

Indicators of the Impact of the National Survey of Family Growth

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For the NCHS Board of Scientific Counselors

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Note: This document refers to a number of Attachments. Those attachments are rather long, so we have not included them here. We will send hard copies of this report and the attachments to the review panel once the panel is selected.

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Summary

This report shows indicators of the impact of the National Survey of Family Growth, or NSFG. The indicators include published NCHS reports, published journal articles, users of public use files, users of the NSFG web site, and descriptions of how the NSFG's funding agencies use the data. Further details are shown in Attachments 1-14, but the report can be read without them. This 2009 edition of this report is an updated version of a report first prepared in 2006 at the request of the National Institute for Child Health and Human Development (NICHD), so it is organized as that report was organized.

Some indicators of the NSFG's impact include:

- The NSFG's web site (<http://www.cdc.gov/nchs/nsfg.htm>) is visited about 2,500-5,000 times per month in recent years; about half of that traffic is to "Key Statistics from the NSFG," an alphabetical list of basic findings by topic; the other half is to pages used by researchers.
- The 2002 NSFG data file and codebooks were downloaded from the NCHS web site about 5,500 times in 2007-2009, and from the University of Michigan's Inter-University Consortium for Political and Social Research (ICPSR) about 1,300 times.
- The 1973-1995 NSFG files were downloaded from ICPSR were downloaded 3,500 times from 2002-2009, while the codebooks were downloaded 8,200 times.
- 185 researchers are currently doing 115 research projects with the ACASI data file on sensitive topics such as sexual behavior and orientation, HIV and STD risk, contraception, and others.
- Several dozen projects have been approved to use confidential NSFG data (geocoded data, contextual research, etc) through the NCHS Research Data Center.
- We were able to locate 610 published articles in scholarly journals, book chapters, and other scholarly publications that are based on NSFG data (this is undoubtedly an undercount, and it excludes papers presented at professional meetings and uses in popular media such as newspapers and magazines).
- NSFG Research Conferences were held at NCHS in 2006 and 2008; 40 papers based on NSFG data were presented and discussed by researchers from across the US.
- We located over 70 theses and dissertations, and a number of recent grants based on NSFG data.
- The NSFG is used for nearly all of the objectives for the Healthy People 2010 and Healthy People 2020 initiatives chapter on "Family Planning," as well as objectives in the areas of "Maternal and Child Health," HIV, Sexually Transmitted Diseases, and Adolescent Health.

- The National Campaign to Prevent Teen and Unplanned Pregnancy (Washington, DC) published 72 publications (reports, research briefs, fact sheets, etc) between 2004 and 2009 that used NSFG data. In 2007-2009 alone, these reports were downloaded 186,000 times, and thousands more were distributed in hard copy. (Data on downloads for 2004-2006 may not be comparable, but the numbers were at least as high.) The Campaign also uses NSFG data extensively in its presentations to local pregnancy prevention programs and the media.
- The Guttmacher Institute, and Child Trends (Washington, DC) report impressive usage of the survey to produce both scholarly publications and to serve as translators of the data for popular uses, through their public web sites--e.g. www.childtrendsdatbank.org -- patient brochures, policy papers, and other venues.
- The NSFG's funding agencies report that they use the data for planning research projects and deciding research priorities, briefing senior officials (often, political appointees), providing a dataset for funded research and intramural research, and for answering information requests from internal staff and the public.

END OF SUMMARY.

1. Introduction: History of the NSFG

The NSFG was conducted 6 times on a periodic basis from 1973 to 2002. (**Attachment 1**). In the years 2000-2004, NCHS and the other agencies that fund the NSFG decided that the survey's content and coverage were generally satisfactory, but that the survey needed to be done and the results released more often. As a result, planning to find a more cost-efficient design for the NSFG was initiated. In 2004, the funding agencies decided to implement a continuous design for the survey. The first data file from the continuous design will be released early in 2010. Fieldwork implementing the new design has gone very well, and continuous interviewing is a success. (Further details are given in "**Planning and Development of the Continuous National Survey of Family Growth,**" NCHS Series 1, No. 48, by Groves et al, 2009).

