

**2009 AND 2011 NATIONAL YOUTH TOBACCO SURVEYS**

**SUPPORTING STATEMENT: PART A**

**Submitted by:**  
**Danice K. Eaton, MPH, PhD, Project Officer**  
**Division of Adolescent and School Health**  
**National Center for Chronic Disease Prevention and Health Promotion**  
**4770 Buford Hwy, NE, MS K-33**  
**Atlanta, GA 30341**  
**770-488-6143 (voice); 770-488-6156 (fax)**  
**[dhe0@cdc.gov](mailto:dhe0@cdc.gov)**

**Centers for Disease Control and Prevention**  
**Department of Health and Human Services**

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## **ABSTRACT**

This statement supports a request to obtain approval for the revision of a currently approved information collection to conduct the school-based National Youth Tobacco Survey (NYTS) (OMB No. 0920-0621, expiration 12/08) in 2009 and 2011. The NYTS is a biennial survey of high school students that assesses tobacco use behaviors and behavioral determinants. The proposed information collection includes the following changes to the currently approved information collection (OMB No. 0920-0621): slightly reduced estimated burden hours; the stratification of administrator burden associated with the Recruitment Scripts for the NYTS (Appendices H1-H3) by education agency level (state, district, or school); and the inclusion of teacher burden hours associated with completing the Data Collection Checklist (Appendix J). The proposed information collection will use the currently OMB-approved sampling strategy, recruitment methods, and data collection procedures to conduct the NYTS among nationally representative samples of students in public and private schools, enrolled in grades 6-12, during January through March of 2009 and 2011.

## **A. JUSTIFICATION**

Prior to 2004 the NYTS was conducted and privately funded by the American Legacy Foundation (Legacy), a 501(c)(3) organization established in 1999 as a result of the 1998 Master Settlement Agreement (MSA) between a coalition of 46 state attorneys general and five U.S. territories and the tobacco industry. Payments designated by the settlement were Legacy's main source of funding. Legacy conducted the NYTS in 1999, 2000, and 2002, each time receiving technical support (e.g., in establishing contact with states and in publishing NYTS data in *Morbidity and Mortality Weekly Report*) from the Centers for Disease Control and Prevention (CDC). Following the 2002 NYTS, Legacy ceased funding of the NYTS because of a scheduled reduction in their budget. Beginning in 2003, CDC assumed responsibility for funding and conducting the NYTS. CDC received a one-year approval from OMB to conduct the 2004 NYTS (OMB No. 0920-0621; expiration 12/31/04) and a three-year approval to conduct the 2006 and 2008 NYTS (OMB No. 0920-0621; expiration 12/31/08). To improve the coordination and efficiency of school-based surveillance activities within CDC, implementation of the 2008 NYTS has been delayed until 2009. CDC now plans to conduct the NYTS biennially during the spring of odd-numbered years. Thus, CDC requests OMB approval to conduct the NYTS in 2009 and 2011. The term of this request is for three years (2009-2011).

### **A.1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY**

CDC is responsible for leading and coordinating strategic efforts aimed at preventing tobacco use among youth and, among all age groups, promoting tobacco cessation, protecting nonsmokers from secondhand smoke, and eliminating tobacco-related health disparities. A comprehensive tobacco control program must have surveillance and evaluation systems that can track and document a wide range of short-term, intermediate, and long-term intervention outcomes in the population, the data from which can inform program and policy direction, as well as demonstrate programmatic and fiscal accountability (CDC, 2007). NYTS assesses short-term (such as increased knowledge about the negative health consequences of tobacco use), intermediate (such as reduced access to tobacco products), and long-term (such as reduced

cigarette smoking prevalence) outcomes (Starr et al., 2005). As such, NYTS data are instrumental in expanding the science base of tobacco control; building stakeholder capacity to design, implement, and evaluate comprehensive tobacco control programs; and facilitating coordinated efforts among partners.

The NYTS is the national component of CDC's comprehensive youth tobacco surveillance system. This system also is comprised of the Youth Tobacco Survey (YTS), which provides state-level tobacco use data, and the Global Youth Tobacco Survey (GYTS), which provides international tobacco use data. Since the NYTS is comparable to the YTS in methodology and content, states can measure their program's progress relative to national trends. Similarly, the NYTS provides data to represent the United States in the international community among the 164 countries having conducted or now planning to conduct the GYTS. CDC collaborates with the World Health Organization (WHO) in providing training and technical assistance to countries around the world in conducting the GYTS, which contains core questions found on both the YTS and the NYTS. Collectively, the YTS, NYTS, and GYTS are critical to CDC's responsibility to provide technical assistance to global, national, state, and local tobacco prevention and control activities.

The NYTS comprehensively assesses use of many tobacco products (cigarettes, cigars, smokeless tobacco, pipe tobacco, bidis, and kreteks), some of which appeal especially to youth, and also includes questions on knowledge of and attitudes toward tobacco; exposure to secondhand smoke; and, exposure to pro- and anti-tobacco influences such as portrayals of tobacco in advertising and mass media, provision of school- and community-based interventions, and enforcement of minors' access laws. These data are essential to the design, implementation, and evaluation of comprehensive youth tobacco prevention and control programs.

The justification for implementation of the NYTS is based on three factors: (1) public health implications of tobacco use; (2) costs of tobacco use; and (3) mandates to monitor, reduce, and alter attitudes toward tobacco use and reduce exposure to pro-tobacco influences found in Section 301 of the Public Health Service Act (42 USC 241) (Appendix A).

### **A.1.a Public Health Implications of Tobacco Use**

*The Health Consequences of Smoking: A Report of the Surgeon General* states that "Despite the many prior reports on the topic and the high level of public knowledge in the United States of the adverse effects of smoking in general, tobacco use remains the leading preventable cause of disease and death in the United States, causing approximately 440,000 deaths each year" (USDHHS, 2004). A limited number of health risk behaviors established during adolescence, including tobacco use, account for the overwhelming majority of immediate and long-term sources of morbidity and mortality. Among U.S. adults 25 years of age or older, 59% of deaths are due to only two causes: cardiovascular disease (36%) and cancer (23%) (CDC & NCHS, 2008).

