

NHANES Open Space

September 11-12, 2003

Session Title: National Children's Survey and Overlap with NHANES

Session Headlines:

NCS – update (will send information – <http://www.nationalchildrensstudy.gov/>)

Next meeting – Dec 16-17 in Atlanta

Purpose: 100,000 children and mothers from birth to 21 -- \$200 m/ yr to \$90 m/ yr for 26 yrs. Everything you want to know about children. 20 work groups on line. Very successful. Have tracking within groups monitored by steering group and oversight advisory group.

Speeding the minutes through third party with disclosure.

Looked at Fred Hutchinson Center (Women's Health Initiative) as guide for best practices - clinical and environmental data – one collection center with 30-40 collection sites. 50% data collected in first five yrs. Starting in 2004-05.

Want to learn from NHANES. Funding slowed timetable.

Nutrition component likely to be included. How to measure intake for pregnant/lactating women and infants? Doing a lit review for appropriate assessment methods. NCS funding.

See as complementary data to NHANES – adding pregnant/lactating women. Provide longitudinal data.

NCS welcomes exchange with NHANES. Study approval is still a year or more away. Study design still under discussion. National probability sample vs. clinic based design – background papers being developed and will be debated. May end-up with hybrid.

Use a standardized collection method (NHANES model) – really important.

Use NHANES as pilot – in community setting. Need to deal with retention. NCS wants a pre-test. Need to set up a meeting and focused agenda before December meeting.

Awarding a contract for pilots – funds for contractors. EPA has been doing pilots.

Will move quickly once money is available. Working group should propose community pilot using NHANES. Do now so are ready when money comes. Big money in President's FY05 budget – line item. NICHD, CDC, EPA, others are currently contributing.

Benefits of study – delineated for Hill staff – i.e. reduce mental retardation.

Include food assistance program participation; want to know about nutritional status of pregnant women in WIC program.

Selection effect in longitudinal in NCS could be offset by cross-sectional data of NHANES.

Need to prepare for new data item collection – use NHANES; use NHANES to test those who have left initial catchment's area. NHANES may be source of mobile units – way to pay for mobile units.

E-grant initiative – CDC first to implement; pressure for more coordination from Secretary and President.

Use digital collection devices to monitor environment; conference last week on ecological data monitors – children love them but tend to share them; cultural issues – link to gang membership.

Data center – then data collection – more exotic data devices. Does it need to be clinic based? Core list of hypothesis linked to measurements and then decide where to collect data – sample design issues important early on but may be different at later stage.

Looking for relationships and developmental aspects; still need to know something about prevalence so can do cost effectiveness. Need standardized data and reliable transmission.

How are clinics selected? Look for those where the population is rather than being PI driven. High repository of data; PI will likely want to do other studies. Access to stored data – OMB requires re-consent on child once 18 years of age.

Make sure CDC lab folks are on the NCS working groups. No lab-working group at present.

Next Steps/Action Items:

Enhance coordination between NHANES and NCS.

Set up meeting between NCHS/NHANES staff and NCS leadership soon. Discuss synergy and opportunities for collaboration – how can NHANES benefit NCS and vice versa.

Develop agenda for pre-December

Use NHANES to provide pilot at community level to demonstrate feasibility of NCS approach.