

April 9, 2024

Submitted via www.regulations.gov

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Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, GA 30329

Re: Proposed information collection, 2025 and 2027 National Youth Risk Behavior Survey Docket No. CDC-2024-0010

On behalf of the undersigned organizations committed to researching and advancing the wellbeing of lesbian, gay, bisexual, transgender, queer, intersex, and other sexual and gender minority (LGBTQI+) people in the United States, we are pleased to submit this comment in response to the proposed information collection titled 2025 and 2027 National Youth Risk Behavior Survey (YRBS).¹

We strongly support the retention of critically important measures of sexual orientation and transgender identity on the 2025 and 2027 National YRBS. These current measures are necessary to understanding the health risks as well as protective factors that support the health of many sexual minority and transgender youth. To be fully inclusive of all LGBTQI+ youth, however, we urge the Centers for Disease Control and Prevention (CDC) to include measures on the YRBS that would allow respondents to voluntarily self-report that they are non-binary, Two-Spirit, and intersex (or have variations in sex characteristics).

Including SOGI measures on the YRBS has improved our understanding of disparities impacting many LGBTQI+ youth

As discussed further below, YRBS data are used to monitor health behaviors and experiences that contribute to the leading causes of death and disability among young people.² The past inclusion of sexual orientation and gender identity (SOGI) measures on the YRBS have identified alarming disparities impacting LGBTQI+ youth that indicate increased risk of adverse health outcomes, but also illuminate pathways for improving their health, wellbeing, and safety. For example, analyses of YRBS data have demonstrated that:

- Compared to cisgender youth, transgender youth are more likely to report peer victimization such as being harassed or bullied at school, which is associated with suicide risk³;

¹ Proposed Data Collection Submitted for Public Comment and Recommendations, 89 Fed. Reg. 9152 (Feb. 9, 2024), <https://www.federalregister.gov/documents/2024/02/09/2024-02684/proposed-data-collection-submitted-for-public-comment-and-recommendations>.

² *Youth Risk Behavior Surveillance System*, CDC (Apr. 27, 2023), <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.

³ Michelle M. Johns et al., *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017*,

- Compared to straight or heterosexual youth, lesbian, gay, and bisexual (LGB) youth are more likely to report peer victimization, including being harassed or bullied at school, which is associated with suicide risk⁴;
- Transgender⁵ and LGB youth⁶ are more likely to experience housing instability, which is associated with increased risk of suicidal ideation and attempted suicide; and
- Compared to cisgender youth, transgender youth reported less physical activity—higher rates of which are associated with improved health outcomes.⁷

The continued collection of these data is critical, as out LGBTQ+ people are a growing population in the United States living in every state and county.⁸ In 2022, the Williams Institute has previously estimated that at least 2 million youth ages 13–17 identify as LGBT in the U.S., including approximately 300,000 youth who are transgender.⁹ Various researchers have even found evidence that younger people are more likely than older populations to identify as LGBT.¹⁰

Importantly, the scale of the YRBS allows for consideration of the experiences of LGBTQI+ youth who hold multiple marginalized identities.¹¹ LGBTQI+ people are a demographically diverse population that reflects the breadth of diversity and lived experiences of the communities

68 MORBIDITY & MORTALITY WKLY. REP. 67 (2019) <http://dx.doi.org/10.15585/mmwr.mm6803a3>; Elle Lett et al., *Syndemic relationship of depressive symptoms, substance use, and suicidality in transgender youth: a cross-sectional study using the U.S. youth risk behavior surveillance system*, 57 SOCIAL PSYCHIATRY & PSYCHIATRIC EPIDEMIOLOGY 2293 (2022), <https://doi.org/10.1007/s00127-022-02348-1>.

⁴ CDC, YOUTH RISK BEHAVIOR SURVEY: DATA SUMMARY & TRENDS REPORT: 2011–2021 (2023), https://www.cdc.gov/healthyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf; see also Michelle M. Johns et al., *Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019*, 69 MORBIDITY & MORTALITY WKLY. REP. 19 (2020), https://www.cdc.gov/mmwr/volumes/69/su/su6901a3.htm?s_cid=su6901a3_w.

⁵ Kasey B. Jackman et al., *Suicidality among Gender Minority Youth: Analysis of 2017 Youth Risk Behavior Survey Data*, 25 ARCHIVES OF SUICIDE RESEARCH 208 (2019), <https://www.tandfonline.com/doi/full/10.1080/13811118.2019.1678539>.

⁶ Philip Baiden et al., *Prevalence of youth experiencing homelessness and its association with suicidal thoughts and behaviors: Findings from a population-based study*, 334 PSYCHIATRY RESEARCH 115823 (2024), <https://www.sciencedirect.com/science/article/abs/pii/S0165178124001082>.

