Categories and Gaps

Innovative Methods to Disseminate Interventions

* Dissemination of existing evidence-based interventions for obesity prevention
* Broad dissemination of diabetes prevention measures in women in high-risk women
* Mobile health interventions that have “staying power”
* Coordinated health and in person obesity interventions

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

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-obesigenic environments

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)