

Attachment 20. Public Comments on 60-day FRN and Response

Non-substantive Comment that Received CDC's Standard Response

Raspberry, Catherine N. (CDC/OID/NCHHSTP)

From: Raspberry, Catherine N. (CDC/OID/NCHHSTP)
Sent: Thursday, July 24, 2014 4:52 PM
To: Raspberry, Catherine N. (CDC/OID/NCHHSTP)
Subject: FW: PUBLIC COMMENT ON FEDERAL REGISTER

From: Bonds, Constance (CDC/OID/NCHHSTP)
Sent: Monday, June 16, 2014 10:59 AM
To: Raspberry, Catherine N. (CDC/OID/NCHHSTP); Robin, Leah (CDC/OID/NCHHSTP)
Subject: FW: PUBLIC COMMENT ON FEDERAL REGISTER

One non-substantive comment received. CDC's standard response was sent.

Constance Bonds

Constance M. Bonds, MPH, MPA | Public Health Analyst | OMB-PRA Clearance Coordinator | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) | Centers for Disease Control and Prevention | 1600 Clifton Rd. NE, M/S E07 Atlanta, GA. 30333 | Phone: 404-718-8548 (CORP Bldg 8 Rm 6157) Email: akj8@cdc.gov Please visit <http://intranet.cdc.gov/nchhstp/OD/ADS/OMB-PRA.html> for OMB information and tools

From: bk1492@aol.com [<mailto:bk1492@aol.com>]
Sent: Saturday, June 14, 2014 1:34 PM
To: OMB-Comments (CDC); INFO@TAXPAYER.NET; MEDIA@CAGW.ORG; VICEPRESIDENT@WHITEHOUSE.GOV; AMERICANVOICES@MAIL.HOUSE.GOV
Subject: Fwd: PUBLIC COMMENT ON FEDERAL REGISTER

I OPPOSE SPENDING AMERICAN TAX DOLLARS ON THIS COLLECTION WHICH IS COMPLETELY UNNECESSARY. SCHOOLS ALREADY HAVE THIS COMPLETELY COVERED AND NOBODY NEEDS THIS EXPENSIVE COSTLY DO NOTHING CDC TO BE INVOLVED. THIS AGENCY IS SIMPLY A BOONDOGGLE FAT CAT BUREAUCRACY IN WASHINGTON DC AND SHOWS A RECORD OF COMPLETE WASTE OF AMERICAN TAX DOLLARS. CDC HAS SHOWN BEING SOMEWHAT INVOLVED WITH AUTISM AND BREAKING NO NEW PATHWAYS IN THAT AREA, WHICH AFFECTS A FAR LARGER PART OF THE AMERICAN SCHOOL POPULATION WITH 1 OUT OF 28 BOYS BEING BORN WITHOUT THE ABILITY TO FEND FOR THEMSELVES. NOTHING HAS COME OUT OF THE CDC TO HELP THAT SEGMENT OF OUR POPULATION WHICH IS MORE WORTHY SINCE THEY DID NOT CAUSE THEIR DISEASE. HIV IS CAUSED BY RISKY BEHAVIOR WILLINGLY INDULGED IN BY MOST. THEY CAN AVOID RISK BUT EVIDENTLY CHOOSE NOT TO DO SO. CDC IS A WORTHLESS AGENCY WHICH HAS A REVOLVING DOOR MENTALITY - LETS SEE HOW FAST I CAN JUMP FROM THIS GOVT AGENCY FOR A PAYOFF IN PROFITEERING BIG PHARMA. MOST AMERICANS ARE SICK OF THIS AGENCY WHICH IS NOT PRODUCING FOR THE HUGE BILLIONS OF DOLLARS WE HAVE BUDGETED FOR IT. THIS PROPOSAL DOES NOT MAKE SENSE TO FUND. IT SHOULD BE SHUT DOWN. GET OUT OF THE SCHOOLS WHICH ARE HANDLING THIS JUST FINE. THIS COMMENT IS FOR THE PUBLIC RECORD. PLEASE RECEIPT. JEAN PUBLIC

