Attachment 2b: 60-day Federal Register Notice Comments and Program Responses

Public Comment #1

Name: Anonymous Anonymous

Social Media is the Problem that creates Violence in our schools, turn off the news and bulling propaganda, will stop the Viciousness , Schools must remove smart phones during classes. Schools were safe before Social Media.
Bullies have gone from Playgrounds to cell Phone apps. Before 2000 you would never hear about these problems of todays violence. Reduce on-line bullying via instant messaging apps. Soaring mobile phone use and rising bullying rates should prompt officials to launching ambitious campaign to ban children from using smartphones and mobile devices.
All violence in our schools seem to have one thing in common; a Cell phone with Social media with push recommendations which kids are too young to understand the social engineering ideas being pushed at them.
Teachers unions should stop politics in school classrooms. In a study, The democratic political registration in most top Tier liberal arts colleges are at 61 percent, professors in top-tier liberal arts colleges is overwhelmingly Democratic, 78.2 percent of the academic departments are democratic. highest Democratic to republican ratio of all is for the most ideological field: interdisciplinary studies. Democratic to Republican ratios among the elite liberal arts faculty are 20 to 8:1 for females.
Protect our Children from Social Media bulling can be done very fast.
Child Psychologist said smartphones must be banned in primary schools. Children needing phones for "security purposes" should only be given "dumb phones" without internet access.
FRANCE; has ban students from using mobile phones in the country's primary, junior and middle schools. French education minister, said the measure would come into effect from the start of the next school year in September 2018. Some education establishments already prohibited pupils from using their mobiles.
CHINA , Metal detectors are used to prevent students from bringing phones to school.
AUSTRALIA'S Federal Education Minister has called for smartphones to be banned in classrooms.
Uganda banned phones in schools in 2013,
Nigeria: Bans came into effect in places like Nigeria in 2012,
Solomon Islands 2012 called for phones to be banned in their schools.
Malaysia reaffirmed its own similar 2014 ban.
BELGIUM IN 2014 banned the sales and advertising of phones to children under seven

Parents think It's probably a good idea when the kids are in school. Successful classrooms are those where teachers are in control and where there no distractions as students don't have the luxury of surfing the net, figuring out what to do on the weekend or updating their social networking sites. Children are bullied on technology devices such as phones and social media sites and includes being left out of groups or conversations, being called names or having mean things said about them, having lies or rumors spread about them, receiving repeated unwanted messages, being sent inappropriate content, and receiving violent threats. It is quite reasonable that they should be banned. There is so much research now about the negative impacts of social media on young people's development that I think we need to put a stop to it. . adults supported a ban, with the

majority calling on schools to introduce guidelines to tackle the growing problem of online abuse. Technology curfew could discourage children from spending an unhealthy amount of time on electronic devices.

In study student performance in exams significantly increases post mobile phone ban. UK one successful example in the UK a Arts College , which reported soaring academic results following such a ban on Smart phones. Schools that ban students from carrying phones see a clear improvement in their test scores, according to a study by the London School of Economics.

Stop Abuses by Social Media Data broker companies are collect and aggregate consumer information from a wide range of sources to create detailed profiles of individuals. by gathering data on people without their proper consent. includes tracking visitors to websites with an embedded apps. Problematic is the collection of data in places and moments where the user can't realistically expect that data is collected. This data to be used is no longer voluntary. Data Brokers sell or share your personal information with others. Industry that collects, analyzes and sells the personal information of millions of Americans with virtually no oversight. religion, ethnicity, political affiliations, user names, income, and family medical history. clubs you may be frequenting what bars and restaurants you're making purchases at, what other products you may be buying online.

