

NSFG meeting with CDC funding agencies  
Atlanta, GA  
November 15-17, 2010

Drs. Joyce Abma, Anjani Chandra, Gladys Martinez, and Bill Mosher went to Atlanta to meet with representatives of the Atlanta-based NSFG funding agencies on November 15-17, 2010. Bill (and Joyce by phone) also met with the Procurement and Grants office to discuss the NSFG contract.

**A general theme of this visit**

For these Atlanta agencies, their support of the NSFG is intended to provide a dataset that can allow them to do research with the survey. This research yields insights into the nature and extent of the issues their programs deal with, and shows the importance, and sometimes the impact, of their programs, and it can help them make decisions about how to fine-tune their programs. They support the survey because they cannot obtain the information anywhere else. They publish nearly all of this research in prominent health journals, so the results are widely disseminated to professionals who deal with these issues.

**Monday, November 15:**

**CDC presentation.**

Joyce, Anjani, and Gladys gave a talk on the NSFG on Monday to an audience of about 50 people. Most of the audience was from several divisions in CDC: the Division of Reproductive Health (DRH), Division of Sexually Transmitted Disease Prevention (DSTDP), Division of HIV AIDS Prevention (DHAP), Division of Cancer Prevention and Control (DCPC), and Division of Birth Defects and Developmental Disabilities (DBDDD). We talked for about 80 minutes. There were several questions about what the survey contained and when the new data files would be released.

**Division of Reproductive Health (DRH)**

At 2:30pm met with Charlan Kroelinger, Danielle Barradas, and Mary Dabo Brantley. Charlan is team leader of the MCH EPI team in DRH. They place epidemiologists in states and provide technical assistance as needed to the state & local MCH departments. Their group is interested in fetal loss rates, using our contextual data plus adding their own state level data and data at the block group level. They are interested in (among other things) in distance traveled to level 3 obstetrics centers. We do have the block level identifier so they can add their own data at this level.

At 3:00pm met with Lee Warner & John Anderson. They are interested in male sexual and reproductive health, and Lee Warner was instrumental in organizing the Sept 13 experts meeting on this subject in DRH. They are in the process of writing up their report and will include recommendations for the NSFG. Lee and John were especially interested in the possibility of expanding the age range for both men and women.

John Anderson is doing an NSFG-based analysis of the choice of male vs female sterilization among married men and women. This is a continuation of an ASRM poster and journal article he did on vasectomy prevalence based on the NSFG.

At 3:30pm met with Xin Xu, Scott Grosse, Susan Hillis, and Maura Whiteman. Scott and Xin are health economists; Susan & Maura are epidemiologists. They want to focus one of their research projects on one of Dr. Frieden's "6 winnable battles" for CDC (teen pregnancy). Their plan is to do a cost-effectiveness analysis of the prevention of closely spaced, repeat pregnancies among teens (but not limited to teens – young adult women as well)—by looking at postpartum use of IUD's and implants (long-acting reversible contraception – LARC). They are also looking at use of Medicaid payments for these contraceptive methods in light of the possible linkage between Medicaid eligibility changes (and budget cuts) and higher rates of unintended pregnancies among teens and young women. We were able to confirm for them that the NSFG could supply information on postpartum LARC use via the method calendar.

**Tuesday, November 16:**

**Division of Cancer Prevention and Control (DCPC)**

On Tuesday at 9 am, we met with Mona Saraiya, Katrina Trivers, Mary White, and Vicky Benard of the Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control. Katrina Trivers is interested in the Questions on the Personal History of cancer. She's on the CDC Infertility Working Group (Anjani is also in that group), and is working in the special workgroup on fertility preservation for persons with cancer and other chronic conditions (Anjani is in the surveillance working group). The Applied Research Branch of DCPC has a congressional mandate on breast cancer screening in young women, which was part of the Affordable Care Act. BRFSS and NHIS collect information on screening among women 40 and older, but not younger women, and they don't have the in-depth information on women's reproductive history that the NSFG does, so this is their primary reason for having these items added to the NSFG.

