NHANES Open Space
September 11-12, 2003

Session Title: Diverse populations

Session Headlines:

There are under-represented populations
Suggest rolling phases to reach populations to get indicators from different populations instead of do the same populations over and over.

Need different survey instruments (culturally appropriate questions/ food assessments, etc. plus translations).

Need modifications of current NHANES so they are culturally appropriate.
Need to have methodology to get more diverse populations into the survey incorporated into the NHANES data collection contract.

Assume this is a community HANES effort.

Different issues in recruiting and different questions for risk factors and behaviors in Hispanic vs. Oriental.

Ethics of screening and lack of access to appropriate care is even more critical in diverse populations.

Telephone Follow-up of receiving care.

Community HANES is important to provide to specific community: targeted intervention.

Target data to those with the most disparities but we don't have the data to get at this.

Populations we should study: All Asians
Try to use other data sources to identify populations most at risk.

Could a community support a Community HANES at the same time we were in the area with the national study?

Diverse populations are the main justification for Community HANES

Not in favor of dropping National HANES in place of Community HANES. National data is a must. Community HANES should only be done in addition to the NHANES. It just needs to be marketed more.

Need expanded workforce to deal with Community HANES in addition to NHANES.

Translation issue in Community HANES will be a big issue. This will also be a big resource issue. How many languages can you translate into and interviewers who speak the languages? This will limit the communities you go into.   Can NCHS afford to do this well?

Health literacy issues in different cultures.

Change names of Community HANES to Defined populations HANES to better target your interest group. Community is too broad.

Privacy and issues might be a problem so the availability of data could be a hard sell. Academic data centers might be the way to go.

Multiple community HANES sharing costs might be the way to go. Use NIH multisite model. Or "U" model. The investigator (NCHS) designs the study and the academic centers (centers of excellence) do the work but directed by the NCHS coordinator. Use NIH infrastructure to run Community NHANES. Mechanism for clinical studies. The group designs the study. This is way to know who has the capacity. But to get NIH money you need to design it around a research question.

Next Steps/Action Items:

Methods work in the NHANES contract.