⁷ Raina V. Voss et al., *Physical Inactivity and the Role of Bullying Among Gender Minority Youth Participating in the 2017 and 2019 Youth Risk Behavior Survey*, 72 JOURNAL OF ADOLESCENT HEALTH 197 (2022), <https://doi.org/10.1016/j.jadohealth.2022.08.020>.

⁸ See *LGBT Demographic Data Interactive*, WILLIAMS INST. (Jan. 2019), <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#demographic>. We use “LGBT” in this paragraph to reflect cited data.

⁹ JODY L. HERMAN ET AL., WILLIAMS INST., HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES? (2022), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf>; KERITH J. CONRON, WILLIAMS INST., LGBT YOUTH POPULATION IN THE UNITED STATES (2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>.

¹⁰ See, e.g., SHOSHANA K. GOLDBERG ET AL., HUMAN RIGHTS CAMPAIGN & BOWLING GREEN STATE UNIV., EQUALITY ELECTORATE: THE PROJECTED GROWTH OF THE LGBTQ+ VOTING BLOC IN COMING YEARS (2022), <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/LGBTQ-VEP-Oct-2022.pdf>.

¹¹ CAP, CLEAR, FENWAY HEALTH, GLSEN, INTERACT: ADVOCATES FOR INTERSEX YOUTH, MAP, NATIONAL CENTER FOR TRANSGENDER EQUALITY, NATIONAL HEALTH LAW PROGRAM, NATIONAL LGBT CANCER NETWORK, THE TREVOR PROJECT, AND WHITMAN-WALKER INSTITUTE, THE NEW NATIONAL ACADEMIES REPORT & THE IMPORTANCE OF LGBTQI DATA INCLUSION (2022), https://www.glsen.org/sites/default/files/2022-03/NAEMReportExplainer_March2022.pdf.

in which they live. Indeed, the Williams Institute has reported on evidence that individuals belonging to certain communities of color appear more likely than their white counterparts to identify as transgender.¹²

State and local agencies and health care practitioners rely on YRBS data to inform policies and programs

YRBS data have been widely utilized to improve policy and program implementation to better protect all students from adverse health outcomes, and is particularly impactful for under-resourced communities. Some school districts and local agencies rely on these critical data provided through the YRBS to fund key programs to reduce health risks in their communities. This data has facilitated the funding of programs such as the Mayor’s Drug Task Force in Franklin, New Hampshire, and risk reduction efforts in Milwaukee Public Schools through Project AWARE (Advancing Wellness and Resiliency in Education).¹³ YRBS data is also used to advance school health interventions, such as in Orange County, California, where it is used to plan, monitor, and evaluate such interventions, in addition to informing professional development opportunities.¹⁴

Without these data, school districts, local health agencies, and state agencies alike are unable to examine current youth health risks and apply for funding to implement solutions. We therefore encourage the CDC to continue with this data collection, and to ensure said collection will remain inclusive of LGB and transgender youth.

Anti-LGBTQI+ policies lend new urgency to LGBTQI+ data inclusion on the YRBS

Hatred against LGBTQI+ communities is on the rise across the globe, including here in the U.S. In fact, the Human Rights Campaign recently—and for the first time in its nearly half-century history—declared a national state of emergency for LGBTQI+ people in the U.S.¹⁵ This declaration follows an unprecedented spike in anti-LGBTQI+ legislative and administrative assaults eliminating resources and support for LGBTQI+ youth, and ultimately aiming to eliminate LGBTQI+ people from the public sphere.

In particular, state policies targeting LGBTQI+ youth—especially transgender youth—have increased dramatically over the past four years.¹⁶ Bans on gender affirming care, enacted in 22

¹² HERMAN ET AL., *supra* note 9, at 6.

¹³ ADVOCATES FOR YOUTH, THE TREVOR PROJECT, YOUTH RISK BEHAVIOR SURVEY (YRBS) 101 (2023) (on file with authors).

¹⁴ *Id.*

¹⁵ HUMAN RIGHTS CAMPAIGN, LGBTQ+ AMERICANS UNDER ATTACK: A REPORT AND REFLECTION ON THE 2023 STATE LEGISLATIVE SESSION (2023), <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/Anti-LGBTQ-Legislation-Impact-Report.pdf>; see also *US: Anti-Trans Bills Also Harm Intersex Children*, HUMAN RIGHTS WATCH (Oct. 26, 2022), <https://www.hrw.org/news/2022/10/26/us-anti-trans-bills-also-harm-intersex-children>; *Anti-Transgender Legislation Affects Intersex Kids, Too!*, INTERACT, <https://interactadvocates.org/transgender-legislation-intersex/> (last visited Mar. 18, 2024).