Mona Saraiya is interested in cervical cancer screening. The US Preventive Services Task Force is in the process of changing their recommendations about cervical cancer screening in young women. They may recommend HPV screening first and then cervical cancer screening later. ACOG has issued contradictory guidelines over the years, due to the concern that early notification of abnormalities may have a negative impact on subsequent screening or risk behaviors.

The NSFG is the only national survey that collects data on pelvic exams separately from Pap tests, and that is one of the reasons they are interested in the NSFG. CPC staff also asked about testicular exam and male cancer screening. DCPC submitted a funding request to support the NSFG beginning in FY 2011. They would expect to continue the funding in Fiscal Years 2012 and 2013.

Jami Leichter and Nicole Liddon then joined the meeting by phone and asked about the pelvic exam and Pap test questions. We discussed the clarifying phrases that describe what each

procedure is, and whether they should be put into our existing questions on those “in the last 12 months.”

Mona would like to locate the HPV testing questions in Section F because it’s considered screening, and the other screening questions are in Section F.

From the Affordable Care Act, HR3590, Section 10413: \$9 million per year, 2010 thru 2014, is allocated for the CDC conduct research and an educational campaign. For example:

*“a national evidence-based education campaign to increase awareness of young women’s knowledge regarding breast health in young women of all... backgrounds; breast awareness and good breast health habits; the occurrence of breast cancer and the specific risk factors in women who may be at high risk for breast cancer....”*

*“conduct prevention research on breast cancer in younger women, including....formative research to assist with the development of educational messages and information for the public, target populations, and their families.....surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health...”*

*Measure young women’s awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs....”*

There was some interest in seeing the difference between responses to the more general Pap test question (time-series wording) compared to the more specific (new questions), so if we were unable to enhance the time-series question there would still be value gained.]

### **Division of Sexually Transmitted Disease Prevention (DSTDP)**

We met with Jami Leichter and Nicole Liddon. Sevgi Aral could not join. We talked about the pre-coded and other-specify responses for the HPV vaccine decision questions. We will continue to consult with them about the questions. There’s a recommendation being considered for boys 11-26 to get the HPV vaccine. Apparently the FDA may soon recommend it to prevent anal cancer in some men, but perhaps only in men who have sex with men, who are at elevated risk of it. They would like to know how many males 15-25 have sex with other men, so they know the size of the target population.

They (specifically Sevgi Aral and Jami Leichter) are interested in a question on non-monogamous partners, and whether they are in a network of people who have multiple or concurrent partners and STD’s. That means that the network you are in is just as important, as your number of partners per se. The challenge is data quality – for example, how reliable are respondents’ reports of the numbers of partners their non-monogamous partners have had. They expect to have a new STD Division director soon, and priorities may change.

**Wednesday, November 17****Division of HIV AIDS Prevention (DHAP)**

Our first meeting was with several people from DHAP, including Catlainn Sionean, Alexa Balaji (her team leader), Amy Lansky, Teresa Finlayson, and Isa Miles. For this group, as well as the others, they were interested in our publication plans, and what reports or articles they can pursue on their own or co-author with us. For them, one benefit of this collaboration is the ability to write scientific papers that demonstrate the nature and importance of the problems they work on.

This division sponsors and conducts a big survey called the National HIV Behavior Survey (NHBS), which is conducted in the 21 cities with the highest HIV prevalence. They are working with the NCHS cognitive lab (Questionnaire Design Research Lab, or QDRL), to develop questions on sexual networks, similar to the interest of the DSTD. The 2010 NHBS looked at “Heterosexuals at increased risk” in those areas. They looked at individual behaviors (e.g., number of partners, age at first sex), and at sexual networks, but didn’t find much support for the importance of these in multivariate analyses. They did find that individual characteristics (such as low education and low income) were good predictors of disease risk within these communities, as education and income represent structural and contextual barriers to effective condom use.

