

**Attachment E1****Date: August 25, 2008****Subject: Media Coverage and Use of NSFG Data by the Media****From: Jeff Lancashire, Public Affairs Officer, NCHS**

The National Survey of Family Growth (NSFG) continues to be one of the data sets from the National Center for Health Statistics (NCHS) that is most frequently used by the media. Media coverage/use comes in two major forms: (1) as breaking news when new results from the survey are released in NCHS publications, in articles authored by NCHS staff, and when analyzed and presented by a wide range of other government, research, academic and policy organizations and (2) to provide a knowledge and factual base for the presentation of information from other sources on the many aspects of reproductive health and family formation addressed in the NSFG. The NSFG surveys have produced such a rich data base in terms of scope, depth and trend analysis that the survey is the natural baseline and comparison for the many smaller or local surveys and studies on the health and demographic topics covered in the NSFG.

In 2006, the NSFG began operating in the field on a continuous basis, with new results likely becoming publicly available in 2009 and every two or three years from that point, instead of every seven years as traditionally has been the case. This likely will result in at least a doubling of media coverage of NSFG in the coming years.

Media use of NSFG findings include coverage as breaking news, op ed pieces, editorials, and commentaries. NSFG data are used in discussion of topics directly covered by the survey, but also on a broad range of topics of policy and programmatic interest including health and social services, welfare reform and family support, and others. The NSFG data as covered by the media raise public awareness, improve knowledge, and set the stage for public policy and public action. While NCHS reports are promoted extensively on the web, through targeted mailings, and in direct distribution to users, the media serves to inform new groups and users of the available information.

**NSFG findings in the news:**

**Adoption in the U.S.** – For the first time, information on men and adoption was released, along with the traditional information provided on women, and the result was a wave of media coverage, including a series of stories featured on NBC television news affiliates across the country. The data, which show men are twice as likely to have adopted a child at some point in their lifetime, provide a stronger foundation of understanding about the trends in adoption in the country.

**Key Statistics from the NSFG (from A to Z)** A rich new web-based feature premiered on the NCHS web site in 2008 – an A to Z index on data topics covered by the NSFG. The new index provides news reporters – as well as public policymakers and the general public – with one-stop shopping for all the key NSFG data subjects – from contraception and fertility, to sexual behavior and family planning, to marriage, divorce and cohabitation to name a few. The debut occurred in February, near Valentine’s Day, prompting some reporters who were preparing relationship-related stories to utilize NSFG data widely in many of these articles. On a more significant scale, the A to Z index is now one of the most widely-used resources on the NCHS web site.

**Sexual behaviors and related health measures** – Data released a few years earlier on sexual behaviors and related health measures continue to be cited in a number of news stories nationwide. The findings address sexual behaviors not only related to issues of pregnancy, childbearing, and fertility but also relevant for disease prevention. The survey produced information on oral, anal, and vaginal sex and information on testing for HIV and STD’s.

These findings from the NSFG provide media with rare information on sensitive topics based on a carefully designed and conducted survey representative of the U.S. population, and remain highly relevant in the on-going public debate about sexual behavior and its impact on society.

**Teen Sexual Activity, Pregnancy and Contraception** - Similarly, data released in 2004 on trends in teen sexual activity, contraception and other aspects of reproductive behavior continue to be cited widely by the news media, with the key findings gradually becoming ingrained into the public consciousness, such as the finding that teenagers are delaying sex until somewhat older ages and avoiding or postponing sexual activity which in turn reduces sexually transmitted diseases, unwanted pregnancy or emotional and societal responsibilities for which they are not prepared. NCHS has responded to many requests from citizens and community groups for information on the findings after release by the media.

**Fertility, Contraception and Fatherhood** – With the most recent cycle of the NSFG including men for the first time, a watershed report was released on fertility, contraception and fatherhood in the U.S. The findings from this report were covered extensively by national news media and provide a critical missing piece to the information puzzle on family growth in the U.S. This media coverage once again led to requests for the report by researchers, education and advocacy organizations, and government agencies at the Federal, State and local levels.