[Federal Register Volume 79, Number 114 (Friday, June 13, 2014)]

[Notices]

[Pages 33924-33925]

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[FR Doc No: 2014-13825]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-14-14AHH]

Proposed Data Collections Submitted for Public Comment and
Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

Assessing Education Agency Staff Perceptions of School Climate and Youth Access to Services--New--Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

HIV infections remain high among young men who have sex with men (YMSM). The estimated number of new HIV infections increased between

2008 and 2010 both overall and among MSM ages 13 to 24. Furthermore, sexual risk behaviors associated with HIV, other sexually transmitted disease (STD), and pregnancy often emerge in adolescence. For example, 2011 Youth Risk Behavior Surveillance System (YRBSS) data revealed 47.4% of U.S. high school students reported having had sex, and among those who had sex in the previous three months, 39.8% reported having not used a condom during last sexual intercourse. In addition, 2001-2009 YRBSS data revealed high school students identifying as gay, lesbian, and bisexual and those reporting sexual contact with both males and females were more likely to engage in sexual risk-taking behaviors than heterosexual students.

Given the disproportionate risk for HIV among YMSM ages 13-24, it is important to find ways to reach the younger youth (i.e., ages 13-19) in this range to decrease sexual risk behaviors and increase health-promoting behaviors such as routine HIV testing. Schools provide one opportunity for this. Because schools enroll more than 22 million teens (ages 14-19) and often have existing health and social services infrastructure, schools and their staff members are well-positioned to connect youth to a wide range of needed services, including housing assistance, support groups, and sexual health services such as HIV testing. As a result, CDC's DASH has focused a number of HIV and STD prevention efforts on strategies that can be implemented in or centered around schools.

However, conducting HIV and STD prevention work (particularly work that is designed to specifically meet the needs of YMSM), can be challenging. According to research, school is not always a welcoming environment for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Harassment, bullying, and verbal and physical assault are often reported, and such unsupportive environments and victimization among LGBT youth are associated with a variety of negative outcomes, including truancy, substance use, poor mental health, HIV and STD risk, and even suicide.

The Centers for Disease Control and Prevention (CDC) requests a three-year OMB approval to conduct a new information collection entitled, ``Assessing Education Agency Staff Perceptions of School Climate and Youth Access to Services.''. The information collection uses two separate, but complementary, information collections to conduct assessment of HIV and STD prevention efforts that are taking place in three local education agencies (LEA) funded by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH) under strategy 4 (School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM) of PS13-1308: Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance. This data collection will provide data and reports for the funded LEAs, and will allow the LEAs to identify areas of the program that are working well and other areas that will need additional improvement. In addition, the findings will allow CDC to determine the potential impact of currently recommended strategies and make changes to those recommendations if necessary.

The first information collection will involve collecting information from a total of up to 735 LEA employees in 3 LEAs through a Web-based instrument tailored to each LEA. The instrument will include items that ask education agency staff about professional development, referral practices, community linkages/partners, school climate for LGBTQ youth, school policies and practices, and staff comfort levels in helping address the health needs of YMSM.

The second information collection will be conducted in only 1 LEA (Broward County Public Schools) and is designed to provide an in-depth assessment of one LEA as a way to supplement the Web-based data collection with more detailed information. This information collection will involve in-person interviews with up to 44 LEA employees (2 district level employees, and up to 6 school level employees in each of

7 schools) to learn about six domains that can impact school climate: Policy, practice, programs, professional development, place, and pedagogy.

[[Page 33925]]

Both the Web-based instrument and in-person interviews will be administered in 2014 and 2016. These data collection points coincide with the initiation of project activities and the mid-way points of the PS13-1308 cooperative agreement. Although some staff may participate in the data collection in multiple years, this is not a longitudinal design and individual staff member responses will not be tracked across the years. No personally identifiable information will be collected.