2. Information available on the internet.

The NSFG web site is at <http://www.cdc.gov/nchs/nsfg.htm> **Attachment 2** shows screen captures of several major pages on the site, including the NSFG home page, a page from "Key Statistics from the NSFG," and others. The NSFG web site is a major and growing way that we communicate with our data users.

NCHS has identified 3 major types of users of the NCHS web pages:

- (1) those who just want a quick statistic to provide a sense of the magnitude of an issue (e.g. reporters or policy-makers);

- (2) those who want in-depth information on a topic, but don't want to use the micro-data (e.g., students, teachers, or service providers who want background information to help them understand an issue); and
- (3) micro-data users, who want information that will assist them in using the data file for their research.

For the first two types of data users, the NSFG team wrote and implemented a new feature on our web site, called “Key Statistics from the NSFG,” a list of findings arranged alphabetically by topic, from ‘Adoption’ to ‘Wanted pregnancy’. Each finding is linked to the report in which it was published, so that users have the source of the information and a way to get more information if they need it. This site accounts for about half of the NSFG home page’s traffic. For example, in August 2009, the NSFG home page had 2,410 visits; 1,260 visits were to the “Key Statistics” homepage, while 1,100 were to the “Questionnaires, datasets, and documentation” page, and 800 were to the “Publications and Information Products” page. “Key Statistics” helps the first two types of users, who are looking for information by topic, rather than those who already know that the NSFG is the dataset they want to use.

For the third type of data user, those who want to use the microdata files, the NSFG offers 3 types of data files:

Public use data files from Cycles 1-6 of the NSFG can be downloaded free of charge from the NSFG web site, or obtained free on CD-ROM by sending an e-mail to nsfg@cdc.gov with the user’s name and address.

ACASI data files are files containing data collected using a self-administered technique called “Audio Computer-Assisted Self-Interviewing,” or “ACASI.” In Cycle 6, the content of this file was expanded greatly and became far more useful for HIV and STD research, but it also became far more sensitive: we collect binge drinking, use of marijuana, cocaine, and other drugs, prison or jail time, forced intercourse, same-sex sexual activity, and many others. Because of the extreme personal and political sensitivity of these data, the file must be specifically requested by a user for statistical research purposes. (NCHS makes no attempt to assess the scientific merit of the research—only to assure that the researcher actually needs the file for statistical research and for the stated purpose). This file is obtained by filling out an application available at our web site and signing a User Agreement. The file is free and is typically sent by overnight mail the day after the request is received in our office. This gives us a record of how the file is used, which is useful when certain members of Congress and other interests question the need for the “government” to be collecting this information. (A summary of the uses of the ACASI file is included in **Section 3**, “Users of microdata files.”)

Contextual Data files cannot be released to users because of confidentiality laws prohibiting the release of data that could identify people responding to NCHS data collections. (These laws include the Privacy Act, Section 308(d) of the Public Health Service Act, and CIPSEA, the Confidential Information Protection and Statistical Efficiency Act of 2002). But contextual files, and other files containing geocoded data, can be used through the NCHS Research Data Center (see **Attachment 3**). There are now two RDC’s, one in Hyattsville and one at CDC in Atlanta. NCHS has also reached agreements with Census Bureau regional data centers, and NSFG data

users have used the census data centers in New York City; Ann Arbor, Michigan; and Chicago, Illinois.

Contextual Data files were produced for the 1995 (Cycle 5) and 2002 (Cycle 6) NSFG. For a list of variables in the Cycle 6 contextual file, see: www.cdc.gov/nchs/nsfg.htm/ A contextual data file will also be produced for each data release from continuous interviewing.

