



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institutes of Health
Eunice Kennedy Shriver National
Institute of Child Health and
Human Development
Bethesda, Maryland 20892

NICHD, Population Dynamics Branch

October 6, 2014

Anjani Chandra
NSFG Principal Investigator
Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Dear Dr. Chandra:

I am writing in response to your question about how the NICHD uses the data that will be collected in the upcoming rounds of the National Survey of Family Growth (NSFG). My response primarily reflects the interests of the Population Dynamics Branch (PDB); however, as you know, other branches within the Division of Extramural Research also benefit from the NSFG data. For example, data on the uptake and continued use of various contraceptive methods are used by the Contraceptive Discovery and Development Branch and data on the prevalence of infertility and various methods of treatment are used by the Fertility and Infertility Branch. The nationally representative nature of the NSFG means that it can be used to document socioeconomic, racial and ethnic disparities in reproductive health outcomes which are part of the mission of our Office of Health Equity and our new branch in Gynecologic Health and Disease.

PDB relies heavily on data from the federal statistical system to guide activities relevant to its mission: to support research on the scientific study of human populations, including fertility, nuptiality, family demography, population growth and decline, and the causes and consequences of demographic change and to support behavioral and social science research on sexually transmitted diseases, HIV/AIDS, family planning, and infertility. Over the years, the NSFG has provided essential information on women's and men's fertility, family change, and reproductive health that has shaped programmatic activities and has provided a data resource for analysts seeking to describe and understand demographic behaviors and trends. NSFG data also provide a window into same-sex behavior and identity which supports the NIH's Plans for Advancing LGBT Health Research which were announced by Dr. Francis Collins in January of 2013 (http://www.nih.gov/about/director/01032013_lgbt_plan.htm).



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The successful transition to continuous interviewing has resulted in a steady stream of accumulating data that provides updated information quickly to the research community. The transition has also improved the ability of the NICHD to provide continued financial support in the current era of fiscal constraints. The NSFG staff have also utilized the opportunity presented by continuous interviewing to conduct experiments to increase response rates and to update and add items to keep the survey current with respect to the needs of scientific users. We are particularly pleased that the NSFG staff have provided a voice to stakeholders within the scientific community by holding a series of research conferences and funders meetings to discuss potential changes to the instrument.

In sum, the Cycle 9 data collection provides NICHD with essential descriptive knowledge to inform and guide our programming efforts, as well as an important resource for the communities of scholars that contribute to research on fertility and family issues through our grants program. I congratulate NCHS for continuing this important effort.

Sincerely,

Rosalind King, Ph.D.

Program Director, Population Dynamics Branch

Eunice Kennedy Shriver National Institute of Child Health and Human Development

CC: Rebecca Clark, Chief, Population Dynamics Branch, NICHD
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