

SUPPORTING STATEMENT: Part A

January 9, 2013

OMB# 0920-0604

School-Associated Violent Deaths Surveillance System

Supported by:

**Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention
Surveillance Branch**

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TABLE OF CONTENTS

SUMMARY.....	1
A. JUSTIFICATION.....	2
1. Circumstances Making the Collection of Information Necessary.....	2
2. Purpose and Use of the Information Collection.....	3
3. Use of Information Technology and Burden Reduction.....	4
4. Efforts to Identify Duplication and Use of Similar Information.....	4
5. Impact on Small Businesses or Other Small Entities.....	5
6. Consequences of Collecting the Information Less Frequently.....	5
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	5
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency.....	5
9. Explanation of Any Payment or Gift to Respondents.....	6
10. Assurance of Confidentiality Provided to Respondents.....	6
11. Justification for Sensitive Questions.....	7
12. Estimates of Annualized Burden Hour and Costs	8
13. Estimates of Other Total Annual Cost Burden to Respondents or Record keepers.....	9
14. Annualized Cost to the Federal Government	9
15. Explanation for Program Changes or Adjustments	10
16. Plans for Tabulation and Publication and Project Time Schedule.....	10
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	11
18. Exemptions to Certification for Paperwork Reduction Act Submissions.....	11
B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS	
1. Design.....	12
2. Study Population.....	12
3. Variables/Intervention.....	13
4. Data Handling and Analysis.....	13
5. Dissemination, Notification and Reporting of Results.....	16
6. Informed Consent Procedures.....	17
REFERENCES.....	18
LIST OF ATTACHMENTS	
1. Authorizing Legislation	
2. Published 60-Day Federal Register Notice	
3. Law Enforcement Participation Letter	
4. List of Special Publications	
5. School Interview - Survey Instrument	
6. CDC approval for 308(d) protection	
LIST OF ATTACHMENTS (continued)	
7. CDC IRB Approval	

8. Telephone Consent Script
9. Parental Consent Form
10. Law Enforcement Interview
11. Cross Walk for SAVD Survey Tools - Law Enforcement
12. Cross Walk for SAVD Survey Tools – School Staff

**SUPPORTING STATEMENT FOR
THE SCHOOL-ASSOCIATED VIOLENT DEATHS STUDY (SAVD)**

SUMMARY

As a leading cause of death among young people, violence is increasingly recognized as an important public health and social issue. In 2000, over 4,000 school aged children (5 to 19 years old) in the United States died violent deaths (due to suicide, homicide, and unintentional firearm injuries)¹. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. In a survey conducted by the National School Boards Association, 82% of school district officials reported that student violence had increased in their districts². School-associated violence, particularly homicides and suicides that occur in schools, have been a significant public concern for several years. A surveillance system of school-associated violent deaths was developed by CDC to establish the extent of this problem on an ongoing basis.

A number of studies of violent behavior and risk factors for violent injury have been conducted in school-based populations. Furthermore, schools have been the sites for many interventions to prevent suicide and inter-personal violence among young people^{3,4}.

Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with schools. Public health and education officials have had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death^{5,6}. As a result, the U.S. Department of Education (DOE) requested assistance from the Division of Violence Prevention (DVP)/National Center for Injury Prevention and Control (NCIPC) in establishing an ongoing surveillance system of school-associated violent deaths in the United States. This surveillance system remains the only systematic effort to document school-associated violent deaths on a national basis.

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

A. JUSTIFICATION

A. 1. Circumstances Making the Collection of Information Necessary

Background

This is a Reinstatement with change of a previously approved School Associated Violent Deaths Surveillance System (0920-0604, expiration 01/31/2013). Additionally, CDC also seeks a 3-year renewal for this Information Collection Request.

As a leading cause of death among young people, violence is increasingly recognized as an important public health and social issue. In 2000, over 4,000 school aged children (5 to 19 years old) in the United States died violent deaths (due to suicide, homicide, and unintentional firearm injuries)¹. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. In a survey conducted by the National School Boards Association, 82% of school district officials reported that student violence had increased in their districts².

