February 24, 2014

Ms. Kate Winseck, MSW
National Children’s Study
Eunice Kennedy Shriver National Institute of
Child Health and Human Development
National Institutes of Health
6100 Executive Blvd, Room 5C01
Bethesda, MD  20891

Dear Ms. Winseck,

On behalf of the Population Association of America (PAA) and Association of Population Centers (PAA and APC), we are pleased to provide the following comments in response to the January 23, 2014, “Request for Information on the Proposed Framework for Developing Study Content and Protocols for the National Children's Study.”

The PAA and APC are two affiliated organizations that together represent over 4,000 behavioral and social scientists, including demographers, economists, sociologists, and statisticians, who conduct research on the implications of population change. Our members’ research interests are very diverse, ranging from adolescent health to population aging. Large-scale data sets, particularly longitudinal studies, are invaluable resources to our members irrespective of their individual research expertise. Hence, our organizations have a vested interest in the development and execution of the National Children’s Study (NCS) and its subsequent data collection and dissemination activities.

Overall, we are very enthusiastic about the RFI’s proposed framework. Specifically, we want to applaud the broad framework of positive health proposed for framing the study. Orienting toward measurement of the attributes of a healthy 21-year-old person provides a highly defensible and easily communicated rationale. It also points to the measurement of factors and mechanisms that may have general applicability for multiple diseases and health conditions.

**RFI Questions**

1. Please comment on the validity and acceptability of using a composite outcome—the higher-level functions of a healthy 21-year-old person—as an operational construct to help frame data collection.

While we believe orienting towards the higher-level functions of a healthy 21-year-old is appropriate, it also presents challenges. Age 21 does not have scientific meaning. Instead, it is an arbitrary legal endpoint. Prior to and after age 21, young people pass through developmental markers at different points. The framework should reflect why age 21 was chosen as the study’s endpoint. We also recommend that NCS consider developing concrete measures for the fundamental, underlying skills, behaviors and mental characteristics that a 21-year-old needs for independent adult living rather than identifying broad goals that a healthy 21-year-old should achieve.

2. Are there additional outcomes or developmental endpoints that should be considered?
On page 3 of the RFI, there is a disconnect between the frame and the list of "areas to be examined". Specifically, key elements of the social environment are missing from the list, including economic opportunity, crime and neighborhood disorganization, and public policy affecting services, education, access to tobacco, etc. We would strongly urge the study to employ tools to ensure that measurement appropriately covers these and other related domains. We note that the World Health Organization (WHO) is referenced on page 4 as emphasizing the importance of these domains.

Within the broad framing of healthy adulthood, we also suggest the importance of cognitive factors (executive function and emotional regulation). A challenge will be to carefully map out the developmental trajectories that produce healthy adulthood and appropriate measures of those trajectories from infancy through the adolescent years.

It is also worth noting that one of the activities of adulthood is citizenship (e.g. voting, civic engagement, military service, community service, volunteering, etc…). Becoming an involved citizen suggests a person has moved beyond self-involvement—another potential attribute of adulthood that should be considered as a possible endpoint in the study.

3. What factors should the NCS use to prioritize assessments? Some examples of factors to consider are:
   a. Potential public health impact.
   b. Technical feasibility, including timing of data collection with regard to potential developmental vulnerability.
   c. Scientific opportunity to address knowledge gaps and illuminate developmental pathways.

We feel that of these three examples “potential public health impact” is the most important factor to consider when prioritizing assessments. However, we recommend clarifying this option by restating it as “potential long-term mental and physical health consequences of early life exposures.” NCS has tremendous potential to illuminate the long-term influences of early-life exposures if designed properly.

Other comments
The new frame raises an issue of whether the study really needs a sample size of 100,000 to answer its questions, given the lesser emphasis on specific disease outcomes. Perhaps a reduction in sample size could free up resources for better, more comprehensive measurement.

Thank you for taking our comments into consideration as you construct the framework that will influence NCS study content and protocols. We appreciate the challenges you face and look forward to continuing to work with you on future NCS developments.

Sincerely,

Pamela J. Smock, Ph.D.
APC President, 2013-2014

Robert A. Moffitt, Ph.D.
PAA President, 2014