done so (as described in greater detail in other manuscripts more focused on this process). We are also currently in the process of examining the relationship of structural change achievement in communities with more intermediate or proximal outcomes, such as HIV-related stigma or the perception of community resources. As stated in our study, while there were some suggested associations between our measures of structural changes and behavioral risk factors, there were several study design and practical issues that made it difficult to formally show statistical significance for some of our study end points. We feel we were successful in documenting those design and practical issues associated with our broad-based approach and that our findings will inform researchers as they develop and evaluate new structural change programs.

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Errors and Misleading Data in Table

To the Editor: Following the publication of our meta-analysis on breastfeeding and childhood leukemia incidence in JAMA Pediatrics,1 we noticed a few errors in the crude odds ratios (95% CIs) recalculated using raw data and weight/random columns in Table 2 that were likely the result of mistyping. It also came to our attention that these 2 columns, which present the crude estimates (and weights) calculated by the meta-analysis software used (as opposed to those originally published by the authors) may be misleading because they are in disagreement with the original odds ratios cited in the text. Therefore, we decided to omit these columns from the corrected Table 2 and thus avoid confusion. These columns are not essential to the understanding of the text and only show the backstage calculations done by the meta-analysis software used. The results of the meta-analysis and conclusions are not affected. A corrected version of Table 2 has been provided.

We apologize to the journal for the errors and for the confusion this may have caused readers.

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CORRECTIONS

Incorrect and Misleading Data: In the article titled “Breastfeeding and Childhood Leukemia Incidence: A Meta-analysis and Systematic Review,” published online June 1, 2015, in JAMA Pediatrics,1 there were errors and misleading data in Table 2. All analyses were recalculated and, to avoid confusion, the columns showing crude odds ratios (95% CIs) recalculated using raw data and weight/random data have been omitted from Table 2.2 The results and conclusions of the meta-analysis were not affected.2 This article was corrected online.


Errors in Abstract and Text: In the Original Investigation by Cohen et al titled “Effects of Choice Architecture and Chef-Enhanced Meals on the Selection and Consumption of Healthier School Foods: A Randomized Clinical Trial,” published online March 23, 2015, and in the May 2015 issue of JAMA Pediatrics (2015;169(5):431-437. doi:10.1001/jamapediatrics.2014.3805), there were typographical errors in the second and third sentences of the Results section of the Abstract. The portion of the second sentence that read “and consumption increased in the chef schools (OR, 0.17; 95% CI, 0.03-0.30 cups/d)” should read as “and consumption increased in the chef schools (0.17; 95% CI, 0.03-0.30 cups/d).” The portion of the third sentence that read “and consumption also increased in the chef (OR, 0.16; 95% CI, 0.09-0.22 cups/d) and chef plus smart café (OR, 0.13; 95% CI, 0.05-0.19 cups/d) schools” should read as “and consumption also increased in the chef (0.16; 95% CI, 0.09-0.22 cups/d) and chef plus smart café (0.13; 95% CI, 0.05-0.19 cups/d) schools.” Also, in the third paragraph of the Results section the portion of the seventh sentence that read “the percentage of vegetables consumed increased by 30.8% (95% CI, 17.7%-43.8%)” should read “the percentage of vegetables consumed increased by 30.8% (95% CI, 17.7%-43.8%)(OR, 0.16; 95% CI, 0.09-0.22 cups/d) in chef schools and by 24.5% (95% CI, 10.0%-39.0%) (OR, 0.13; 95% CI, 0.05-0.19 cups/d) ‘should’ read as ‘the percentage of vegetables consumed increased by 30.8% (95% CI, 17.7%-43.8%) (OR, 0.16; 95% CI, 0.09-0.22 cups/d) in chef schools and by 24.5% (95% CI, 10.0%-39.0%) (0.13; 95% CI, 0.05-0.19 cups/d).’ This article was corrected online.

Error in Text: In the article titled “A National Assessment of Pediatric Readiness of Emergency Departments” published online April 13, 2015, and in the June 2015 print issue of JAMA Pediatrics,3 an error occurred in the text on page 532. In the third paragraph of the Discussion section, the second sentence, which reads “In this assessment, approximately one-third of respondents reported that their ED practitioners do not weigh children and record the weight in kilograms only,” should be replaced with the following: “In this assessment, approximately one-half of respondents reported that their ED practitioners do not weigh children and record the weight in kilograms only.” This article was corrected online.


Error in SD Value in Table: In the article titled “Effects of Aerobic Training, Resistance Training, or Both on Percentage Body Fat and Cardiometabolic Risk Markers in Obese Adolescents: The Healthy Eating Aerobic and Resistance Training in Youth Randomized Clinical Trial” published online September 22, 2014, and in the November 2014 print issue of JAMA Pediatrics,1 an error occurred in Table 1 on page 1010. The mean (SD) for height in the Total Sample column, which read “167.8 (7.4)” should be replaced with “167.8 (7.4).” This article was corrected online.