A number of studies of violent behavior and risk factors for violent injury have been conducted in school-based populations. Furthermore, schools have been the sites for many interventions to prevent suicide and inter-personal violence among young people^{3,4}.

Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with schools. Public health and education officials have had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death^{5,6}. As a result, the U.S. Department of Education (DOE) requested assistance from the Division of Violence Prevention (DVP)/ National Center for Injury Prevention and Control (NCIPC) in establishing an ongoing surveillance system of school-associated violent deaths in the United States. This surveillance system remains the only ongoing systematic effort to document school-associated violent deaths on a national basis.

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Currently, only limited injury risk factor data are collected by a few existing national surveillance systems, e.g., National Crime Victimization Survey. (The OMB number for the National Crime Victimization Survey is 1121-0111). These systems are primarily focused on and intended for purposes other than injury prevention and school-associated violence. Because these systems must cover large numbers of mandated topics, time constraints preclude adequate

coverage of the gamut of injury risk factors. Moreover, these systems have varying methods, definitions, and timeliness of data availability, and gaps exist in addressing data needs for tracking the Healthy People 2020 injury objectives. Thus, some alternative is needed to monitor violence risk factors in schools to help evaluate programs and drive policy.

The public health importance of the school-associated violent death problem is such that there should be a dedicated means of rapidly collecting national data about the prevalence of risk factors for violent death and defining which population groups are most affected.

Data from this ongoing surveillance effort had been used in a variety of settings. For instance, the US Department of Education has used the data extensively in developing their programs. Data are published yearly in the Indicators of School Crime and Safety Report. Researchers from Harvard University have used these data in preparing a report entitled, *Rampage: The Social Roots of School Shooting*. CDC staff have also written and published reports that were presented in the Journal of the American Medical Association (JAMA) and CDC's Morbidity and Mortality Weekly Report (MMWR).

The following authorizing legislation permits this data collection:

- 1) **Section 301 of the Public Health Service Act (42 USC 241)** (Attachment 1) authorizes CDC to conduct research relating to the prevention and control of disease.
- 2) **Section 391 of the Public Health Service Act (42 USC 280b)** (Attachment 1) authorizes CDC to conduct research relating to the causes and prevention of injuries and assist the States in activities for the prevention of injuries. This survey is intended to define the prevalence of risk factors for injury in the U.S. as a whole and in specific subgroups. These data will help to identify populations with the greatest need for interventions to reduce risk factors and suggest specific behaviors to be targeted by intervention programs.
- 3) **Section 42 USC 242(k), and 42 USC 242(m)** (Attachment 1) The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this study. It keeps their names and other facts that can identify them from anyone who is not on the study staff.

The ICR has been revised to update items included in the surveys administered to law enforcement and school staff. The specific changes are more thoroughly described in section A.15.

Privacy Impact Assessment

(i) Overview of the Data Collection System

A school-associated violent death is defined as a homicide, suicide, or legal intervention in which the fatal injury occurred 1) on the campus of a functioning public or private elementary or secondary school in the United States, 2) while the victim was on the way to or from regular sessions at such a school, or 3) while the victim was attending or traveling to or from an official school-sponsored event. Cases will include deaths of students as well as non-students (e.g., faculty, school staff, family members, or community residents).

The system will draw cases from the entire United States in an attempt to capture all cases of school-associated violent deaths that have occurred. Cases will be primarily identified by CDC staff through a systematic search of two computerized newspaper and broadcast media databases (i.e., Lexis-Nexis and Dialog). Additional cases may also be identified (1) via active web searches using search engines such as Google, (2) through leads voluntarily disclosed by law enforcement or school officials. To confirm the facts of each event, a brief interview will then be conducted with at least one law-enforcement officer (i.e., a law enforcement officer, law enforcement chief, or district attorney) familiar with the event. For each identified case additional data will be obtained from three official sources: (1) law enforcement investigative reports (2) structured telephone interviews with investigating law enforcement officials (see Attachment 3 for a copy of the law enforcement participation letter used to request interviews and investigative reports), and (3) structured telephone interviews with school officials (i.e., school principal, school superintendent, school counselor, school teacher, or school support staff) who are familiar with the case in question. These sources will provide detailed information regarding victims, alleged offenders, the school associated with each death, and the circumstances of the fatal injuries.