Public Comment #2

Name: jean publieee

this survey is nothing but fakery. the fact is the usda allows polluted poisonous chemicals to be used on our plants and they are poisoning peoples brains, guts, and entire bodies. your survey doesnt get to the truth. it is noting but a whitewash.
there are people dying from endless massive pollution of chemicals all over america. and then we are taxed to the hilt for this fake survey. lets just shut down the survey because it is nothing but a lie. you dont want the truth is what is going on here
you want to whitewash the ge manipulated food that should have had a 30 year research but is instead being pushed on the people of this country when other countries ban it entirely because they have concerns about the health of the food.
this survey is meaningless. it is wasteful because it is nothign but publishing a lie. shut down the waste of taxpayer dolalrs for this whitewash operation that does not truly examine why people are so sick in america right now. the nutrition is ge
manipulated instead of clean earth producing vegetables. the animals are being subjected to years of abuse so their stress levels are high and they are fed pure crap. there is no reason that cattle are fed corn when they shoud be ouit in fields.
the pigs, chickens, turkeys all chemically treated and those chemicals go into human bodies. our kids have 283 toxic chemicals in their bodies at 8 years old. so why are you telling us nutrtin is ok. pure lies. shut down lying surveys no

Public Comment #3

Name: Tran Khuu

I believe that the National Health and Nutrition Examination Survey 2018-10066 will be able to produce positive results, which significantly impact our nation positively if done in good faith. This is because, the survey will generate descriptive statistics, measure nutrition and health status of the public. Such results are not only significant in knowing the health status of our nation but will also give us a chance to appraise various nutrition and health promotion policies we have put in place. It will also provide additional information, which might shed some light on existing gaps. This will lead to the formation of other policies or promotion of initiatives, which seek to close the gap that currently exists. Thus, this survey is necessary factoring the rise of healthcare expenditure on preventable cases. Furthermore, it aligns with the goal of CDC, which is to promote healthy behaviors using a prevention approach.

Nonetheless, to ensure that this information reflects the actual population there is a need to consider the underserved communities. While random surveys are great, sometimes they do not give exact results. Some states might have a high prevalence of health and nutrition issues. However, from a national perspective, the problem might appear insignificant. Thus, CDC needs to consider doing state by state survey and then deduce national values from that. It will be easy to identify individual states that require immediate attention or implementation of various policies.

Also, the burden of data collection can be reduced. While the burden for collection might not be so much for children due to lack of bulk medical history, the one for the adult might be. However, it can be reduced by structuring the questionnaire in a way that it utilizes friendly language that can easily be understood by a layperson. Medical terminologies should scarcely be used because seeking clarification might make the survey time-consuming. Furthermore, if it is possible to group some issues into a single question, that will be better. This will make the survey to be respondent-friendly. If possible, CDC should try collecting data via emails to reduce cost and inconvenience associated with the direct in-person survey. The emails should be sent in a way that they encourage possible feedback and not neglect.

Moreover, cost should also be factored to avoid making the survey expensive compared to the returns, which will be obtained from the findings. If it is possible interns should be employed to collect some of the simple information under supervision instead of using very qualified personnel who will require huge perks to perform simple tasks, which can be performed by even people with basic knowledge in nursing. I believe my comment will be helpful in one way or another. Thank you

Public Comment #4

Name: Nicholas Ralston
Address: 58202
Email: nick.ralston@und.edu

The planned NHANES 2018-10066 program will provide valuable information for assessing the nation's health and I commend the program designers for their planned project.

Since mercury-dependent risks are now known to depend upon the relationship between tissue selenium concentrations, it is essential to add selenium assessments to this project. Early assumptions regarding mercury's biochemical mechanisms of toxicity have proven to be erroneous. Now that the actual mechanisms are understood (See the references indicated below and the articles and reviews referenced therein), it is increasingly well recognized that it is impossible to properly evaluate mercury risks based on blood mercury concentrations without concurrent assessment of blood selenium contents.