During 1997-2001, an estimated 437,902 smoking-attributable deaths per year occurred among adults in the United States (CDC, 2005a). Approximately 40% of these deaths were attributable to cancer, approximately 35% to cardiovascular disease and approximately 23% to respiratory disease. The three leading specific causes of smoking-attributable deaths were lung

cancer, chronic obstructive pulmonary disease (COPD), and ischemic heart disease. An estimated 38,112 lung cancer and heart disease deaths were attributable to secondhand smoke exposure; an estimated 918 deaths resulted from smoking-attributable fires; and, smoking during pregnancy resulted in an estimated 910 infant deaths. During this time period smoking accounted for an estimated average 5.5 million Years of Potential Life Lost (YPLL) per year: 3.3 million YPLL for men and 2.2 million YPLL for women, not including fire- and adult SHS-related deaths.

The immediate health effects of tobacco use among children and adolescents include coughing, decreased lung growth and function, reduced cardiorespiratory endurance, increased susceptibility to respiratory infections, and decreased ability to participate in physical activities (USDHHS, 1994). In addition, smoking by children and adolescents is associated with an increased risk of early atherosclerotic lesions and increased risk factors for cardiovascular diseases, such as increased levels of low-density lipoprotein cholesterol, increased very-low-density lipoprotein cholesterol, increased triglycerides, and reduced levels of high-density lipoprotein cholesterol (USDHHS, 1994). Tobacco use is highly correlated with alcohol and other drug use and other health risk behaviors, and may help perpetuate them (Upadhyaya, Deas, Brady & Kruesi, 2002). Tobacco use also may serve as an antecedent to depression among adolescents (Goodman & Capitman, 2000).

There are 8.6 million people in the United States who suffer from at least one serious illness caused by smoking (CDC, 2003). For every person who dies of a smoking-attributable disease, there are 20 more people who are suffering from a serious illness related to smoking (CDC, 2003). Long term health effects of smoking include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, stomach cancer, cataracts, cancer of the cervix, pneumonia, and reduced health status (USDHHS, 2004).

In 2006, approximately 21% of U.S. adults currently smoked cigarettes (CDC, 2006a). Of these, approximately 80% smoked every day and 20% smoked some days. Although the prevalence of current smoking among adults decreased significantly during 1997 to 2004, it has not changed significantly since 2004 (CDC, 2006a), suggesting a stall in previous declines. The overwhelming majority of tobacco use is initiated before age 18 years (USDHHS, 1994). Age at initiation of smoking is an important indicator of future smoking behavior. Persons who start smoking when they are young are more likely to become strongly addicted to nicotine. Young people who try to quit using tobacco experience the same nicotine withdrawal symptoms as adults who try to quit (USDHHS, 1994). According to recent NYTS data, 12% of middle school students and 27% of high school students reported currently using any type of tobacco (CDC, 2005b). Cigarette smoking was the most prevalent form of tobacco use, with 8% of middle school students and 22% of high school students reporting they currently smoke cigarettes (CDC, 2005b).

### **A.1.b Costs of Tobacco Use**

The economic impact of smoking and exposure to secondhand smoke is enormous in terms of increased medical costs, lost productivity, and other factors.



Average annual smoking-related productivity losses from 1997-2001 are estimated at \$92 billion (CDC, 2005a). This figure does not include costs associated with smoking-attributable health-care expenditures, smoking-related disability, employee absenteeism, or secondhand smoke-attributable morbidity and mortality. In 1998, smoking-attributable health-care expenditures were estimated at \$75.5 billion (CDC, 2004a). When taken together, these expenditures plus the \$92 billion in lost productivity exceeded \$167 billion per year. Taurus et al. (2005) reported in comparison, the amount invested in state tobacco prevention and control programs in 2002 was approximately 200 times less.

### **A.1.c. Mandates to Monitor and/or Reduce Tobacco Use Among Youth**

The justification for tobacco use surveillance among middle and high school students has strong Federal support. Sources of support include the Healthy People 2010 objectives (USDHHS, 2000), CDC's Performance Plan (CDC, 2004b) on selected Government Performance and Results Act (GPRA) measures, and CDC's National Strategic Plan in Tobacco Control (CDC, 2006b).

The broadest justification for the NYTS is found in Healthy People 2010 objectives, which charts the direction for public health activities for the current decade. Of the 21 tobacco-related Healthy People 2010 objectives, the NYTS provides multiple measures and data for six of them (USDHHS, 2000):

- Objective 27-2—Reduce tobacco use by adolescents

The NYTS assesses use of a range of tobacco products, including those that have shown increasing popularity among youth in recent years and are significant health hazards to the user, including bidis and kreteks.

- Objective 27-3—Reduce initiation of tobacco use among children and adolescents

The NYTS assesses not only initiation of tobacco use, but also a range of pro- and anti-tobacco influences; thereby enabling the identification of correlates of initiation (e.g., susceptibility, attitudes, and receptivity).

- Objective 27-4—Increase the average age of first use of tobacco products by adolescents and young adults

NYTS assess age of initiation and correlates of initiation among both younger (i.e., 6<sup>th</sup> grade) and older (i.e., 12<sup>th</sup> grade) students.

- Objective 27-7—Increase cessation attempts by adolescent smokers

One goal of comprehensive tobacco prevention programs is to help people quit smoking. The NYTS assess a range of factors associated with cessation intention, including number of cessation attempts, length of abstinence from tobacco use, symptoms of withdraw and addiction, and use of cessation aids.

- Objective 27-16—Eliminate tobacco advertising and promotions that influence adolescents and young adults

NYTS assesses exposure to multiple types of tobacco advertising and promotions.

