EDITORIAL

INTEGRATING CROSS-SECTIONAL ANALYSES IN COHORT STUDIES: A METHODOLOGICAL ADVANTAGE IN POPULATION HEALTH RESEARCH Munawar Hussain Soomro,^{1,2} Salma Memon,^{1,2}

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Robust study designs that can fully capture the relationships between exposures, risk factors and health outcomes are frequently used in population health research.¹ Among the various research approaches and strategies available, cohort studies follow groups over time and are considered as gold standard to determine the temporal associations and assess the risk factors for the disease.^{1, 2} However. integrating cross-sectional study analyses within the cohort study can offer a significant methodological benefit which can improve both the depth and breadth of the results.³ The cross-sectional studies, which are observational studies that collect data from a population at a single time point and at the same time measure the exposures and outcomes.⁴ Cross-sectional studies can effectively reveal relationships and prevalence rates and offer insights into population burdens of disease, however unable to infer causality.² By using this approach, the researchers can benefit from the advantages of both the cross-sectional and longitudinal approaches by employing this strategy, which ultimately improve our understanding of the dynamics of population health.³

The cross-sectional studies are useful because they look at data at a single point in time and can provide quick insights into how exposures and outcomes relate to one another at certain developmental stages or under particular environmental conditions.⁴ It is highly beneficial for large-scale cohort studies that collect extensive data on a regular basis.⁵ The integration of crosssectional analyses within the cohort studies offers several advantages e.g.,^{3,4}

Timely Insights: The researchers and policymakers can address urgent and critical health issues without waiting for the complete longitudinal data to mature, since cross-sectional snapshots offer quick assessments of the population's health state. **Exploration of Hypotheses:** Preliminary findings from the cross-sectional data can inform future longitudinal hypotheses and can guide for more targeted and focused investigations.

Subgroup Analysis: The analyses can facilitate to explore or examine the specific subgroups by age, gender, geographical location and allow researchers to uncover health disparities in the population.

Cost-Effectiveness: From financial perspectives, cross-sectional studies within the cohort studies are cost-effective, resource-efficient, particularly when longitudinal follow-up is ongoing but incomplete and therefore it can provide a way to extract valuable information without additional data collection efforts and costs.

Data Validation: Findings of the cross-sectional study can help to validate and ensure the consistency and reliability of observed associations, which can support longitudinal trends.

Ethical and Privacy Concerns: Repeated data collection for cross-sectional studies can raise issues around consent and data security, however studies within cohort studies do not require separate ethical clearance and consents.

Even though there are several advantages to incorporate cross-sectional analyses into cohort designs, however the researchers should be careful to identify and tackle several methodological obstacles to ensure the validity of the findings, it is essential to control for confounding variables.^{6, 7} The participants who remain in the cohort at a certain point in time may differ from those, who lost to follow-up. This survivor bias can affect the cross-sectional estimates if not handled properly.⁸ Due to the limitations of cross-sectional study design, it is not possible to determine the chronological order of the exposure and results, in contrast to longitudinal analysis. Therefore, interpretations of the results should be done with caution, particularly when drawing conclusions.

These significant advantages can be seen in various domains of population health research such as environmental health, maternal and child health, or in mental health studies. Further, the integration is greatly enhanced by data science tools and techniques. Machine learning approaches i.e., Least Absolute Shrinkage and Selection Operator (LASSO) regression, Bayesian Kernel Machine Regression (BKMR) regression and random forests allow researchers to identify key predictors in highdimensional datasets.9, 10 Additionally, visualization techniques can highlight trends and associations that might be missed using traditional methods. Multilevel modeling and generalized estimating equations can account for clustering and repeated measures, improving the robustness of crossinferences sectional within longitudinal frameworks.¹¹ Bayesian approaches also offer flexible modeling of uncertainty and prior knowledge, making them suitable for mixedmethod designs.12

In conclusion, the integration of cross-sectional study within cohort study is methodologically sound approach which improves the usefulness, effectiveness, and responsiveness of population health research. Relying on the strengths of both study designs can help researchers to get in-depth understanding of health dynamics and can support timely public health interventions. To produce practical, evidence-based insights that can enhance health outcomes and lessen disparities among the populations, hybrid analytical approaches will continue to be crucial as population health concerns continue to change.

REFERENCES

1. Chidambaram AG, Josephson M. Clinical research study designs: The essentials. Pediatr Investig. Dec 2019;3(4):245-252.

2. Capili B, Anastasi JK. Cohort Studies. Am J Nurs. Dec 1 2021;121(12):45-48.

3. Hudson JI, Pope HG, Jr., Glynn RJ. The crosssectional cohort study: an underutilized design. Epidemiology. May 2005;16(3):355-359.

4. Wang X, Cheng Z. Cross-Sectional Studies: Strengths, Weaknesses, and Recommendations. Chest. Jul 2020;158(1S):S65-S71.

5. Andrade C. Research Design: Cohort Studies. Indian J Psychol Med. Mar 2022;44(2):189-191.

6. Pourhoseingholi MA, Baghestani AR, Vahedi M. How to control confounding effects by statistical analysis. Gastroenterol Hepatol Bed Bench. Spring 2012;5(2):79-83. 7. Skelly AC, Dettori JR, Brodt ED. Assessing bias: the importance of considering confounding. Evid Based Spine Care J. Feb 2012;3(1):9-12.

8. Howe CJ, Robinson WR. Survival-related Selection Bias in Studies of Racial Health Disparities: The Importance of the Target Population and Study Design. Epidemiology. Jul 2018;29(4):521-524.

9. Sarker IH. Machine Learning: Algorithms, Real-World Applications and Research Directions. SN Comput Sci. 2021;2(3):160.

10. Bobb JF, Claus Henn B, Valeri L, Coull BA. Statistical software for analyzing the health effects of multiple concurrent exposures via Bayesian kernel machine regression. Environ Health. Aug 20 2018;17(1):67.

11. Austin PC, Kapral MK, Vyas MV, Fang J, Yu AYX. Using Multilevel Models and Generalized Estimating Equation Models to Account for Clustering in Neurology Clinical Research. Neurology. Nov 12 2024;103(9):e209947.

12. Kliethermes S, Oleson J. A Bayesian approach to functional mixed-effects modeling for longitudinal data with binomial outcomes. Stat Med. Aug 15 2014;33(18):3130-3146.