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**From:** NCHHSTP OMB Mailbox (CDC)  
**Sent:** Wednesday, May 11, 2016 2:58 PM  
**To:** mpenner@NASTAD.org  
**Subject:** Re: CDC Response to Public Comment: docket Number : CDC-2016-0022

*Good afternoon Mr. Penner,*

*We received your comment and have forwarded it to the appropriate program. Thank you for your interest. CDC.*



NASTAD-YRBS-...

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NASTAD  
444 North Capitol Street NW, Suite 339  
Washington, DC 20001  
(202) 434.8090 | NASTAD.org  
Officers  
May 2, 2016

Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NE., MS-D74  
Atlanta, Georgia 30329

**Docket Number: CDC-2016-0022**

To Whom It May Concern:

On behalf of the National Alliance of State & Territorial AIDS Directors (NASTAD), which represents public health officials who administer HIV and hepatitis health care, prevention, education, and supportive service programs funded by state and federal governments, I am writing to express the importance of including sexual orientation questions on the Youth Risk Behavior Survey (YRBS).

In 2014, nearly 10,000 young people aged 13 to 24 were diagnosed with HIV, accounting for 22% of all new diagnoses. Among these young people, Black youth represent more than half of all new HIV infections. Additionally, youth between the ages of 15 and 24 accounted for nearly two-thirds of the reported cases of chlamydia and gonorrhea in 2014, with rising rates among young men who have sex with men (MSM). Sexually transmitted diseases (STDs) can place individuals at higher risk for HIV infection and a higher STD prevalence may contribute to higher HIV incidence among youth. Lesbian, gay, bisexual, and transgender (LGBT) youth at risk for HIV remain a

hidden population. Stigma and misunderstanding at the individual, community, and institutional levels, coupled with a public health system that is often not prepared to serve them, pave the way for a disease burden that is increasing and challenging to address. Effective YRBS data collection and access to comprehensive effective HIV prevention strategies that specifically address young people, particularly MSM of all races/ethnicities, are needed to help curb the rising rates of HIV infection among youth in the U.S.

Collecting data on sexual identity or same-sex sexual contact would enable those working with youth to better understand the health and safety risks among sexual minority youth. Collecting this data would then allow for adjustment to HIV prevention priorities as well as tailoring of policies and

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programs to more effectively meet the needs of sexual minority youth and gender nonconforming youth to promote health and academic success. For this reason, YRBS should continue to include sexual orientation items standard on their national and state/local high school questionnaires. This data will provide national figures on youth's sexual identities and allowing for identification of same-sex sexual behaviors.

Thank you for supporting opportunities to improve the life of LGBT youth. Expanded federal investment to support outreach, prevention, and care services for LGBT youth is paramount to the work of NASTAD and its members and improving the YRBS is just one of the many avenues to improve our nation's public health and promote the health of our most vulnerable communities.

We appreciate your attention and consideration of these comments. Please do not hesitate to contact me at (202) 434-8090 or by email at [mpenner@NASTAD.org](mailto:mpenner@NASTAD.org) if you have questions related to these comments.

Sincerely,

Murray C. Penner  
Executive Director

May 2, 2016

Information Collection Review Office  
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1600 Clifton Road NE., MS-D74  
Atlanta, Georgia 30329

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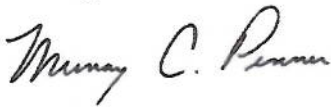
Murray Penner  
Executive Director

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Thank you for supporting opportunities to improve the life of LGBT youth. Expanded federal investment to support outreach, prevention, and care services for LGBT youth is paramount to the work of NASTAD and its members and improving the YRBS is just one of the many avenues to improve our nation's public health and promote the health of our most vulnerable communities.

We appreciate your attention and consideration of these comments. Please do not hesitate to contact me at (202) 434-8090 or by email at [mpenner@NASTAD.org](mailto:mpenner@NASTAD.org) if you have questions related to these comments.

Sincerely,

A handwritten signature in black ink that reads "Murray C. Penner". The signature is written in a cursive, flowing style.

