



## **SUMMARY OF RESPONSES TO REQUEST FOR INFORMATION ON ENHANCING THE SCIENCE OF THE ECHO PROGRAM**

### **Background**

The Environmental influences on Child Health Outcomes (ECHO) Program Office released a Request for information (RFI) on April 22, 2021 titled “Request for information on enhancing the science for the Environmental influences on Child Health Outcomes program” under notice number NOT-OD-21-108 and extended under notice number NOT-OD-21-129. The purpose of the RFI was to gather input from stakeholders throughout the extramural scientific community and general public regarding the enhancement of ECHO science. The RFI closed on June 08, 2021 after being open for 47 days. During the open period, ECHO received a total of 23 comments. The following report summarizes key information provided from the responses about how ECHO could enhance its science.

### **Respondent Geographic Representation and Affiliation**

Of the 23 respondents, 21 self-identified as representing institutions located in 13 different U.S. states and Canada. NIH staff in ECHO identified eighteen of these institutions as universities or university hospitals and identified two as research hospitals not affiliated with a university. Two respondents self-identified as private citizens and one respondent self-identified as representing a private research business. As of the RFI close date, ECHO had funded fifteen of the 23 respondents to the RFI, with the respondents representing 11 ECHO awards. Eight respondents have not received funds from the ECHO program.

### **Themes Among RFI Responses**

The ECHO Program Office reviewed all responses to the RFI. For the purposes of reporting, the office has summarized below some key themes that emerged when more than one respondent provided similar suggestions for the office to consider. Program Office staff found seven themes among respondent comments.

#### **1. Importance of ECHO**

Most respondents either directly or indirectly emphasized support for the ECHO program and the need for a nationwide program devoted solely to research to enhance children’s health.

## **2. Study of Fathers**

Five respondents suggested that ECHO consider examining the broad range of influences that fathers have on child health outcomes.

## **3. Reducing Burden on Participants and Staff**

Eleven respondents commented on approaches that ECHO could consider implementing to reduce burden on participants and staff. Two respondents suggested that ECHO consider requiring all study sites to follow a similar participant visit schedule. Three respondents suggested that ECHO consider reducing the number of data elements in the ECHO-wide Cohort Data Collection Protocol that ECHO requires study sites to collect.

## **4. Recruitment and Retention of Diverse Study Populations**

Eleven respondents commented on potential engagement strategies to enhance recruitment and retention of diverse study populations. Recommendations included that ECHO prioritize inclusion of principal investigators who are from the communities ECHO hopes to recruit from; reduce burden of the ECHO-wide Cohort Data Collection Protocol; provide study materials for participants at accessible literacy levels and in all necessary translations; and consider implementing a more community-engaged approach.

## **5. Promoting Diversity of the Scientific Workforce Related to Child Health**

Five respondents commented on ways ECHO could promote diversity of the scientific workforce related to child health. Three respondents suggested that ECHO consider taking steps to diversify its scientific leadership and three suggested that ECHO continue offering supplements to enhance diversity of the scientific workforce.

## **6. Expanding ECHO's Focus to Include the Preconception Period**

Ten respondents commented on whether ECHO should expand its scientific focus to include study of the preconception period. Seven respondents supported ECHO expanding its focus to include preconception due to knowledge gap surrounding the influences that preconception exposures can have on child health outcomes. Three respondents, while acknowledging the knowledge gap surrounding the study of preconception exposures, recommended that ECHO not expand its focus to include preconception due to infeasibility and potential risk to current progress made by the program.

## **7. Preconception Recruitment During the Interpregnancy Period**

Four respondents suggested that, if ECHO pursues expanding its focus to include preconception exposures, then it should consider recruiting participants after a first or recent pregnancy when the probability of becoming pregnant is highest.