IC involves Information in Identifiable Form (IIF). This information includes:

- a) Name (for victims)
- b) Date of Birth (for victims and offenders)
- c) Other:
 - i. Name of School (associated with event)
 - ii. School Address
 - iii. School Phone Number
 - iv. School Fax Number
 - v. Name of School Principal
 - vi. School District Name
 - vii. School District Telephone Number
 - viii. Principal's Email Address
 - ix. Name of Law Enforcement Contact
 - x. Law Enforcement Department Address
 - xi. Department Phone Number for Law Enforcement Contact
 - xii. Department Fax Number for Law Enforcement Contact
 - xiii. Law Enforcement Investigative Reports

(ii) Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

This data collection does not involve any websites or website content directed at children under the age of 13.

A. 2. Purpose and Use of the Information Collection

Data from the School-Associated Violent Deaths Surveillance System (SAVD) will be collected for the purposes of furthering understanding of fatal violence associated with schools, guiding further research in this area, and helping to direct ongoing and future prevention programs. There is a positive need to continue the surveillance system to gather data for evaluation of ongoing school violence programs and guidance in the development of new school violence prevention programs. A possible negative consequence of not conducting SAVD would be spending money on ineffective prevention programs because of inadequate data for program evaluation. Another important negative consequence would be continued high morbidity and mortality from school violence because of inaction resulting from inadequate knowledge about preventable risk factors. Lastly, this system addresses the Healthy People 2020 focus area of Injury and Violence Prevention along with its goal of reducing injuries, disabilities, and deaths due to violence.

As mentioned in the previous section, data from the surveillance system have been used extensively to inform public officials, researchers, and the public in general. These data have appeared in several published reports that have been used to guide programmatic activities and evaluate interventions. A list of publications using data from the School-Associated Violent Deaths Surveillance System (SAVD) is presented in Attachment 4.

Data collected through the surveillance system will be reviewed and used by CDC, the US Department of Education, the US Department of Justice, and other outside agencies and organizations.

Privacy Impact Assessment Information

(i) Rationale for collection of data and intended use of information
Surveillance data regarding school associated violent deaths are collected to enable CDC and its partners to establish the magnitude of these problems and their public health burden (overall and across subgroups), discern their epidemiologic characteristics, and examine of longitudinal trends in their occurrence.

Intended use of the information

NCIPC has, on an annual basis, used and will continue to use collected data, to:

- Identify common features of school-associated violent deaths;
- Measure the prevalence of risk factors for school-associated violent deaths;
- Define which population groups are most affected;
- Estimate the rate of school-associated violent death in the United States;
- Monitor the impact of interventions and help direct interventions and resources toward the highest risk subgroups of the population.

(ii) Statement detailing the impact the proposed collection will have on privacy Sensitive information is being collected; however, the proposed data collection will have little or no effect on the respondent's privacy. Respondents are school and law enforcement officials who will provide information about cases based on their roles and their knowledge of case specifics. They will be asked a series of questions about the school affected by a violent incident and the incident itself as well as questions about victims and any offenders that might have been involved. The study's request for information is thus limited to that pertaining to the cases of interest and does not request the respondent's personal information.

Each respondent will be interviewed only once. Study interviewers will be "blinded" to the identity of the respondents. To accomplish this, the study coordinator will contact the official to be interviewed at the time scheduled for the interview. Once the official is on the line, the study coordinator will then transfer the call to the team member assigned to complete the interview. This team member will not know the identity of the person to be interviewed and will not possess any knowledge about the case of interest. The team member serving as an interviewer will ask that the respondent not reveal their identity during the interview.

