***SUPPORTING STATEMENT:*** *PART A*

**OMB# 0920-0604**

**December 3, 2015**

**“School-Associated Violent Deaths Surveillance System (SAVD)”**

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1. **JUSTIFICATION**

School-associated violence, particularly homicides and suicides that occur in schools, has been a significant public concern for several years. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been conducted 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. 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 (SAVD) in the United States with the goal of tracking and monitoring the extent of this problem on an ongoing basis.

The SAVD surveillance system remains the only systematic effort to document school-associated violent deaths on a national basis. Data from the SAVD surveillance system is intended 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.

Investigators will review public records and published press reports concerning each SAVD; for each identified case, investigators will interview an investigating law enforcement official and a school official who are knowledgeable about the case in question. Researchers will request information on both the victim and alleged offender(s)--including demographic data, their academic and criminal records, and their relationship to one another, as well as data on the time and location of the death; the circumstances, motive, and method of the fatal injury; and the security and violence prevention activities in the school and community where the death occurred, before and after the fatal injury event. Additionally, law enforcement reports on each case are obtained.

The study population will include the victims and offenders from all identified events in which there was a school-associated violent death in the U.S.

Data entry and analysis will be performed with either the SPSS or SAS statistical/database packages; more complex analyses may be performed with the SUDAAN or MPLUS statistical software programs or other software as necessary. Most of the analysis will be restricted to simple descriptive statistics--frequencies and univariate analysis. Case-finding methods will be compared using capture-recapture calculations, which can also be used to estimate the proportion of cases not identified by a particular case-finding technique. To calculate a rate of school-associated violent death in the United States, the DOE and Current Population Survey will provide national school enrollment data; in computing the rate, it may be necessary to restrict the numerator to those cases that concern the death of a student on school property during regularly scheduled hours of operation.

##

## A.1. Circumstances Making the Collection of Information Necessary

CDC is requesting a revision for three (3) years for the currently approved “School Associated Violent Deaths Surveillance System” OMB# 0920-0604, (expiration 04/30/2016). Additionally, CDC seeks to slightly modify some questionnaire items and the overall burden by five minutes per interview.

### Background

As a leading cause of death among young people, violence is increasingly recognized as an important public health and social issue. In 2013, over 8,000 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.

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 people2, 3.

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 death4, 5. 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 inform 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 have 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 A) 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 A) 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 A) 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 slightly 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. There are no changes to the statistical design/analysis.

## A.2. Purpose and Use of 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. We are requesting minor revisions to the previously approved data collection instruments, including item eliminations, item revisions, and addition of several new items. These revisions have been made to streamline and focus the interview tools, to decrease respondent burden, and 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. More information on the proposed revisions is included in Section A.15.

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 G.

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. This information will be used in concert with other sources of information, such as National Center for Education Statistics school-level data, which will provide context regarding schools where SAVDs take place (e.g., % free/reduced lunch, school locale [urban, rural, suburban]). Further, the data collected under this revised ICR will be analyzed along with data collected through this surveillance system in previous years (approved under OMB# 0920-0604) in order to conduct trend analyses related to SAVDs over an extended period of time. There is no budgetary line item, contractor, or grantee associated with this surveillance system; all work is conducted by CDC staff.

## A.3. Use of Improved Information Technology and Burden Reduction

The telephone surveys (Attachments D and E) 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 CDC-funded Youth Violence Prevention 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. These discussions occur semi-annually at reverse site visits for CDC grantees and cooperative agreement principal investigators and on regular teleconference calls and at in-person meetings with other governmental agencies. Further, given the lack of data of this nature available from other resources, the CDC worked together with the U.S. Department of Education and the U.S. Department of Justice to develop the questionnaire and methods for the School-Associated Violent Death Surveillance System. Through this collaboration, the CDC provides the National Institutes of Justice Bureau of Justice Statistics data annually on the frequency of school-associated violent deaths.

