Approaches to Assessing Intake of Food and Dietary Supplements in Pregnant Women and Children 2 to 11 Years of Age: A Workshop

Sponsored by the NIH Office of Dietary Supplements



Planning Committee Members

Cheryl A. Anderson, University of California San Diego

Erica P. Gunderson Kaiser Permanente Northern California

Dana Dabelea University of Colorado Anschutz Lisa Joan Harnack **Medical Campus**

University of Minnesota

Stephen Robert Daniels University of Colorado School of Duke University Medicine

Amy H. Herring

Esa Matius Davis University of Pittsburgh School of Medicine

Anna Maria Siega-Riz University of Massachusetts **Amherst**

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Day, Date	Time (EST)	Topic
Thursday, May 6	10:00-12:00 PM	Webinar 1: Methods for Dietary Assessment during Pregnancy
Monday, May 17	10:00-12:00 PM	Webinar 2: Methods for Dietary Assessment in Children 2-5
Wednesday, May 19	10:00-12:00 PM	Webinar 3: Methods for Dietary Assessment in Children 6-11
Monday, May 24	9:00-11:00 AM	Webinar 4: Innovations and Special Considerations in Assessing Dietary Intake During Pregnancy and Ages 2-11 Years

10:00 am	Introduction to the Webinar: Dietary Assessment in Children 6-11 (10 min)	Dana Dabelea, University of Colorado Anschutz Medical Campus (AMC)	
10:10 am	Methods to Collect Dietary Intake in Children 6-11 years (15 min)	Emma Foster, Newcastle University	
10:25 am	A comparison of the Remote Food Photography Method and the Automated Self-Administered 24-Hour Dietary Assessment Tool for Measuring Full Day Dietary Intake among School-Aged Children (10 min)	Traci Bekelman, University of Colorado AMC	
10:35 am	Q&A from Committee Members and Sponsors (20 min)	Dana Dabelea	
10:55 am	Objective Passive Ways to Improve Assessment of Dietary Intake in Later Childhood (10 min)	Tom Baranowski, Baylor College of Medicine	
11:05 am	Best Practices for Measuring Diet Intake in Children 6- 11 years (15 min)	Wei Perng, University of Colorado AMC	
11:20 am	Q&A from Committee Members and Sponsors (20 min)	Steve Daniels, Children's Hospital Colorado	
11:40 am	Panel Discussion with audience (15 min)	Steve Daniels	
11:55 am	Wrap up and Summary of Webinar (5 min)	Cheryl Anderson, University of California San Diego	
12.00 pm	Adjourn		

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- Presentations will be followed by Q&A with committee members
- During panel discussion with the audience, send your questions via the Zoom Q&A feature
- Webinar will be recorded and published: https://www.nationalacademies.org/



NASEM Webinar 3 Dietary Assessment in Children Age 6-11 Years Introduction: Challenges and Opportunities

Dana Dabelea, MD, PhD
University of Colorado Anschutz Medical
Campus

Challenges in Assessing Dietary Intake by Recall in Children 6-11 Year Old

- Age –Related Cognitive Aspects
 - <7-8 years: parental recall; multiple caregivers, multiple venues (school, after-school, etc)
 - > 7-8 years: cognitive abilities of children (reliance on memory, estimation of portion sizes)
 - Implications for the design of optimal tools
- Variability in nutrient intake:
 - 2-fold+ greater than in adults;
 - higher for nutrients consumed occasionally (e.g., vitamins)
 - Implications for number of recalls
 - Appropriate food databases
- Tracking of nutrient intake over time: little evidence
 - Implications for most appropriate lifestage to target nutrition interventions

Challenges in Assessing Dietary Intake by Recall in Children 6-11 Year Old

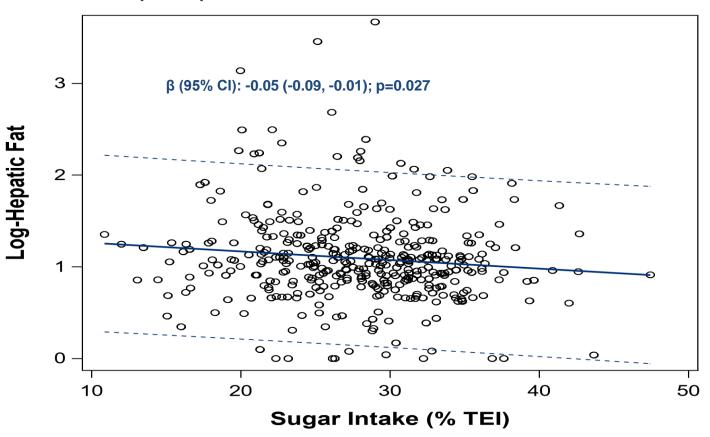
- Validity/Accuracy of Diet Reports
 - Likely Biased, usually Underreporting
 - Magnitude of bias increases with age, weight status of child and/or parent (social desirability bias)
 - Magnitude of bias varies with the dietary assessment method
 - Little variation with sex
- Biased associations between diet intake and health outcomes

Example

Research Question: Is childhood sugar intake (~10 yrs) associated with higher adolescent hepatic fat (~16 yrs) measured MRI in Observational Cohort Study (EPOCH) Hypothesis: positive association

