

Vital Signs Town Hall Teleconference
Partnering to Prevent Alcohol Use During Pregnancy: A Call to Action
Q & A
February 9, 2016
1:00 pm CT

Steve Reynolds: Thank you so much. That was a great presentation. Thank you to all of our presenters. That was wonderful. I think we're going to get ready to take some questions now.

So we'd like to take some questions first for Dr. Schuchat if at all possible. If you're interested in asking a question, please get in the queue. And you do that by pressing Star 1. Again, press Star 1 if you have a question.

Say your name when prompted. The operator will announce it when - announce you when it's your turn to ask a question. So, again, press Star 1. Operator, can you check the queue for us and see if we have any questions?

Coordinator: Excuse me. Yes we do have a couple of questions holding. Our first one comes from Robin Yi with Akesco Consulting. Go ahead.

Robin Yi: Hi. I believe this is for Dr. Schuchat. Regarding the *Vital Signs*, you mentioned in your introductory remarks that there were - there was a little bit of a firestorm and you very graciously talked about the clarity of your own messages.

I read them and I actually thought the messages were clear, however, some people have said that there was - that they didn't feel that there was an appropriate tone or framing in the messages.

And what I was wondering is, with this *Vital Signs* or *Vital Signs* in general, is there a specific message testing where the target population gets a chance to look at it and through focus groups or interviews, gives CDC some feedback on how they're perceiving it, or if they're getting some of the messages, that we heard about at the end, where they feel may be judged were stigmatized.

Dr. Anne Schuchat: Thank you so much for those questions. Let me make some general comments, first about message testing at CDC. We do substantial message testing and developing our communication efforts.

It's very important to know the target audience for the message testing because a message for one group will work quite well but be off-putting to another.

In my previous work, I focused quite a bit on immunizations that we found the messages that were very resonant in Chicago were quite scary and other part of the country or vice versa.

And so you really need to know who you're targeting. I would say that the *Vital Signs* that we did about alcohol and pregnancy was directed at a very broad group and for some individuals there may have been offense and for other individuals, the messages probably worked just fine.

I figure last speaker was extremely eloquent in talking about how information delivered at different times in one's life sounds very different but the messenger can be quite impactful on how they talk and respectfully listen to a person.

So I think that in - not every *Vital Signs* has the same kind of communication plan. Sometimes we really targeting healthcare providers. Other times we are targeting the general population. But, you know, I personally and CDC, as an institution, believes very much in testing messages that we deliver. So thanks for that question.

Robin Yi: Thank you.

Coordinator: Our next question comes from Janet Sharkis with Office of Prevention for Disabilities.

Janet Sharkis: Hi. My question is, you know, I was struck also by the reaction to the messages. But what I was thinking about when I saw some of the reaction was that clearly, this information is not widespread.

People were surprised that the information even though much of it has been said by CDC before. And it made me think about the fact that there's almost no funding - federal funding for FASD education or prevention, both in the CDC and through, you know, any other federal agency.

As you know, the FASD center was just - just lost its funding. And I was wondering if there's any effort to look at how big of a problem it is that people did not know this information and that what we need to do about it and how the federal government can support it.

Dr. Anne Schuchat: Thanks for that question. It's Dr. Schuchat again. You know, I think if we step back and think about awareness to some of the health hazards that are in our community, things can change quite a bit over time.

You know, we looked back at the recommendations that we've made - you know, our dietary guidelines and we look back at how alcohol advice had changed over the decades, since 1980.

I was actually surprised to learn how much our messaging has changed. And essentially our messaging has changed based on the availability of better and better science.

When, you know, my mother was having babies, they really didn't know that alcohol was a problem. And then, of course, many people thought it was just very heavy drinking or it was just at a certain point in pregnancy.

So I do think that the word is not completely out there about the latest science and what we know. I actually think that we've done pretty well in having people aware of

the risks of alcohol in pregnancy but people think about that as after you know you're pregnant.

And so a challenge for our *Vital Signs* message was to help people realize that pregnancy starts when it starts, not when you know that it has started. So I think that the opportunities to educate and raise awareness are important but people need to be ready to hear messages.

So knowing something is different than acting on it. And I think, again, some of our speakers talked quite a bit about understanding when you're in the healthcare environment, when the people you're talking with are ready for change.

So, you know, there - it's very important for CDC that we promote health and get good information out to people to make the choices and that we make it easier for them to take care of their health and their families.

