

NHANES Open Space

September 11-12, 2003

Session Title: Better Nutrition Objectives from NHANES

Session Headlines:

Main question: What are the best methods for states to use to measure nutrition objectives when they don't have all the NHANES tools?

What are priority nutrition objectives?

- Healthy People 2010 tracking, other policy uses
- Obesity
- Dioxin and methyl mercury not nutrition indicators, but moving into dietary guidance because of relationship to food
- Omega 3 FA, emphasizing fish
- Labelling for trans FA with implications for the food composition database
- Total diet – food and supplements, also estimates of herbals and botanicals

Need PC version of dietary intake interview similar to Epi Info so that everyone can use the same standardized program. If version is low-cost, easy to use, would improve comparability of state estimates.

Users would need to make decisions about what they could live without, amount of detail they can give up. Can nutritionists accept the loss of precision? Technology is advancing, could get it simpler, out to masses.

NCI short assessment instrument could be used by states to track changes over time, relative differences in the population, but precision of estimates would not be the same as provided by a more detailed instrument; wouldn't be able to judge with precision whether people were meeting 5 A Day recommendations. Definition also becomes important -- include French fries, a major source of vegetable intake?

States do what they can, but would like to say how close they are to 5 A Day. There are simpler programs, i.e., on a Palm Pilot, that could be adapted, but problem is getting money for translation.

A heat vs. light issue:

Heat – Asking whether or not we eat certain things; simple assessment

Light – Will need to be able to answer questions downstream that we don't know today. Should we really base health policy on simple measures?

National survey should keep all detail. Should stay with what is in current survey. Not yet able to see how NHANES 1999-2000 data would be useful in national planning, such as WIC.

What can states do to meet nutrition objectives? Should follow national survey estimates. Is BRFSS set in stone? BRFSS core is what a majority of states have agreed on; they also want consistency with the past. But BRFSS is in a constant state of development, with core and modules. Modules are not in every year.

National and state-level producers of data within CDC work together, but question is getting pieces such as fruit and vegs in BRFSS; has to be addressed at higher level. PC dietary intake version would empower the state nutritionist, bypass state bureaucracy.

More nutrition pieces added to NHANES in the past 4 years; many more indicators in 2003-2004 than before. With 2nd day recall will be able to compare dietary intakes with the DRIs.

Two years of NHANES before data release is too long. Public health issues such as food safety are high priority, need to address quickly, will become more of an issue. Can quicker data release be explored for the future? Is it tied to the MEC; are significant increases in dollars needed to have more sites?

Public Library of Science pushed by Congress to have research peer-reviewed and up on the Internet; won't be published. NCHS needs to be prepared.

How can agencies get data more quickly for public policy planning? NHANES can move to release data yearly, but have to educate people on

data release disclosure issues. Can't look at disparities in 10-year age breaks in detail yearly, but couldn't with NHANES and CSFII in past.

National Health Interview Survey (NHIS) is releasing 20-30 indicators in 6 months. But processing of questionnaire items is different than dietary data and FPQ. NHANES would like to get data out more quickly; could release some 1-year data items, but is a resource issue. Diabetes, hypertension, etc. also have priority items.

What other nutrition indicators need to be available more quickly? States will want to do nutrition biochemistries also. NHANES has biochemical indicators as well as dietary data.

Are there different models for CHANES? Yes, with additional resources, NHANES would conduct the CHANES. With new NHANES data collection contract, can do CHANES in 9-12 months.

NYC is conducting the survey and doing QC themselves. DHANES is a collaborator; developed the automated data collection system, provided manuals. NYC picked items from the current NHANES so will be comparable to NHANES. NYC is trying to keep HANES simple; HANES program is so overwhelming, expensive. Trying to get chronic disease program off the ground, collecting data needed for that, including food security, body measures, diet behavior.

Next Steps/Action Items:

Need PC version of dietary intake interview with standardized software for comparability across states and with national data.

Explore ways to get NHANES data out more quickly.

Need training in using NHANES data. Data are becoming more complicated. Outreach/training should be a Federal responsibility.

NCHS needs to be in expert consultation role. Need a meeting where people can come together. NHANES used to go around the country doing sessions, very helpful, but need resources to do this.

Data on website need to be “pre-digested” to be usable. Concern is comprehension in using the data. Data users have little competence.

Convene a meeting so survey stays relevant. Danger is heat, no light.