Given the local and often national attention that school-associated deaths attract, and the rarity of such events, the investigation requires special measures to guarantee privacy. While the CDC Privacy Act Officer previously reviewed the surveillance system's OMB application and determined that the Privacy Act is not applicable, the NCIPC applied for and received an Assurance of Confidentiality (see Attachment 6). This was done to further safeguard the information collected. Under the provisions of the Assurance of Confidentiality, all identifiable information that CDC gathers in this surveillance system will be kept confidential. This is specifically assured under Section 308(d) of the Public Health Service Act (42 U.S.C. 242 m(d)). The Confidentiality Assurance under this law will protect the privacy of people and organizations taking part in this system.

In addition, once a case has been confirmed, a case identification number is assigned, and all links to any information that can identify the school, the individuals involved, or the

locations involved are destroyed, creating de-identified databases. These databases are stored separately in a password-protected file within a dedicated, secure directory on the NCIPC DVP LAN. The principal investigator and study coordinator will have “read/write” privileges to all files; other project staff will have limited “read” privileges to de-identified files.

After case identification numbers are assigned, they are placed in an independent linkage database, and used as an administrative means for the study principal investigator and project manager to coordinate case related data management, and the administration of blinded interviews. This number is the only means of linking info collected in the study’s four core processes. The linkage database is password-protected and stored within a second dedicated secure directory on the NCIPC DVP LAN. This second LAN is wholly separate from the first LAN containing the de-identified databases. Only the principal investigator and study coordinator can access this file. All files are routinely audited to assure preservation of measures employed to assure data integrity, availability, and relevancy.

During the study, data will be secured through the use of technical, physical, and administrative controls. Hard copies of data (i.e., law enforcement investigative reports and interviews with school and law enforcement personnel) will be kept under lock and key in secured offices in the DVP. These offices are located on the CDC’s Campus, a secured facility that can be accessed only by presenting the appropriate credentials (i.e., identification badges and smart cards). The building housing the DVP offices can only be accessed using a key card that has been previously authorized by CDC security. Digital data will be stored and backed up nightly onto the NCIPC DVP LAN (which is maintained onsite). These data are secured using technical controls (user identification) that only allow the directories associated with the SAVD system to be accessed by individuals who have been granted authorization by the study PI. The access lists to these directories are audited annually and as needed (e.g., when a staff member leaves the study). Over the course of the study, data will be reported in the aggregate, such that no individual case can be identified from the reports. Once data collection is deemed complete, all records bearing identities of the victim, alleged offenders, informants, schools and communities will be destroyed.

A. 3. Use of Information Technology and Burden Reduction

The telephone surveys (Attachments 5 and 10) will employ Computer Assisted Telephone Interviewing (CATI) to improve the ease and efficiency of administration. Responses are recorded directly onto electronic media, eliminating the need for keying responses from paper forms and reducing data entry errors. The questionnaire contains many skip patterns to avoid asking the respondent irrelevant questions, thus shortening interview time. CATI

also reduces data entry errors by preventing out of range or miscoded responses from being entered. Electronic respondent reporting is not a relevant issue in this telephone survey.

A. 4. Efforts to Identify Duplication and Use of Similar Information

There are no systems of comparable scope currently in existence. Our ongoing interactions and discussions with violence prevention researchers and practitioners throughout the country - including representatives of the CDC-funded Injury Control and Research Centers, the State and Territorial Injury Prevention Directors Association, the U.S. Department of Education, the U.S. Department of Justice, and the U.S. Secret Service - have identified no plans for a national surveillance system of comparable scope.

We have identified several efforts designed to systematically collect information on school-associated violent deaths. However, these projects are limited, focusing on a small subset of cases, e.g., United States Secret Service Safe Schools Initiative (USSS-SSI).

No system like this one currently exists. USSS-SSI is limited to a select number of “targeted violence” events. Thus, using the data collected by the U.S. Secret Service, it is not possible to produce national trends and risk estimates.

A. 5. Impact on Small Businesses or Other Small Entities

No small businesses or small non-profit organizations will be involved in this study. The only small government jurisdiction that may be affected by this system is a school district, whose employees may be asked to participate in the study if a case occurred at a school within their specific district. As described in more detail below, this impact should be minimal, involving at the most, one hour of a school officials time.