- Objective 27-17—Increase adolescents’ disapproval of smoking

NYTS assesses multiple environmental and personal factors that influence approval/disapproval, including: risk and benefit perception, peer norms, and level of parental involvement.

In addition, tobacco use among youth is named in Healthy People 2010 as one of the USDHHS Secretary’s 10 Leading Health Indicators. The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based upon their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. Subsequently, the Secretary has recommended regular monitoring of national trends in current tobacco use. The Secretary is also encouraging states to take an even closer look by monitoring patterns of use and smoking cessation attempts, issues that require a survey instrument and data that go beyond basic prevalence. Many use the state YTS to collect the more-detailed data needed to do so, with the added advantage of having comparable NYTS data against which they can benchmark their findings.

In compliance with GPRA, CDC’s Performance Plan focuses the agency’s priorities and directions for the future and assesses constituents’ requirements. One of the focal areas in CDC’s Performance Plan is prevention of cigarette smoking. The associated GPRA measure is the reduction of cigarette smoking among youth (CDC, 2004b). CDC’s strategy for preventing tobacco use is a crosscutting approach that includes support for state programs, surveillance, prevention, research, evaluation, and health promotion. Only the NYTS gathers comprehensive national surveillance data among middle and high school students on tobacco use, including cigarette smoking, and on the influences promoting or discouraging tobacco use. Trend data underscore the importance of CDC’s focus on efforts related to the reduction of tobacco use among adolescents. After a significant decline in smoking prevalence among middle and high school students during 1999 to 2002, there was no significant change during 2002 to 2004 (CDC, 2005b). NYTS data are essential for creating historical context around these finding and determining whether progress toward meeting the Healthy People 2010 objectives has resumed or leveled off. The NYTS is an important tool used by CDC to provide support and technical assistance to state and national partners for comprehensive Tobacco Control Programs (TCP). NYTS data enable comprehensive evaluation of key state TCP short-term, intermediate, and long-term outcome indicators.

CDC’s Strategic Plan for Tobacco Control (CDC, 2006b) focuses on both the agency’s priorities and future directions and constituent needs. The NYTS generates data relevant to five of the seven Strategic Plan goals:

- Prevent Initiation of Tobacco Use Among Youth and Young Adults;
- Promote Tobacco Use Cessation Among Adults and Youth;
- Eliminate Exposure to Secondhand Smoke;

- Identify and Eliminate Tobacco-Related Disparities Among Population Groups; and
- Promote Sustainable Funding for Science-Based Comprehensive Tobacco Control Programs.

## **A.2 PURPOSE AND USE OF INFORMATION COLLECTION**

NYTS data will be used by several Federal agencies, including CDC. The information will have a broad use by state and local governments, nongovernmental organizations, and others in the private sector.

### **A.2.a Survey Purposes**

The purposes of the survey are to:

1. Provide data for key short-term, intermediate, and long-term tobacco prevention and control outcome indicators.
2. Estimate the extent to which middle and high school students engage in tobacco use behaviors and their exposure to influences promoting or discouraging tobacco use.
3. Assess the degree to which engaging in tobacco use behaviors and exposures to influences promoting or discouraging tobacco use varies by student as a function of gender, age, grade in school, and race/ethnicity.
4. Describe the trends in tobacco use behaviors and pro- and anti-tobacco use influences. Assess the degree to which these trends vary as a function of gender, age, grade in school, and race/ethnicity.
5. Determine the interrelationships among tobacco use behaviors and exposure to pro- and anti-tobacco influences and the degree to which these inter-relationships vary as a function of gender, age, grade in school, and race/ethnicity.

### **A.2.b Anticipated Uses of Results by CDC**

NYTS data will be used by several divisions within the CDC, including the Office on Smoking and Health, the Division of Adolescent and School Health, the Division of Cancer Prevention and Control, and the Division of Oral Health.

### **Evaluation**

- Provide progress measurements related to six *HP 2010* objectives and one Leading Health Indicator.
- Evaluate CDC's Performance Plan in compliance with GPRA.
- Assess trends in tobacco use among middle and high school students and exposure to pro- and anti-tobacco influences to determine the aggregate impact of tobacco prevention and control activities.

### **Research Synthesis**

- Provide states conducting the YTS with a national index against which to compare their survey results on key short-term, intermediate, and long-term tobacco prevention and control outcome indicators. For example, see Appendix D for a list of state Tobacco Control Program reports that cite NYTS data.
- Present data in peer-reviewed publications and at scientific meetings.
- Identify research gaps in youth tobacco prevention and control.
- Provide public health and education officials, youth, parents, and the general public with accurate information about tobacco use and exposure to pro- and anti-tobacco influences.
- Provide U.S. data for inclusion in WHO sponsored international reports based on administration of the GYTS around the world.
- Provide data that are relevant and can be incorporated into a variety of government publications, including reports from the Surgeon General's office.

### Policy and Program Development

- Provide policy makers with information about the tobacco use behaviors among middle school and high school students so they can identify tobacco prevention and control interventions on which to focus resources.
- Provide state legislatures with information about the youth tobacco use and tobacco prevention and control interventions that should be preserved during a period of shrinking state budgets.
- Determine how public information campaigns that take into account exposure to pro- and anti-tobacco influences among youth should be devised.

### Technical Assistance

- Help identify programs shown to be most effective in reducing tobacco use among youth.
- Assist states in interpreting their YTS data against a national benchmark.
- Provide evidence- and data-based technical assistance to state and local departments of health and education.
- Assess the need for new programs or modify existing programs that focus on reducing tobacco use among youth.
- Assess the cumulative effects of multiple interventions and sources of information (school, family, community, and the media) on tobacco use behaviors among youth.