There are 2 broad types of access to this file:

- (a) Remote access (e-mailing a SAS program to the RDC, where the program is screened and the output is sent back automatically); and
- (b) In-house access (the researcher visits the Research Data Center or census data center in person and uses any software he/she wishes).

Experience has shown that researchers have the best outcomes if they clearly specify a limited (not overly broad) project and do the majority of their research in an in-person visit for 2-3 days and then do any later revisions remotely. NCHS policy is that there are charges for the use of the RDC to help defray some of the costs of running it.

3. Users of micro-data files

Public use files.—We still receive e-mail and conventional mail requests for CD-ROMS of public use data files (about 400-500 so far in Cycle 6). Hundreds of copies of the CD-ROMS have also been distributed at professional meetings such as PAA, American Sociological Association, American Statistical Association, American Public Health Association, and the NCHS Data User's Conference.

However, even more copies of the data are downloaded from NCHS and the University of Michigan's Inter-University Consortium for Political and Social Research (ICPSR)-- (**Attachment 4**). Data on downloads from NCHS show that the Cycle 6 (2002) codebooks have been downloaded about **5,500 times** from January 2007 through August of 2009 alone. From ICPSR, the file has been downloaded over **1,300 times**, and another 70 times from the American Religion Data Archive, for a total of **over 6,800 downloads**.

Using counts from ICPSR covering July 2002-September 2009, NSFG public use files from Cycles 1-5 (1973-1995), the data files were downloaded **3,500 times** and the codebooks, over **8,200 times**. (Codebook downloads are probably a better count of users, because their institutions may already have the data.)

ACASI files.—To date, on Cycle 6 alone, we have distributed 115 copies of the Audio CASI (self-administered) data files to about 185 users (some research projects have more than one researcher). Research using this file ranges widely, but includes research on sexual behavior (15 projects), sexual orientation (22 projects), contraception and sterilization (11), fertility and reproductive health services (22), HIV and STD risk (15), non-voluntary intercourse (5), and other topics. (**Attachment 4**)

Contextual Data files.—We know of at least 34 research projects that have been reviewed and approved to use the NSFG Cycles 5 and 6 Contextual Data Files. These users are researching a wide range of topics, but they may be classified into 3 broad types:

First, economists have used state-level data to study the impact of state policies on behaviors.

- “State Variation in Pill Use: Do abortion Laws Matter?” and
- “The Impact of the Birth Control Pill on Sexual Behavior, Family Formation and Socio-Economic Outcomes.”
- Impact of state-level insurance mandates on the use of infertility services

Second, sociologists and public health researchers have studied the impact of county-level or tract-level contextual variables on reproductive behavior. Some examples of this are:

- Effects of health insurance, rural residence, and region or state on use of tubal sterilization;
- Disparities in reproductive health care among vulnerable populations;
- Effects of marriage market conditions on entry into cohabitation and marriage;
- Effects of contextual factors on high-risk sexual behavior.

Third, those who wish to examine populations or outcomes that cannot be released on the public use files, such as detailed household rosters or small minority groups. Two examples of this are:

- Risk for unintended pregnancy among American Indian and Alaskan Native women;
- Estimating the size of the US Jewish population using the NSFG and other surveys.

4. Outreach to users (workshops or seminars that inform potential users about the data)

We are committed to disseminating NSFG data to a large research community. The NSFG staff conducts workshops and presents information sessions at professional meetings, university visitations, and presentations at other government agencies. These sessions often include a history of the NSFG, the research design, the content of the questionnaires or CAPI/audio-CASI instruments, examples of research that has been done, and how to obtain the data files and other information. In addition to these outreach efforts, we present substantive findings based on our analyses of NSFG data. **Attachment 5a** is a listing of presentations that the NSFG staff has made to a variety of audiences. The list includes more than 100 presentations made by NSFG staff from 2003-2009.

