Present

Working Group Members
- Michelle Bosquet Enlow, Chair
- Melissa Parisi
- Margaret Sheridan
- Anne-Marie Stroustrup

Steering Committee Liaison
- Roz Wright

RTI Staff
- Jennifer Beverly
- Lisa Cox
- Carol Hamilton
- Tabitha Hendershot
- Debbie Maiese
- Liz Stuhr - Notetaker

Goals of call:
Dr. Michelle Bosquet Enlow, Chair reviewed the goals of the call. These include:
- Review the scope of the Pediatric Development Domain
- Final list of elements – edit current list
- All elements assigned to someone to present on Nov 19th
- How to do research, how to use PhenX site and other resources
- Discuss logistics for meeting in November

Discussion of Domain Scope
- Feedback about how research is going so far
  - Melissa Parisi said that she and Sharon Sagiv spent time clarifying the PhenX terminology. Carol Hamilton commented that the scope is carved out by the PhenX Steering Committee with elements. There can be more than one measure for an element. Some elements are already covered by measures in the Toolkit. Elements are constructs.
  - Coverage of items under exposure and childhood environment
    - Roz agreed to help cover the Environmental Exposure (EE) elements. Since she served on the Pregnancy WG, she will review the measures in that domain and make additional recommendations. She will loop in Sharon.
  - Feedback from Dr. Mariella Shirley from NIAAA
    - She asked the WG to consider fetal alcohol syndrome (FAS/FASD).
Dr. Parisi said that craniofacial and behavioral assessments can be done for alcohol exposures. Dr. Sheridan agreed that other than facial measurement, this would be covered in behavior and cognitive assessments. Dr. Bosquet said that we often use opioid scale as a basis to measure for other substances, nothing specific to alcohol exposure other than facial measurements. Dr. Stroustrup noted that oftentimes there is poly-substance exposure.

Dr. Bosquet noted that alcohol use does start at a young age. She assumed that this and nicotine use are covered in the Toolkit.

- Tracker
  - Lisa reviewed an Excel spreadsheet that crosswalks ECHO and PhenX protocols. Tabs in the spreadsheet were created for each WG member. The assigned elements show whether there are ECHO protocols and PhenX measures.

- Age range: Lisa said that Dr. Chung asked about the age ranges. Dr. Wright said that the goal is to have a continuum—early childhood; middle childhood to adolescence. Dr. Hamilton said that for a single measure there can be contextual protocols based on age. Fetal is included in this WG. It is the full spectrum of the life course, including prenatal exposures. Dr. Wright suggested that this WG look at what Pregnancy WG did. Their publication describes their process and decisions about their choices of measurement protocols. We don’t want to have overlap with that domain.

WG members are encouraged to bring forth ideas and recommendations to the Nov. meeting. These recommendations can be used to prioritize the final measures.

- **Action:** RTI staff will send the publication from the Pregnancy WG
- **Action:** RTI staff: will date the materials that are being distributed to identify what are the newest versions.

- Example of research experience on for scope element
  - Dr. Bosquet provided an example of how she approached the element, Caregiver mental health:
    - Went to PhenX website and reviewed everything in the Psychiatric research domain.
    - Made list of all measures already in the Toolkit. The Edinburgh Scale is there.
    - Searched for measures that don’t exist in Toolkit to see if there are measures to recommend adding, e.g., pregnancy anxiety.
    - Searched websites for large-scale studies related to element to see what they are using, e.g. The Avon Longitudinal Study. Found measures of parenting stress and trauma exposure.
    - Dr. Wright agreed that caregiving is a gap in the Toolkit.

  - Dr. Parisi said it was difficult to find measures on PhenX website.
    - If you don’t find it under domain you think, then use the Search tool.
    - Still working on the PhenX website
    - As Toolkit has grown, there is more overlap over domains so easiest way to search across domains is the Search tool
Possibly add guidance at the top of website to clarify best way to search because the historical organization can be confusing for newcomers.
- Name of a measure is also very important in the Search tool.

- Review of existing elements
  - Elements to add
    - Caregiving quality
    - Prenatal
    - For child behavior: measuring positive behavior since we tend to measure negative behavior more
    - Academic achievement
    - Peer relationships
    - Resilience
    - Child lifestyle has many sub-elements, so add Diet, Sleep, Physical activity as stand-alone elements
      - For diet – look at what ECHO has
      - For sleep – look at what ECHO has
    - Eating behavior
      - Measures exist in the Toolkit for eating disorders
  - Coverage
    - **Action:** Lisa will email Richard Chung about academic and social element coverage
  - Prioritizing
    - Currently at ~30 elements, keep in mind how we want to prioritize because want around 15 in the final toolkit
    - If measure currently exists but has no pediatric protocol, can add pediatric protocol without adding to the 15 measure quota.

- Ultimately need 2 lists:
  - Existing protocols in the Toolkit, or existing measures that need pediatric protocols
  - New measures we end up proposing

**Guidance on Presentations at In-person Meeting**

- When possible, clarify if you’re recommending new measure or adding a protocol to an existing measure
- Important that presenter knows where to find and obtain the original protocol/data collection instrument which they recommend