All school staff members will receive informed consent forms prior to participation in the information collection. The consent form explains the study and also explains participants may choose not to complete the Web-based instrument or participate in the interviews with no penalty and no impact on their job or relationship with the LEA. Participation is completely voluntary.

For the Web-based instrument, the estimated burden per response ranges from 20-25 minutes. This variation in burden is due to the slight variability in skip patterns that may occur with certain responses and variations in the reading speed of respondents. The burden estimates presented here are based on the assumption of a 25-minute response time per response. The estimated annualized burden of this data collection is 306 hours for respondents.

For the Web-based instrument, the estimated burden per response ranges from 60-90 minutes, depending on whether the respondent is a district-level administrator, a school-level administrator, or another school staff member. The burden estimates presented here are based on the assumption of a 1-hour response time per district-level and school-level administrator response and a 1.5-hour response time per school staff member response. The estimated annualized burden of this data collection is 58 hours for respondents.

There are no costs to respondents other than their time.

The two information collections combine for a total estimated annualized burden of 367 hours for respondents.

		Estimated Annualize Burden		
Hours				

name	Number of Respondents	Average burden responses per	Form per response	Total burden
respondents	respondent	(in hours)	(in hours)	

School staff.....	245	1	Web-based instrument for Broward 25/60	102
County			Public Schools.	
School staff.....	245	1	Web-based instrument for Los 25/60	102
Angeles			Unified School District.	
School staff.....	245	1	Web-based instrument for San 25/60	102
Francisco			Unified School District.	
District-level Administrators.....	2	1	School Climate Index Interview	2
Guide			1 for District-level Administrators.	

School-level Administrators.....			School Climate Index Interview	
Guide	14	1	1	14
			for School-level Administrators.	
School Staff.....			School Climate Index Interview	
Guide	28	1	1.5	42
			for School Staff.	

Total.....				364
.....				

Leroy Richardson,
Chief, Information Collection Review Office, Office of Scientific
Integrity, Office of the Associate Director for Science, Office of the
Director, Centers for Disease Control and Prevention.
[FR Doc. 2014-13825 Filed 6-12-14; 8:45 am]
BILLING CODE 4163-18-P

Substantive Comment
(Received Outside 60-day Comment Period)

August 12, 2014

ATTN: Leroy Richardson
1600 Clifton Road MS-D74
Atlanta, GA 30333
omb@cdc.gov

Subject: Comments on the Notice of Proposed Data Collections
79 Fed. Reg. 33924, June 13, 2014

To Whom It May Concern:

The undersigned organizations appreciate the opportunity to submit the following comments on the Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC) proposed data collections *Assessing Education Agency Staff Perceptions of School Climate and Youth Access to Services*. We strongly support the proposed assessment of professional development and the wide range of areas included in the School Health Climate and Service Assessment and the School Climate Index Interview Guide, including sexual health topics; counseling; psychological or social services; suicide prevention; bullying and/or harassment; diversity or cultural competency; and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) awareness.

We believe these topics are instrumental to ensuring that school staff and administrators develop the necessary skills to effectively meet the needs of LGBTQ youth. Given the focus of DASH's HIV and STD prevention efforts among youth implemented in or centered around schools, the information gained from the proposed collection will be a critical component toward improving the efficacy of school districts, school administrators, and staff in creating safe and supportive environments for LGBTQ—and all—students and staff.

LGBTQ youth face disproportionate rates of family rejection,¹ victimization,² and criminalization,³ and are overrepresented in child welfare and juvenile justice systems.⁴

¹ Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *J Amer Acad Pediatrics* 2009; 123: 346-352. Available at <http://pediatrics.aappublications.org/content/123/1/346.full.pdf+html>.

² GLSEN, CiPHR, CCRC. *Out online: The experiences of lesbian, gay, bisexual and transgender youth on the internet*. New York: GLSEN; 2013 (Finding that 59 percent of LGBT youth experienced in-person bullying or harassment in the past year compared to 38 percent of non-LGBT youth). Available at <http://glsen.org/learn/research/national/out-online>.