#### **A.2.c Anticipated Uses of Results by Other Federal Agencies and Departments**

The survey results of the NYTS are of interest not only to CDC, but also to other Federal agencies and departments. For example:

- Department of Health and Human Services uses NYTS data to track progress on six Healthy People 2010 objectives and one of the 10 Leading Health Indicators.
- Health Resources and Services Administration identifies NYTS data as a source for credible and reliable quantitative youth data that provide a strong scientific aspect to MCH needs assessments in their *Promising Practices in MCH Needs Assessment: A Guide Based on a National Study* (USDHHS, HRSA, 2004) report.

- National Institute on Drug Abuse (NIDA) uses NYTS data as a frame of reference when assessing the annual Monitoring the Future survey of drug use. NIDA included an NYTS-based journal publication among its key findings in basic behavioral research in its February, 2007 Director's Report to the National Advisory Council on Drug Abuse (USDHHS, NIH & NIDA, 2007), one of NIDA's mechanisms for ensuring rapid and effective dissemination and use data for the improvement of prevention, treatment and policy as it relates to drug abuse and addiction.
- National Cancer Institute can use NYTS data to help inform its research, educational efforts, and demonstration projects focused on youth tobacco use prevention and the determinants of cessation. NYTS data are cited in NCI's President's Cancer Panel 2006-2007 Annual Report titled *Promoting Healthy Lifestyles: Policy, Program, and Personal Recommendations for Reducing Cancer Risk* (USDHHS, NIH & NCI, 2007)
- Office of the Surgeon General can use the NYTS results to assess the need for focused use of resources for tobacco prevention and control efforts targeting youth that was articulated in *Preventing Tobacco Use Among Young People: A Report of the Surgeon General* (USDHHS, 1994).
- Department of Education can use the NYTS to report on minors' access to tobacco, enforcement of tobacco laws, and use of tobacco products on school property.
- Office of National Drug Control Policy can use the NYTS data to monitor tobacco use rates and determine the impact of media campaigns and enforcement efforts on youth tobacco use to determine the relative effectiveness of anti-drug vs. anti-tobacco campaigns.
- The Substance Abuse and Mental Health Services Administration, funded National Center for Mental Health Promotion and Youth Violence Prevention, directs grantees to multiple NYTS-based publications via The Promote Prevent Library, a searchable database of resources and materials that includes published works, peer-reviewed research, curricula, and web-based resources that aim to provide up-to-date information on topics relevant to mental health promotion and youth violence prevention in schools.

#### **A.2.d Use of Results by Those Outside Federal Agencies**

NYTS data will also be used in a variety of ways by state and local governments, researchers, voluntary health organizations, physicians, teacher training institutions, educational administrators, health educators, teachers, and parents:

- Policy makers in the legislative and executive branches of government will use NYTS and YTS data to understand the relationships between tobacco use behaviors and exposure to pro- and anti-tobacco influences at national, state, and local levels, to evaluate existing policies, and to develop new policies based on evidence regarding effective tobacco use prevention and control programs. For example, NYTS data on use of bidis and kreteks were cited during a testimony to the North Dakota Senate Judiciary

Committee to strengthen a law limiting youth access to tobacco products (see <http://www.ndhealth.gov/Publications/testimony2003/HB1301-20030319.pdf>).

- The NYTS will provide an index against which state and local health and education agencies can compare their state YTS results. See Appendix D for a list state tobacco control reports that cite NYTS data.
- State and local law enforcement officials will use NYTS data to determine national compliance with the Synar Amendment, which bans the sale of tobacco products to youth aged <18 years.
- Institutes of higher education will use the NYTS in their teacher training programs to provide information on tobacco use behaviors and effectiveness of evidence-based tobacco prevention and control interventions.
- State and local health departments will use the NYTS data as a guide in developing local tobacco-related health promotion objectives for 2010.
- Family physicians, pediatricians, psychologists, and counselors will use the NYTS to provide up-to-date information on tobacco use behaviors and factors that influence tobacco use for application in the adolescents they treat.
- School administrators will use the NYTS to provide information to assist them in justifying and planning educational programs to prevent tobacco use and capitalize on extant interventions that curtail use.
- Health educators and other teachers will use the NYTS to provide information that will bolster and provide a focus for their lesson plans and educational materials.
- Parents will use the NYTS to better understand tobacco use behaviors and exposure to pro- and anti-tobacco influences among their children.
- State and local education agencies already have used NYTS results in creating awareness of risk behaviors, setting program goals, planning or modifying programs, developing staff development programs for teachers, and seeking/targeting funding.
- Nongovernmental organizations and foundations have used NYTS data to characterize the problem of youth tobacco use and to evaluate interventions to decrease tobacco use. Examples include:
  - o For example, NYTS data are used in the American Cancer Society (2002) report *Cancer Prevention & Early Detection: Facts and Figures 2003*.
  - o NYTS is mentioned as a source of data on tobacco use cessation among youth by the Youth Tobacco Cessation Collaborative, which was in 1998 to address the gap in knowledge about what cessation strategies are most effective in assisting youth to quit smoking (more information available at <http://www.youthtobaccocessation.org/research/surveys.asp>).
  - o The Robert Wood Johnson Foundation funded a report that used NYTS data to highlight the need for tobacco prevention and control efforts among Asian

American and Pacific Islander youth in their report *Critical Policy Issues on Tobacco Prevention and Control for the Asian American and Pacific Islander Community* (Asian Pacific Partners For Empowerment and Leadership, 2000).

- o The American Legacy Foundation (2000a-2000e, 2001a, 2001b, 2002, 2003a, 2003b, 2004, 2005) has used NYTS data in a series of First Look reports that address youth tobacco use and comprehensive tobacco control efforts.
- Professional organizations have used NYTS data to emphasize the importance of tobacco prevention efforts and monitor progress in tobacco control efforts. For example, the American Medical Association, a collaborative partner with the *SmokeLess States®: National Tobacco Policy Initiative*, use NYTS data in their 2006 Annual Tobacco Report (American Medical Association, 2006).