Murray C. Penner  
Executive Director



May 2, 2016

Leroy A. Richardson

Information Collection Review Office  
Centers for Disease Control and Prevention  
1600 Clifton Road NE., MS-D74  
Atlanta, GA 30329

RE: Docket No. CDC-2016-0022

On behalf of the All Students Count Coalition, we are pleased to have the opportunity to deliver comments regarding the proposed Youth Risk Behavior Survey (YRBS) for 2017 and 2019. The All Students Count Coalition is a collective of national and state-based organizations whose intent is to advocate for youth data collection on federal surveys that is inclusive of lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth. The following comments address the critical importance of the National YRBS, and make recommendations for additional necessary gender identity data collection.

First, we'd like to commend the Centers for Disease Control and Prevention (CDC) for its focus on and commitment to better understanding the health risks of LGBTQ youth. We've historically enjoyed a strong, collaborative relationship with the CDC and continue to believe we are partners of mutual benefit with the same goal of better understanding what health risks and needs youth have in this country. We look forward to continuing our work together and jointly strengthening future iterations of the YRBS. We must, however, take this opportunity to strongly advocate for further research and development of a question that will measure gender identity.

#### **Federal Surveys: Sexual Orientation, Gender Identity & Expression Questions**

The focus on LGBTQ people in research and large-scale government surveillance systems is receiving a lot of attention and discussion recently. This is largely due to the clear and considerable research that indicates the LGBTQ population faces significant health disparities and has a higher risk of many negative health outcomes. **Yet the majority of population-based surveys and surveillance systems fail to include basic demographic questions such as sexual**

**orientation and gender identity (SOGI) measures.** The CDC and several other federal government agencies have recognized this gap and have done considerable work to include SOGI questions in regularly occurring surveys but there is still a significant amount of work to be done. Some surveys have already included SOGI questions or have added the questions to survey instruments for the next time they will be conducted including: the National Crime Victimization Survey and related School Crime Supplement; School Survey on Crime & Safety; School-Associated Violent Death Survey, the Behavioral Risk Factor Surveillance System, and many others. Additionally, the Presidential administration has developed an inter-agency task force to assess the feasibility of adding standardized sexual orientation and gender identity questions to a multitude of surveys conducted by many different agencies.

Certainly there is a movement occurring to finally recognize the importance of one's sexual orientation and gender identity as a basic, demographic question in all population based surveys and the time has come for the CDC to reexamine how it can develop an appropriate question to measure gender identity in the YRBS. Since 2009, the All Students Count Coalition has worked to increase the number of states and municipalities asking questions about sexual orientation on their YRBS. Through advocacy and collaborative efforts, in May 2014 the CDC reported that the sexual orientation questions would be added to the national YRBS survey and the core of the state and local municipality versions, helping communities to document disparities, including disproportionate rates of bullying, homelessness, substance abuse and sexual risk-taking faced by LGB youth. Research shows that LGB youth often suffer from disparate rates of substance abuse, depression, suicide ideation, harassment, abuse, sexually transmitted diseases, including HIV, and unintended pregnancy.<sup>i</sup> These increased risks are often the result of, and in reaction to, negative environmental stressors LGB youth face in their schools, homes and communities. Research also shows that youth suffering from such health risks are at greater academic risk than are other youth.<sup>ii</sup> State and local education agencies that include sexual orientation questions on the YRBS are better positioned to understand linkages, to seek funding for, and to implement, programs that can help redress them and as such, help these youth to succeed academically. **There is, however, still a striking lack of information collected on transgender youth (or youth who do not identify with the sex they were assigned at birth or as strictly male or female within the established gender binary, referred to more broadly as gender non-conforming or gender expansive),** despite the fact that research has indicated that these youth are vulnerable to a variety of health disparities, and gender non-conforming LGBTQ youth may be even more at-risk than their gender conforming LGBTQ peers.