**Marriage, Divorce, and Cohabitation** – Though no new information on this topic has been released in several years, it is a subject that continues to be of great interest to the news media and the NCHS press office frequently receives inquiries on this topic. In response to the strong demand for this information, NSFG has an updated report in the works.

**ATTACHMENT E-2**  
**Healthy People 2010 Objectives**  
Chapter 9: Family Planning

**9-1. Increase the proportion of pregnancies that are intended.**

**Target:** 70 percent.

**Baseline:** 51 percent of all pregnancies among females aged 15 to 44 years were intended in 1995.

**Target setting method:** Better than the best.

**Data sources:** National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System (NVSS), CDC, NCHS; Abortion Provider Survey, The Alan Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.

**9-2. Reduce the proportion of births occurring within 24 months of a previous birth.**

**Target:** 6 percent.

**Baseline:** 11 percent of females aged 15 to 44 years gave birth within 24 months of a previous birth in 1995.

**Target setting method:** Better than the best.

**Data source:** National Survey of Family Growth (NSFG), CDC, NCHS.

**9-3. Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.**

**Target:** 100 percent.

**Baseline:** 93 percent of females aged 15 to 44 years at risk of unintended pregnancy used contraception in 1995.

**Target setting method:** Total coverage.

**Data source:** National Survey of Family Growth (NSFG), CDC, NCHS.

**9-4. Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method.**

**Target:** 7 percent.

**Baseline:** 13 percent of females aged 15 to 44 years experienced pregnancy despite use of a reversible contraceptive method in 1995.

**Target setting method:** Better than the best (retain year 2000 target).

**Data sources:** National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Patient Survey, The Alan Guttmacher Institute.

**9-5. Increase the proportion of family planning agencies that offer emergency contraception.**

**Target:** 90 percent.

**Baseline:** 80 percent of family planning agencies offered emergency contraception in 1999.

**Target setting method:** 13 percent improvement.

**Data source:** The Alan Guttmacher Institute.

**9-6. Increase the proportion of men who have gone to a family planning clinic with their female partner or girlfriend within the past 12 months.**

**Target:** 22 percent.

**Baseline:** 21 percent of males aged 15 to 24 years went with a female partner or girlfriend to a family planning clinic or Planned Parenthood in the past 12 months in 2002.

**Target setting method:** Better than the best.

**Data source:** National Survey of Family Growth (NSFG), CDC, NCHS.

**9-7. Reduce pregnancies among adolescent females.**

**Target:** 43 pregnancies per 1,000.

**Baseline:** 67<sup>1</sup> pregnancies per 1,000 females aged 15 to 17 years occurred in 1996.

**Target setting method:** Better than the best.

**Data sources:** Abortion Provider Survey, The Alan Guttmacher Institute; National Vital Statistics System (NVSS), CDC, NCHS; **National Survey of Family Growth (NSFG), CDC, NCHS;** Abortion Surveillance Data, CDC, NCCDPHP.

**9-8. Increase the proportion of adolescents who have never engaged in sexual intercourse before age 15 years.**

Target and baseline:

Objective	Increase in Adolescents Aged 15 to 19 Years Never Engaging in Sexual Intercourse Before Age 15 Years	1995 Baseline	2010 Target
		<i>Percent</i>	
<b>9-8a.</b>	Females	81	88
<b>9-8b.</b>	Males	79	88

**Target setting method:** Better than the best.

**Data sources:** Females—**National Survey of Family Growth (NSFG), CDC, NCHS;** Males—National Survey of Adolescent Males (NSAM), Urban Institute.