### **A.3 USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION**

To reduce burden, data are to be collected on optically scannable questionnaire booklets. The data cannot be accessed from currently existing automated databases. During questionnaire design, every effort has been made to limit respondent burden. This proposed data collection is not compliant with the Government Paperwork Elimination Act. However, scannable questionnaire booklets are currently generally regarded as the least burdensome for a school-based data collection.

### **A.4 EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION**

CDC conducts ongoing searches of all major educational and health-related electronic databases, reviews related literature, consults with key outside partners and other experts, and maintains continuing communications with Federal agencies with related missions. These efforts have identified no previous, current, or planned comprehensive efforts to conduct a comprehensive survey of tobacco use behaviors, exposure to pro- and anti-tobacco influences, and key short-term and intermediate outcome indicators among a national sample of students in grades 6-12.

CDC monitors the implementation of Youth Tobacco Surveys by states and cities. Substantial variation across jurisdictions in sampling techniques, questions, and survey administration procedures prohibit the calculation of national estimates from state-level results.

### **A.5 IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES**

The planned data collection does not involve small businesses or other small entities.

### **A.6 CONSEQUENCES IF COLLECTING THE INFORMATION LESS FREQUENTLY**

The NYTS will be conducted biennially from a nationally representative sample of middle school and high school students, using a cross-sectional design. Data must be collected

biennially to detect any changes in tobacco use behaviors (e.g., modes of use, age of initiation, attitudes toward use, means of access, and cessation attempts), exposure to pro- and anti-tobacco influences, and corresponding tobacco prevention and control interventions. As witnessed during the 1990s, youth tobacco use can increase or decrease rapidly. After years of decline, recent NYTS data suggest a decelerating rate of reduction of tobacco use behaviors; thus, obtaining biennial NYTS estimates is needed for early detection of such changes and informing decisions about the allocation of tobacco prevention and control resources. Likewise, given that the NYTS is geared toward evaluation and includes key short-term and intermediate outcome indicators, data collection intervals less frequent than biennial implementation is not recommended. There are no legal or technical barriers to burden reduction.

#### **A.7 SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINE OF 5 CFR 1320.5**

The data collection will be implemented in a manner consistent with 5 CFR 1320.6. No special circumstances are applicable to this proposed survey.

#### **A.8 COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE AND EFFORTS TO CONSULT OUTSIDE THE AGENCY**

##### **A.8.a Federal Register Announcement**

The 60-day Notice of the proposed data collection was published in the *Federal Register* on April 15, 2008: Volume 73, Number 73, pages 20294-20295 (Appendix B). One comment was received and CDC provided a response (Appendix C).

##### **A.8.b Consultations**

Historically, the state YTS began as a questionnaire developed by and for a small group of state health departments for use in evaluating their tobacco prevention and control program expansions, funded largely by the Master Settlement Agreement. To facilitate state efforts to design, implement, and evaluate their tobacco use prevention and control programs, CDC provided technical assistance to states to enhance the relevance and decrease the respondent burden of the core YTS questionnaire. Thus, periodically, CDC met with representatives from a growing number of states to review their perceptions of the utility of data produced by the YTS, identify and remove redundancies, and identify the most relevant indicators. What was the core state YTS questionnaire in the summer of 1999 became the core for the first NYTS conducted in the fall of 1999. In February, 2005 CDC met with state and U.S. Territories representatives of the State and territories to again solicit stakeholder input on the core YTS instrument.

Although Legacy was responsible for the design, instrumentation, products, and statistical aspects of the first three cycles of NYTS, Legacy actively consulted with CDC and other partners during each survey cycle. The purposes of such consultations were to ensure the technical soundness and user relevance of survey results; to verify the importance, relevance, and accessibility of the information sought in the survey; to assess the clarity of instructions; and to minimize respondent burden.



In numerous respects, the NYTS explicitly drew on a long tradition of consultations that occurred to support other CDC school-based data collections in that the NYTS inherited the lessons derived especially to: (1) developing and implementing a sampling plan that efficiently oversamples racial and ethnic minority groups; (2) optimizing institutional receptiveness toward the survey and (3) effectively fielding an anonymous classroom-based survey that can be understood readily by respondents.

In anticipation of the 2004 NYTS, the first NYTS to be conducted by CDC, CDC consulted with members of the Youth Substance Use Working Group of the DHHS Data Council to obtain guidance and suggestions on the overall design of the study, sampling plan, and questionnaire. In addition, an appropriate representative of the U.S. Department of Education was invited to participate in the process of review. Those involved in the 2004 consultations on NYTS are listed below.

Peggy Barker  
Survey Statistician  
SAMHSA  
5600 Fishers Lane, Room 16C-06  
Rockville, MD 20857  
Phone: (240) 276-1258  
E-mail: pbarker@samhsa.gov

Jim Colliver, Ph.D.  
Acting Chief, Epidemiology Research Branch  
National Institute on Drug Abuse (NIDA)  
6001 Executive Boulevard, Suite 5153  
MSC 9589  
Bethesda, MD 20852-9589  
(301) 402-1846  
Email: jcollive@nida.nih.gov

Joe Gfroerer  
Director, Division of Population Surveys  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane, Room 16-105  
Rockville, MD 20857  
(301) 443-7977  
jgfroere@samhsa.gov

Kevin Hennessy, Ph.D.  
Senior Policy Analyst  
Office of the Assistant Secretary for Planning and Evaluation  
Department of Health and Human Services  
H.H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201  
(202) 690-7272

khenness@osaspe.dhhs.gov

Stephen Marcus, Ph.D.  
Epidemiologist  
Tobacco Research Branch  
National Cancer Institute  
6130 Executive Boulevard, MSC 7337  
Rockville, MD 20892  
(301) 594-7934  
marcusst@mail.nih.gov

