate nutrition and access to healthy food as part of the health care system. She concluded by sharing an R01 study that she is currently working on with colleagues from Baylor College of Medicine and Houston Food Bank to compare the effectiveness of medically tailored meals and culinary medicine on pediatric end-stage kidney disease patients.

Food is Medicine - Katina Gionteris, Wholesome Wave

K. Gionteris provided an overview of the Food4Moms PRx program implemented by Wholesome Wave and the Hispanic Health Council and evaluated by the Yale School of Public Health. Food4Moms

integrates PRx into prenatal care at partnering health and community-based organizations, enrolling patients during their first and second trimesters of pregnancy. The program includes the PRx benefit ($100 per month for 10 months via a Fresh Connect card), nutrition education to improve pregnancy outcomes and support fresh produce consumption, and check-ins via phone or text. The moms receive nutrition education through the Hispanic Health Council and SNAP-Ed educators with topics focused on food labeling, food safety, nutrition during pregnancy, breastfeeding, and infant feeding.

K. Gionteris described the eligibility criteria and the study population. Inclusion criteria included Latina or Hispanic moms in their first or second trimester of pregnancy, living in the Hartford, CT area, low-income, and English or Spanish speakers. Overall, 154 moms with a mean age of 28 years were enrolled. The top three self-reported conditions among the moms included 1) gestational diabetes (22%), 2) anemia (18%), and 3) hypertension (14%). Other conditions included pre-eclampsia, depression, anxiety, kidney conditions, one heart condition, and one placenta previa. Among the moms, 13% self-reported their baby had a low birth weight, and 7% reported a preterm birth.

At baseline and post-evaluation, moms were asked to report barriers to eating fresh fruits and vegetables. Reported barriers included transportation, the store being too far away, cost, lack of time to prepare food, among others. From pre- to post-intervention, there was a statistically significant decrease in the number of barriers reported. Post-intervention, nearly 75% reported increasing their vegetable intake with a mean increase of ⅕ cup per day, and 56% reported increasing their fruit intake with a mean increase of ⅛ cup per day. At baseline, 73% reported food insecurity, with 40% of those participants reporting increased food security after the program. Overall, the program redemption was nearly 83%.

K. Gionteris explained that the Food4Moms program in Hartford, CT has been completed, and they have taken the learnings to implement a Food4Moms program in Bridgeport, CT. She explained that there is also a Food4Moms Georgia that is funded and in development, which will incorporate locally sourced produce boxes. Finally, Wholesome Wave is collaborating with the Community Health Center Association of Connecticut to include more Federally Qualified Health Centers (FQHCs) and rural populations.

Q&A with panelists

Q: Can you sustain Food is Medicine interventions in the pediatric population, and what are some of the challenges?

S. Sharma: For Brighter Bites, the model is to leverage existing produce. We are working with growers and distributors, locally and nationally, to bring in the excess produce and deliver it. The model has already been scaled and disseminated through school settings across the country in partnership with DoorDash and others. DoorDash has been absolutely phenomenal in supporting home delivery. Largely, it is through partnerships.

K. Gionteris: One of the goals of Food4Moms is to provide produce prescriptions for pregnant moms covered by Medicaid. Also, to work with our legislators to apply for a Medicaid 1115 waiver to have it covered.

A. Wu: In Boston and eastern Massachusetts, what I've seen is that people are using established organizations, like the Greater Boston Food Bank and Project Bread, to administer those FIM benefits. It is a tricky question that we're all trying to help tackle.

Q: A primary barrier to FIM for pediatric populations is that payers aren't willing to cover those services because of unclear short-term cost-savings. I'm interested in the panelists' thoughts on how we can get these programs sustainably covered and what types of research might advance progress to that end?

S. Sharma: We're working with a managed care organization (MCO) in Texas with their high-risk pregnant moms to connect the dots from pregnancy through infancy. We're working with the MCO to determine if you start FIM early in pregnancy, what are the impacts on gestational diabetes, pregnancy-induced hypertension, [and] birth outcomes? Also, looking into the postpartum period and infant outcomes. When you think about the payment models, in pregnancy, they're tied to the mom. However, in the postpartum period, they're actually tied to the child. In Texas, we don't have Medicaid expansion, and we don't have the 1115 waiver for FIM. We do have "in lieu of" services, which require an MCO to participate. We've been working with the MCO on building out the roadmap based on the outcomes that their actuaries are interested in seeing. The part that we cannot underestimate is the implementation outcomes related to FIM. If we're not able to deliver the intervention with a high degree of fidelity and acceptability, then we're not going to see the desired outcomes. I think both of those pieces would have to go together for both the impact and sustainability.