**9-9. Increase the proportion of adolescents who have never engaged in sexual intercourse.**

Target and baseline:

Objective	Increase in Adolescents Aged 15 to 17 Years Never Engaging in Sexual Intercourse	1995 Baseline	2010 Target
		<i>Percent</i>	
<b>9-9a.</b>	Females	62	75
<b>9-9b.</b>	Males	57	75

**Target setting method:** Better than the best.

**Data sources:** Females—**National Survey of Family Growth (NSFG), CDC, NCHS**; Males—National Survey of Adolescent Males (NSAM), Urban Institute.

**9-10. Increase the proportion of sexually active, unmarried adolescents aged 15 to 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease.**

Target and baseline:

Objective	Increase in Contraceptive Use at First Intercourse by Sexually Active, Unmarried Adolescents Aged 15 to 17 Years	1995 Baseline	2010 Target
		<i>Percent</i>	
<b>Condom</b>			
<b>9-10a.</b>	Females	69 <sup>1</sup>	76 <sup>2</sup>
<b>9-10b.</b>	Males	72	83
<b>Condom plus hormonal method</b>			
<b>9-10c.</b>	Females	7	9
<b>9-10d.</b>	Males	8	11

**Target setting method:** Better than the best.

**Data sources:** Females—**National Survey of Family Growth (NSFG)**, CDC, NCHS; Males—National Survey of Adolescent Males (NSAM), Urban Institute.

Target and baseline:

Objective	Increase in Contraceptive Use at Last Intercourse by Sexually Active, Unmarried Adolescents Aged 15 to 17 Years	1995 Baseline	2010 Target
		<i>Percent</i>	
<b>Condom</b>			
<b>9-10e.</b>	Females	39	49
<b>9-10f.</b>	Males	70	79
<b>Condom plus hormonal method</b>			
<b>9-10g.</b>	Females	7	11
<b>9-10h.</b>	Males	16	20

**Target setting method:** Better than the best.

**Data sources:** Females—**National Survey of Family Growth (NSFG)**, CDC, NCHS; Males—National Survey of Adolescent Males (NSAM), Urban Institute.

**9-11. Increase the proportion of young adults who have received formal and informal instruction before turning age 18 years on the following reproductive health issues: abstinence, birth control methods, HIV/AIDS prevention through safer sex practices, and sexually transmitted diseases.**

Target and baseline:

Objective	Increase in Young Adults Who Have Received Instruction on Reproductive Health Issues Before Turning Age 18 Years	2002 Baseline	2010 Target
		<i>Percent</i>	
	<b>Formal instruction</b>		
	<i>Abstinence</i>		
<b>9-11a.</b>	Females	86	88
<b>9-11b.</b>	Males	83	85
	<i>Birth control methods</i>		
<b>9-11c.</b>	Females	70	73
<b>9-11d.</b>	Males	66	70
	<i>HIV/AIDS prevention through safer sex practices</i>		
<b>9-11e.</b>	Females	Developmental	
<b>9-11f.</b>	Males	Developmental	
	<i>Sexually transmitted diseases</i>		
<b>9-11g.</b>	Females	Developmental	
<b>9-11h.</b>	Males	Developmental	
	<b>Informal instruction</b>		
	<i>Abstinence</i>		
<b>9-11i.</b>	Females	57	62
<b>9-11j.</b>	Males	45	49
	<i>Birth control methods</i>		
<b>9-11k.</b>	Females	51	57
<b>9-11l.</b>	Males	33	38
	<i>HIV/AIDS prevention through safer sex practices</i>		
<b>9-11m.</b>	Females	Developmental	
<b>9-11n.</b>	Males	Developmental	
	<i>Sexually transmitted diseases</i>		
<b>9-11o.</b>	Females	51	60
<b>9-11p.</b>	Males	52	57

**Target setting method:** Better than the best.

**Data source:** National Survey of Family Growth (NSFG), CDC, NCHS.

**9-12. Reduce the proportion of married couples whose ability to conceive or maintain a pregnancy is impaired.**

**Target:** 10 percent.

**Baseline:** 13 percent of married couples with wives aged 15 to 44 years had impaired ability to conceive or maintain a pregnancy in 1995.