William Modzeleski, MPA  
Associate Deputy Under Secretary  
U.S. Department of Education  
400 Maryland Ave SW  
Washington DC 20202  
(202) 260-3954  
Bill.Modzeleski@ed.gov

Howard Riddick, Ph.D.  
Chief, Survey Planning and Development Branch  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
3311 Toledo Rd.  
Hyattsville, MD 20782  
301-458-4459  
hcr8@cdc.gov

Additionally, in anticipation of the 2004 NYTS, cognitive testing interviews were conducted to investigate potential sources of response error. In general, the results indicated that most terms and language used in the survey were easily understood. In instances where questions were considered vague, ambiguous, or confusing, appropriate revisions were made to clarify the question. Specific individuals who were consulted during these revisions included:

Michael Schwerin, Ph.D.  
Survey Research Methodologist  
Research Triangle Institute  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
919-541-6000  
[schwerin@rti.org](mailto:schwerin@rti.org)

Laura Flicker  
Survey Methodologist  
Research Triangle Institute  
3040 Cornwallis Road  
Research Triangle Park, NC 27709

(919) 316-3510  
[lflicker@rti.org](mailto:lflicker@rti.org)

Paul D. Mowery  
Senior Statistician  
Biostatistics, Inc.  
228 East Wesley Road NE  
Atlanta, GA 30305  
(404) 261-0825  
[pmowery@cdc.gov](mailto:pmowery@cdc.gov)

Another round of cognitive testing was undertaken prior to the 2006 NYTS. Specifically, testing evaluated revisions to certain existing core survey questions and additional new items subsequently under consideration. This round of cognitive testing identified a few questions that participants had difficulty understanding, and appropriate revisions were made. Specific individuals who were consulted during these revisions included:

Emily McFarlane  
Survey Methodologist  
Survey Research Division  
Research Triangle Institute  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
919-541-6566  
[emcfarlane@rti.org](mailto:emcfarlane@rti.org)

Donald Smith  
Senior Survey Director  
Survey Research Division  
Research Triangle Institute  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
919-541-7087  
[dgs@rti.org](mailto:dgs@rti.org)

#### **A.9 EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS**

Schools will be given educational materials and \$500 in appreciation for their participation in NYTS. No payments will be offered or made to student respondents. OMB first suggested that CDC offer school incentives on school-based surveys as a means of improving school response rates and, thereby, improving the generalizability of results. Increasingly in recent years, school-based data collections, most of which do not fall under OMB scrutiny, have offered financial incentives to increase or at least maintain school participation rates. CDC believes that offering school incentives helps maintain or slightly increase school participation rates despite the growing number of competing, non-instructional demands placed on schools, including standardized testing.

## **A.10 ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS**

Staff in the CDC Information Collection Review Office have reviewed this proposal and have determined that the Privacy Act is not applicable. Data collected from school administrators during recruitment is information available in the public domain and school administrators will not provide personal information. The data collected on the NYTS are not identifiable. Even though teachers will be required to enter student names on a Data Collection Checklist (Appendix J) to monitor parental permission form returns and make sure that questionnaires are completed only by students for whom permission has been obtained, the Data Collection Checklist is destroyed after the questionnaire has been administered. The Data Collection Checklist is not forwarded to the data collection contractor, Macro International Inc., or to CDC. At no point in time is there any way to connect students' names to their response data.

All selected schools, students, and their parents will be informed that anonymity will be maintained throughout data collection, that all data will be safeguarded closely, and that no institutional or individual identifiers will be used in study reports. Anonymity will be promised to students and their parents on parental permission forms. Students will be reminded that their responses are anonymous at the start of the survey administration session by the survey administrator, who will be a professional data collector trained to conduct this survey.

Several actions will be taken to help ensure anonymity. The survey will be administered in a classroom setting, with adequate space between respondents. No personal identifiers will appear on survey questionnaires. Each student will submit the completed questionnaire in a sealed envelope, which will be deposited directly into a "ballot box." After administration of the survey to a class section, all questionnaires for that class will be removed from the box, deposited in an envelope, and labeled with a school identification number (for weighting purposes only). The connection between the school identification number and the school name will be retained only long enough to complete data collection in each class. Once data collection is complete, this connection will be destroyed by the Contractor and this connection will never be transmitted to CDC.

Throughout data collection, all completed questionnaires will be stored in locked files at the contractor's offices and will be accessible only to staff directly involved in the project. Questionnaires will be retained by the contractor for a period of three years and then destroyed. The connection between the school identification number and the school name will be retained only long enough to complete data collection. Once data collection is complete, this connection will be destroyed. All contractor staff involved with the project will be required to sign Data Collector Confidentiality Agreement (Appendix G7), which is a statement of personal commitment to safeguard the data.

This data collection has received IRB approval from the CDC Human Research Protection Office (protocol #4118, expiration: 12/18/08). The current NYTS IRB Approval Letter is in Appendix L.

## **A.11 JUSTIFICATION FOR SENSITIVE QUESTIONS**

Seventy four of the 81 questions on the NYTS are specific to tobacco-related issues (Appendix F). Those pertaining to actual tobacco use, especially when asked of underage

children, may be considered sensitive by at least a portion of parents, students, or the school community. However, because getting accurate information on this topic is critical, the NYTS questionnaire must contain these sensitive questions. To monitor such behaviors, CDC must ask youth about their participation in them. Students are told prior to the start of the survey that “This survey is about tobacco. We would like to know about you and the things you do that may affect your health. Your answers will be used for programs for young people like yourself.”