### **Gender Expression**

There has been substantial growth in the number of youth who identify as gender non-binary, genderqueer, and gender expansive, as more youth live in accordance with their understanding of gender. For example, the Human Rights Campaign and Gender Spectrum's *Supporting and Caring for Our Gender Expansive Youth* report found that nearly 10% of the LGBTQ youth surveyed identified their gender as "transgender" or "other" and highlighted several risk factors unique to this population.<sup>iii</sup> In response to the All Students Count Coalition's research and

advocacy, the CDC approved a new question on gender expression for use on the 2013 YRBS. The gender expression question is: *A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you? (answers: Very feminine, Mostly feminine, Somewhat feminine, Equally feminine and masculine, Somewhat masculine, Mostly masculine, Very masculine)*. The question is intended to be compared with students' selected responses to the biological sex (answers: male, female) item on the YRBS and used to identify incongruous answers. For the 2013 cycle, four municipalities, Chicago Public Schools (Chicago), San Diego Unified School District (San Diego), Los Angeles Unified School District (LA) and Broward County Public Schools (Broward), chose to include the new gender expression question on their surveys. **Unfortunately, the low response rate made that data unusable for broader inferences; however we are anxiously awaiting the results of the 2015 YRBS to see how this question performed.** When used in additional states and municipalities across the country, the CDC-approved gender expression question will allow researchers to estimate the size of this demographic, broadly examine health and behavioral risk disparities for gender expansive youth, provide statistics to raise awareness about gender expansive youth, and better target programming to address their needs.

### **Gender Identity**

Similarly, in 2013 about six localities asked a question about gender identity. The question was asked in two parts: The first part recognized a person's true gender identity, and the second inquired about their history. Part one gave six options for current gender identity, with the option to check all that apply (*Male, Female, Transgender Male/Transman, Transgender Female/Transwoman, Genderqueer, Additional Category*); and then asked what sex the person was assigned at birth. While the question had tested well and was approved by the CDC, the response data indicated results inconsistent with local understandings of the populations, and the data was removed from final reporting. These ongoing efforts indicate willingness on the part of both CDC and partners to ask questions about gender identity and gender expression, but additional resources and time must be devoted to redeveloping and implementing additional appropriate questions.

**We ask now that the CDC take additional steps to support the broad use and analysis of the YRBS question on gender expression, and commit to further research, develop and implement a question that specifically asks about gender identity.**

### **The Value of YRBS Data**

One of the many reasons the YRBS is such a critically important survey is because it is *the only* federal survey that asks youth questions about suicidal ideation and suicide attempts. Were it not for this survey, officials in the United States could hardly provide any information on suicidality among youth, let alone gay, lesbian or bisexual youth. It is from the YRBS and other research conducted by the CDC that provides some of the only statistics we know about LGB youth and suicidality. Suicide continues to be the second leading cause of death for all young

people ages 10 – 24 years old.<sup>iv</sup> LGB youth are four times more likely to attempt suicide than their straight peers.<sup>v</sup> But the federal government cannot provide almost any data on transgender youth or adults and suicide because gender identity information is not captured in the YRBS or the National Violent Death Reporting System. It is only from surveys conducted by national advocacy organizations and academic researchers that we have any kind of data available on suicide in the transgender community. Approximately half of transgender youth have seriously considered suicide, and 25% of transgender youth have attempted.<sup>vi</sup> Additionally, 41% of transgender adults have attempted suicide at some point in their life.<sup>vii</sup> It is great that this research does exist, but it pales in comparison to the strong research methodology and the sheer size of potential survey respondents that come with a federal government administered survey.

This research is also vital in supporting the work of both schools and organizations focused on sexual health education. Reducing unintended pregnancy and rates of sexually transmitted disease (STDs) including HIV, as well as providing competent and accessible treatment and care for young people, is of paramount importance to ensuring their academic success and lifelong health. Nineteen states and seventeen municipalities are currently funded to provide such education and care under a cooperative agreement PS13-1308 that is directly impacted by the YRBS; and the survey results have implications nationwide. Young people are disproportionately impacted by STDs, HIV, and other negative sexual health outcomes. LGBTQ youth are often at greater risk, given the compounding effects of other risks such as increased risk of homelessness or lack of access to compassionate and appropriate healthcare.<sup>viii</sup> All young people have the right to lead healthy lives. Providing them with medically accurate, age-appropriate sexual health education is a key part in helping them take personal responsibility for their health and well-being. Transgender and gender non-conforming young people face additional challenges in communities and cultures that are transphobic; they need inclusive and culturally competent health care and sexual health education. **However, without accurate large-scale research on youth gender identity and corresponding health and education needs, it is difficult to estimate what communities and programs must be directly addressed. The YRBS has the potential to help fill that gap and provide resource support and direction for prevention and education efforts.**

