Notice Type: Special Notice - RFI Posted Date: Friday, March 22, 2019 Response Date: Tuesday, April 30, 2019 Archiving Policy: Automatic, 15 days after response date Archive Date: 05/08/2019 Original Set Aside: N/A Set Aside: N/A Classification Code: A -- Research & Development NAICS Code: 541720 -- Research and Development in the Social Sciences and Humanities

Solicitation Number: 2019-RFI-NSFG Notice Type: Special Notice - RFI Synopsis:

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS)

Request for Information (RFI) No. 2019-RFI-NSFG National Survey of Family Growth - NSFG

I. Introduction:

This is a Request for Information (RFI) per FAR 15.201(e) for market research purposes. This RFI seeks to obtain ideas for the next implementation of the National Survey of Family Growth (NSFG). It is not a request for proposal and does not commit the Government to issue a solicitation, make an award, or pay any costs associated with responding to this notice. All responses shall remain with the Government and will not be returned. As part of the RFI process, any contractor who provides a favorable response may be invited to NCHS for an oral presentation.

Response Due Date: By 3:00 PM EST on Tuesday, April 30, 2019 via email to <u>NAmador@cdc.gov</u>.

Communication:

1. All correspondence is to be with the Contracting Officer, Nathan Amador, via email to <u>NAmador@cdc.gov</u>.

2. The Government will accept questions regarding this RFI. All questions will be reviewed and answered as decided by the Government, and must be submitted via email to <u>NAmador@cdc.gov</u> by 3:00 PM EST on Wednesday, April 17, 2019.

3. Please ensure that any e-mail responses have "2019-RFI-NSFG" in the subject line. Any responses received after the specified response due date and time will not be accepted or acknowledged.

4. Responses are limited to 25 pages, double-spaced, in Times New Roman 12 font, and 1" margins. Responses using multimedia or video are limited to ten (10) minutes in duration.

II. Background:

The National Survey of Family Growth (NSFG) is conducted by the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC). The NSFG is currently a survey of men and women ages 15-49 in the household population of the United States. It serves the data needs of NCHS as well as several other co-sponsors within CDC and other agencies within DHHS. NCHS conducted the NSFG six times on a periodic basis between 1973 and 2002, with Cycles 1-5 (1973, 1976, 1982, 1988, 1995) based on women 15-44 and Cycle 6 (2002) based on independent samples of men and women 15-44. In 2006, NSFG shifted to a continuous fieldwork design, which apart from a hiatus between June 2010 and September 2011, has continued to the present time. The NSFG age range was expanded to 15-49 beginning in September 2015.

The NSFG is a principal source of national estimates of factors affecting pregnancy and birth rates, including

sexual activity, cohabitation, marriage, and divorce, contraceptive use for both birth control and disease prevention, miscarriage and stillbirth (pregnancy loss), infertility, wanted and unwanted births, adoption, use of family planning clinics, use of medical services for family planning and infertility. This is the original focus of the survey and remains its main mission, but the survey has evolved to include measurement of STD and HIV risk behaviors and to gather analogous information from men, including fatherhood involvement.

Data and documentation for each of the NSFG Public-Use File (PUF) releases from 1973 through 2015-2017 are accessible on the main NSFG website, within "Questionnaires, Datasets and Related Documentation":

https://www.cdc.gov/nchs/nsfg/

The following is a direct link to the NSFG data/documentation page for the 2015-2017 NSFG PUF released in December 2018:

https://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm

As with all NSFG PUF releases, this webpage includes links to the full survey questionnaires, along with extensive documentation_for each of 3 data files provided for public use:

- a. female respondent file (one observation for each female respondent)
- b. pregnancy (interval) file (one observation for each pregnancy reported by female respondents)
- c. male respondent file (one observation per male respondent).

In particular on the 2015-2017 NSFG page, see:

- 1. **Codebooks** linked under "Webdoc interactive codebook," with separate entries for each PUF variable showing unweighted frequencies and other basic information.
- 2. **File indexes** linked under Appendix 1 of the User's Guide, listing each PUF variable in order of file layout, with a brief description.
- 3. **Restricted-use analytic variables** (those available only through the NCHS Research Data Center to minimize the risk of disclosure for individual-level data), with summaries linked under Appendix 7 of the User's Guide.