¹⁶ See, e.g., *Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024*, ACLU (2024), <https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024>; MOVEMENT ADVANCEMENT PROJECT, UNDER FIRE: ERASING LGBTQ PEOPLE FROM SCHOOLS AND PUBLIC LIFE (2023), https://www.mapresearch.org/file/MAP-Under-Fire-Erasing-LGBTQ-People_2023.pdf; MOVEMENT ADVANCEMENT PROJECT, UNDER FIRE: BANNING MEDICAL

states¹⁷ strike at best practice medical care for transgender youth, according to the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, American Medical Association, American Psychological Association, and every major medical association.¹⁸ Other state policies target LGBTQI+ inclusive schools. For example, 24 states now ban transgender youth from playing on school sports teams consistent their gender identity¹⁹ and 10 states prohibit transgender youth from using the school bathrooms consistent with their gender identity.²⁰ Experiencing anti-LGBTQI+ discrimination at school, including being barred from facilities and programs that match one’s gender identity, is associated with LGBTQI+ youth reporting lower self esteem, higher levels of depression, and a greater likelihood of having seriously considered suicide.²¹ Additionally, several states prohibit or require special procedures for students to receive LGBTQI+ inclusive instruction despite such instruction being associated with improved mental health, feelings of belonging, and educational success for LGBTQI+ youth.²² Available data suggests these harmful policies are having an impact on LGBTQI+ youth, including an increased risk of suicidality.²³

We strongly encourage the CDC to continue (and continue to improve on) its collection of data on the experiences of LGBTQI+ youth, so we can fully understand the impact of these and other regressive policies nationwide.

CARE AND LEGAL RECOGNITION FOR TRANSGENDER PEOPLE (2023), <https://www.mapresearch.org/file/MAP-2023-Under-Fire-Report-5.pdf>.

¹⁷ *Equality Maps: Bans on Best Practice Medical Care for Transgender Youth*, MOVEMENT ADVANCEMENT PROJECT, https://www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans (last visited Mar. 11, 2024).

¹⁸ *Medical Organization Statements*, TLDEF, <https://transhealthproject.org/resources/medical-organization-statements/> (last visited Mar. 18, 2024); *see also Medical Association Statements in Support of Health Care for Transgender People and Youth*, GLAAD (June 21, 2023), <https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>.

¹⁹ *Equality Maps: Bans on Transgender Youth Participation in Sports*, MOVEMENT ADVANCEMENT PROJECT, https://www.mapresearch.org/equality-maps/youth/sports_participation_bans (last visited Mar. 18, 2024).

²⁰ *Equality Maps: Bans on Transgender People’s Use of Bathrooms & Facilities According to Their Gender Identity*, MOVEMENT ADVANCEMENT PROJECT, https://www.lgbtmap.org/equality-maps/youth/school_bathroom_bans (last visited Mar. 18, 2024).

²¹ JOSEPH G. KOSCIW ET AL., GLSEN, *THE 2021 NATIONAL SCHOOL CLIMATE SURVEY: THE EXPERIENCES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER YOUTH IN OUR NATION’S SCHOOLS* (2022), <https://www.glsen.org/research/2021-national-school-climate-survey>.

²² For example, as of March 2024, 11 states censor LGBTQI+ inclusive instruction, which GLSEN has found to be associated with transgender and non-binary youth being less likely to report feeling unsafe at school because of their gender identity and gender expression, less likely to miss school due to feeling unsafe, higher levels of self-esteem, and lower levels of depression, compared to transgender and non-binary youth who did not receive LGBTQI+ inclusive instruction or teacher curriculum. These findings echo analyses in the National School Climate Survey for all LGBTQI+ youth. GLSEN, *IMPROVING SCHOOL CLIMATE FOR TRANSGENDER AND NONBINARY YOUTH* (2021), <https://www.glsen.org/research/improving-school-climate-transgender-and-nonbinary-youth>; *Inclusive Curricular Standards Policies*, GLSEN, <https://maps.glsen.org/inclusive-curricular-standards-policies/> (last visited Mar. 18, 2024); *see also id.*

²³ *2023 U.S. National Survey on the Mental Health of LGBTQ Young People*, THE TREVOR PROJECT, <https://www.thetrevorproject.org/survey-2023/> (last visited Mar. 18, 2024); *see also* Roberto L. Abreu et al., *Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures’ Perspective*, 36 J. FAM. PSYCH. 643 (2022), <https://pubmed.ncbi.nlm.nih.gov/35324250>; Kacie M. Kidd et al., “*This Could Mean Death for My Child*”: Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents, 68 J. ADOLESCENT HEALTH 1082 (2021), <https://pubmed.ncbi.nlm.nih.gov/33067153>.