**Target setting method:** 23 percent improvement.

**Data source:** National Survey of Family Growth (NSFG), CDC, NCHS.

**9-13. Increase the proportion of health insurance plans that cover contraceptive supplies and services.**

**Target:** 90 percent.

**Baseline:** 86 percent of employment-based insured health plans routinely covered all five leading methods of contraception: diaphragm, implant, injectable, intrauterine device (IUD), and oral contraceptive pills in 2002.

**Target setting method:** 5 percent improvement.

**Data source:** The Alan Guttmacher Institute.

Attachment E3: Letter from the Office of Population Affairs, US DHHS

August 25, 2008

William D. Mosher, Ph.D.  
Reproductive Statistics Branch  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

Dear Dr. Mosher:

The Office of Population Affairs (OPA) administers Title X and Title XX of the Public Health Service Act). The mandated concerns of these programs create a strong need for the National Survey of Family Growth (NSFG), which provides national data on those factors that influence fertility, such as desired family size, contraceptive behavior, use of family planning services, number of sexual partners, age at first intercourse, and teen pregnancy. Often this survey is the only solid source of national data to which this Office can turn in assembling the data required for matters of national policy.

Some of the ways in which the Office of Population Affairs has used the data from the NSFG include the following:

- 1) As the lead agency for the Family Planning Priority Area in Healthy People 2010: Health Objectives for the Nation, OPA relies heavily on estimates derived from the NSFG to provide reliable baseline data for many of these family planning objectives.
- 2) The NSFG has been the primary source of data for deriving estimates of numbers of women at risk of unintended pregnancy and numbers and characteristics of women who use family planning services. The NSFG enables us to distinguish Title X clinic users from others, which helps us to determine the characteristics of these clients.
- 3) The Title XX Adolescent Family Life program relies on information based on data from the NSFG to know about trends in sexual activity and related behavior among teens, as its best national source of this information.
- 4) The NSFG data are also used in the research grant program by grantees whose research relies on this data for providing answers to questions of interest. Several research projects analyzing NSFG data have been funded by OPA.

In addition, the issue of male sexual responsibility and fertility-related behavior has long been of concern to both the Title X and Title XX programs. Efforts are currently underway within OPA to test a variety of approaches that would encourage responsible family planning/reproductive

health decision-making among males. Information provided by the NSFG on the characteristics and motivations of males will help family planning and pregnancy prevention programs better understand how to provide effective services to men and thereby substantially help to improve policy and program initiatives that are intended to reach males.

Within the Office of Population Affairs (OPA), the Office of Research and Evaluation (ORE) oversees research and evaluation activities supported by the Title X Family Planning program and the Title XX Adolescent Family Life program. A number of projects funded by OPA to conduct research have relied on data from the NSFG to investigate questions of interest such as males' use of reproductive health services, factors related to unintended pregnancy, non-voluntary sexual activity among teens, and the characteristics of and services received by clients who visit Title X family planning clinics

OPA will continue to find data from the NSFG useful for the above-stated purposes. Also useful have been many reports and publications that reveal important findings from the survey such as the report indicating a rise in teen birth rate. OPA has also benefited from a number of features that have enhanced the NSFG website including "Key Statistics from A to Z."