In 2006 and again in 2008, we hosted Research Conferences on the NSFG at NCHS. In each conference, 20 papers were presented and discussed—a total of 40 presentations. The topics included marriage and cohabitation, contraception, teenage fertility, men’s and women’s use of reproductive health services, and men’s fertility and fatherhood. They were useful exchanges for us, to obtain feedback on our survey questions and documentation, and useful for our users, to obtain suggestions to improve their research. (**Attachments 5b and 5c**).

5. Publications using the NSFG

For a number of years, the NSFG staff has maintained and updated lists of publications that use NSFG data. These lists are included here as **Attachment 6**, organized by cycle. Publications listed are primarily articles in academic journals, but also include NCHS reports, book chapters and some published conference proceedings. The lists are not exhaustive, particularly those from earlier cycles, but we make an effort to update them periodically.

From these lists, we have found a total of **610 publications**, only 84 of which are NCHS reports. The other **500+ are primarily journal articles**, along with a few book chapters and other reports.

Excluded from these lists are:

- most papers presented at professional meetings (only the few that are published in “Proceedings” volumes are included here),
- articles in popular magazines and newspapers,
- advocacy pieces written by those trying to advance a particular policy position;
- other papers and reports such as “working papers” of various kinds.

Getting anything like a complete list of these would be very difficult.

Publications by Cycle and Type

<u>Cycles</u>	<u>Year</u>	<u>All publications</u>	<u>NCHS reports</u>
1& 2	1973, 1976	119	29
3	1982	94	11
4	1988	88	15
5	1995	156	14
<u>6</u>	<u>2002</u>	<u>153</u>	<u>15</u>
TOTAL SO FAR		610	84

Attachment 7 shows 72 theses and dissertations we have found that have used the NSFG. This list is not exhaustive; it should be considered a partial count.

6. Grants awarded to use the data

Based on communications with NSFG funding agencies, and an NIH database called <http://projectreporter.nih.gov>, we are aware of at least 25 projects currently or recently funded by grants from agencies including NICHD, the Office of Population Affairs, and the Ford Foundation since the year 2000. (See **Attachment 8**). This list is not exhaustive; it is undoubtedly incomplete.

7. Examples of impact: Healthy People 2010 and Healthy People 2020.

So far, we have described uses of NSFG data that those in the academic community may have encountered. But it would be mistaken to consider these as the only ways that the NSFG has impact—the survey also has uses in government and in non-government groups and organizations, and some of these impacts are important ones. We will divide these into several types, and begin with the “Healthy People” initiative.

In **Attachments 9a and 9b**, we show how the NSFG is used in the Department of Health and Human Services’ major planning and evaluation effort, Healthy People 2010: Health Objectives for the Nation, which is currently nearing its end, and the forthcoming Healthy People 2020. (The NSFG was also involved in Healthy People 2000 in the 1990’s.)

The Healthy People initiative serves both internal and external purposes. For the agencies in DHHS, Healthy People requires staff to collaborate to:

- (a) set measurable goals for improving health and well-being,
- (b) determine the data sources that will be used to monitor these outcomes, and to report the results regularly, and
- (c) brief senior officials periodically on these trends.

Externally, the Healthy People effort includes formal and informal collaboration with state and local governments and private groups in a wide range of health fields to ensure that the goals and intervention strategies are realistic, clear, and meaningful. Public comment periods are also held to solicit input.

Family Planning (defined primarily in this context as the prevention of unintended pregnancy) is one of these areas in which Objectives are set and monitored. The Office of Population Affairs is the “lead” agency for the Family Planning area, and the NSFG staff works closely with OPA and other interested agencies (and outside experts) to choose key statistics that will track the indicators of interest. The key outcomes currently used in the Healthy People 2010 Family Planning effort are shown in **Attachment 9a and 9b**, and *almost all of these are from the NSFG*. Each of these objectives is tracked for major subpopulations by age, race, income, and other characteristics, and these data also come from the NSFG. **Attachments 9c and 9d** show 4 other objectives in the areas of HIV Prevention, STD Prevention, and Maternal and Infant Health that also use NSFG data.

8. Examples of Impact: High-Volume Users

There are at least 3 organizations with multiple researchers who use NSFG data extensively—both for obtaining research grants and writing articles in academic journals, and for preparing information that is used to deliver medical care, design health education programs, and provide social services. These three organizations’ use of the data is so extensive that they could be described as “secondary distributors” of NSFG data:

- The National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, DC (**Attachment 10**)
- Child Trends, Inc, Washington, DC (**Attachment 11**)

- The Guttmacher Institute (**Attachment 12**)

In fact, in the publication list for the 2002 NSFG (**Attachment 6e**), NCHS staff authored 15 reports; the National Campaign published 16; Child Trends 12; and Guttmacher, 12. This shows that these organizations are all major users of NSFG data, but their impact goes beyond published academic research.

In **Attachment 10**, The National Campaign to Prevent Teen and Unplanned Pregnancy (Washington, DC) states that it published 72 publications (reports, research briefs, fact sheets, etc) between 2003 and 2009 that used NSFG data. In 2007-2009 alone, these reports were downloaded 186,000 times, and thousands more were distributed in hard copy. (Data on downloads for 2004-2006 may not be exactly comparable, but the numbers of downloads were at least as high as in 2007-9.)

Since the Campaign expanded its mission beyond teen pregnancy to “include preventing... unplanned pregnancy among single, young adults (18-29), we rely on the NSFG even more... Quite simply it is hard to imagine moving forward on our expanded mission without data from the NSFG on unplanned pregnancy and births, along with the contraceptive, sexual and relationship histories” in which they occur.

In other words, this important organization would find it difficult to do its work without NSFG data. And its publications are used by students, teachers, and program staff at the state and local levels all over the United States.

In Attachment 11, Child Trends of Washington, DC, describes a number of current research and education projects using NSFG data. First, Child Trends is part of a large, multi-faceted Cooperative Agreement with the DHHS Office of Population Affairs. Their part of this research focuses on 3 outcomes of current program interest for the Title X (Family Planning Services) and Title XX (Teen Pregnancy) programs:

- estimates of the population at risk of unintended pregnancy, and the population in need of family planning services;
- predictors of non-voluntary sexual experiences; and
- predictors and characteristics of relationships that could be deemed to be statutory rape.

Child Trends is also doing 3 projects for NICHD, focusing on several aspects of fatherhood; another on the influence of government policies and contextual factors on non-marital childbearing; and another on contraceptive use, including consistency of use, among those 15-24, in different types of relationships. Child Trends also shows about 10 Research Briefs, Fact Sheets and articles for its online data bank that use NSFG data. These reach important policy, program, and media audiences.

In Attachment 12, the Guttmacher Institute outlines their extensive use of the NSFG: “the NSFG is by far the non-Guttmacher dataset most frequently used by our researchers,” and “Guttmacher researchers have mined virtually every section of the NSFG.” These uses included

- (a) studies on contraceptive use patterns, contraceptive failure rates, and unintended pregnancy, which were used by Senators Clinton and Reid in 2006 when they introduced the “Putting Prevention First Act” in the Congress;
- (b) studies on the causes of the decline in teen pregnancies from 1991 to the present, a subject of intense policy interest;
- (c) studies on problems using contraception;
- (d) and about a dozen other projects.

Guttmacher also uses NSFG data in materials that it produces for those involved in the policy process, and materials designed to be used by family planning patients who want reliable, understandable information on contraceptive methods and other health topics.

9. Examples of impact: Uses by co-funding agencies and programs

The NSFG is jointly planned and funded by 8 agencies and programs of the US Department of Health and Human Services. Those government agencies use the survey in a variety of ways, which are described below, and in the following attachments:

- NCHS (**Attachment 13a**);
- The Office of Population Affairs (OPA) (**Attachment 13b**);
- NICHD (**Attachment 13c**);
- The Children’s Bureau of the Administration for Children and Families (ACF) (**Attachment 13d**);
- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) (**Attachment 13e**);
- The Division of Reproductive Health of the Centers for Disease Control and Prevention (CDC) (**Attachment 13f**);
- The Division of HIV/AIDS Prevention of the CDC (**Attachment 13g**);
- The Division of STD Prevention of the CDC (**Attachment 13h**).