Relationship between sugar intake (FFQ at age 10) and hepatic fat (MRI at age 16)

N=384 participants



Assessing dietary under-reporting in the EPOCH Study

- Assessed by the Goldberg method, which compares the ratio of reported energy intake to estimated energy expenditure (via basal metabolic rate -BMR) (EI:EE ratio) to the 95% confidence interval of a physical activity level (PAL) constant (Black, 2000).
 - Calculate BMR = by Schofield equation
 - Assume PAL constant of 1.55 (WHO recommended for light activity)
 - > Calculate under-reporting cut-off (lower 95% limit of PAL constant) as follows:

95% CI:
$$PAL \times exp \left[SD_{min} \times \frac{(\frac{S}{100})}{\sqrt{n}} \right]$$
 Where: PAL constant=1.55 SD_{min}=-2 n=number of subjects (i.e., 1)

$$S = \sqrt{\frac{CV_{wEI}^2}{d} + CV_{wBMR}^2 + CV_{tPAL}^2}$$
Where: CV_{wEI} = within subject variation in EI (23%)
$$CV_{wBMR}$$

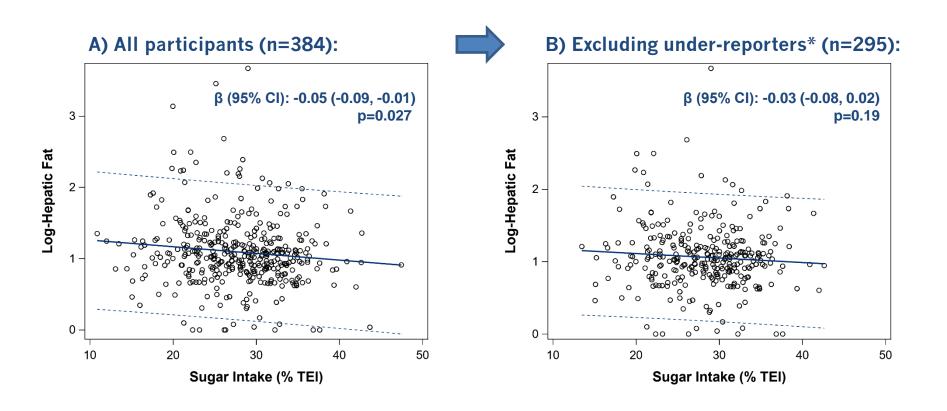
$$CV_{wBMR}$$
 = within subject variation in BMR (8.5%)
$$CV_{tPAI}$$
 = total variation in PAL (15%)

Characteristics according to energy intake plausibility in childhood (~10 yrs): The EPOCH Study

	Acceptable Reporters		Under-reporters*		
	N=457 (76%)		n=145 (24%)		
Child Characteristic:	Mean or Count	SD or %	Mean or Count	SD or %	p ^a
Male sex, n (%)	222	49%	77	53%	0.34
Hispanic ethnicity, n (%)	165	36%	67	46%	0.029
BMI z-score, mean (SD)	0.05	1.2	0.92	1.2	<0.001
Visceral Fat (mm²), mean (SD)	20	13	30	22	<0.001
Subcutaneous Fat (mm²), mean (SD)	102	93	183	127	<0.001
Maternal Pre-preg. obesity, n (%)b	61	18%	30	27%	0.045
Nutrient Intakes:					
TEI (kcal/d)	1952	510	1282 🔱	296	<0.001
Total CHO (% TEI)	51.2	6.0	51.2	6.3	0.94
Sugar (% TEI)	28.4	5.9	27.0 👢	6.8	0.027
Total Pro (% TEI)	14.6	2.0	14.2	2.1	0.06
Animal protein (% TEI)	10.2	2.4	9.6	2.4	0.015
Total Fat (% TEI) ^d	35.6	4.6	35.9	5.4	0.57
Fiber (g/1000 kcal)	6.7	1.8	7.3	2.1	0.001

^{*}Under-reporters identified by the Goldberg cut-off method (Black, 2000).

Impact of under-reporting on diet-disease association: The EPOCH Study



*Under-reporters identified by the Goldberg cut-off method (Black, 2000).

Opportunities Regarding Diet Assessment in 6-11 Year Old Children

- Improving the diet recall tools: attention to multiple dimensions of dietary assessment: accuracy, economic cost, burden (child, parents, caregivers, schools); how many diet recalls; multiple types of recall methods
- Technology-based measures: opportunities to reduce burden, improve accuracy, but also new challenges (e.g., respondents who don't have reliable internet service).
- Whether and how to validate? Role for Biomarkers?
- Assessment tools should match the research question.
 - There are research questions that may be more relevant to children than adults and assessments will need to be tailored (e.g., family meals, plate waste, meals consumed in school cafeterias, parent-child dietary concordance).

Webinar 3 Speakers

Emma Foster, Newcastle University	Methods to Collect Dietary Intake in Children 6-11 years (15 min)		
Traci Bekelman, University of Colorado Anschutz Medical Campus	A comparison of the Remote Food Photography Method and the Automated Self-Administered 24-Hour Dietary Assessment Tool for Measuring Full Day Dietary Intake among School- Aged Children (10 min)		
Tom Baranowski, Baylor College of Medicine	Objective Passive Ways to Improve Assessment of Dietary Intake in Later Childhood (10 min)		
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