³ Majd K, Marksamer J, Reyes C. *Hidden injustice: Lesbian, gay, bisexual, and transgender youth in juvenile courts*. The Equity Project; 2009 (Finding that although LGBTQ youth only comprise about 5 to 7 percent of the nation's youth, 13 to 15 percent of youth in the juvenile justice system are LGBTQ).

⁴ Ibid.

Higher rates of suicide is also a critical issue for LGBTQ youth, as research shows LGB youth are four times more likely to attempt suicide as their heterosexual peers, and questioning youth are three times more likely.⁵ There is less research on suicidality among transgender youth, however one study of 55 transgender youth in New York City found that close to a majority had seriously thought about taking their lives and one-quarter of youth in this sample reported having made a suicide attempt.⁶

Young people who experience family rejection based on their sexual orientations face especially serious health risks. In one study, White and Latino LGB young adults in California who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.⁷

The LGBTQ population also experiences significant disparities in health indicators such as smoking, obesity, experiences of abuse and violence, mental and behavioral health concerns, and HIV infection. Although data on the prevalence of substance use disorders within the LGBTQ community is not yet robust, SAMHSA has reported that between 20 and 30 percent of LGBTQ people may abuse substances⁸, as compared to 8.9 percent of the general population.⁹ Surveys of LGB youth suggest that they are more likely to smoke cigarettes, drink alcohol, smoke marijuana, use cocaine, use inhalants, use ecstasy, use heroin, and use methamphetamines than their heterosexual peers.¹⁰ These inequities may be even more pronounced for LGBTQ people who are also members of other groups that are disadvantaged on the basis of factors such as race, ethnicity, geography, or disability.

With 22 million teens ages 14-19 enrolled in public education, our nation's public schools provide a unique environment to address these disparities, but only if those schools provide a welcoming, safe, and supportive environment.

⁵ Kann L et al. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 - youth risk behavior surveillance, selected sites, United States, 2001-2009. *MMWR* 2011; 60(SS07): 1-133. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>.

⁶ Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide Life Threat Behav* 2007; 37(5): 527-37.

⁷ Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *Pediatrics* 2009; 123:1 346-352. Available at <http://pediatrics.aappublications.org/content/123/1/346.full.pdf+html>.

⁸ Office of Applied Studies. OAS data spotlight: Substance abuse treatment for gays and lesbians. Substance Abuse and Mental Health Services Administration; 2010. Available at <http://www.samhsa.gov/data/spotlight/Spotlight004GayLesbians.pdf>.

⁹ Substance Abuse and Mental Health Services Administration. Results from the 2010 National Survey on Drug Use and Health: Summary of national findings. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2011. Available at <http://www.samhsa.gov/data/nsduh/2k10nsduh/2k10results.htm>.

¹⁰ Kann, *supra* n. 5.

Unfortunately, the limited information available on LGBTQ students indicates "schools nationwide are hostile environments for a distressing number of LGBT students."¹¹ Data demonstrate that having school staff who are supportive of LGBTQ youth, inclusive policies prohibiting bullying, harassment, and discrimination of LGBTQ youth, curriculum that includes LGBT topics, and student clubs that address LGBTQ issues (e.g., Gay-Straight Alliances) are critical in improving school experiences and psychological well-being of LGBTQ youth.¹² we commend DASH for its leadership in identifying opportunities for professional development for educators and school staff to support and strengthen policies to advance school safety, security, and health of LGBTQ youth.

To best capture the existing climate, challenges, successes, and policies impacting LGBTQ youth within schools, we provide the following suggestions to enhance the quality, utility, and clarity of the information to be collected via the School Health Climate and Service Assessment and the School Climate Index Interview Guide. In addition to the specific recommendations provided in the accompanying appendices related to each portion of the School Health Climate and Service Assessment and the School Climate Index Interview Guide, we have identified overarching concerns and considerations to improve the information to be gleaned from both instruments.

Consistent use of clearly defined terms

The consistent use of clearly defined terms throughout all assessment and interview tools is essential to ensuring the quality and clarity of the information provided by the respondents. We recommend the inclusion of the term definitions, as edited or added below, in both the School Health Climate and Service Assessment and the School Climate Index Interview Guide.

In addition to enabling a common understanding of the terms with the new definitions provided below, the suggested edits in the existing definitions would remove the implicit reinforcement of a gender binary. Existing language to strike is included in brackets ([]) and recommended language is provided in italics.

- Sexual orientation refers to an individual's physical and/or emotional attraction to the same and/or [opposite] *another* gender.
- Gender identity refers to a person's innate, deeply felt psychological identification as [male or female] *male, female, or something else*, which may or may not correspond to the person's body or designated sex at birth.
- *Lesbian* is a self-identifying term to describe the sexual orientation and/or identity of a person who is female-identified and who is sexually and emotionally attracted to some other females.

¹¹ Kosciw JG, Greytak EA, Bartkiewicz MJ, Boesen MJ, Palmer NA. The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN; 2012. Available at <http://www.glsen.org/nscs>.

¹² Ibid.

- *Gay is a self-identifying term to describe the sexual orientation and/or identity of a person who is male-identified and who is sexually and emotionally attracted to some other males.*
- *Bisexual is a self-identifying term to describe the sexual orientation and/or identity of a person who is sexually and emotionally attracted to some males and some females.*
- *Transgender is a self-identifying term for those whose gender identity differs from the social expectations for the sex they were assigned at birth. (Note that Transgender is not a sexual orientation; transgender people may have any sexual orientation.)*
- *Questioning is a self-identifying term for those who may be unsure or still exploring their sexual orientation or gender identity.*

Reduce sexual orientation or gender identity profiling

Issues that threaten the safety and security of LGBTQ youth arise based on both actual and perceived sexual orientation, gender identity, and gender expression. Requiring school staff to profile their students is antithetical to the goals the data collection effort seeks to achieve.

- We encourage that questions referring to LGBTQ students include the phrase “actual or perceived” before identifying language. Similarly, where appropriate and if necessary for the question, include “self-identified” prior to identifiers.

Clarify assessment of policies “that support a safe and supportive school environment for LGBTQ students”

Under the policy domains of the School Climate Index Interview Guides, the expressed intent of the questions is to elicit responses from school staff and administrators in regard to the policies in place “that support a safe and supportive school environment for LGBTQ students.”

We are concerned that this language is unnecessarily vague, and may not result in clear and comprehensive responses. Given that LGBTQ youth have reported being subject to both official school policies and unofficial practices that unfairly discriminate against or marginalize them,¹³ the assessment should explore policies beyond bullying and discrimination policies and include other relevant policies.

- We recommend that specific examples of enumerated policies (such as non-discrimination policies) as well as non-enumerated policies (e.g. suicide prevention policies, dress-codes/graduation attire requirements, records and references to parent/guardian) that disproportionately serve to meet the needs of LGBTQ youth be provided within this context. These examples and clarification will likely generate more useful and more comprehensive data.

¹³ Kosciw, supra n. 11.

Include suicide prevention as part of safe and supportive school environments

Additionally, despite the disturbing data above indicating the disproportionate rates of suicide among LGBTQ youth, we note that suicide prevention is not consistently included in either survey instruments. As currently drafted, there are no questions soliciting information about existing policies related to services or referrals for suicide prevention services.

- We encourage the addition of “suicide prevention” among other enumerated references to mental health services throughout both instruments.

Thank you again for the opportunity to provide feedback on the proposed data collections and for the consideration of our comments and recommendations. We look forward to continued coordination and partnership with DASH, NCHHSTP, and CDC in efforts to advance LGBTQ, and all students, health and well-being.

