

April 2, 2021

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 the importance of this data for the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC). NCIPC has used NSFG data to compare results between the NSFG measure of forced sexual intercourse to results from NCIPC's Division of Violence Prevention's National Intimate Partner and Sexual Violence Survey (NISVS).

As of 2021, NCIPC has agreed to sponsor the NSFG in order to support the addition of questions focused on assessing several strategic priority topics for NCIPC: Adverse Childhood Experiences (ACEs); suicide ideation; and misuse of prescription opioids (note - other substance misuse behaviors are already assessed on the NSFG). The NSFG offers NCIPC a unique opportunity to better understand late adolescent and adult respondent's experiences of Adverse Childhood Experiences (ACEs) and their connection to a host of important reproductive and physical, mental, and behavioral health outcomes (including the newly added suicide ideation and prescription opioid misuse questions). One of NCIPC's strategic goals with respect to ACEs is to improve nationally representative surveillance of ACEs, particularly among populations of late adolescents and adults. Currently, states who have implemented the ACEs module in the Behavioral Risk Factor Surveillance Surveys (BRFSS) represent our only national-level source of ACEs data among adults, and the National Survey of Children's Health provides us with parent reports of children's experiences of some, but not all, ACEs. Adding ACEs questions to the NSFG allows us to improve surveillance among late adolescents and adults of reproductive age, as well as examine the association between ACEs experiences and a number of later-life outcomes of interest, including those that are cross-cutting strategic priorities for NCIPC (i.e., suicide ideation, substance misuse).

Our NCHS colleagues have been very thorough and supportive in their efforts to address the surveillance needs of the NCIPC. We appreciate their consistent and reliable collaboration and are grateful to be able to participate in the planning of the current data collection cycle. We look forward to a partnership that will be beneficial for both NCIPC, as well as many other CDC centers, as these topic areas cut across many CDC programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deb Houry', with a long horizontal flourish extending to the right.

Deb Houry, MD, MPH
Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention