Attachment F9

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

September 18, 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 Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC). DASH has conducted several analyses of NSFG data over the past few years.

DASH has conducted a set of analyses to increase our understanding of adolescents' use of sexual and reproductive health services. We have analyzed NSFG data looking at adolescent use of long acting reversible contraceptives (LARC) and health services. For these analyses, the calendar history of contraceptive use was particularly useful as it allowed us to distinguish new from continuing LARC users. We also were able to explore provider counseling in the context of sexual and reproductive health services.

A second set of analyses focused on parent-adolescent communication and sex education. We used NSFG data to look at differences in receipt of both by sexual orientation. And, we were able to explore associations between parent-adolescent communication and provider communication. We also published a paper last year in Sexually Transmitted Diseases on the distribution of sex partners over the lifetime and in the past year.

In addition to conducting our own analyses of NSFG data, we also greatly value the reports and data NCHS makes available for use. We use data from the NCHS teen reports regularly to describe the epidemiology of the health problems and behaviors of which we are most concerned. We are using NSFG data in our research projects to inform their direction and better understand how our convenience samples compare to national probability samples of sexual minority youth. In our economic studies and modeling work, we use NSFG data to create

parameters for the models describing how various behavioral interventions can have an impact on future health outcomes.

Changes to NSFG sampling and periodicity in recent years have benefited DASH by providing larger sample sizes at more frequent intervals, at a lower cost per interview, than in the periodic design. We hope that the support of DASH enables NCHS to continue to include questions on NSFG surveys pertaining to issues pertinent to DASH goals and objectives including, among other things, adolescent sexual risk behaviors, confidential access to sexual health services for adolescents, adolescent sexual health care usage, and experience with and attitudes towards sexual health education.

Our NCHS colleagues have been timely and thorough in their communications and efforts to address DASH's needs in the current cycle of data collection. We appreciate their regular email and telephone contact. We were extremely grateful to be given the opportunity to participate in NSFG planning, suggesting revisions and additions to the NSFG questionnaires this past year and look forward to a continuing partnership in the years to come.

Thank you.

Sincerely,

Lisa C. Barrios, ScM, DrPH
Chief, Research Application and Evaluation Branch
Division of Adolescent and School Health
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention