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

March 31, 2021

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 (NCCDPHP) 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 emergency preparedness and response, provision of quality contraceptive services, infertility services and addressing unintended pregnancy among adolescents and young adults. NSFG data is currently being used to refine a tool to estimate the number of pregnant women in a geographic area for public health planning for this vulnerable population. NSFG data is critical to population-based adjustments of NQF endorsed quality measures for quality contraceptive care and regularly used by DRH epidemiologists. NSFG is a critical data source informing efforts to address male involvement in teen pregnancy prevention, key analyses include understanding the characteristics of fathers of teen births to inform interventions. NSFG data is used to understand the role of policy changes. For example, in 2013, the Federal Drug Administration (FDA) approved the over-the counter purchase of emergency contraception. NSFG data has been critical to monitoring the impact of this policy change on access and utilization. Ongoing availability of NSFG data will be essential for monitoring emerging issues and additional service utilization variables added to the most recent cycle of the NSFG meet this need, including questions added on use of natural family planning apps, use of infertility services among same sex couples, and expanding questions on chronic conditions that impact reproductive health such as hypertension and substance use and misuse.

NSFG data have also played a critical role in DRH's collaborative efforts with other Centers in CDC and highlight opportunities to improve integrate care. For example, a recently published analysis in collaboration with the National Center for Birth Defects and Developmental Disabilities (NCBDDD), looked at contraceptive use, disability and role of sexual education. Ongoing collaborations with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) monitor the utilization of STI /HIV services by contraceptive type to inform efforts for broad integration of sexual health services for adolescents and young adults.

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