NCHS. NCHS collects data on births in the US through the National Vital Statistics System. The NSFG was established in the NCHS Division of Vital Statistics because it answers questions posed by the findings from the birth registration data, such as,

- why do some age, race, or other groups have higher birth rates than others?
- What factors are associated with an increase or decrease in marital, or non-marital fertility?
- What effects do marriage and cohabitation patterns, contraceptive use, and other behaviors have on fertility trends and differences?

Public interest in NSFG data is high. The NCHS Public Information Officer notes in **Attachment 13a** that the media use NSFG results in several ways: “as breaking news, in op ed pieces, editorials, and commentaries.” Then the data are used as background data for programs and initiatives at the federal, state, and local level, and as benchmark data when smaller or local studies are conducted. He also notes that with NSFG results soon becoming available every 2 or

3 years instead of every 7 years, media coverage of the survey will double, because the data will be available twice as often, and interest in data increases when it is more recent. He also notes that “the media serves to inform new groups and users of the available information.”

Recently, statistics on usage of the NCHS web site have become available on a monthly basis. Data for April 2008 show 5,300 views of the NSFG home page, and 2,000 views of the “Key Statistics” described above, 1,900 views of the NSFG’s 2002 Survey data file documentation, and 1,800 views of our report on Sexual Behavior, which was published in September 2005. The number of page views per month varies, but these are typically the most popular sites. .

Office of Population Affairs (OPA). The statement from OPA (**Attachment 13b**) says that “Often this survey (the NSFG) is the only solid source of national data to which this Office can turn in assembling the data required for matters of national policy.” OPA relies on the NSFG for most of the “Healthy People 2010” and “Healthy People 2020” objectives on Family Planning. In addition, the NSFG is the only source of data that allows OPA to compare characteristics of its Title X clinic users to users of other sources of services, and to those not using such services. The Title XX (teen pregnancy) program relies on NSFG data for national-level statistics on teenage sexual activity. OPA also notes that “several research projects analyzing NSFG data have been funded by OPA.” OPA also strongly supports our efforts to include males, because “information provided by the NSFG...will help family planning and pregnancy prevention programs better understand how to provide effective services to men” in its Title X and Title XX programs. OPA also uses NCHS reports from the NSFG, and the NSFG web site, including our “Key Statistics from the NSFG (from A to Z).”

Center for Population Research, NICHD (NIH). NICHD states (in **Attachment 13c**) that the NSFG findings help NICHD decide what topics or areas need to be investigated by their grantees and contractors, and serve as an efficient resource for those grantees and other researchers. They also say that “The transition to continuous interviewing has resulted in a steady stream of accumulating data that will be available...(soon) to provide information on a more current basis than under the previous structure.” And “the NSFG staff have also used the opportunity presented by continuous interviewing to...update and add items to keep the survey current....We are particularly pleased that the NSFG staff have fully incorporated the scientific community as stakeholders by holding a series of research conferences....I congratulate NCHS for undertaking this important effort.”

Children's Bureau of the Administration for Children and Families (ACF, DHHS).

ACF states that it is “responsible for administering a variety of programs which encourage and facilitate permanency for children in the public foster care system, particularly programs which emphasize adoption.” (**Attachment 13d**) Existing laws in this area include the “Adoption and Safe Families Act of 1997,” and the “Infant Adoption Awareness program” (Section 330F of the Public Health Service Act). ACF points out that the NSFG is “the only source of national information on adoption demand and preferences which is critical to program planning.” In 2008, NCHS published a major report from the NSFG on adoption by both men and women. (Series 23, No. 27, August, 2008).