The remaining seven questions are demographic in nature, two of which ask about race and ethnicity. OMB considers questions about race and ethnicity to be sensitive. On October 30, 1997, the Office of Management and Budget (OMB) published "Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity" (*Federal Register*, 62 FR 58781 - 58790). The 1997 standards reflect a change in data collection policy, making it possible for Federal agencies to collect information that reflects the increasing diversity of the U.S. population stemming from growth in interracial marriages and immigration. Under this policy, federal agencies are required to offer respondents the option of selecting one or more race responses from a list of five designated racial categories. Additionally, the standards provide for the collection of data on whether or not a person is of "Hispanic or Latino" culture or origin. Such standards also foster comparability across data collections carried out by various agencies. The race and ethnicity questions in the NYTS follow all guidelines for the development of data collection questions, formats, and associated procedures to implement the 1997 standards.

The questions were developed in close cooperation with representatives from school systems across the nation and are presented in a straightforward and sensitive manner.

Parental permission to participate in the NYTS will be obtained. Appendix G contains the parental permission form in English (Appendix G2) and Spanish (Appendix G3) and the parental permission form reminder notice in English (Appendix G4) and Spanish (Appendix G5). At each school, local procedures for sending home parental permission forms will be followed. Schools will be asked to ensure permission forms are distributed at least 7 days before the survey administration. Teachers track the return of parental permission forms on the Data Collection Checklist to ensure that only students with parental permission participate. A waiver of written student assent was obtained for the participation of children because this research presents no more than minimal risk to subjects, parental permission is required for participation, the waiver will not adversely affect the rights and welfare of the students because they are free to decline to take part, and it is thought that some students may perceive they are not anonymous if they are required to provide stated assent and sign a consent/assent document. Students are told “Participating in this survey is voluntary and your grade in this class will not be affected, whether or not you answer the questions.” Completion of the survey implies student assent.

## **A.12 ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS**

### **A.12.a Estimated Burden Hours**

The estimated burden for this information collection is based on almost 10 years of experience conducting the NYTS. The planned information collection involves administration of the NYTS questionnaire (Appendix F) to independent samples of students in 2009 and 2011.

Respondents include state-level, district-level, and school-level administrators who provide information in the Recruitment Script for the NYTS (Appendices H1-H3), teachers who complete the Data Collection Checklist for the NYTS (Appendix J), and students who receive instructions for and complete the NYTS questionnaire (Appendix F). More information about the Data Collection Checklist is detailed in section B.2.f.

The NYTS will be conducted in 2009 and 2011 among nationally representative samples of students attending public and private schools in grades 6-12. At state, school district, and school levels, the cooperation of educational administrators will be sought in recruitment of sampled schools. For each cycle of data collection, the number of states, school districts, and schools whose administrators will be contacted is estimated at 25, 120, and 200, respectively. The combined total number of respondents for the 2009 NYTS and the 2011 NYTS, by type, will include: state-level administrators (n=50), district-level administrators (n=240), and school-level administrators (n=400) who provide information in the Recruitment Script for the NYTS; teachers (n=1,904) who complete the Data Collection Checklist for the NYTS; and students (n=39,754) who receive instructions for and complete the NYTS questionnaire. These totals annualized over the 3-year study period are provided in Table A-12.a.

There are no costs to respondents except their time. The total burden hours estimated for the NYTS and associated support activities is 30,639. The total estimated burden hours annualized over three year study period are 10,213 (Table A-12.a).

**Table A-12.a. Estimated Annualized Burden Hours**

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (In Hours)	Total Burden (In Hours)
State Administrators	State-level Recruitment Script for the National Youth Tobacco Survey	17	1	30/60	9
District Administrators	District-level Recruitment Script for the National Youth Tobacco Survey	80	1	30/60	40
School Administrators	School-level Recruitment Script for the National Youth Tobacco Survey	133	1	30/60	67
Teachers	Data Collection Checklist for the National Youth Tobacco Survey	635	1	15/60	159
Students	National Youth Tobacco Survey	13,251	1	45/60	9,938
<b>Total</b>					<b>10,213</b>

**A.12.b Estimated Annualized Cost to Respondents**

For this information collection, there are no direct costs to the respondents themselves or to participating schools. However, the cost for administrators, teachers, and students can be

calculated in terms of their time in responding to the 2009 and 2011 NYTS as seen in Table A-12.a. Table A-12.b illustrates the total calculation of burden costs for the 2009 and 2011 NYTS. In each category, the estimated respondent burden hours have been multiplied by an estimated average hourly salary for persons in that category. Administrator and teacher hourly wages were estimated using Education Research Service data *Salaries and Wages Paid Professional and Support Personnel in Public Schools 2005-06* published in Education Week (Education Research Services, 2006). The estimated burden cost in terms of the value of time students spend in responding are based on a minimum wage for students aged less than 20 years of \$5.85/hour. (<http://www.dol.gov/dol/topic/wages/minimumwage.htm>). The combined total estimated respondent burden cost for conducting the NYTS in 2009 and 2011 annualized over the three year study period is \$67,589.

**Table A-12.b. Annualized Estimated Cost to Respondents**

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (In Hours)	Hourly Wage Rate	Total Respondent Costs
State Administrators	State-level Recruitment Script for the National Youth Tobacco Survey	17	1	30/60	\$40.63	\$345
District Administrators	District-level Recruitment Script for the National Youth Tobacco Survey	80	1	30/60	\$40.63	\$1,625
School Administrators	School-level Recruitment Script for the National Youth Tobacco Survey	133	1	30/60	\$40.63	\$2,702
Teachers	Data Collection Checklist for the National Youth Tobacco Survey	635	1	15/60	\$30.10	\$4,778
Students	National Youth Tobacco Survey	13,251	1	45/60	\$5.85	\$58,139
					<b>Total</b>	<b>\$67,589</b>

**A.13 ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS OR RECORD KEEPERS**

There will be no respondent capital and maintenance costs.

**A.14 ANNUALIZED COSTS TO THE GOVERNMENT**

The study is funded under Contract No. 200-2006-15929. The total contract award to Macro International Inc. is \$2,697,123 over a 36-month period. Thus the annualized contract cost is \$899,041. These costs cover the activities in Table A-14 below.