For reviews of current understanding of the mercury issue, see:

https://doi.org/10.1016/j.bbagen.2018.05.009
and
http://dx.doi.org/10.1080/15563650.2017.1400555

Since selenium is the most potent intracellular nucleophile, first principles predict it would be vulnerability to a number of metallic and organic electrophiles, including several of the most noxious neurotoxicants. Over the past 50 years, and particularly in past decade, the advances in understanding of the biochemical mechanisms of mercury toxicity have become increasingly well understood. Evidence from research institutions around the world now demonstrate that maternal mercury exposures from foods with negative Health Benefit Values (HBV's- the only criterion which differentiates beneficial from harmful seafoods) are associated with adverse outcomes in their children. For example, the HBV of the pilot whale meats that were consumed in the Faroe Islands was extremely negative (-80), and increasing exposure to mercury from this high mercury, low selenium seafood was associated with increasing harm to their children. Meanwhile, increasing consumption of selenium rich ocean fish (with positive HBV's) was associated with protection against the adverse effects of mercury exposures from pilot whale consumption. Although the Faroes study was well performed, it is clear that advisories regarding the potential effects of maternal mercury exposures from ocean fish consumption should not be based on a study where nearly 85% of the total mercury exposures actually arose from eating pilot whales (muscle, blubber, and organ meats).

The increasingly large, well designed, and most appropriate epidemiological studies (e.g., United Kingdom, Seychelles, Spain) are consistently finding that increasing consumption of ocean fish during pregnancy is associated with improved IQ's in their children. At the 2015 meeting of scientist and representatives from FDA, EPA, NOAA, and European health agencies, the consensus opinion was that ocean fish consumption is associated with 4-6 IQ points of benefit.

However, it is now clear that the greatest risks associated with mercury exposures are likely to arise in populations with poor dietary selenium intakes. These include subsistence consumers of freshwater fish from selenium poor regions of the world. Therefore, establishing baseline mercury and selenium values in a North American population (whose dietary selenium intakes tend to be quite rich) will be a particularly informative index for comparison with findings of epidemiological studies which are planned for assessing at-risk populations in selenium poor regions, particularly those living in areas where the local inputs of mercury pollution are substantial.

Because elemental mercury and methylmercury have the greatest ability to cross placental and blood brain barriers, their neurotoxic risks are the greatest, particularly during fetal development.

Therefore, assessing mercury and selenium in the coming NHANES assessments will establish a highly valuable index for assessing risks among highly exposed populations. Because the subsistence consumers of freshwater fish in certain selenium-poor regions of North America, South America, Asia, and Africa are likely to be at far greater risk from their mercury exposures, the NHANES data will provide a highly reliable index for comparing the effects of mercury exposures on adult health and particularly neurodevelopmental outcomes among children exposed in utero among these vulnerable populations.

There are rapid and relatively inexpensive approaches for assessing selenium which can be applied to enable the necessary assessments to be performed. Please feel free to contact me for assistance in this regard.

Sincerely,

Dr. Nicholas Ralston
University of North Dakota.

Attachment 1: Ralston and Raymond BBA General Topics
https://doi.org/10.1016/j.bbagen.2018.05.009

Attachment 2: Spiller clin tox 2017 Rethinking mercury the role of selenium in the pathophysiology of mercury toxicity (002) http://dx.doi.org/10.1080/15563650.2017.1400555

Program Response to Comment #4

Dear Dr. Ralston,

Thank you for your thoughtful letter concerning selenium measurement in NHANES in order to better assess risks associated with mercury blood concentrations. NHANES has actually been doing selenium assessments in blood since 2011, collecting selenium in serum from 2011-2016. Measures of selenium in serum have not been in the survey since 2016; however, we are planning to continue its collection in NHANES 2019-2020.

Sincerely,

The NHANES Investigative Team
The National Center for Health Statistics

Public Comment #5

Name: Allison Ivie
Organization: STRIPED

Please accept the attached comments on behalf of the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED). Thank you for the opportunity to provide public comment.

