

THANK YOU

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Summary

TAKE-HOME POINTS	• Pregnancy is a vulnerable time period and women are willing to make dietary changes • Age 2-5 is a time of life when establishing food preferences that affect health across the lifecourse • Age 6-11 is a transitional age group with heterogeneity in cognitive capacity for reporting
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Summary

TAKE-HOME POINTS

- **Considerations:**
 - evolving market for foods, beverages, supplements necessitates flexibility in approach
 - usefulness for proxy/multiple informants - contribute to measurement error and missing data
 - challenges with unobserved intake, waste, forgotten foods, portion size determination, social desirability bias
- **No ideal tool** - choice depends on effort and resources, research question, burden, level of accuracy desired, diversity, literacy, disadvantages willing to tolerate, and resources available
- **Interdisciplinary partnerships** to increase precision in assessment – eg, engineers, anthropologists

Summary

TAKE-HOME POINTS

- **Rapid changes in new technologies** may eventually make self-report unacceptable
- **Multidimensionality framework** to address research questions – eg, deviations from health food patterns, supplements
- **Harmonizing intake** from supplements remains a challenge given level of variability in composition
- **User-friendly platforms** for repeated measures across studies that can fit sophisticated analytic models
- **Sharing and integration** of data to answer questions across databases for these life stages requires an open source, common data model that can be put on a platform usable by scientific community -standardized, data dictionary, meta data

Summary

TAKE-HOME POINTS

- **Determine bioavailable amounts** of nutrients
- **To understand nutrient status**, combine dietary assessment with measures of metabolic status
- **No tool is perfect** – error/noise is inherent to any data collection effort



RECORDINGS AND PROCEEDINGS

National Academies
<https://www.nap.edu/>