We have identified several efforts designed to systematically collect information on school-associated violent deaths. However, these projects are time-limited, as opposed to ongoing, and focus only 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 where school-based attacks were premeditated and often resulted in multiple deaths and injuries. Thus, since the USSS-SSI does not collect data on *every* school-associated violent death as the SAVD does, 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

The request fully complies with the regulation 5 CFR 1320.5.

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

###### *A.8.a) Federal Register Notice*

A 60-day Federal Register Notice was published in the Federal Register on August 24, 2015, vol. 80 No. 163 pp. 51272-51273 (Attachment B). CDC received two non-substantial comment (Attachment B1) and replied with a standard CDC response.

###### *A.8.b) Efforts to Consult Outside the Agency*

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:

* 1. Lisa Barrios, DrPH, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), CDC. 770-488-6172, lbarrios@cdc.gov
	2. Nancy Brener, PhD, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), CDC. 770-488-6184, nbrener@cdc.gov
	3. William Modzeleski, MA, formerly of Safe and Drug Free Schools Program, U.S. Department of Education. 202-245-7831, Bill.Modzeleski@ed.gov
	4. Paul Kesner, Director, Drug-Violence Prevention – State Programs, Office of Safe and Drug-Free Schools, paul.kesner@ed.gov
	5. Phelan Wyrick, PhD, Division Director, Crime and Crime Prevention Research Division, Director, Comprehensive School Safety Initiative, National Institute of Justice, U.S. Department of Justice, 202-353-9254, phelan.wyrick@usdoj.gov
	6. Deborah Stone, ScD, Division of Violence Prevention, Research and Evaluation Branch, National Center for Injury Prevention and Control, 770-488-3942, zaf9@cdc.gov
	7. Sarah Bacon, PhD, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, 770-488-0520, sbacon@cdc.gov
	8. Lloyd Potter, PhD, Department of Demography and Organization Studies
	The University of Texas at San Antonio, 210-458-5730, Lloyd.Potter@utsa.edu
	9. 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. Protection of the Privacy and Confidentiality of Information Provided by Respondents

This submission has been reviewed by the NCIPC IRB/OMB officer, who determined that the Privacy Act does not apply. Respondents are school and law enforcement officials who will provide information based on their roles; respondents’ Information in Identifiable Form (IIF) is not collected. However, IIF related to SAVD decedents is collected.

Although the Privacy Act does not apply to this submission, this IC involves IIF. This information includes:

1. Name (for victims)
2. Date of Birth (for victims and offenders)
3. Other:
	* 1. Name of School (associated with event)
		2. School Address
		3. School Phone Number
		4. School Fax Number
		5. Name of School Principal
		6. School District Name
		7. School District Telephone Number
		8. Principal’s Email Address
		9. Name of Law Enforcement Contact
		10. Law Enforcement Department Address
		11. Department Phone Number for Law Enforcement Contact
		12. Department Fax Number for Law Enforcement Contact
		13. Law Enforcement Investigative Reports

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.

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.

Information from this ongoing surveillance effort is only shared in aggregate form, and no personally identifiable data or individual-level data are shared. Historically, data from the SAVD Surveillance System have 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 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 H). 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.

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

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 I). 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 J).

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.

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 access 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 H

## A.11. Institutional Review Board (IRB) Justification for Sensitive Questions

**IRB Approval**

The CDC/NCIPC Human Subject Contact has determined that IRB approval is required (Attachment N). The CDC IRB has reviewed and approved the study protocol. See Attachment C for a copy of the IRB approval notification.

**Justification for Sensitive Questions**

The questionnaire contains some questions that are sensitive (e.g., questions regarding 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 (V15, V15a, V16, V17, O12, O12a, O13, O14) 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 (V08-09, 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 (V39, O36) Chronic fear of violence has psychosocial consequences including increased risk for suicide.