Sincerely,

Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
CenterLink: The Community of LGBT Centers
Gay Straight Alliance Network
GLSEN (Gay, Lesbian & Straight Education Network)
Healthy Teen Network
Human Rights Campaign
Lambda Legal
National Association of School Nurses
National Black Justice Coalition
National Center for Lesbian Rights
National Center for Transgender Equality
National Council of Jewish Women
National Coalition of STD Directors
National Gay and Lesbian Task Force
National Latina Institute for Reproductive Health (NLIRH)
National Minority AIDS Council
National Partnership for Women & Families
NEA Health Information Network
PFLAG National
Planned Parenthood Federation of America
School-Based Health Alliance
Sexuality Information and Education Council of the U.S. (SIECUS)
The Trevor Project
True Colors Fund

APPENDIX A

School Health Climate and Service Assessment Recommendations

The recommendations below reflect ways in which the School Health Climate and Service Assessment could be improved to ensure the quality and clarity of the responses. Existing language to strike is included in brackets ([]) and recommended language is provided in italics.

Question 4

In general, do you think that students feel safe at your school? Please indicate how strongly you agree or disagree:

[• Yes]

[• No]

[• I don't know]

- *Strongly agree*
- *Somewhat agree*
- *Neither agree nor disagree*
- *Somewhat disagree*
- *Strongly disagree*
- *I don't know*

Explanation: The current response options do not provide enough variation and may lead to a bias for the socially desirable response, that school is a safe space for students. The recommended revised responses allow for more variation and clarity from the respondent.

Question 5

Do you think students feel unsafe at your school because of their *actual or* perceived sexual orientation? Please indicate how strongly you agree or disagree:

[• Yes]

[• No]

[• I don't know]

- *Strongly agree*
- *Somewhat agree*
- *Neither agree nor disagree*
- *Somewhat disagree*
- *Strongly disagree*
- *I don't know*

Explanation: The recommended revised responses allow for more variation and clarity from the respondent.

Question 11

Why do you think students were bullied and/or harassed during the current school year?

Please select all that apply.

[• Their gender]

- *Their sex (e.g., because they are a girl)*
- *Their gender identity (e.g., because they are or are perceived to be transgender)*

Explanation: The current response option of “their gender” does not allow for the respondent to distinguish between the students they perceive as bullied because of their sex or because of their gender identity. The proposed response additions would provide clarity both for the respondent and in the information collected.

Question 13

Were any of the instances of bullying that you reported during the current school year related to the sexual orientation, *sexual activity (perceived or actual)*, gender identity, or gender expression of the victim?

[• Possibly]

[• Unsure]

- *Most likely, yes*
- *Unlikely, but unsure*

Explanation: The current response options do not offer a distinction between the terms “possibly” and “unsure,” the proposed response options attempt to clarify the distinction.

Question 18

What barriers, if any, have been encountered in your school’s efforts to create safer schools for LGBTQ students? Please select all that apply.

- *Lack of knowledge or expertise*

Explanation: The current response options do not provide for a respondent to indicate a lack of knowledge or expertise related to potential barriers.

Referrals and Partnerships

For this study, we are [interested in] *asking questions both about* referrals for both the general student population [as well] and questions about referrals [as] for gay and bisexual males, in particular.

Explanation: Recommended edits provided to clarify the intent of the questions to follow.

Question 26

Did you provide any students, *regardless of gender or sexual orientation*, with a referral to another school staff member...

Explanation: Recommended addition clarifies that the information sought is not specifically or exclusively related to referrals made for LGBTQ students.

Question 42

Does your school have a “safer school” or anti-bullying or harassment policy?

- *If Yes, please indicate whether the policy enumerates protections based upon the following characteristics (select all that apply): For example, actual or perceived*
 - *Ancestry*
 - *Disability*
 - *Family background or status*
 - *Gender expression*
 - *Gender identity*
 - *Parenting or pregnancy status*
 - *Race/ethnicity*
 - *Religion*
 - *Sex*
 - *Sexual orientation*
 - *Other*

Explanation: The current limitation of the “yes” response does not allow for further distinction between the numerous variations among safer school or anti-bullying/harassment policies within schools, which the proposed enumerating list seeks to provide.