S. Bryn Austin, Sc.D.
Professor Boston Children's Hospital
Division of Adolescent/Young Adult Medicine
333 Longwood Avenue, Boston, MA 02115
phone 617-355-8194 | fax 617-730-0185
bryn.austin@childrens.harvard.edu

July 10, 2018

Leroy A. Richardson, Chief Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS—D74
Atlanta, Georgia 30329

Submitted electronically to: Regulations.gov

RE: Harvard T. H. Chan School of Public Health, Strategic Training Initiative for the Prevention of Eating Disorders—Centers for Disease Control and Prevention [60Day–18–0950; Docket No. CDC–2018– 0040] OMB Control Number 0920-0950

Dear Mr. Richardson:

On behalf of the Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED), we are writing to applaud the Centers for Disease Control and Prevention (CDC) on its continued work to implement and improve the National Health and Nutrition Examination Survey (NHANES) as authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). Below you will find Harvard STRIPED's public comments related to the Federal Register notice.

The Strategic Training Initiative for the Prevention of Eating Disorders is a public health incubator based at the Harvard T.H. Chan School of Public Health and Boston Children's Hospital with the goal of facilitating collaboration between the top experts in various fields such as public health, medicine, policy, and economics to produce the most innovative research and preventative solutions related to eating disorders. Substantial advances in our capacity to prevent eating disorders and dangerous weight and shape control behaviors will require concerted effort to integrate eating disorders prevention into the curricula of the nation's training programs. Our mission is to bring eating disorders prevention into the mainstream of training for public health and adolescent preventive medicine. We are dedicated to training the next generation of health professionals to harness the power of public health to prevent eating disorders and related problems with food, weight, and appearance.

I. Background

NHANES has been a major source of national health data over the last 20 years and continues to ask questions related to various illnesses and health concerns, such as physical activity/functioning, obesity, nutrition, and more. We commend you for your sophisticated and rigorous approach combining interviews, physical examinations, and laboratory tests in collecting important health data to detect, track,

assess, and identify public health issues. These types of data allow programs such as ours to best coordinate prevention efforts for at-risk populations.

Currently, the CDC national surveillance systems have limited supplementary surveys with questions on disordered eating behaviors and no mandatory data collection on the signs and symptoms of eating disorders in children or adults. While we commend the CDC for doing some data collection within NHANES on a few disordered eating behaviors within optional sub-surveys, unfortunately we are missing comprehensive data collection on eating disorders within all CDC surveillancesystems.

I. Recommendation to Enhance the Quality and Utility of NHANES Data Collection to Include Items Assessing Signs and Symptoms of the Common and Serious Mental Illness of Eating Disorders in 2021-2022 NHANES Questionnaire

Our nation needs prevention strategies on a large scale to reach the millions of Americans at risk, and high quality, nationally representative data will be essential to inform these efforts. We applaud the CDC's continued data collection effort under NHANES and support the two-year cycle sampling strategy to increase participant recruitment. As a way to enhance the quality and utility of the information collected each cycle, we encourage the CDC and NHANES staff, to include questions on the signs and symptoms of the serious and common mental illness of eating disorders in subsequent survey cycles. Including such questions would be in line with the statutory authority of Section 306 of the Public Health Service Act (42 U.S.C.) by collecting data on the extent, nature, and determinants of common and acute illnesses. Eating disorders are acute and common illnesses: Approximately every hour in the U.S. someone loses their life from an eating disorder[1].

A. Eating Disorders Are Common, Serious Mental Illnesses Co-Occurring with Medical Complications, Substance Use Disorder, and Obesity

Eating disorders are a very serious mental health illness, having the highest mortality rate of any psychiatric illness[2]. Over 30 million Americans experience a clinically significant eating disorder during their lifetime, affecting individuals of all ages, races, genders, ethnicities, socioeconomic backgrounds, body sizes, and sexual orientations[3]. While eating disorders can be successfully treated with interventions at the appropriate durations and levels-of-care, only one-third of those with eating disorders receive any medical, psychiatric, and/or therapeutic care[4]. Eating disorders, including the specific disorders of anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder, and other specified feeding or eating disorders, are complex, biologically based illnesses with a strong genetic component and psychosocial influences[5].