Self-harm and Suicidal Behavior (V42-43, O38-39) A history of self-harm and suicidal behavior are significant risk factors for subsequent completed suicide, and the number of previous suicide attempts is related to subsequent suicide outcomes and other health problems.

Criminal Activity (O10, O10a, O10b) History of criminal activity is an important risk factor for subsequent violent behavior.

Psychiatric History (V36-38, O33-35) 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, O41) Important to examine if sexual orientation is a risk factor for victimization and/or suicidal activity.

## A.12. Estimates of Annualized Burden Hours and Costs

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 75.8 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 65 minutes used to calculate the burden on respondents.

Table 1. Estimated Annualized Burden Hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Respondent**  | **Form Name** | **No. of** **Respondents** | **No. of** **Responses per Respondent**  | **Response Burden (hours)**  | **Total Burden Hours** |
| Law Enforcement Officer | Law Enforcement Interview Tool (Att D)  | 35 | 1 | 65/60 | 38 hours |
| School Official | School Official Interview Tool (Att E) | 35 | 1 | 65/60 | 38 hours |
| Total | 76 |

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

Table 2. Estimated Annualized Burden Costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Respondent**  | **Form Name** | **Total Burden Hours**  | **Hourly Wage Rate** | **Total Respondent Costs** |
| Law Enforcement Officer  | Law Enforcement Interview Tool (Att D) | 38  | $29.29 | $1,113.00 |
| School Official | School Official Interview Tool (Att E) | 38 | $34.06 | $1,294.00 |
| Total | $2,407.00 |

## A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

Respondents will incur no capital and maintenance costs.

## A.14. Annualized Cost to the 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**

Table 3. Estimated Annualized Government Cost

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Tasks | Avg time / yr | Avg. cost/yr |
| Lead behavioral scientist | oversight and supervision | 10% | $ 3,570 |
| Principal investigator | oversight; coordination of data collection; management of study information; quality assurance implementation | 100% | $ 87,219 |
| Project analyst | case identification; data collection; analysis of survey results  | 100% | $ 68,597 |
| **Annualized federal costs:** |  |  | **$159,566/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 K (summary of proposed changes), L (cross walk of changes to the law enforcement interview), and M (cross walk of changes to the school official interview).

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

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

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 bivariate 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 bivariate analyses will not be further analyzed in multivariate 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.

*Project Time Schedule*

|  |  |
| --- | --- |
| **Task** | **Schedule for Completion** |
| Identification of School-Associated Violent Deaths through systematic media scans | Ongoing, to begin immediately upon OMB approval |
| Data collection regarding SAVDs through law enforcement and school official interviews | Ongoing, to begin immediately upon OMB approval |
| Data entry in SAVD interview databases | Ongoing, to begin 2 weeks after OMB approval and to continue throughout approval period |
| Data analysis for student homicide MMWR publication | 4 weeks after OMB approval |
| Provide SAVD frequency data to the Bureau of Justice Statistics  | 4 weeks after OMB approval, and annually thereafter |
| Publish results in MMWR regarding student homicides | 12 weeks after OMB approval |
| Conduct other analyses for publications | Beginning 12 weeks after OMB approval and ongoing thereafter |
| Publish results from additional analyses | Beginning 16 weeks after OMB approval and ongoing thereafter |

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

The display of the OMB expiration date is not inappropriate.

## A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

**REFERENCES**

**1.** Office of Statistics and Programming. *Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates*: National Center for Injury Prevention and Control, CDC; 2013.

**2.** Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

**3.** David-Ferdon C, Simon TR. Preventing Youth Violence: Opportunities for Action. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2014.

**4.** Violence-related attitudes and behaviors of high school students--New York City, 1992. *MMWR Morb Mortal Wkly Rep.* Oct 15 1993;42(40):773-777.

**5.** Geiger K. A safe haven for children: curbing violence in schools. *The Washington Post*, February 21, 1993.