Broward County Supplement Question 3

Does your district have policies in place to [provide protection for LGBTQ students?] *ensure equal access for and guide the treatment and protection of LGBTQ students?*

- *If Yes, please provide example(s):*

Explanation: The question as currently written is vague, the recommended addition specifies the type of policies and the additional response option would allow for the collection of specific examples.

APPENDIX B
School Climate Index Interview Guide
District-Level Administrator Guide Recommendations

The recommendations below reflect ways in which the School Climate Index Interview Guide for District-Level Administrators could be improved to ensure the quality and clarity of the responses. Existing language to strike is included in brackets ([]) and recommended language is provided in italics.

Question 4

What kind of guidance are school principals or other administrators given for implementing the policy *or policies* by the district?

Explanation: Guidance and implementation may not be similar or consistent across different policies. Proposed revision would accommodate responses related to different policy guidance by type, i.e. bullying, treatment of transgender/gender nonconforming youth, etc.

APPENDIX C

School Climate Index Interview Guide

School-Level Administrator Guide Recommendations

The recommendations below reflect ways in which the School Climate Index Interview Guide for School-Level Administrators could be improved to ensure the quality and clarity of the responses. Existing language to strike is included in brackets ([]) and recommended language is provided in italics.

DOMAIN 1B: POLICY

Primary Questions

New Question

If/when any policy/ies (beyond anti-bullying policies) were implemented, have students made use of the policy/ies and how?

Explanation: The proposed additional question would enhance the understanding the utilization and impact of policies on and for students.

DOMAIN 2: PRACTICE

Area: Terminology

Secondary Question

Question 1

If a student requests to be referred to as a different gender, or to be called a name *or pronoun* that is not consistent with the sex they were assigned at birth, how does the school handle this request? How do you think teachers handle this request?

Explanation: Proposed edit is consistent with student's self-identifying gender preference.

AREA: Events and Programs

Primary Questions

Question 3

Does your school have a diversity and/or cultural education program *for students, staff, or both?* If so, please describe it:

Explanation: The proposed addition to the question would specify that the program in place is intended for students or school-wide.

Question 4

Does your school have a *Safe Zone or Safe Space* program, or another school-wide program, in which trained staff display posters or stickers indicating that their office or classroom is a safe and welcoming space for LGBTQ students?

Explanation: The proposed addition to the question allows for schools to identify an alternate program that may be in place.

Secondary Questions

Question 3/New Follow-up Question

Is a variety of physical education activities offered and advertised as welcoming to all students?

- *Are students allowed to participate in sports teams or physical education classes based upon their preferred gender? If so, what, if any, criteria are required?*

Explanation: The proposed additional follow-up question specifies gender identity policies.

DOMAIN 3: PROGRAMS

New Question (incorporating same question as School Staff Administrator Guide)

If the school has a GSA: (If the school does not have a GSA, skip to question 2)

1. Does your school have a Gay-Straight Alliance, GSA, support group or other safe space group for LGBTQ youth or student group focused on addressing LGBTQ issues?

- *If yes, please tell us about these programs and the students that attend:*
 - *How long the group has existed?*
 - *Does the group take place during school hours or after school?*
 - *Is the group well-attended? About how many students are active in the group?*
 - *What is the makeup of the group in regards to gender, grade, etc.?*
 - *Is the group well-respected by the rest of the student body?*
 - *Who is the staff adviser to the GSA? Are you aware of any challenges finding or retaining a staff adviser for the group? If yes, please tell us about them.*

If the school does not have a GSA:

2. If your school does not have a GSA, do you think that the students should be supported in starting one or restarting one? Why or why not?

3. What other activities occur in your school that are tailored to LGBTQ youth? For example, if your school has a peer education program, is any part of it focused on LGBTQ students or is there a specific effort to assure that some of the students selected as peer educators identify as LGBTQ?