Sincerely,

Eugenia Eckard, M.A.  
Office of Research and Evaluation  
Office of Population Affairs  
US Department of Health and Human Services

Attachment E4: NICHD, Center for Population Research, Demographic and Behavioral Sciences Branch

August 25, 2008

William Mosher  
Division of Vital Statistics  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

Dear Bill,

I am writing in response to your question about how NICHD uses the data that will be collected in the upcoming rounds of the National Survey of Family Growth (NSFG). My response mainly reflects the interests of the Demographic and Behavioral Sciences Branch; however, as you know, other branches within the Center for Population Research also benefit from the NSFG data. For example, data on the prevalence of contraceptive methods including oral contraceptives and injectibles have been used by the Contraceptive and Reproductive Health Branch and data on the prevalence of infertility and its treatment have been used by the Reproductive Sciences Branch. More generally to my institute, recent studies based on the NSFG that link obesity and contraceptive failure are directly pertinent to NICHD's concerns about obesity, pregnancy, and reproductive health, an area in which we recently held a conference and are actively developing initiatives. The Demographic and Behavior Sciences Branch (DBSB) relies heavily on data from the federal statistical system to guide activities relevant to its mission. As you know, DBSB's mission is to support research on the determinants of population size, change and distribution. Over the years, the NSFG has provided essential information on women's fertility, family change, and reproductive health that has guided programmatic activities and has provided a data resource for analysts seeking to describe and understand demographic behaviors and trends. Due to the addition of the sample of men, our understanding has now broadened to their experiences as well. For example, the trend in "multi-partnered fertility" (childbearing with more than one partner over the life course) was previously described only anecdotally or in small samples, but can now be understood at the population level. The contextual data files also enable analysts to model the effects of variation in state policies on reproductive health outcomes. NICHD grantees have published findings on the actual effects of infertility insurance mandates that demonstrate that they do not necessarily work as envisioned.

In the past few years, the National Center for Health Statistics' has successfully changed the NSFG to resolve a number of prior concerns. The transition to continuous interviewing has resulted in a steady stream of accumulating data that will be available beginning in approximately one year

to provide information on a more current basis than under the previous structure. The transition has also improved the ability of the NICHD to provide continued financial support in the current era of fiscal constraints. The NSFG staff have also utilized the opportunity presented by continuous interviewing to conduct experiments to increase response rates and to update and add items to keep the survey current with respect to the needs of scientific users. We are particularly pleased that the NSFG staff have fully incorporated the scientific community as stakeholders by holding a series of research conferences and reinstating the scientific advisory board. In sum, the completion of the Cycle 7 data collection and the proposed Cycle 8 data collection will provide NICHD with essential descriptive knowledge to inform and guide our programming efforts, as well as an important resource for the communities of scholars that contribute to research on fertility and family issues through our grants program. I congratulate NCHS for undertaking this important effort.

Sincerely,

Rosalind King, Ph.D.  
Health Scientist Administrator,  
Demographic and Behavioral Sciences Branch  
National Institute of Child Health and Human Development

C: Rebecca Clark, Acting Chief, DBSB, NICHD  
H. Trent McKay, Chief, Contraceptive & Reproductive Health Branch, NICHD  
Louis De Paolo, Chief, Reproductive Sciences Branch, NICHD  
Florence Haseltine, Director, Center for Population Research, NICHD  
Duane Alexander, Director, NICHD

Attachment E5—Children’s Bureau, ACF, US DHHS

August 12, 2008

William Mosher, Ph.D.  
Team Leader, National Survey of Family Growth  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

Dear Dr. Mosher:

As you know, the Children's Bureau, Administration on Children, Youth and Families, (ACYF) Administration for Children and Families (ACF), Department of Health and Human Services (DHHS) is the Federal agency that has historically been responsible for administering a variety of programs which encourage and facilitate permanency for children in the public foster care system, particularly programs which emphasize adoption for children for whom return home is not possible. Although specific programs pertaining to adoption have been in existence since as early as the late-1970s (e.g. Adoption Opportunities Program and the Adoption Assistance Program), in more recent years new programs have been initiated and legislation passed which further commit the agency to assisting children to be adopted from the public foster care system and broaden the scope of the agency’s responsibilities to include issues relating to providing adoption information to pregnant women. These recent programs include:

