

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

Centers for Disease Control  
and Prevention

October 6, 2014

Anjani Chandra, Ph.D.  
Principal Investigator  
National Survey of Family Growth  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

Dear Dr. Chandra:

We are pleased to write in support of the National Survey of Family Growth (NSFG) and to highlight some of the important ways in which these data have been recently used in the Division of STD Prevention (DSTDP) at the Centers for Disease Control and Prevention (CDC). DSTDP has analyzed and used NSFG data extensively over the past several years.

NSFG data has enabled us to better understand temporal trends in sexual behavior among MSM. An investigation of HIV/STI risk behavior among MSM between 2002 and 2006-2010 showed that sexual risk behaviors among MSM largely decreased or stayed the same during this time period, including the number of male and female partners in the past 12 months, time spent in jail, not using a condom at last sex, injection drug use (IDU), and sex with an HIV-infected male. Given that HIV and syphilis increased among MSM during this time period, these findings suggest that factors in addition to individual-level sexual risk should also be examined.

Additionally, using multiple cycles of NSFG data, we have been able to observe trends in the testing and treatment of STIs. We have analyzed temporal trends in self-reported pelvic inflammatory disease (PID) treatment. Using NSFG data from 1995, 2002, and 2006-2010 we discovered that receipt of PID treatment declined from 1995 to 2006-2010, with the burden affecting women of lower socioeconomic status. Similarly, an investigation of chlamydia testing rates using the 2006-2010 NSFG data demonstrated that many sexually active adolescents were not tested as recommended, even when they visited a physician with signs and symptoms consistent with chlamydial infection. Despite these downward trends in PID treatment and chlamydia testing, there was an overall significant increase among women in the receipt of STI services (counseling, testing, treatment) from 2002 to 2006, although this increase was not observed among adolescent girls.

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Finally, as a result of our adolescent-specific findings and our changing healthcare environment, we recently added items to NSFG that will allow us to better monitor access to health services among adolescents and young adults. Specifically, 2013-15 NSFG will collect information on whether those under 26 years are on their parents' insurance plan, if they ever have forgone care because they were concerned about confidentiality, and if they had time alone with their provider. In terms of STD services, we included items focusing on why the respondent chose that place for their care and whether or not a risk assessment occurred during the visit. These data will help us to better monitor and predict access to STD services and the potential impact of the Affordable Care Act on these services. Further, these data will also help us to assess the availability of safety net services for uninsured adolescents and young adults.

Our NCHS colleagues have provided constant and timely interactions that were vital in reaching deadlines and implementing our questions into the current cycle of data collection. In particular, they maintain regular email and telephone contact to provide pilot-test and interviewer training updates and to suggest potential changes to the questions as necessary. The quarterly email updates of the progress of continuous interviewing are also a welcome piece of information that we use to update our leaders on the project's success and to validate our DSTD funding decisions.

Thank you,

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Behavioral Scientist  
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