Office of the Assistant Secretary for Planning and Evaluation (OASPE). OASPE “has a long history of using NSFG data to help inform policies around families.” OASPE points out that: “The NSFG is currently the only survey collecting life history data for both males and

females on family formation, sexual activity including STD/HIV risk behaviors, fertility, and contraception. The survey collects...information on fatherhood—both becoming and being a father—providing enormous potential for policy and program development. Equally important is the extensive socio-demographic information.” “The change...to continuous interviewing will enhance the policy relevance of these data even further by providing a mechanism for ongoing updating of the data...” (**Attachment 13e**)

The Division of Reproductive Health at CDC in Atlanta (**Attachment 13f**) says that “DRH uses the ...NSFG to identify national trends in adolescent sexual behavior and pregnancy, shares them with national and state partners to influence public health prevention programming for adolescents, and to identify key areas ...to target program and research disparities.” They note that “During the past 3 years NSFG has improved its operations in a number of ways; these include quarterly e-mail updates, the online Key Statistics, and the questionnaire revisions. However, one of the most important improvements is the introduction of continuous interviewing. This enhancement will allow DRH to provide in a timelier manner data needed for CDC grantees for program planning, implementation and evaluation purposes.”

The Division of HIV/AIDS Prevention (DHAP) of CDC is “responsible for funding HIV prevention activities in the US and evaluating those efforts.” DHAP notes that “The NSFG is one of a few nationally representative surveys of adults collecting information related to HIV transmission and prevention on a regular basis. It has a history of successfully collecting very sensitive information...and producing data that are useful to programs. In particular, the use of Audio Computer-Assisted Self-Interviewing (ACASI) techniques...appears to result in more accurate reporting of the very sensitive information that is collected.” The effectiveness of NSFG data for HIV behavioral surveillance and prevention activities has increased with the addition of men to the sample, and the ability of the system to conduct continuous data collection has increased it further.” (**Attachment 13g**)

The Division of Sexually Transmitted Disease Prevention (DSTDP) at CDC in Atlanta (**Attachment 13h**) reports that they use the data to study sexual behavior patterns, in an effort to understand trends and differences in the rates of sexually transmitted diseases (or STD’s) in the United States. They also use the NSFG contextual data “to examine the social context in which sexual behavior occurs in areas with high STD rates.” DSTDP collaborated with us to add a small set of questions to the NSFG in 2007-2010 to measure Human Papillomavirus (HPV) vaccination status and knowledge. These questions, “in conjunction with existing questions already asked by NSFG,” allow them to examine issues related to whether HPV vaccination is associated with changes in sexual behavior.

10. Examples of impact: inter-agency collaboration.

Attachment 14 shows a few examples of the inter-agency contacts of the NSFG staff in the last few years. These include

- providing information on the correlates and consequences of unintended pregnancy to the staff of Valerie Jarrett, advisor to President Obama (July 2009);

- supplying information on teen sexual and contraceptive behavior for the media follow-up to a CDC report on “Sexual and Reproductive Health of persons aged 10-24 years (July 2009);
- NSFG staff doing presentations at interagency meetings with other US agencies, and with Statistics Canada, to share methodological advances the NSFG is engaged in (these include paradata-driven management of fieldwork, use and evaluation of incentives, and other innovations);
- Consultation with other agencies on an HHS-wide plan for preventing infertility; and contributions to interagency reports to Congress on use of health care and health care quality.

11. Enhancing the dataset; add-on studies or modules

The NSFG is designed by consensus among the representatives of a group of cooperating (funding) agencies, often with the aid of outside advisors chosen by those agencies. During 2000-2002, and again with our Advisory workshop in 2008, we discussed the possibility of identifying a “core” that would be supplemented by “modules” that could be purchased by researchers or government agencies. We discussed this idea at some length in our “NSFG workshop” meeting in May of 2002, and the consensus of the advisors was that processing these proposals was likely to be a larger burden than the NSFG staff could accomplish. Higher priority was given to getting the continuous NSFG into the field and operating smoothly.