Amy Lansky talked about DHAP’s interest in questions that will help the division estimate the size and characteristics of the population injecting drugs and sharing needles. They are collecting and reviewing estimates from several different surveys to come up with a ‘consensus’ estimate of this population. (Anjani and Bill participated in their first conference call in October to discuss these issues.) Given the data issues with the “ever IDU” and “ever shared needles” questions, Anjani proposed moving the questions so that they will not be affected by the context effect they were affected by in 2002 and 2006-2010.

Anjani described the revisions and updates we are making to the questions on HIV testing. They would like to know what we learned from the coding of where people got their HIV test and why they got it.

**Division of Birth Defects and Developmental Disabilities (DBDDD)**

Fetal alcohol team (Wednesday at 11am). This is our newest funding group, and they wanted to discuss their set of new questions, and their attempt to estimate the size of the population of women at risk of an “alcohol-exposed pregnancy” (AEP). They can do this with the NSFG better than with any other survey, and this allows them to show how large the population at risk is. That’s an important part of their program. The following staff attended: Patricia Green, Heidi McMahill, Louise Floyd (team leader), Kendall Anderson (deputy branch chief), Mike Cannon, and Clark Denny. Heidi is using the 2002 PUF and ACASI file to try to estimate the size of the population at risk of an AEP, although the question on alcohol use isn’t perfect from their point of view (this is why they are paying for the addition of BRFSS questions on alcohol use in Cycle 8).

We spent most of the meeting addressing specific data questions that Heidi and others had on this project, and Anjani has also been answering a lot of Heidi's data questions by phone and e-mail over the past few weeks. They said that the BRFSS (for example) doesn't have the "rich information on reproductive behavior" that the NSFG does. Their definition of a woman at risk of an "alcohol-exposed" pregnancy would be drinking at least 7 drinks a week or doing any binge-drinking. FYI, we are changing our definition of binge drinking for women to be 4, not 5, drinks in a short period of time; this change reflects the new recommendations already being followed by BRFSS.

#### **PROCUREMENT AND GRANTS OFFICE**

Bill (and Joyce by phone) met with Lawrence (Mac) McCoy and Natasha Rowland on the afternoon of Wed, Nov 17<sup>th</sup>. Before that meeting, Bill was able to talk briefly with their Branch Chief, Jeff Napier, and their team leader, Vivian Hubbs, about the contract actions we will need to take in the next year or so.

In our meeting on Nov 17, we decided to make the schedule of deliverables as durable as possible by expressing the dates as "x months before data collection begins" or "x weeks after data collection ends." We will prepare a schedule of deliverables using this method.

We will do the Quality Assurance Surveillance Plan (QASP) reviews in the Fall of each year (probably October or November). We will begin using the form we used in the RFP.

**SCHEDULE OF MEETINGS**Monday, November 15<sup>th</sup>

- 12:30–2:30 NSFG seminar hosted by DRH
- 2:30–3:00 Charlan Kroelinger & colleagues from the MCH Epi team in the DRH Applied Sciences Branch
- 3:00–3:30 Lee Warner & John Anderson of DRH
- 3:30–4:00 Xin Xu & colleagues from DRH/WHFB

Tuesday, November 16<sup>th</sup>

- 8:00–9:00 Kate Curtis & colleagues from Fertility Studies Epi Team, DRH/WHFB
- 9:00–10:30 CPC group (Katrina Trivers, Mona Saraiya, & colleagues)
- 10:30–11:00 Heather Tevendale of the Adolescent Reproductive Health team of DRH Applied Sciences Branch
- 11 or 11:15 Joan Kraft (Lorrie Gavin unable to make it)
- 2:30–3:30 DSTDP: Jami Leichter, Nicole Liddon (Sevgi Aral unable to join)

Wed, November 17<sup>th</sup>

- 8:30–10:00 DHAP (Catlainn Sionean & colleagues)
- 11:00-12:30 DBDDD group (Patricia Green, Louise Floyd, & colleagues)
- 1:30-3:00 Bill met with PGO (Natasha Rowland and Mac McCoy); Joyce joined by phone.