Further advances in LGBTQI+ data inclusion are necessary to understand the experiences of all LGBTQI+ youth

Available data shows that non-binary transgender youth commonly experience bullying and discrimination at school²⁴ and that both trans non-binary youth²⁵ and intersex youth²⁶ are at heightened risk of school-based discrimination and adverse mental health outcomes. The inclusion of SOGI measures on the YRBS has played an essential role in revealing health disparities among many LGBTQI+ young people,²⁷ and it's vital that these measures continue to evolve to accurately capture the identities of all youth respondents.

Indeed, collecting data on non-binary students would be relevant to all student populations, as cisgender and transgender people can identify as non-binary, including those cisgender people who are not LGB. Population-level data on these youth are limited, but available data have allowed for estimates on the population of non-binary LGBTQ adults in the U.S., with the Williams Institute reporting that 11.1% of LGBTQ adults (ages 18–60) identify as non-binary.²⁸ Their data show that non-binary people comprise a larger proportion of the transgender adult population (32.1%) than of the cisgender LGBQ adult population (7.5%).²⁹

We urge CDC to prioritize taking the necessary steps to support the adoption of a non-binary-inclusive measure of gender identity and a measure of variations in sex characteristics (including intersex traits) on the YRBS in the future. Doing so would align with the U.S. Department of Health and Human Services's directive "to test and incorporate measures of sex characteristics (including self-identification of the intersex population) and additional SOGI measures, such as self-identification of Two-Spirit populations, in collections that include demographic data."³⁰ Likewise, it would be in line with recent recommendations issued by a panel formed by the National Academies of Sciences, Engineering, and Medicine on SOGI measurement in federal surveys and other instruments (the "NASEM Panel")—which called for additional research on non-binary response options and other possible improvements to gender identity measures as well as on measures allowing identification of intersex people.³¹ The NASEM Panel even offered recommendations that are inclusive of Two-Spirit identities among respondents who identify as American Indian or Alaska Native, which we encourage the CDC to look into implementing alongside these other research recommendations.

²⁴ KOSCIW ET AL., *supra* note 21.

²⁵ THE TREVOR PROJECT, *supra* note 23.

²⁶ THE MENTAL HEALTH AND WELL-BEING OF LGBTQ YOUTH WHO ARE INTERSEX, THE TREVOR PROJECT (2021), <https://www.thetrevorproject.org/wp-content/uploads/2021/12/Intersex-Youth-Mental-Health-Report.pdf>.

²⁷ *New YRBS Data Emphasizes Severe Suicide Risk Disparities Faced By Queer Students Compared to Straight Peers*, THE TREVOR PROJECT (Feb. 13, 2023), <https://www.thetrevorproject.org/blog/new-yrbs-data-emphasizes-severe-suicide-risk-disparities-faced-by-queer-students-compared-to-straight-peers/>.

²⁸ BIANCA D.M. WILSON & ILAN H. MEYER ET AL., WILLIAMS INST., NONBINARY LGBTQ ADULTS IN THE UNITED STATES 2 (2021), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Nonbinary-LGBTQ-Adults-Jun-2021.pdf>.

²⁹ *Id.*

³⁰ U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA ACTION PLAN (2023), <https://www.hhs.gov/sites/default/files/hhs-sogi-data-action-plan.pdf>.

³¹ NAT'L ACADEMIES OF SCIENCES, ENGINEERING, & MED., MEASURING SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION at 132–33, 145 (2022), <https://nap.nationalacademies.org/catalog/26424/measuring-sex-gender-identity-and-sexualorientation>.

Conclusion

The YRBS is one of very few federal collections that permit LGBTQI+ youth to self report their sexual orientation and transgender identity. The high quality data available through the YRBS supports evidence-based policies and programs in health care, education, family services, and other settings. We commend the CDC for its prior efforts to bring visibility to the experiences of LGB and transgender youth and urge continued effort to advance LGBTQI+ data inclusion.

Thank you for your consideration. Please do not hesitate to contact Luis A. Vasquez at the Human Rights Campaign, at luis.vasquez@hrc.org, if you need any additional information.

Sincerely,

GLSEN
Human Rights Campaign
The Trevor Project
CenterLink: The Community of LGBTQ Centers
EducateUS
Movement Advancement Project
NASTAD
American Atheists
MomsRising
The Fenway Institute
National LGBTQ Task Force
State Innovation Exchange (SIX)
Family Equality
GLBTQ Legal Advocates & Defenders
Stop Sexual Assault in Schools
National Association of School Psychologists
National Association of School Psychologists
National Black Justice Coalition
FORGE, Inc.
National Center for Lesbian Rights
SIECUS: Sex Ed for Social Change
TransAthlete.com
Whitman-Walker Institute
National Center for Transgender Equality
interACT: Advocates for Intersex Youth
National Women's Political Caucus
National LGBTQ Task Force
Mazzoni Center
Advocates for Youth
National Education Association
American Psychological Association
Reproductive Freedom for All (formerly NARAL Pro-Choice America)
National Women's Law Center