

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

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**Centers for Disease Control  
and Prevention**

October 6, 2017

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:

I am 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 and plans to continue doing so.

Using data from 2013-15 NSFG, DSTDP examined issues associated with confidentiality of health status and STD testing among adolescents and young adults. These data helped the division to identify barriers to one of the division's screening recommendations – chlamydia screening among women 24 years old or younger.

Additionally, an investigation of the links between sexual violence, risky sexual behavior, STD acquisition, testing, and treatment among women aged 15-44 in 2011-2013, revealed a number of important findings related to reports of forced sex that can help inform guidance for clinical providers regarding the identification of women in this at-risk group.

Risky sexual behavior and STIs cluster within subpopulations. Examining the concentration of behaviors can help to target interventions to those at highest risk. NSFG data has enabled us to better understand the distribution of sex partners in the United States by sexual identity. Data from 2006-2015 were used to analyze the number of opposite-sex and same-sex partners among heterosexual, homosexual, and bisexual males and females, with results suggesting that interventions targeting high-risk persons within subpopulations may be more impactful.

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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 DSTDP funding decisions. We look forward to continuing this collaboration.

Thank you,

A handwritten signature in blue ink that reads "Patricia Dittus".

Patricia Dittus, PhD  
Behavioral Scientist  
Division of STD Prevention  
Centers for Disease Control and Prevention