A. 6. Consequences of Collecting the Information Less Frequently

This is an ongoing data collection effort. If this information is not collected in a timely manner, it will not be possible to accurately assess trends in school-associated violent deaths. Without these data it will be difficult to determine the impact of federally funded programs to reduce school related violence. Since there is no other source for data on school-associated violent deaths, researchers, policy makers, and the general public will be dependent upon the media to supply this information. Due to the rarity of these events, it is unlikely that data sources would be contacted more than once. There are no legal obstacles to reduce the burden.

A. 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection fully complies with the guidelines in 5 CFR 1320.5.

A. 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

- A. A 60-day notice was published in the Federal Register on December 14, 2012, Volume 77, Number 241, Page 74484-74485 (Attachment 2). There were no public comments.
- B. The following persons reviewed the survey instrument and study design, including components related to the availability of data, the frequency of data collection, the clarity of instructions and record keeping, and the specific data elements to be collected:
- a. Lisa Barrios, DrPH, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 770-488-6172, lbarrios@cdc.gov
 - b. Nancy Brener, PhD, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 770-488-6184, nbrener@cdc.gov
 - c. William Modzeleski, MA, Safe and Drug Free Schools Program, U.S. Department of Education. 202-245-7831, Bill.Modzeleski@ed.gov
 - d. Lloyd Potter, PhD, Department of Demography and Organization Studies The University of Texas at San Antonio, 210-458-5730, Lloyd.Potter@utsa.edu
 - e. Kenneth Powell, MD, MPH, Georgia State Department of Health. 404-657-2578, kepowell@dhr.state.ga.us

The consultation did not reveal any major problems that could not be resolved. Consultation with representatives of those from whom information is obtained is not possible given the specific nature of the events about which data are collected and the rarity of these occurrences. Contacts with respondents with knowledge regarding these rare events are limited to those to facilitate data collection in order to reduce burden. In addition, once a case has been confirmed, a case identification number is assigned, and all links to any information that can identify the school, the individuals involved, or the locations involved are destroyed or stored separately in a password-protected file within a directory on the NCIPC DVP LAN. This password protected file can only be accessed under extraordinary circumstances.

A. 9. Explanation of Any Payment or Gift to Respondents

Respondents will not be compensated for their participation.

A. 10. Assurance of Confidentiality Provided to Respondents

Privacy Impact Assessment information

A. Applicability of Privacy Act

The CDC Privacy Act Officer has reviewed this OMB application and has determined that the Privacy Act is not applicable. Respondents are school and law enforcement officials who will provide information based on their roles.

B. Methods For Securing Collected Information

Each respondent will be interviewed only once. Cases are primarily identified through a newspaper database search. Additional cases may also be identified (1) via active web searches using search engines such as Google, (2) through leads voluntarily disclosed by law enforcement or school officials. Once a case has been identified and confirmed, a case identification number is assigned. At this point, data in the study database are maintained by the case ID number and all links to any information that can identify the school, the individuals involved, or the locations involved are destroyed, creating de-identified databases. These databases are stored separately in a password-protected file within a dedicated, secure directory on the NCIPC DVP LAN. The principal investigator and study coordinator will have “read/write” privileges to all files; other project staff will have limited “read” privileges to de-identified files.

After case identification numbers are assigned, they are placed in an independent linkage database, and used as an administrative means for the study principal investigator and project manager to coordinate case related data management, and the administration of blinded interviews. This number is the only means of linking info collected in the study’s four core processes. The linkage database is password-protected and stored within a second dedicated secure directory on the NCIPC DVP LAN. This second LAN is wholly separate from the first LAN containing the de-identified databases. Only the principal investigator and study coordinator can access this file. All files are routinely audited to assure preservation of measures employed to assure data integrity, availability, and relevancy.

Given the local and often national attention that school-associated deaths attract, and the rarity of such events, the investigation will require special measures to guarantee privacy. While the Privacy Act does not apply, in order to protect the confidentiality of the information collected, NCIPC applied for, and received an Assurance of Confidentiality. Under these provisions, all identifiable information that CDC gathers in this surveillance system will be kept confidential. This is assured under Section 308(d) of the Public Health Service Act (42 U.S.C. 242 m(d)). The Confidentiality Assurance under this law protects the privacy of people and organizations taking part in this system.

