

Centers for Disease Control and Prevention (CDC) Atlanta GA 30333

August 25, 2008

Dr. William D. Mosher Reproductive Statistics Branch Division of Vital Statistics/P-08 National Center for Health Statistics Centers for Disease Control and Prevention 6525 Belcrest Rd. Hyattsville, MD 20782

Dear Dr. Mosher,

I am writing in support of the National Survey of Family Growth (NSFG) and to emphasize its importance in HIV prevention activities. The organization of which I am part, the Division of HIV/AIDS Prevention (DHAP), is responsible for funding HIV prevention activities in the U.S. and evaluating those efforts. Much of what we know about HIV infection has come from HIV/AIDS case surveillance data or from studies of high risk groups. Despite the concentration of data collection efforts in these groups, having data from the general population is critical.

Because of the close connection between reproductive health and HIV, the NSFG has measured many items of interest to DHAP. These include monitoring trends in behaviors that place individuals at increased risk for HIV infection (such as having multiple sex partners), as well as behaviors related to preventing HIV transmission (such as condom use). DHAP uses data from NSFG as a component of HIV behavioral surveillance among the general U.S. population. Data from NSFG also are being used by DHAP scientists in developing a resource allocation model. The objective of the model is to determine the best allocation of CDC's HIV prevention funds such that the number of new infections is minimized over time. NSFG data are used to provide input data on the population distribution of persons at risk for HIV infection (men who have sex with men, injection drug users, and high-risk heterosexuals).

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 from respondents, and producing data that are useful to programs. In particular, the use of audio-assisted self interview (ACASI) techniques provides survey respondents with a much greater degree of privacy in answering the questions, and 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 starting in 2007 have increased it further. We look forward to continued success on future rounds.

Sincerely yours,

Elizabeth A. DiNenno, PhD

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