DOMAIN 6: PEDAGOGY

Secondary Questions

Question 1

Do [How do] teachers address homophobic or transphobic language used by students in the classroom? If so, how?

Explanation: The existing question assumes that teachers are addressing homophobic or transphobic language used by students in the classroom, the proposed revision would first establish whether teachers are addressing it, and then provide examples as to how.

APPENDIX D

School Climate Index Interview Guide

School Staff Administrator Guide Recommendations

The recommendations below reflect ways in which the School Climate Index Interview Guide for School Staff Administrators could be improved to ensure the quality and clarity of the responses. Existing language to strike is included in brackets ([]) and recommended language is provided in italics.

DOMAIN 1: POLICY

Secondary Questions

New Note to Interviewer

Allow for possibility of examples of policy violations from other staff or administrators, particularly when related to non-discrimination and policy guidelines for the treatment of transgender or gender-nonconforming students.

DOMAIN 2: PRACTICE

Area: Events and Programs

Primary Questions

Question 2/New Follow-up Question

Is a variety of physical education activities offered and advertised as welcoming to all students?

- *Are students allowed to participate in sports teams or physical education classes based upon their preferred gender? If so, what, if any, criteria are required?*

Explanation: The proposed additional follow-up question specifies gender identity policies.

Question 3

Does your school have a diversity and/or cultural education program *for students, staff, or both?*
If so, please describe it:

Explanation: The proposed addition to the question would specify that the program in place is intended for students or school-wide.

Question 4

Does your school have a Safe Zone *or Safe Space* program, or another school-wide program, in which trained staff display posters or stickers indicating that their office or classroom is a safe and welcoming space for LGBTQ students?

Explanation: The proposed addition to the question allows for schools to identify an alternate program that may be in place.

DOMAIN 3: PROGRAMS

Question 1

Does your school have a *Gay-Straight Alliance*, GSA, support group or other safe space group for LGBTQ youth *or student group focused on addressing LGBTQ issues*?

Explanation: Proposed addition to existing question clarifies the intent of the question for the respondent.

Question 2

If your school does not have a GSA, do you think that the *students should be supported in starting one or restarting* [school should start one or restart] one? Why or why not?

Explanation: The proposed addition to the question clarifies that a GSA is a student-led effort.

DOMAIN 4B: PROFESSIONAL DEVELOPMENT

Question 1

What kind of professional development activities have you attended since coming to work at this school (or at another school in the district) that provided information [relevant to working with LGBTQ students] *related to student sexual orientation, gender identity, gender expression, transgender or questioning issues*?

Explanation: Professional development activities may differ among the issues related to LGBTQ students; the proposed addition to the question clarifies the different topics of professional development and allows respondent to be specific in providing response.

**Courtesy Response to Substantive Comment
(Received Outside 60-day Comment Period)**

Agency Response to Public Comment

August 22, 2014

Jesseca Boyer
Director of Public Policy
Sexuality Information and Education Council of the United States (SIECUS)
1012 14th Street NW, Suite 1108
Washington, DC 20005

Re: Comments on the Notice of Proposed Data Collections; 79 Fed. Reg. 33924, June 13, 2014

Dear Ms. Boyer:

We appreciate the strong support you and your colleagues expressed for the proposed data collection. We share your belief that the topics represented in this data collection “are instrumental to ensuring that school staff and administrators develop the necessary skills to effectively meet the needs of LGBTQ youth” (pg. 1).

We would like to meet with you and your colleagues via a conference call to provide more details about some of the items you commented on and to hear more about your suggested improvements. Please contact Catherine Rasberry, PhD, Health Scientist in the Division of Adolescent and School Health Research Application and Evaluation Branch at 404-718-81780 or CRasberry@cdc.gov.

Thank you again for taking the time to write us. Again, we appreciate your interest in and support of this work, and we share your interest in advancing the health and well-being of LGTBQ students and all students.



Catherine Rasberry, PhD
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Division of Adolescent and School Health
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