All data will be collected, coded, stored, and analyzed under conditions that will ensure that confidentiality will be maintained. Study interviewers will be “blinded” to the identity of the respondents. To accomplish this, the study coordinator will contact the official to be interviewed at the time scheduled for the interview. Once the official is on

the line, the study coordinator will then transfer the call to the team member assigned to complete the interview. This team member will not know the identity of the person to be interviewed and will not possess any knowledge about the case of interest. The team member serving as an interviewer will ask that the respondent not reveal their identity during the interview.

During the study, data will be secured through the use of technical, physical, and administrative controls. Hard copies of data (i.e., law enforcement investigative reports and interviews with school and law enforcement personnel) will be kept under lock and key in secured offices in the DVP. These offices are located on the CDC's Campus, a secured facility that can be accessed only by presenting the appropriate credentials (i.e., identification badges and smart cards). The building housing the DVP offices can only be accessed using a key card that has been previously authorized by CDC security. Digital data will be stored and backed up nightly onto the NCIPC DVP LAN (which is maintained onsite). These data are secured using technical controls (user identification) that only allow the directories associated with the SAVD system to be accessed by individuals who have been granted authorization by the study PI. The access lists to these directories are audited annually and as needed (e.g., when a staff member leaves the study). Over the course of the study, data will be reported in the aggregate, such that no individual case can be identified from the reports. Once data collection is deemed complete, all records bearing identities of the victim, alleged offenders, informants, schools and communities will be destroyed.

The operations of the study staff are governed and structured by rules of conduct for the treatment of sensitive information generally and PII specifically. Policies and rules regarding the treatment and handling of such information are reviewed annually and education regarding them is provided as needed (e.g., when new staff are added to the study or new rules regarding sensitive information are implemented by CDC or HHS). This training instills awareness regarding such policies, the penalties for noncompliance", and the nature of the administrative, technical and physical safeguards that have been implemented to insure the security and confidentiality of the study's records and to protect against any anticipated threats or hazards to their security or integrity. During these trainings staff members are also required to sign security pledges and non-disclosure agreements acknowledging their agreement to uphold the aforementioned responsibilities and to adhere to the study's guiding policies and guidelines for data collection and management.

Lastly, event monitoring and incident response is a shared responsibility between the system's team and the Office of the Chief Information Security Officer (OCISO). Reports of suspicious security or adverse privacy related events will be directed to the

component's Information Systems Security Officer, CDC Helpdesk, or the CDC Incident Response Team. The CDC OCISO reports to the HHS Secure One Communications Center, which reports incidents to US-CERT as appropriate.

The CDC approval for 308(d) protection is in Attachment 6.

The CDC IRB approval memo is in Attachment 7.

C. Description of Opportunities for Obtaining Respondent Consent

Prior to the start of each interview, informed consent will be obtained over the telephone from the school official or law enforcement officers being interviewed (Attachment 8). It is possible that some school districts will require parental consent for the release of any school information on the victims and offenders, regardless of whether these individuals are currently enrolled or not. For these instances, a parental consent form has been developed (Attachment 9).

For those cases where parental consent is requested, a school official will be asked to provide contact information for the surviving parents of the victims and offenders. The study coordinator will contact the parents by phone to describe the purpose of the study and the consent procedures. The parents will also be told that a consent form and survey instrument will be mailed to them, which they will be asked to review when it arrives. The study coordinator will schedule a time to call the parents back after the consent package arrives. During this follow-up call, the study coordinator will read through the consent form with the parents, answer any questions they may have, and then ask to parents to sign the form, either giving or declining to give their consent. The parents will then be asked to return the signed consent form to the study coordinator in a stamped, addressed envelope included in the consent packet. To date, there has been only one request for parental consent by a school official.

of
D. Methods for Informing Respondents about the Voluntary or Mandatory nature
their response

Respondents are informed about the voluntary nature of their responses. This is done using language in paragraph two of the telephone consent script (Attachment 6) and paragraph five of the parental consent form (Attachment 7).