In addition to the psychological aspects of eating disorders, a high number of medical complications also co-occur in people affected by eating disorders. Eating disorders are associated with a range of medical complications, including the cardiovascular, gastrointestinal, musculoskeletal, dermatologic, endocrine,

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[1] The Eating Disorders Coalition for Research, Policy & Action thanks Scott J. Crow, MD, and Sonja Swanson, PhD, for their diligence and dedication in researching and compiling these latest statistics on the mortality rate. September 25, 2014.

[2] Arcelus, J., Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. Archives of General Psychiatry, 68(7), 724-731.

[3] Eating Disorders Coalition. (2016). Facts about eating disorders: What the research shows. URL: http://eatingdisorderscoalition.org.s208556.gridserver.com/couch/uploads/file/fact-sheet_2016.pdf

[4] Smink, F. E., van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports,*14(4), 406-414.

[5] Eating Disorders Coalition. (2016). Facts about eating disorders: What the research shows. URL: http://eatingdisorderscoalition.org.s208556.gridserver.com/couch/uploads/file/fact-sheet_2016.pdf

hematological, reproductive, and neurological systems[6,7]. Severe complications can emerge at any time during the course of illness and can delay/prevent healthy childhood and adolescent development. Additionally, given the notice of public comment stating the importance of studying chemical dependency, it is worth noting that half of the individuals with eating disorders have co-occurring substance use disorder[8]. Further, approximately 35% of individuals who abuse alcohol or drugs have also had an eating disorder, a rate 11 times greater than the general population[9].

One of the biggest misconceptions is that eating disorders are rare and occur only in underweight individuals, often preventing early detection and diagnosis among individuals who are overweight or obese. Although weight loss and very low body mass index is a defining criteria of anorexia nervosa, they are the exception and not the rule for eating disorders more broadly, with less than 1% of the population experiencing anorexia nervosa. On the contrary, individuals with bulimia nervosa and binge-eating disorder can be average weight, overweight, or obese[10]. For example, nearly 5% of the population (16 million people) are affected by clinical or subclinical binge-eating disorder, and 81% of individuals with binge- eating disorder are overweight or obese[11].

B. Including Questions on Eating Disorder Signs and Symptoms Falls Within the Statutory Scope of NHANES and Would Directly Benefit Researchers Across the Nation

The notice for public comment was to (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; and (2) Enhance the quality, utility, and clarity of the information to be collected. It is incumbent upon NHANES to begin data collection on the psychiatric illness with the highest mortality rate, eating disorders.

The NHANES program was designed under the National Center for Health Statistics to determine the prevalence of major diseases and risk factors for diseases in an effort for researchers to monitor the progress towards national health objectives, evaluate health policies and programs, and track changes in health behaviors and health care use. The lack of data collection as it relates to eating disorders continues to leave health care professionals, researchers, and government and state health agencies in the dark.

While NHANES currently collects information relating to nutrition, wellness, and physical activity, there are no questions that directly consider eating disorder risk factors. We applaud NHANES for including questions regarding dietary and nutritional supplements in their past *Dietary Supplements and Prescription Medication Questionnaire, 2015/2016.* In particular, it has been productive to collect information on the frequency of dietary supplement usage among questionnaire participants and their reasons for using such supplements. However, to enhance the quality, utility, and clarity of the information collected, it is necessary for NHANES to ask questions that more specifically gauge disordered eating behaviors which are listed below.

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[6] Westmoreland, P., Krantz, M. J., & Mehler, P. S. (2016). Medical complications of anorexia nervosa and bulimia. Am J Med, 129(1), 30–37.

[7] Thornton, L. M., Watson, H. J., Jangmo, A., Welch, E., Wiklund, C., von Hausswolff-Juhlin, Y., Norring C., Herman BK, Larsson H., Bulik, C. M. (2017). Binge-eating disorder in the Swedish national registers: Somatic comorbidity. Int J Eat Disord, 50(1), 58-65.