While every NSFG PUF reflects protections to minimize the risk of disclosure for individual-level data, the 2015-2017 NSFG PUF release required the suppression or modification of a significantly higher number of variables due to concerns about their disclosure risk, relative to prior NSFG PUF releases. Of particular note, many century-month date variables for key life events were suppressed, leaving only

the year of the events for public use, while in prior PUFs, month, year, and century-month variables for these events were available for public use. The increased number of variable suppressions and modifications can be seen by comparison of the Restricted-Use Analytic Variables described in Appendix 7 of the 2015-2017 NSFG PUF, relative to Appendix 7 for the 2013-2015 NSFG linked here: https://www.cdc.gov/nchs/nsfg/nsfg_2013_2015_puf.htm

In order to illustrate the range of analytic uses for NSFG data, the NSFG webpage also provides listings of NCHS publications and other reports and articles based on NSFG data. These bibliographies, arranged by NSFG survey years, are linked below:

https://www.cdc.gov/nchs/nsfg/nsfg_products.htm https://www.cdc.gov/nchs/nsfg/nsfg_bibliography.htm

The current continuous survey design for the NSFG calls for a nationally representative sample of men and women 15-49 years of age with oversamples of Hispanic and Black respondents, and those aged 15-19. The NSFG sample excludes current residents of military bases and institutions (e.g., long-term hospitals, jails, prisons). College students temporarily away from their homes living in campus housing are included by sampling them at their home address; they can be interviewed either at home or at college. In each sample year, about 15,000 households are screened for eligible members, to produce a minimum of 5,000 main interviews. All interviews currently take place in respondents' homes, conducted in-person by trained female interviewers. Interviews are administered using computer assisted personal interviewing (CAPI) with laptop computers, with a portion of the more sensitive questions administered via audio computerized self-administered interview (ACASI). The average interview length using current survey questionnaires is approximately 75 minutes for females and 50 minutes for males -- under the OMB-approved 80 minutes for female and 60 minutes for male interviews. Spanish is the only language besides English that is currently offered for conducting NSFG interviews.

The NSFG is currently based on a stratified multi-stage area probability sample, with about 35 PSUs selected for each annual sample. In total, a sample of 213 PSUs were selected for the current contract's 8-year fieldwork period. While each single year of NSFG fieldwork provides a national sample, NCHS has only released NSFG public-use files every 2 years because a minimum of 2 years of data collection are needed for sufficient statistical power.

The NSFG is currently conducted using survey design features that were first put into place in 2006. The NSFG is conducted using a responsive design approach, with extensive use of paradata, to manage the fieldwork, control costs, and reduce bias in the resulting sample. Data collection for each annual sample is conducted in 4 quarters (12 weeks each). Weeks 1-10 of each quarter are referred to as Phase 1, and weeks 11-12 are referred to as Phase 2. The incentive protocol and sampling differ for Phase 2, for which a subsample of non-final cases is selected, and an increased incentive is offered. For more details on this design please see the following reports:

https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Summary_Design_Data_Collection.pdf https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Sample_Design_Documentation.pdf https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Sampling_Error_Estimation_Codes.pdf https://www.cdc.gov/nchs/data/nsfg/NSFG_2013-2015_Weighting_Design.pdf For background on the initial development and implementation of the features of the NSFG survey design, see:

https://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf

Planning and Development of the Continuous National Survey of Family Growth:

Describes planning for and implementation of the transition from a periodic to a continuous survey, prior to the release of the first data from continuous interviewing.

https://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf

The 2006-2010 National Survey of Family Growth: Sample Design and Analysis of a Continuous Survey:

Describes the sample design and weighting and variance estimation procedures under the continuous design, prior to the release of the first data from continuous interviewing.

https://www.cdc.gov/nchs/data/series/sr_02/sr02_158.pdf

Responsive Design, Weighting, and Variance Estimation in the 2006-2010 National Survey of Family Growth:

Presents fieldwork results and weighting, imputation, and variance estimation procedures corresponding to the first release of data (2006-2010) under the continuous design.

