

# NHANES Open Space

## September 11-12, 2003

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**Session Title:** State NHANES

**Session Headlines:**

The First community surveys to be done will be expensive due to initial equipment (and IT) costs. There is a lot of interest in community NHANES, but little money (especially for the initial infra-structure).

There is a decided need to get the first few community surveys done. This would demonstrate success/feasibility, get necessary experience, provide better cost estimates, and pay for initial infrastructure. To bring down costs – compartmentalize the automatic data collection instruments.

State surveys may be different and may be a way to get the first small area, non-national surveys done. As a larger political entity, States may have more resources and more sources of funds (e.g. CDC money given to States where there is an evaluation component that may require NHANES type data collection). CDC is funded 12 chronic disease programs in various States, but only 4 states have all 12 programs. CDC/NCHS/ChronicDiseaseCenter could investigate implementation in those 4 states (Maine, Colorado two others). Data must be specific to health policy objectives with the 4 States

How to get a few states involved – Use of annual meetings (February meeting in DC, Environmental tracking meeting in June, upcoming Atlanta conference in December)

Environmental Tracking Network: Interest by State of Washington, for fFY5 implementation – two page proposal available at CDC. 7

states/areas: Washington, New York city, New Mexico, New York State, Houston, Maine, Wisconsin and possibly California (but no CA money)

Implementation of local area NHANES requires political commitment. Some other organizations that might be helpful – agricultural, nutrition. Contact Regional health directors for interest.

Another CDC programs that could be used as a tie-in: Steps to healthier US – but from a State perspective, CDC is asking a lot, giving little money.

AT DHHS -Department evaluation funds being held. Investigate Department level interest (Diabetes prevention efforts).

Certain logic to state level HNAES - sentinel communities, Healthy People 2010 objectives at State Level.

Environmental, health disparities

World trade center registry ASTDR – but no research questions  
Need good data. Quality data, experienced data collectors

New York City – bring in others (States, communities) to get experience for their studies to come; reduce costs of staffing

Tie into CDC futures initiative on future public health data, information infrastructure, and surveillance.

Check CDC foundations, private funding possibilities

### **Next Steps/Action Items:**

CDC co-ordination – try excellence in science group

Set-up State consortium, 4 or 7 States as a pilot, get local university input and assistance. Meet, co-ordinate, propose at upcoming meetings

Possible make use of the 28 prevention research centers

Publicize New York City effort – But how much does NCHS want to do?

Tie into the Environmental tracking (meeting Dec in Atlanta)

Tie into Chronic disease conference – New York City  
abstract/presentation

Explore Funding – how to bring in foundations, other sources