As a result, we have not designated a formal “core” that will be supplemented by “modules for sale,” as some surveys do. But we also try to be responsive to emerging data needs to make the NSFG more useful for research and policy. We do this in at least two ways. The first way is by discussing new ideas for questions or topics with our co-sponsors and others. We have, for example, worked with several agencies to greatly strengthen the NSFG’s self-administered section to study HIV and STD risk behaviors. And we worked with the Administration for Children and Families (part of DHHS) to collect better data on adoption. For the Continuous NSFG, we worked with OPA and CDC’s Division of HIV Prevention to strengthen and update our questions on HIV testing. And we worked with outside experts during and after our Advisory Workshop in November 2008 to obtain advice about questionnaire topics.

The second way we try to be responsive to emerging data needs is to add supplementary data to the data files that will permit new analyses. For example, it is possible for researchers to add geographic identifiers (or other confidential data) to the NSFG, by arranging to analyze the data through the NCHS Research Data Center. These arrangements allow the use of state-level and contextual data. The NSFG contextual data files allow researchers to incorporate state-level data, such as state policies, into their analyses, or use county, block group, or tract level variables such as the proportion of the population from a given race/ethnic or income group.

Conclusion

We found over 600 NCHS reports, journal articles, and book chapters that use NSFG data as their primary source, in addition to over 70 dissertations, more than 6,800 downloads of the 2002 NSFG data through NCHS and ICPSR, a comparable number of downloads of the 1973-1995 data, not counting distribution of hundreds of CD-ROM's on request by mail and at professional meetings. We think that all these counts are incomplete.

In addition, we have shown that the NSFG is used throughout the Department of Health and Human Services of the federal government to provide information to senior officials, to plan and modify programs related to fertility and family issues, and as a source for federally-funded research. Finally, the NSFG has a major impact on the work of a number of private non-profit groups working on public issues ranging from teen pregnancy to infertility and adoption, to fatherhood and marriage education, to HIV Prevention.

List of Attachments

- 1- Brief History of the National Survey of Family Growth
- 2- NSFG Webpage Summary
- 3- Summary of procedures for using the NCHS Research Data Center
- 4- Data Users for public use files, ACASI files, and contextual data files
- 5- Presentations, workshops, and seminars
 - A. List of presentations, workshops, and seminars done by NSFG staff, 2003-2006
 - B. List of papers presented at the 2006 NSFG Research Conference
 - C. List of papers presented at the 2008 NSFG Research Conference
- 6- Publications in peer reviewed journals and NCHS reports
 - A. Cycles 1 and 2
 - B. Cycle 3
 - C. Cycle 4
 - D. Cycle 5
 - E. Cycle 6
- 7- Theses and Dissertations using NSFG data
- 8- Grants awarded to use NSFG data (from projectreporter.nih.gov)
- 9- Healthy People Objectives Using NSFG Data.
 - A. HP 2010 Family Planning Objectives
 - B. HP 2020 Family Planning Objectives
 - C. HP 2010 HIV; Maternal, Infant, & Child Health; Sexually Transmitted Diseases Objectives

- D. HP 2020 HIV; Maternal, Infant, & Child Health; Sexually Transmitted Diseases Objectives

- 10- Statement from the National Campaign to Prevent Teen & Unplanned Pregnancy
- 11- Statement from Child Trends, Inc.
- 12- Statement from the Guttmacher Institute
- 13- Statements from government agencies
 - A. NCHS
 - B. Office of Population Affairs
 - C. NICHD
 - D. Administration for Children and Families, Children's Bureau
 - E. Office of the Assistant Secretary for Planning and Evaluation (ASPE)
 - F. CDC's Division of Reproductive Health
 - G. CDC's Division of HIV/AIDS Prevention
 - H. CDC's Division of STD Prevention
- 14- Interagency contacts, 2007-2009