So I think the - it may be that the unexpected attention we got to this issue has started conversations and communities and among friends that will hopefully help people really have this new information sink in.

Janet Sharkis: Thank you.

Coordinator: Our next question comes from Tom Donaldson, National Organization on Fetal Alcohol Syndrome. You may go ahead.

Tom Donaldson: Well, first I want to thank the CDC for paying attention, giving attention, to this issue in their leadership and also commend the experts today for their excellent presentations.

You know, it seems that there's certainly some level of public understanding of the risk of alcohol during pregnancy but I think there are important reasons (unintelligible).

Dr. Anne Schuchat: I'm sorry, but I think you broke up there and I didn't actually hear if the question - what the question was or who it was for. I'm sorry.

Tom Donaldson: No, I'm sorry. To Dr. Schuchat and the other guests, as well, who might want to comment. But I just was, you know, pointing out that there's certainly public recognition about the risk of alcohol during pregnancy.

But sometimes I think people just see that as relevant when they're pregnant. And I think the report draws some very important distinctions and so I wondered if you talk about the reasons why thinking about this issue, alcohol in pregnancy, is important before the recognition of pregnancy.

Dr. Anne Schuchat: Thank you. That was a real core aspect of this MMWR and of our *Vital Signs* because the survey, of course, was looking at women who weren't yet pregnant but who could be pregnant based on the circumstances of their fertility and whether they were using contraception and whether, you know, they were in an active - sexually active.

So we were - we did find a pretty large number of women that potentially could be pregnant, many of whom were drinking, even those who said they were hoping to get pregnant as quickly as possible.

So there was a bit of a disconnect between, I think, that general awareness that, you know, alcohol and pregnancy are not - don't mix well and trying to get pregnant as the time to stop drinking as opposed to, you know, after you're a couple months into the pregnancy.

So I think it's the beginning of this effort to raise awareness and I do think it's a big cultural change for people in terms of those who want to have the kind of information to help them plan their, you know, plan their life or focus their behavioral choices and those who really don't want to think about it.

We know that about one in two pregnancies in the US isn't actually planned and so it may be that, without planning, you're making less of an effort to focus your choices.

So I think it's an important area for us to continue to work on. And, of course, in the Fetal Alcohol Spectrum Disorder, care and advocacy, community, people are very aware of the issues looking backwards.

We're keen to, you know, address issues of stigma and resistance to messaging and really to try to help people wherever they are. But I think getting - raising awareness to people who aren't thinking about the risks before they recognize their pregnancy was really a central focus of our report. Thank you.

Coordinator: Our next question comes from Sandra King from St. John Providence Health System. You may go ahead.

Sandra King: To sit in on this Webinar. I'm actually just buzzing right now. I'm actually working on finalizing my dissertation and my dissertation is on FASD prevention. So I'm - I have to lean on going to use a little bit in my dissertation.

It looks great, but my question is this - regarding an enhanced alcohol screening tool, Dr. DeJoseph mentioned that, had she been screened, she would have denied it.

My question is beyond the AUDIT, the AUDIT-C or the TACE alcohol screening tool, based on your firsthand knowledge of women who sometimes minimize or don't tell the truth about their alcohol use during pregnancy, do you know if an enhanced alcohol screening tool is under development with perhaps some composite measure questions that might, in fact, capture alcohol use during pregnancy especially since you know that women will minimize or self-exclude? Is - are there any enhanced tools underdevelopment that might capture that?

Dr. Anne Schuchat: I'm going to suggest that the CDC experts take the first stab and then we asked Drs. DeJoseph and Kowalchuk if they want to add in anything.

Woman: Perfect.

Woman: Hi, this is Lela McKnight-Eily for CDC. Thank you for your question and for your interest in this topic. We do know that most people do report truthfully about their health risk behaviors on validated and recommended screening instrument like the AUDITS, the AUDIT-123 or the single question screener from NIAAA.

There are some people who will not report truthfully but the vast majority will. And so we recommend the use of US Preventative Services Taskforce recommended instruments like those that I just mentioned.

We also know that when we work to make alcohol screening and brief intervention a routine part of healthcare in this country, that patients will become more accustomed to those conversations with those providers. So we want to work to facilitate those types of relationships.

Sandra King: Excellent.

Dr. Mary DeJoseph: Dr. Kowalchuk, do you have something to add before I go in?

Dr. Alicia Kowalchuk: Not really, I taught the other screening instruments being developed specifically for pregnant women asking about alcohol use. I will say that, you know, really, again, framing the discussion and, you know, before starting with screening questions to really open up the dialogue and a non-stigmatizing way goes a long way towards getting accurate screening results at least in my experience.

