NHANES Open Space
September 11-12, 2003

Session Title: Identifying healthy lifestyles, i.e. stress reduction and fitness

Session Headlines:

Using current HANES data to identify patterns of health outcomes.

- **Spend too much time identifying problems, not intervening.**
- **More working with the data.**
- **What question in future HANES should we be asking from a public health model?**
- **Are there many questions regarding stress reduction? Also looking at functional foods.**
- **Are we capturing highly fortified foods?**
- **What should we add with a different model? Look at current data or new data?**

Data on weight – look back 20 years, comparative data.

Mental health data.

- **There are questions on mental health. Limited to young people. Questions are supplemented by a large study – same measures used in National Longitudinal Comorbidity Survey. Data had already been collected for 6 years.**

Looking at indicators of potential ill health.

- **Stress could not be measured by any of the questions on the survey now. If mental health dropped, at least have a question re stress.**

Stress, exercise, dietary supplements.

- **A lot of people looking at preventive data, but not in HANES. Which of the measures has the strongest science. Which is worthwhile putting in HANES. Surveillance that are positive outcomes – not just poor outcomes. Nothing tells us how well we are doing. Which interventions are causing decreased serum cholesterol, for example.**

Looking at cortisol levels – big thing with obesity. Related to stress and is a hypothesis for obesity. Cortisol also mentioned at earlier session.

There needs to be period of time to compile and test indicators. Ensure that we have biomarkers to validate questionnaires. Health behavior indicators.

Physical activity – things that could be measured and helpful. Stepcounter is a stimulus to maintain minimum level of activity. Just like in weight – people who weigh regularly maintain weight. This leads to idea of less expensive way of measuring. HANES using activity monitor now for 60 and above – 7 days, funded by NCI.

Biofeedback, meditation –seems unusual but emerging for stress reduction.

Age groups. It would be help to identify. Issue about how people respond to stress. Certainly the rapidness of obesity. Also increases in suicide. Also, BP going up. They may be related. May want to look at other surveys. HIS has a larger survey and could get more data. Oftentimes, we ask does this require just a questionnaire or something else. If we have a youth survey, are the other stress factors there? If we are to pursue small question on stress, look at other surveys. Need to focus on younger ages. Now there is a new wave of people at high risk. Panic and anxiety, 8-19 years. Question the appropriate age groups. Look at a set of behaviors that carry on to adulthood. Left with cross-sectional survey.

HANES more interested in surveillance than research. Would be interested in research with yoga and low risk, for example. Get idea from HANES, then someone would study it. Physical Activity piece – is there yoga, etc. Activity at home, work, school. Then, physical activity for moderate and individual activities, i.e. running, yoga. So if some of the activities are there, then they can be captured. Probably need to add things. Healthy indicator report card. Easier to do as data there. Also perspective things. Need to know what are the right things to put in.

Public policy – advocate for good things to do to keep people healthy instead of bad things that you need to stop doing.

Healthy lifestyle indicator.
Social support.
Sense of control – job in which they have control.

PA – limited for smaller kids. Need more help.

Healthy indicator for young or old. Are they different and how do we know? May want to start with.

Other measures of health, i.e. BP you have, but others such as accidents and suicides is a major problem. Plenty of indication that depression related to CV risk.

Demographics important to continue to look at, especially re obesity.

Measure DEXA as indicator of healthy lifestyle. No. Need a biomarker for healthy lifestyle. One non-specific marker – CRP. Measure of inflammation. How about dietary supplements – those who use it are possibly healthier-factor of behavior. Supplementation will be captured.

Frequency of eating. Part of healthy indicator. To identify patterns. Should be captured in dietary intake.

What do we mean by stress? How do measure it? Could tell us if following healthy behaviors.

Sleep disorders. In children, definitely related to problems. Chronic fatigue syndrome. Either too much or too little.

Next Steps/Action Items:

Convene a group of experts – can we come up with a list of healthy indicators? How many are currently being collected by HANES. Ensure that indicators validated. Panel should look reliability and validity.