Categories and Gaps

Population Health and Evaluation [New category]

* understanding the impact of large-scale regulatory and tax changes focused on obesity and cardio-metabolic problems (Mexico—taxation; Ecuador-ban marketing images, negative foods identified)
* understanding the key parameters that led to the Mexico’s success taxation law and those of a few other countries
* determine to what extent excessive gestational weight gain versus gestational diabetes cause offspring obesity
* use existing data systems (e.g. BRFSS; Nielsen’s Homescan) to plan and evaluate changes at the local, county, city and state levels
* conduct of RCTs or large longitudinal studies of impact of sweetened sugar beverages (such as fruit juices) on obesity and diabetes
* yogurt and milk with extensive added sugars and fats: are these obesogenic?
* understanding the consequences of the state budget shifts on population health of low and middle income households
* effective approaches for less studied groups of women: lower income, pregnant and post-partum, cancer survivors, racial and ethnic minorities and in other settings (e.g. primary care, worksites)
* determine average weight losses that are clinically significant
* little is known about predictors (e.g. genetics) of success and what to do to promote weight loss in non-responders.

Innovative Methods to Disseminate Interventions

* dissemination of existing evidence-based interventions for obesity prevention
* broad dissemination of diabetes prevention measures in high-risk women
* mobile health interventions that have “staying power”
* Coordinated mobile health and in person obesity interventions
* develop and disseminate interventions to promote appropriate gestational weight gain
* investigate the role of technology and other more accessible approaches be used alone or in combination with face to face to promote weight management

Evidence-based interventions

* integrating peer support with patient centered medical home (PCMH) quality initiatives to reduce complications of obesity and diabetes
* translating and scaling up evidence-based weight loss interventions for lower SES populations
* using systems science to understand the forces supporting and impeding weight control
* specific techniques, dose and approaches needed to promote long-term maintenance of weight loss
* investigate behavior change techniques that are “active ingredients”

Communities as Stakeholders

* multi-level and/or community based interventions for obesity
* use of system science to model positive outcomes in communities and health systems
* community health groups as key stakeholders in obesity prevention
* Food systems approaches to obesity prevention
* entrepreneurial approaches to support local communities/businesses to create anti-obesogenic environments
* develop and implement interventions to reduce maternal obesity prior to pregnancy that do more good than harm across communities

Sex/Gender differences in obesity

* sex differences in environmental exposures (neighborhoods, built environment, chemical exposures) that change the risk and development of obesity in men and women
* effects of the female hormonal milieu on development of obesity across the woman’s lifespan
* the stigma of obesity and downstream consequences for girls and women

Biological mechanisms

* identifying maternal demographic and biological factors to develop models to predict development of fetal and early child obesity
* understanding the biological pathways from obesity to development of multiple chronic conditions (diabetes, cardiovascular disease, certain cancers)
* better understand how maternal obesity contribute to offspring obesity via changes in the intrauterine environment
* most effective approaches to prevent adult weight gain (e.g. increase energy expenditure, or physical activity, reduce sedentary behavior), making daily small changes to diet or activity to change energy balance to avoid gains, or periodically losing small amounts of weight that have been gained (e.g. yearly losing 2-3 lbs).