Sandra King: Okay.

Dr. Mary DeJoseph: What I would add - it's Mary - is that women with alcoholism, with alcohol use disorders, are going to have a hard time telling you the truth in detail right off.

That's a small percentage that our CDC experts just referred to as not in the majority of women that will be able to tell the truth right off. And also if there's other serious mental illness and trauma, especially.

So expanded screening tools for alcohol specifically can make a difference but you're more likely to need to screen for other issues and work on some of those issues to get at the heart of the substances that go along with it. Remember that denial is part of the disease, you know, described in substance use disorders and in alcoholism. And it's not lying.

It's a feature of the disease. It's something that takes time to work through and, you know, and what everybody said, asking repetitively, being non-judgmental, making it a routine, but keeping an eye open and listening to - for me, it was listening to my staff about who might be using, and you know, collateral sources if they were available.

Because there were other folks in my practice for knew more about my patients than I did at some of them were more suited to screening initially than I was. So that's another feature about screening, if it's not working, maybe there's somebody else in my practice that can, you know, can be trained to get that information. So I think all of those apply. There's not a simple answer to your question.

Sandra King: Okay, thank you. If you, then you guys are going to put together a workgroup for that, give me a call.

Dr. Mary DeJoseph: You're in New Jersey?

Sandra King: I'm in Detroit.

Dr. Mary DeJoseph: In Detroit? Well, well, maybe somebody in the CDC will take that on.

Sandra King: And I worked on the Project Choices program before so, yes, this is very interesting to me.

Dr. Mary DeJoseph: Good. Thank you.

Coordinator: Our next question comes from Susan Rich with 7th Generation Foundation. Go ahead. Ms. Rich, you may go ahead with your question. Is your phone muted?

Susan Rich: Yes, sorry, I had muted. I'm so sorry. Yes, Susan Rich. I actually am interested to know how much of the - what I would consider high-level way of describing this problem has been communicated down to, say, the college student level?

Because since those are our leaders of the future, those would be a really good target population to get this word out. Also, they are more of the age group that we're trying to reach rather than people who are much older who may, you know, I know exactly how to talk with their peers about this problem for those of us who may not any longer be of childbearing potential.

Our peers are not necessarily who we need to be talking to. Our project, Better Safe than Sorry, attempts to educate young people and to distribute condoms as a way of - just like with HIV prevention, helping people understand that it takes two to have a pregnancy.

And that the way to prevent this problem is to contracept. So for FASD Awareness Day, a couple years ago, we actually passed out condoms at a bar in Bethesda, Maryland, and we had a really good response from that.

We have a little bookmark that goes over the condoms with information from the CDC and NOFAS and other agencies on the condoms. We went into partnership with Planned Parenthood to do that.

But initiatives like this I feel like are going to need to shift the paradigm away from a focus on pregnancy and toward primary prevention which is pre-conception health and also pregnancy prevention.

So I really appreciate that the CDC is doing this. I think it's been a long time coming. The original Surgeon General's warning did include information to the effect that if you are sexually active and using alcohol, you need to plan your pregnancies carefully.

Unfortunately that didn't make it into the '89 warning on the bottle. And the other question that I have, this is the main question, why is it that the alcohol industry is not being held accountable to promote awareness about this issue among, you know, for people who are consumers? It's kind of a consumer protections question.

Dr. Anne Schuchat: Thanks so much for your comments and suggestions. I think the idea of pre-conception counseling and behavior change is a real priority for us at CDC. So many of the pregnancy outcomes we know about are driven by activities you need to address before you even get pregnant.

So that is something that's on our radar across the different centers. In terms of the enormous cultural changes that we need to make, you know, I think this *Vital Signs* in this town hall are a beginning step for us. So thank you for those comments.

Steve Reynolds: Thank you everyone. This has been a wonderful call and we are actually a couple minutes past 3:00, so, but before we close, please let us know how we can improve the teleconferences.

Email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word, at cdc.gov. I'd like to thank all the presenters. You've done an amazing job.

We hope you'll be able to join us for next month's town hall on Tuesday, March 8th, but we will focus on healthcare-associated infections. Thank you to all our presenters again and everyone who attended the call. That's the end of the call today. Goodbye everyone.

Coordinator: Thank you. That concludes today's conference. You may disconnect at this time.
Speakers...

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