- The Multi-Ethnic Placement Act of 1994 (Pub. L. 103-382, Section 551), as amended by the Inter-Ethnic Provisions of 1996 (Pub. L. 104-188, Section 1808);
- The Adoption and Safe Families Act of 1997 (Pub.L. 105-89) which (1) established the Adoption Incentive Program which rewards states for increasing the number of adoptions; (2) promotes termination of parental rights for children who have been in foster care for a specified period of time; and (3) promotes the use of relatives as adoptive parents; and
- The Infant Adoption Awareness program (Section 330F of the Public Health Service Act, as amended by Title XII, Subtitle A, of the Children’s Health Act of 2000) which awards grants to develop and implement programs to train staff of health centers to provide, as part of nondirective counseling to pregnant women, adoption information and referrals on an equal basis with all other courses of action.

The Children's Bureau has been providing funding to the National Survey of Family Growth (NSFG) since Cycle 4. The NSFG plays a critical role in providing information to the Bureau to enhance the understanding of adoption in the United States. In particular, it is the only source of national information on adoption demand and preferences which is critical for program planning to implement the initiatives and legislation described above. For example, the recent report on adoption based on Cycle 6 NSFG data, *Adoption Experiences of Women and Men and Demand for Children to Adopt by Women 18-44 Years of Age*, not only informs us about the demand to adopt by women, especially minority women, it also provides the first information on a national random sample of men about their experiences with adoption. The findings from this report will be used to refine our approaches to recruiting adoptive families for children in the public foster care system. The instrument revisions, increase in sample size, and the continuous interviewing design of Cycles 7 and 8 will produce more comprehensive data at more frequent intervals.

Overall, the importance of the NSFG to the work of the Children's Bureau is growing. The Children's Bureau looks forward to assisting you in any way we can to facilitate the conduct of the survey, and the dissemination, interpretation and utilization of the findings.

I will be the contact person in the Children's Bureau for this project through December 31, 2008: My contact information is:

Penelope (Penny) L. Maza, Ph.D.  
Senior Policy Research Analyst  
Children's Bureau  
Portals Building, Suite 800  
1250 Maryland Avenue, SW  
Washington, DC 20024  
(202) 205-8024 (voice)  
(202) 205-8221 (fax)  
pmaza@acf.hhs.gov

Attachment E6--OASPE

Date: August 29, 2008

To: William Mosher, NCHS/CDC

From: Linda Mellgren, HSP/ASPE

Subject: ASPE support for the NSFG

The National Survey of Family Growth (NSFG) is a multipurpose survey of family formation, reproduction, reproductive health, and HIV risk and prevention that has been conducted seven times since 1973. ASPE has found it to be the best source of detailed data on marriage, divorce, cohabitation, infertility, contraception and teen sexuality of any cross-sectional survey in the government. As such these data have been critical for informing policies such as the healthy marriage initiative and teen pregnancy prevention. This is consistent with the central purpose of the NSFG--to provide high-quality, reliable data essential for DHHS policy development, planning, research efforts, and program implementation across a wide variety of health and social welfare programs and issues.

OASPE has a long history of using NSFG data to help inform policies around families, particularly with respect to the low-income and welfare populations. One aspect of the NSFG making it particularly valuable is its rich retrospective data on union formation and fertility. As such, these data are informative not only for monitoring trends in key outcomes (e.g., what proportion of children are born to parents who are cohabiting), but also for analyzing the complex relationships between various outcomes and behaviors over the life course of the family. (e.g., how decisions about union formation affect subsequent family well-being). These life-course measures and analyses are of growing importance as policy makers and researchers realize that family structure is highly dynamic in ways that point-in-time measures cannot capture.

In addition, data on teen sexuality, abstinence and contraception have been critical to ASPE's role in developing policies and briefing materials around the prevention of teen pregnancy and evaluation of abstinence education programs. ASPE frequently cites findings on teens from published NSFG reports, including measures of first sexual contact, types of sexual behaviors and attitudes toward outcomes such as having sex outside of marriage.