A. 11. Justification for Sensitive Questions

Justification for Collection of Sensitive Information

The questionnaire contains some questions that are sensitive (e.g., drug use/abuse, alcohol use/abuse, intimate partner/interpersonal violence, history of sexual violence, and demographic data on race/ethnicity). No social security numbers or other individual identifier data will be collected. Respondents will be told that they can refuse to answer any question(s) they do not wish to answer, and that they can withdraw or terminate the interview at any time.

Alcohol use (V14, V14a, V15, V16, O13, O13a, O14, O15.) Alcohol use is an important risk factor for violence. Information on alcohol consumption is relevant for interpretation of both risk-taking and risk-avoidance behaviors.

Demographic data Information on race and ethnicity (V08-9, O05-06) is needed because, as noted in *Healthy People 2020*, there are important disparities in rates and types of violent injuries in different population subgroups. These differences may be due to differences in the prevalence of injury risks and/or injury prevention measures in populations that have different educational levels or income levels, for which racial or ethnic composition may be a marker.

Family history of violence, alcohol/drug abuse, child maltreatment (V37, V39, O36) Chronic fear of violence has psychosocial consequences including increased risk for suicide.

Suicide (V41-43, O38, -40) A history of attempted suicide is a significant risk factor for subsequent completed suicide, and the number of previous suicide attempts is related to subsequent suicide outcomes and other health problems.

Criminal Activity (O09, O09a, O09b) History of criminal activity is an important risk factor for subsequent violent behavior.

Psychiatric History (V33-V36, O33-35a) History of depression is a leading risk factor for suicidal activity. Other emotional and mental health problems may also play roles in shaping involvement in violence.

Sexual Orientation (V44, O48) Important to examine if sexual orientation is a risk factor for victimization and/or suicidal activity.

A. 12. Estimates of Annualized Burden Hour and Costs

- A. The estimated number of respondents is 70 per year. This is based on an estimated 35 events per year and 2 interviews per event (1 school official and 1 law enforcement official). Each respondent will be interviewed only once. The estimated total annual hour burden on respondents is 70 hours (Table 1). The estimates are based on the average time to complete the survey during the current implementation of the system. The hour burden will differ for individual respondents because the use of skip patterns will vary depending on the history of exposure to different risk factors for each victim

and perpetrator. Response times for previous interviews ranged from 27 to 85 minutes, with an average time of 54 minutes. Most of these interviews were conducted with paper-based interview forms. Because the computer-assisted interviewing in the actual survey will be more efficient than the paper-and-pencil technique used previously, we assume that the average interview time will be less than the 60 minutes used to calculate the burden on respondents.

Table A-12-1

Estimates of Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
School Officials	School CATI Interview	35	1	1	35
Police Officials	Law CATI Enforcement Interview	35	1	1	35
Total					70

- B. The only cost to respondents will be time spent on the telephone responding to the survey.

Table A-12-2

Annualized Cost to Respondents

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
School Officials	School Interview	35	\$34.06	\$1,192.10
Law Enforcement Officials	Law Enforcement Interview	35	\$29.29	\$1025.15

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
			Total	\$2,217.25

A. 13. Estimates of Other Total Annual Cost Burden to Respondents or Recordkeepers

Respondents will incur no capital and maintenance costs.

A. 14. Annualized Cost to the Federal Government

SAVD is planned as an ongoing surveillance project, with recurring survey preparation and design, data collection, and preparation and analysis of survey results. The government costs are the personnel costs of federal staff involved in oversight, design, and analysis. No outside contractors will be used. There will be no printing or publication costs for the government.