R. Perez Escamilla (colleague of K. Gionteris): The Rockefeller Foundation published a very important report that has huge implications for the FIM program. The report concluded that there is a very high return on investment if states invested much more in the development of local agriculture and strengthening of the local food systems. They do provide data state-by-state and the algorithms on how they are estimating the return on investment. It is quite considerable, even for small states like Connecticut. It's important that we also think about how to bring on board local food systems and agricultural sectors, in addition to the health care system. Together, they could play a role in persuading governors and legislators at the state level to invest more in FIM by thinking about the economic development that it will bring to the communities.

A. Wu (chat): Private payer Blue Cross Blue Shield North Carolina has studied FIM with UNC Health and found improved blood pressure outcomes in adults.

Q: What are the most important health outcomes to track for children?

S. Sharma: Based on community conversations, we are evaluating mental health and dental outcomes. In Texas, and many other states, dental caries are the number one epidemic: 70% of children entering kindergarten in Texas have caries, and it is modifiable through a healthy diet and dental hygiene. There's a lot of interest from our dental providers because children see dentists two times a year, as compared to their well-child check one time a year.

A. Wu: In terms of patient-centered outcomes in pediatrics and in pediatric obesity, we typically think of obesity-related quality of life, health-related quality of life, and binge eating and eating disorder outcomes. There is forthcoming data from the Greater Boston Food Bank and the MGH Revere Food Pantry that shows that provision of groceries helped reduce binge eating behaviors and symptoms in children. There are other outcomes to focus on, like caregiver stress.

R. Perez Escamilla (chat): Yes, mental health outcomes are key to add. Food insecurity is a potential psychological-emotional stressor.

Q: What do you think is needed in this space, particularly as it relates to children?

A. Wu: What is needed is more space for, and support of, collaboration, as well as more funding. If you look at the American Heart Association grants, which is the largest nonprofit that funds FIM, there was $11 million funded towards FIM research, and all but one was focused on adults. That is what is a huge rate-limiting factor—that there are only smaller pockets of funding available to pediatric researchers.

S. Sharma: When we think about WIC, they have been intentionally one step removed from the health care system. The health care system is not set up for that, so there is a need to think about expanding the scope of the health care system. We have to start early, so excluding the pediatric population from FIM makes no sense from a scientific perspective. That is a little bit of the struggle for me as we are trying to engineer something into a system that's not set up currently to think about this type of work in a holistic way.

C. Dooyema: To reframe it as "food is health" goes into that primary prevention bucket. You're not having to re-engineer, as Dr. Sharma said, but it's really reframing. FIM for kids can take different shapes and forms: clinical, community, FQHCs, and more. The question is, what can NCCOR do to help people understand these are the different permutations of FIM for kids?

S. Sharma: NCCOR is an incredible platform. In terms of the framing, I couldn't agree more that food is health. The timing is now to lean in and to champion the momentum. At the same time, we cannot lose sight of where health really begins.

K. Gionteris: We need the $15 million that was put aside for maternal health and maternal produce prescriptions by Congress to be repeated each year. There's talk about nutrition education for medical doctors and including nutrition education when they are working with their patients. For maternal and birth health outcomes, the key outcomes are hypertension, preeclampsia, birth weights, preterm births, NICU stays, etc. While they put a lot of stress on moms, they also put a lot of stress on the medical system.

Workgroup Updates – Karen Hilyard, PhD*, NCCOR Coordinating Center*

What Works Best to Ensure High-Quality Sports Opportunities for all Young People – presented by S. George, PhD, MPH, MA, *National Institutes of Health*
Workgroup Leads: S. George, *NIH*; J. Matjasko, *CDC*; M. Polster, *HHS*

This workgroup launched in January 2026 to identify best practice approaches for ensuring broader access to high-quality youth sports programs. The workgroup's goal is to develop a conceptual framework describing different dimensions of youth sport program quality and accessibility and to convene a national workshop featuring representatives from exemplar youth sport programs. The workgroup conducted a rapid environmental scan, including a literature review and formative interviews with experts representing a variety of perspectives (e.g., parks and recreation, youth with disabilities,

schools, injury prevention, and research). Interviews were conducted with six experts representing a variety of perspectives to gather feedback on the quality framework and identify exemplary high-quality school- and community-based sports programs that successfully ensure quality and access for all youth to feature in the workshop. The workgroup is continuing to refine the conceptual framework based on the interview feedback. This workgroup continues to plan a national workshop for July 15–16, 2026, titled *Defining Quality Youth Sports Environments: A Conceptual Framework and Examples from the Field.* NCCOR members interested in attending the workshop can reach out to Olivia Giordano Kean (Ogiordanokean@fhi360.org).