[8] National Center on Addiction and Substance Abuse at Columbia University. (2003). Food for thought: Substance abuse and eating disorders http://www.centeronaddiction.org/addiction-research/reports/food-thought-substance-abuse-and-eating-disorders

[9] National Center on Addiction and Substance Abuse at Columbia University. (2003). Food for thought: Substance abuse and eating disorders http://www.centeronaddiction.org/addiction-research/reports/food-thought-substance-abuse-and-eating-disorders

[10] Duncan, A. E., Ziobrowski, H. N., & Nicol, G. (2017). The prevalence of past 12-month and lifetime DSM-IV eating disorders by BMI category in US men and women. Eur Eat Disord Rev, 25(3), 165-171.

[11] Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication. Biological Psychiatry, 61(3), 348–358.

C. Recommendations for Signs and Symptoms Questions for Eating Disorders

In addition to the questions related to dietary supplement use, we recommend that survey items be added to the NHANES questionnaire that were used on the Youth Risk Behavioral Surveillance System questionnaires for survey cycles up until 2015. In addition, we recommend NHANES incorporate items that are used on the questionnaires for Project EAT and Growing Up Today Study, both major U.S. prospective cohort studies funded by the National Institutes of Health. The items we recommend are:

1. "How would you describe your weight?" [Response options: Very underweight; Slightly underweight; About the right weight; Slightly overweight; Very overweight]

2. "What are you trying to do about your weight?" [Response options: Lose; Gain; Stay the same; I'm not trying to do anything about my weight]

3. "During the **past 30 days**, did you go without eating for 24 hours or more (also called fasting) in order to lose weight or to keep from gaining weight?" [Yes/No]

4. "During the **past 30 days**, did you take any diet pills, powders or liquids without a doctor's advice to lose weight or to keep from gaining weight (do not count meal replacements such as Slim Fast)?" [Yes/No]

5. "During the **past 30 days**, did you vomit to lose weight or keep from gaining weight?" [Yes/No]

6. "During the **past 30 days**, did you take laxatives to lose weight or keep from gaining weight?" [Yes/No]

7. "During the **past 30 days**, did you take diuretics (sometimes called water pills) to lose weight or keep from gaining weight?" [Yes/No]

8. "Sometimes people will go on an 'eating binge,' when they eat an amount of food that most people would consider to be very large, in a short period of time. In the **past 30 days**, how often did you go on an eating binge? [Never; 1-3 times; Once a week; More than once a week]

   IF RESPONSE MORE THAN NEVER: "Did you feel out of control, like you could not stop eating even if you wanted to stop? [Yes/No]

We thank the CDC for the opportunity to provide feedback and recommendations regarding the National Health and Nutrition Examination Survey. The survey serves as a critical public health tool, and we look forward to working together to continue improving upon the data collection to inform prevention strategies that will have a positive impact on the health of all Americans.

Sincerely,

S. Bryn Austin, ScD
Professor, Harvard T.H. Chan School of Public Health, Harvard Medical School, Boston Children's Hospital
Director, Strategic Training Initiative for the Prevention of Eating Disorders

Program Response to Comment #5

Dear Professor Austin,

Thank you for your thoughtful letter concerning your proposed inclusion of questions to assess signs and symptoms of the common and serious mental illness of eating disorders in NHANES. The proposal process for NHANES 2021-22 has not yet begun. However, we have added your letter to our folder of items to consider for future NHANES planning. We will send an announcement out to the NHANES listserv when the 2021-22 proposal guidelines are available online. (If you are not already a member of the NHANES listserv, here is the link to join https://www.cdc.gov/nchs/nhanes/nhanes_listserv.htm).

Once the NHANES 2021-22 proposal guidelines go live, you will find them on the following page https://www.cdc.gov/nchs/nhanes/proposal_guidelines.htm.
We would be happy to communicate with you more on this matter, once we are in the NHANES 2021-22 proposal season. Thank you again for your interest in NHANES.

Sincerely,

The NHANES Investigative Team
The National Center for Health Statistics