Additional costs will be incurred indirectly by the government in personnel costs of staff involved in oversight of the study and in conducting data analysis. It is estimated that two CDC employees will be involved for approximately 20% and 5% of their time (for federal personnel 100% time=2080 hours annually) at salaries of \$36.46 and \$47.00 per hour, respectively. The direct annual costs in CDC staff time will be approximately \$15,167 + \$4,888 = \$20,055 annually.

The total cost for the study over a 36-month period, including the contract cost and federal government personnel cost is \$2,757,288. The annualized cost to the government for the study will be \$899,041 + \$20,055 = \$919,096.

**Table A-14. Annualized Study Cost**

<b>Activity</b>	<b>Cost</b>
<i>Contract Costs</i>	
Design and plan	\$92,126
Programming and developing	\$80,914
Recruitment and preparation	\$103,389
Printing and distribution	\$24,826
Recruiting and training	\$69,227
Collection of data	\$401,872
Processing, cleaning, weighing and developing data files	\$86,947
Dissemination and reporting of results	\$39,740
<b>Subtotal</b>	<b>\$899,041</b>
<i>Federal Employee Time Cost</i>	
20% time for one FTE	\$15,167
5% time for one FTE	\$4,888
<b>Subtotal</b>	<b>\$20,055</b>
<b>Total Contract Cost</b>	<b>\$919,096</b>

**A.15 EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS**

NYTS is a school-based survey that has been conducted biennially since 2000 (OMB No. 0920-0621, expiration 12/31/2008). CDC seeks to continue the information collection for a



period of three years to conduct the NYTS in 2009 and 2011. Minor changes incorporated into this revision request include: slightly reduced estimated burden hours; the stratification of administrator burden associated with the Recruitment Scripts for the NYTS (Appendices H1-H3) by education agency level (state, district, or school); the inclusion of teacher burden hours associated with completing the Data Collection Checklist (Appendix J); and an updated title for the information collection, to accurately reflect the years in which the survey will be conducted. The reduction in burden hours results from a decrease in the targeted number of participating students resulting from a change in sampling strategy. Specifically, unlike prior NYTS information collections, the proposed information collection does not seek to oversample Asian students.

## **A.16 PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE**

### **A.16.a Tabulation Plans**

Data will be tabulated in ways that will address the principal research purposes outlined in A.2. The planned analyses to be conducted are described briefly below:

1. *Estimate the prevalence of tobacco use behaviors and behavioral determinants among middle and high school students overall and by gender, grade in school, and race/ethnicity*--Descriptive statistics (percentages and confidence intervals) will be calculated to address this objective.
2. *Assess whether tobacco use behaviors and behavioral determinants vary by gender, grade in school, and race/ethnicity*--Cross tabulations, Chi-square analyses, and regression analysis initially will be conducted to address this objective.
3. *Determine the associations between tobacco use behaviors and behavioral determinants* --Chi-square and logistic regression analyses will be used.
4. *Describe trends in tobacco use behaviors and behavioral determinants among middle and high school students overall and by gender, grade in school, and race/ethnicity*--Multiple regression analyses that controls for gender, grade in school, and race/ethnicity and that simultaneously assesses linear and higher order time effects will be used.

Examples of the table shells that will be completed through analysis of the data are in Appendix M.

### **A.16.b Publication Plans**

CDC's publication of data from prior cycles of NYTS was largely limited to the *MMWR*. CDC is in the process of releasing NYTS results through a variety of government publications, refereed journals, and annual conferences of national organizations focused on tobacco use, prevention and control, preventive medicine, health promotion, adolescent health, and epidemiology. CDC will continue to publish NYTS results initially through the *MMWR*, which will be distributed to other Federal agencies, state and local health and education agencies,

national health and education organizations, universities, and the general public. Additionally, NYTS results and a public use data set are available on the CDC web site at [http://www.cdc.gov/tobacco/data\\_statistics/surveys/NYTS/index.htm](http://www.cdc.gov/tobacco/data_statistics/surveys/NYTS/index.htm). The 2000 YTS and NYTS (CDC, 2001) data and 2001-2002 YTS and NYTS data (CDC, 2006c) were published as *MMWR Surveillance Summaries*. Selected results from the 2004 NYTS were reported in an *MMWR* weekly article (CDC, 2005b). Relevant state YTS data with national NYTS comparisons will be the subject of a special issue of the *MMWR* to be published in 2008. Appendix E includes a list of publications from prior cycles of NYTS.

### **A.16.c Time Schedule for the Project**

The following represents our proposed schedule of activities for the NYTS, in terms of months after receipt of OMB clearance. The end date for data collection is constrained by the dates on which schools close for the summer. In addition, given that some twelfth grade students may be absent during the final weeks of the school year, it is highly desirable to complete data collection two months before schools close for the summer; i.e., by the end of March.

Key project dates will occur during the following time periods for the 2009 data collection:

<b><u>Activity</u></b>	<b><u>Time Period</u></b>
Recruit and schedule schools	1 to 3 months after OMB clearance
Print scannable questionnaires	1 to 2 months after OMB clearance
Train field data collectors	2 months after OMB clearance
Collect data	2 to 5 months after OMB clearance
Process data	3 to 6 months after OMB clearance
Weight/clean data	7 to 8 months after OMB clearance
Produce data file with documentation	9 months after OMB clearance
Analyze data	10 to 11 months after OMB clearance
Publish results	15 to 17 months after OMB clearance

Data collection is currently scheduled to occur during January through March, 2009 and 2011. The time schedule for the 2011 data collection will be analogous to that of the 2009 data collection. Results will be published in early 2010 and 2012, initially in the *MMWR*, and subsequently in other publications.

### **A.17 REASON(S) DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE**

The expiration date of OMB approval of the data collection will be displayed.

**A.18 EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

No exemptions from the certification statement are being sought.

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