NHANES Open Space
September 11-12, 2003

Session Title: Community HANES

Session Headlines:

Advantages: targeting subpopulations and targeting interventions to those groups; opportunity to collect data that can't get from national survey, e.g. community profiles; health care utilization is local process

Advantage of longitudinal component: measuring morbidity and incidence of disease and change in risk factors over time

Definition of community: geographic area? What about workers in a local plant?

How is sample size derived? Depends on power needed and groups for which need estimates

How to get funding support for this? Looking for partners and no one coming forward

Multiple advantages serving different purposes; if could prioritize, could identify appropriate funding streams?

CHIS used partnerships to get funding for community survey to parallel NHIS—may be a model

Health Disparities is a theme that could be used to get funding from Department—major priority now

Quality of Life issues could be linked to HP2010 goal of increasing years of healthy life (and how to measure)

How to link data that are collected to other sources of information

Community HANES will help not only immediate community but also others interested in subpopulations of US

NHANES limitation: data on reproducing women, over time. CHANES might be able to do this better

Cost of health care is non-sustainable; need to study this locally

Networking the CHANES among localities will be very helpful and expand the use of the data

States could be good source of money through land-grant universities; theme issues of concern could be link

Translation of questionnaires will be needed with CHANES—important consideration for cost

Is "cost" the problem? Maybe idea just needs better sell—how can we afford not to invest in this?

What about a census instead of a survey? Community should see this as benefit to them; however, greater the burden to assure that there is source of care to follow-up

Systematic discussion of purpose, benefit and criteria of inclusion will be needed

Data will have to be linked to policy decisions, linked to care and treatment

"Community" HANES is perhaps a misnomer; may be defeating the purpose; not all targeted specific populations are communities per se

"New York City HANES" is title of one in NYC

Targeted and geographic? TGHANES?
Defined population? DPHANES?

Core piece that fits all targeted HANES; other pieces designed for particular purposes

NYC HANES is running own survey; NCHS is providing sampling, technical expertise; this has implications for availability of data and funders' decisions

What will new role for NCHS be in these? What role does NCHS want to play?

Community collaboration program might be way to get communities and donor agencies interested: they set up survey and get expertise from NCHS as technical consultant

Could be used as springboard for intervention in community?

Next Steps/Action Items:

Clarify terminology for these surveys.

Develop forum for local entities and NCHS to discuss experiences and aims for community-level HANES as they develop

Build partnerships or centers of excellence interested in building such networks of local surveys

Discuss within NCHS and with donor groups the possibility of direct funding to local groups for Community HANES, instead of NCHS.