III. Information Requested:

The Government expects the responder to address the "General" and "Specific" for Topic (A-E) listed below:

General:

Responses should reflect the goal of maintaining or improving the survey's:

- 1. interview production (sample size);
- 2. response rates;
- 3. coverage;
- 4. cost control; and
- 5. ability to meet analytic requirements;

in 2022 and beyond in the face of likely continuation of decreasing receptivity of the population to participation in household surveys. (For 1-5 above, reference links in part II. Background)

Specific:

- 1. Estimates must be nationally representative by race and Hispanic origin (Hispanic, non-Hispanic black, non-Hispanic other), age groups (15-19; 20-29; 30-39; 40-49) and sex
- 2. A minimum of 5,000 interviews must be completed each year
- 3. A response rate of 70% should be considered as a target
- 4. Some means of nonresponse-bias assessment is necessary
- 5. Should be able to detect differences over time (adjacent 2-year time periods) and between important subgroups with two years of data, for key estimates
- 6. Include discussion of costs for each area (only rough estimates / ranges)
- 7. Some areas overlap, and responses can portray this overlap
- 8. If experiments / field tests during data collection are thought to be useful, without sacrificing basic output, please describe
- 9. If an option in the list of areas to address would <u>not</u> be advisable, discussion of that nature is welcome.

All Topics (A-E) below must be addressed, but equal length of response for each topic is not required.

A. MODES OF INTERVIEWING

How different interview modes (in addition to or instead of in-person) could be used to maintain or enhance the survey's response rates, coverage, and data quality. Including: how could current NSFG content and visual aids be adapted to smaller screens and from hard copy to digital? For example, female respondents write on a 9" x 11" paper "Life History Calendar" as an aid to recalling detailed contraceptive use histories and histories of dates of relationships and other life events.

B. DATA LINKAGE

Linkage of NSFG data with administrative data (such as birth certificate data, Medicaid, National Death Index):

The goals for data linkage may include reduction of respondent burden as well as improvement in data quality (for example, by getting some information directly from birth records or obtaining service payment information from CMMS). Validation of survey responses is of lesser potential value to NSFG, but can be considered. Looking at current NSFG survey content, discuss possible data linkages, with particular attention to logistical challenges, informed consent issues, risk to response rates, and increased disclosure risk for survey participants.

C. DISCLOSURE RISK

Balancing disclosure risk and data accessibility:

The most recently released 2015-2017 NSFG public-use files (PUF) include significantly more variable suppressions and modifications than prior NSFG PUF releases. In particular, the majority of "century-month date" variables for key life course events of pregnancy, marriage, divorce, and cohabitation have been suppressed from the PUF in order to address risks of potential matching with publicly available, administrative data. These original CM date variables, along with a number of other variables that were collapsed or categorized in some way for public use, are now restricted-use variables only accessible with an approved research proposal to use the Research Data Center. For more detail on these protections undertaken to minimize disclosure risk associated with the NSFG 2015-2017 PUF, including the use of statistical perturbation, see the User's Guide section on this subject, as well as Appendix 7.

Discuss potential additional or alternative approaches for making such restricted-use data more accessible to researchers while still protecting the confidentiality of survey participants. If relevant, include discussion of any major future developments in approaches to data protection.

D. BIOMARKERS

Discuss collection of biomarkers for NSFG survey participants either in the household or another site. Pay particular attention to biomarkers that would enhance NSFG utility or complement existing survey content. Discuss challenges including: impact on clearance procedures stemming from biomarker collection; changes to recruitment, training, and retention of interviewers (for example, based on skills needed for specific samples collected); risk to response rates; and any other critical aspects for cost and implementation.

E. OTHER (optional, but must stay within 25 page limit)

Include other opportunities/ideas/innovations, that are not included in this list, if any, that would benefit the NSFG and maintain at least the basic requirements as specified in "General" and "Specific" above.

Place of Performance:

Contractor's Facility; and National Centers for Health Statistics 3311 Toledo Road Hyattsville, MD 20782; and Multiple Locations in the United States

Contracting Office Address: Mailstop TCU 4 2900 Woodcock Blvd Atlanta, Georgia 30341

Primary Point of Contact:

Nathan R. Amador, JD

Contracting Officer, Branch 4, Team 3, in support of NCHS and NIOSH Office of Acquisition Services (OAS) Office of Financial Resources (OFR) Office of the Chief Operating Officer (OCOO) Centers for Disease Control and Prevention (CDC) e-mail: <u>NAmador@cdc.gov</u>