### Conclusion

The need to implement a gender identity question on the YRBS is absolutely paramount. With the passage of HB2 in North Carolina, HB1523 in Mississippi and many other potential discriminatory bills poised to pass, the environment is particularly hostile and even violent for many transgender youth.<sup>ix,x</sup> Minority stress and discrimination are factors that can impact a person's mental health and ultimately their suicidality. The YRBS is a vital tool in providing information to address such discrimination and exacerbating factors among LGBTQ people, and especially youth. The members of the All Students Count Coalition submit these comments to highlight the absolute necessity of this continued survey; and to advocate for the additional collection of gender identity information in the National YRBS. We appreciate the opportunity



to provide comments, and look forward to continued collaboration with the CDC to research, develop and implement a gender identity question.

Sincerely,

All Students Count Coalition  
Advocates for Youth  
CenterLink: The Community of LGBT Centers  
GLSEN  
The Trevor Project

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<sup>i</sup> Hauser, D. (2010). School Environment, Health Risk Behavior and Academic Failure: Linked for LGBT Youth. Washington, DC: Advocates for Youth. Retrieved from:

<http://www.advocatesforyouth.org/storage/advfy/documents/yrbs-glb.pdf>

<sup>ii</sup> Bridges, E. and Alford, S. (2010). Comprehensive Sex Education and Academic Success. Washington, DC: Advocates for Youth. Retrieved from:

[http://www.advocatesforyouth.org/storage/advfy/documents/comprehensive\\_sex\\_education\\_and\\_academic\\_success.pdf](http://www.advocatesforyouth.org/storage/advfy/documents/comprehensive_sex_education_and_academic_success.pdf)

<sup>iii</sup> Baum, J., Brill, S., Brown, J., Delpercio, A., Kahn, E., Kenney, L., and Nicoll, A. (2014). Supporting and Caring for Our Gender-Expansive Youth. Human Rights Campaign & Gender Spectrum. Retrieved from:

[https://www.genderspectrum.org/staging/wp-content/uploads/2014/12/HRC\\_report.pdf](https://www.genderspectrum.org/staging/wp-content/uploads/2014/12/HRC_report.pdf)

<sup>iv</sup> Centers for Disease Control and Prevention. (2014). *Web-based Injury Statistics Query and Reporting System* [Data file]. Retrieved from [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

<sup>v</sup> CDC. (2011). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.

<sup>vi</sup> Grossman, A.H. & D'Augelli, A.R. (2007). Transgender Youth and Life-Threatening Behaviors. *Suicide and Life-Threatening Behaviors*.37(5), 527-37.

<sup>vii</sup> Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

<sup>viii</sup> Brooks, D. (2010). *Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ) Youth*. Washington, DC: Advocates for Youth. Retrieved from:

[http://www.advocatesforyouth.org/storage/advfy/documents/glbtc\\_youth%202010.pdf](http://www.advocatesforyouth.org/storage/advfy/documents/glbtc_youth%202010.pdf); Peterson, N. (2010). *The Health and Rights of Transgender Youth*. Washington, DC: Advocates for Youth. Retrieved from:

<http://www.advocatesforyouth.org/storage/advfy/documents/the%20health%20and%20rights%20of%20transgender%20youth.pdf>

<sup>ix</sup> Domonoske, Camila. 24 March, 2016. North Carolina Passes Law Blocking Measures To Protect LGBT People. NPR. Retrieved from: <http://www.npr.org/sections/thetwo-way/2016/03/24/471700323/north-carolina-passes-law-blocking-measures-to-protect-lgbt-people>

<sup>x</sup> Domonoske, Camila. 5 April, 2016. Mississippi Governor Signs 'Religious Freedom' Bill Into Law. NPR. Retrieved from: <http://www.npr.org/sections/thetwo-way/2016/04/05/473107959/mississippi-governor-signs-religious-freedom-bill-into-law>