A. Contract phases, tasks, and estimated costs

None

B. Federal (CDC) staff involved in oversight and/or analysis

Position	Tasks	Avg time / yr	Avg. cost/yr
Lead behavioral scientist	oversight and supervision	35%	\$ 35,700
Project coordinator	coordination of data collection; management of study information; quality assurance implementation	100%	\$ 68,597
Project analyst	case identification; data collection; analysis of survey results	100%	\$ 68,597
Annualized federal costs:			\$172,194/yr (excluding fringe)

Funds for this project are transferred to the CDC budget from the Department of Education via an Interagency Agreement. This amount is approximately \$85,000

A. 15. Explanation for Program Changes or Adjustments

Changes to data collection instruments:

Three categories of changes to the study's data collection instruments were proposed and approved by CDC's IRB. These included item eliminations, item revisions, and addition of completely new items. Item eliminations were completed to streamline and focus the interview tools and decrease respondent burden. Elimination decisions were based upon analyses of information regarding missing values and considerations of a given item's utility with the study's overall prevention objectives. Item revisions and additions were implemented to enhance either the scope or relevance of the information previously collected. They also reflect recent advancements and developments in research addressing violence in school settings. Summary info on these changes is presented in Attachments 11 and 12.

Changes to data security processes and controls:

After completing a Certification and Accreditation process (C&A) initiated by the ISSO of CDC's NCIPC, a second dedicated secure directory on the NCIPC DVP LAN was secured for use in storing information that can be used to link data collected in the study's four core processes. This second LAN is wholly separate from the first LAN containing the de-identified databases. Only the principal investigator and study coordinator can access the LAN containing this LAN. Although study data have always been stored securely, linkage data were previously stored in a single directory and internal access to linkage data by study staff was restricted using a password only known to the principal investigator and study coordinator. This additional measure further strengthens SAVD's data security processes and controls by adding an additional layer of technical and administrative protection.

A. 16. Plans for Tabulation and Publication and Project Time Schedule

<u>Activity</u>	<u>Time Schedule</u>
Initiate data collection	Began after initial OMB approval
Complete data collection	Continuous
Complete cleaning and weighting of final data set	Continuous
Analyses and preparation of draft reports	Continuous
Submit results for publication	Approximately every 12 months

As in the past, it is anticipated that there will be multiple publications from the survey. All data will be received, reviewed, analyzed, published, and disseminated by CDC.

The analysis plan follows the objectives of the SAVD System, which are to:

- Identify common features of school-associated violent deaths;
- Measure the prevalence of risk factors for injury;
- Define which population groups are most affected;
- Estimate the rate of school-associated violent death in the United States;
- Monitor the impact of interventions and help direct interventions and resources toward the highest risk subgroups of the population.

The analysis plan has four parts:

1. Describing the study population;
2. Estimating the prevalence of injury risk factors by demographic characteristic;
3. Estimating crude odds ratios for injury outcomes by risk factor (where outcome questions are available); and
4. Building logistic regression models to better describe the association between risk and demographic characteristics, and outcome.

All analyses will be conducted using complex survey software that takes into account the complex nature of the survey design when computing variance estimates. In bivariable analyses (parts 2 and 4, above), the relative standard error (RSE) of the point estimate will be assessed. Estimates with RSEs ranging from 23-30% will be flagged as possibly unreliable while those with RSEs > 30% will be suppressed, or if presented, flagged as unstable. Where reasonable, categories will be collapsed to improve the stability of estimates. Estimates that are unstable in bivariable analyses will not be further analyzed in multivariable analyses.

Describing the study population

This step in the analysis includes a comparison of the distribution of the study population to the distribution of the US population of elementary and secondary school students as a means of evaluating the characteristics of the study population.

Prevalence analysis of injury risk factors:

This descriptive analysis will produce prevalence estimates and NCIPC will use these data to identify potential interventions and target populations.

Multivariable analysis: The purpose of the multivariable analysis is to clarify the relationships among preventable injury risk factors and outcomes after adjusting for potential confounders that may modify associations between these risk factors and outcomes.

Multivariable analyses will be presented in terms of adjusted odds ratios. Adjusted odds ratios and 95% confidence intervals will be calculated by using logistic regression to adjust for potential confounders identified in bivariable analyses. Possible effect modification of risk by selected demographic variables and other potential confounders will be identified based on evidence in the literature, and assessed using a likelihood ratio test.

A. 17. Reason(s) Display of OMB Expiration Date is Inappropriate

No exemption requested.

A. 18. Exemptions to Certification for Paperwork Reduction Act Submissions

Not applicable - no exemptions.