The most recent survey--Cycle Six, completed in FY 2004--was expanded to ask questions of men as well as women. The additional content on marriage, cohabitation and child involvement as well as STD/HIV risk behaviors that has been included in the male survey makes the NSFG even more useful, as fatherhood is another critical area of policy development for ASPE. The information yielded from the male responses will be particularly valuable for assessing the Healthy People 2010 objectives, monitoring and

improving father involvement, understanding the determinants of marriage and family well-being from both male and female perspectives, and developing policies that would help prevent premature fatherhood.

In addition to the many instances in which ASPE uses NSFG findings for internal briefings and policy development, specific examples of ASPE reports and analysis using NSFG data are:

- *Pathways to Adulthood and Marriage: Teenagers' Attitudes, Expectations, and Relationship Patterns*, Robert Wood, Sarah Avellar and Brian Goesling, Mathematica Policy Research Inc. ASPE contract HHS-223-02-0086, October, 2008.
- *Marital and Unmarried Births to Men: Complex Patterns of Fatherhood, Evidence from the National Survey of Family Growth, 2002*. Steven L. Nock (University of Virginia). ASPE Research Brief, April, 2007.
- The paper "Teen Sexually Activity, Childbearing and the Risk of Dependency" was presented at the National Association for Welfare Research and Statistics (August 2008).
- "Father Involvement: A Preliminary look at Antecedents and Correlates", an analysis of married and unmarried men's fathering behaviors was presented at the Research Conference on the NSFG (2006).
- Under the auspices of the ASPE funded Center for Research and Evaluation on Abstinence Education, a paper is under development on cost savings due to abstinence.
- As part of the African American Marriage and Health research activities, ASPE is sponsoring a paper entitled "*The Impact of Marital Status on Racial Disparities in Sexually Transmitted Infections*". Publication date for the paper is mid-year 2009.

Marriage and cohabitation, father involvement, pregnancy and intendedness, and teen sexuality and risk taking will continue to be important policy issues for ASPE. Adoption and reproductive health (infertility, breastfeeding, women's health care) are also emerging issues. NCHS's new report on the adoption experiences of women and men (Jones, 2008) will help inform analysis of the National Survey of Adoptive Parents which ASPE and ACF have sponsored using NCHS's SLAITS mechanism. ASPE and NCHS staff have met to talk about how the findings relate and potential ways adoption data in the NSAP and the National Survey of Children's Health (to which the NSAP is an added module) might be used to further explore finding identified in the NSFG data. Thus, ASPE will continue to depend on frequent and reliable information that, based on a recent review of known health and social science surveys, is not readily available outside of the NSFG.

The NSFG is currently the only survey collecting life history data for both males and females on family formation, sexual activity including STD/HIV risk behaviors, fertility, and contraception. The survey collects more information on fatherhood – both becoming and being a father--providing enormous potential for policy and program development.

Equally important is the extensive socio-demographic information collected on the NSFG—not only detail on age, race/Hispanic origin, and education, but also characteristics not available elsewhere, e.g., religious affiliation and practice, income, employment and welfare dependency. Measures of immigrants and legal status are important for the same reasons. These characteristics are all likely to influence the family formation and well-being outcomes of interest. Attitudinal data on outcomes such as desired family size, marital intentions, and social acceptability of sex or childbearing outside of marriage are also key markers of societal trends that need to be accounted for when developing and evaluating policies.

The change in Cycle Seven to move to continuous interviewing will enhance the policy relevance of these data even further by providing a mechanism for ongoing updating of the data rather than relying on periodic, time bound cross-sectional findings. We look to continue learning from these valuable data in the future.

If there are any questions about ASPE's needs for and uses of the NSFG data, please contact me.

Linda Mellgren  
Sr. Social Science Analyst  
Office of Human Development Policy  
202-690-6806  
Linda.Mellgren@hhs.gov