



DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention (CDC)

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Dr. Anjani Chandra, PhD
Principal Investigator, National Survey of Family Growth
CDC/National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Dear Dr. Chandra:

The Division of Reproductive Health (DRH), National Center for Chronic Disease Prevention and Health Promotion would like to express strong support for the National Survey of Family Growth (NSFG). This survey has been invaluable for carrying out our mission of promoting optimal and equitable reproductive health in women and men through surveillance and research that contributes to effective, evidence-based and informed public health practices, programs, and policies.

NSFG data have been vital for DRH's work on monitoring the use of preventive health services among women and men of reproductive age (i.e., 15-45 years). This past year NSFG data were used to develop a new surveillance summary that documents the use of preventive services recommended to help women and men maintain and improve their overall health and achieve their desired number of children. Findings from this report point to gaps in receipt of recommended preventive services. Ongoing availability of NSFG data will be essential for monitoring progress, and additional service utilization variables added to the most recent cycle of the NSFG (e.g., dietary, exercise and smoking cessation counseling; screening for pregnancy planning; and receipt of advice related to folic acid consumption), will help to expand the scope of preventive health services that can be monitored.

NSFG data have also played a critical role in DRH's collaborative efforts to develop clinical performance measures for contraceptive care services, which recently endorsed by the National Quality Forum (*NQF*). While these performance measures are based on Medicaid claims data, NSFG data have been essential for refining estimates of the number of women at risk of unintended pregnancy as the target population for contraceptive services. These recently endorsed performance measures will be critical

for health care systems to obtain standard measures of contraceptive care service delivery that can inform quality improvement efforts.

DRH also uses NSFG estimates on infertility prevalence and infertility service utilization to highlight the public health importance of infertility and promote activities related to the prevention, detection, and treatment of medical conditions that can threaten fertility. NSFG data on these measures are featured on DRH's infertility webpage, and were also included in an MMWR announcement on National Infertility Awareness week, as well as a Twitter chat on infertility co-hosted by DRH, the National Institute of Child Health and Human Development, and the CDC Office of Women's Health. Furthermore, recent changes to the NSFG will increase the importance and utility of this survey for DRH's work related to infertility. New questions added during the most recent revision of the NSFG on polycystic ovarian syndrome, the most common cause of female infertility, will provide the first national estimates of the prevalence of this condition among US women of reproductive age. In addition, the recent expansion of the age range of women included in the NSFG from 15-44 year to 15-49 years will improve the utility of this data to estimate the prevalence of infertility and service use among affected populations.

In summary, DRH strongly supports the NSFG as a critical source of information about the nation's reproductive health. Please do not hesitate to contact us if you have any other questions about the use of NSFG data by DRH at CDC.

Sincerely,



Shanna Cox, MSPH
Associate Director for Science
Division of Reproductive Health
Centers for Disease Control and Prevention