Research Gaps in Treatment of Pediatric Obesity with Obesity Medications – presented by A. Sharfman, *NCCOR Coordinating Center*
Workgroup Leads: A. Goodman, *CDC*; L. Balasuriya, *CDC*; V. Osganian, *NIH*

This workgroup was launched to plan a workshop to understand current practice and identify research gaps and priority research questions that, when answered, can help health care practitioners in the process and practice of prescription, maintenance, and discontinuation of GLP-1 and other obesity medications (OMs) for children and adolescents, and support for their caregivers. The four-part workshop, *Clinical Research Gaps in Pediatric Obesity Pharmacotherapy*, was hosted in September–November 2025, culminating in an in-person meeting during ObesityWeek 2025 in Atlanta, GA. Finalized outputs from the workshop include 35 key research questions (consolidated from 105), details needed on research protocols to help with study replication, a list of additional outcome measures to be reported in clinical trials, and suggestions for tools to support clinicians and researchers. The workgroup is finalizing a white paper for publication in August/September 2026 that will share workshop proceedings, outputs, and implications for future research efforts.

Revisiting Rapid Infant Growth: Assessing Growth in Children Under Age 2 – presented by L. Kompaniyets, *Centers for Disease Control and Prevention Division of Nutrition*
Workgroup Leads: A. Goodman, *CDC*; L. Kompaniyets, *CDC*; S. Pierce, *CDC*

This workgroup was launched to plan a virtual workshop to convene multidisciplinary experts in growth standards, biology, statistics, and clinical practice. The goals of the workshop are to 1) assess what existing measures of infant growth can and cannot tell us, 2) evaluate which metrics are most appropriate for identifying and tracking rapid infant growth, and 3) define the critical unanswered questions needed to move toward consistent, evidence-based approaches. The workgroup identified two external experts to serve as workshop co-chairs: Carrie Daymont, MD, from Penn State University, and Charles Wood, MD, MPH, from Duke University. Outputs from this effort will include a recording for future dissemination and a meeting summary outlining key research questions that, if answered, could inform future prevention-focused guidance on early-life growth assessment and help establish a clearer path forward for research related to rapid infant growth and long-term obesity risk. The workshop is planned for September 1–2, 2026.

Obesity-Related Policy, Systems, and Environmental Research in the U.S. (OPUS) Grantee Learning Network – presented by J. Reedy, *NIH*
Lead: J. Reedy, *NIH*

Launched following the 2024 OPUS workshop series, the network convenes 14 National Cancer Institute (NCI) administrative supplement grantees who are implementing whole-of-systems approaches to obesity prevention research for cancer control. The grantees meet monthly to discuss topics including

managing scope, measuring community engagement, and implementing human-centered design. Members of the network hosted a Research Roundtable at the HER Annual Meeting in April to share their work. The workgroup will convene for a half-day retreat in September to reflect on lessons learned and discuss future directions for whole-of-systems obesity prevention research. The workgroup is also planning a symposium for ObesityWeek, titled *Assessing Capacity to Address Obesity Using Whole of Systems Approaches for Cancer Prevention and Control: Lessons Learned from One-Year of Relationship Building.*

Additional NCCOR workgroup and project updates are available in the meeting binder.

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

2026 Calendar Reminders:

- **2026 Member Calls:** July 22, August 19
- **2026 Member Meetings:** September 16
- **2026 Workshops**
    - July 15–16: *Defining Quality Youth Sports Environments: A Conceptual Framework and Examples from the Field Workshop*. A pre-workshop webinar will take place on July 9, 2026.
    - September 1–2: *Revisiting Rapid Infant Growth: Assessing Growth in Children Under Age 2*. A pre-workshop webinar will take place on August 13, 2026.