# SUPPORTING STATEMENT FOR THE

# NATIONAL YOUTH PHYSICAL ACTIVITY AND NUTRITION STUDY

### **PART A**

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### TABLE OF CONTENTS

### A. JUSTIFICATION

- 1. Circumstances Making the Collection of Information Necessary
- 2. Purpose and Use of Information Collection
  - a. Survey Purposes
  - b. Anticipated Uses of Results
- 3. Use of Improved Information Technology and Burden Reduction
- 4. Efforts to Identify Duplication and Use of Similar Information
- 5. Impact on Small Businesses or Other Small Entities
- 6. Consequences of Collecting the Information Less Frequently
- 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
- 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency
  - a. Federal Register Announcement
  - b. Consultations
- 9. Explanation of Any Payment or Gift to Respondents
- 10. Assurance of Confidentiality Provided to Respondents
- 11. Justification for Sensitive Questions
- 12. Estimates of Annualized Burden Hours and Costs
  - a. Estimated Burden Hours
  - b. Estimated Burden Costs
- 13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers
- 14. Annualized Cost to the Government
- 15. Explanation for Program Changes or Adjustments
- 16. Plans for Tabulation and Publication and Project Time Schedule
  - a. Tabulation Plans
  - b. Publication Plans
  - c. Time Schedule for the Project

- 17. Reason(s) Display of OMB Expiration Date is Inappropriate
- 18. Exceptions to Certification for Paperwork Reduction Act Submissions

# REFERENCES

### LIST OF APPENDICES

- A. Authorizing Legislation
- B1. 60-Day Federal Register Notice
- B2. 60-Day Federal Register Notice Comment and CDC Response
- C. National Youth Physical Activity and Nutrition Survey Questionnaire
- C1. Questionnaire Administration Guide NYPANS only
- C2. Questionnaire Administration Guide NYPANS and 24-Hour Dietary Recall
- C3. Parental Permission Form and Fact Sheet NYPANS only (English Version)
- C4. Parental Permission Form and Fact Sheet NYPANS only (Spanish Version)
- C5. Parental Permission Form and Fact Sheet NYPANS and 24-hour Dietary Recall (English Version)
- C6. Parental Permission Form and Fact Sheet NYPANS and 24-hour Dietary Recall (Spanish Version)
- C7. Parental Permission Form Reminder Notice (English Version)
- C8. Parental Permission Form Reminder Notice (Spanish Version)
- D. Height and Weight Record Form
- E. Student Contact Form for 24-Hour Dietary Recall
- F1. 24-Hour Recall Interview Script
- F. Food Amounts Booklet
- G. State Recruitment Script for the National Youth Physical Activity and Nutrition Study
- G1.State Letter of Invitation
- H. District Recruitment Script for the National Youth Physical Activity and Nutrition Study
- H1. District Letter of Invitation
- I. School Recruitment Script for the National Youth Physical Activity and Nutrition Study
- I1. School Letter of Invitation

- I2. School Fact Sheet
- I3. Letter to Agreeing Schools
- J. Data Collection Checklist for the NYPANS and Make-up List and Instructions
- J1. Letter to Teachers in Participating Classes
- K1. Parental Permission Form Distribution Script NYPANS only
- K2. Parental Permission Form Distribution Script NYPANS and 24-Hour Dietary Recall
- L. Detailed Sampling and Weighting Plan
- M. IRB Approval Letter
- N. Sample Table Shells
- O. List of Previously Fielded Questions in the NYPANS Questionnaire
- P. Data Collector Confidentiality Agreement

### A. JUSTIFICATION

# A.1. <u>CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY</u>

This statement supports a request to obtain approval for a new information collection to conduct a study of physical activity and nutrition behaviors and behavioral determinants. The information collection has multiple purposes: 1) to provide nationally representative data on behaviors and behavioral determinants related to physical activity and nutrition beyond what is currently included in the Youth Risk Behavior Survey (YRBS) (OMB Number 0920-0493: expiration 11/2011); 2) to provide data to help improve the clarity and strengthen the validity of the physical activity and nutrition questions currently included in the YRBS; and 3) to understand the associations among behaviors and behavioral determinants related to physical activity and nutrition, and their association with body mass index. To achieve these purposes, this study will have two components: a student survey (National Youth Physical Activity and Nutrition Survey (NYPANS) (Appendix C) administered to a national probability sample of high school students that includes student self-reports of behaviors and measurement of student height and weight (Appendix D), and a dietary recall telephone interview of a subsample of students completing the NYPANS (Appendix F). The present request seeks to obtain OMB clearance to use a newly developed questionnaire, which contains several already-approved YRBS questions (Appendix O) and will support research to validate and improve them. This study is funded by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). It is being conducted under contract by Macro International Inc. (Contract No. 200-2006-15929).

# A.1.a Background

The justification for a national survey of the physical activity and nutrition behaviors of high school students—incorporating methodological sub-studies of the validity of related questions on the current YRBS questionnaire—is based on four factors: 1) public health implications of health risk behaviors among adolescents; 2) costs of health risk behaviors among adolescents; 3) an expanded Federal role in school health and the prevention of health risk behaviors among adolescents; and 4) demand for methodological information. The legal justification for the survey may be found in Section 301 of the Public Health Service Act (42 USC 241) in Appendix A.

# A.1.a.1 <u>Public Health Implications of Inadequate Physical Activity and Unhealthy Dietary Habits Among Adolescents</u>

A limited number of preventable behaviors usually established during youth and often extended into adulthood contribute substantially to the leading causes of mortality and morbidity during youth and adulthood. Foremost among the behaviors contributing to morbidity and mortality in adulthood is inadequate physical activity and unhealthy dietary habits. According to data collected by the Youth Risk Behavior Survey in 2007, 78.6% of high school students had not eaten fruits and vegetables 5 or more times per day during the 7 days preceding the survey, 69.7% did not attend physical education classes daily; and 13.0% were obese (Eaton et al., 2008). Overweight in youth contributes to the increasing numbers of young people who have

Type II diabetes. About 3,700 youth are newly diagnosed with Type II diabetes each year, which is rare in children regardless of race or ethnicity. However, Type II diabetes has becomes increasingly common among children > 10 years of age, especially in minority populations. Type II diabetes represents 14.9% of newly diagnosed cases of diabetes (Type I and Type II) in non-Hispanic whites, 46.1% in Hispanic youth, 57.8% in African Americans, 69.7 % in Asian/Pacific Islanders, and 86.2% in American Indian youth (*JAMA*, 2007). Other comorbidities of obesity include orthopedic abnormalities, premature onset of puberty, hypoventilation, endocrinopathies, and skin problems. Being overweight in adolescence may be associated with premature morbidity and mortality not only from cardiovascular disease but colorectal cancer, gout, and arthritis (Must, 1996).

# A.1.a.2 <u>Costs of Inadequate Physical Activity and Unhealthy Dietary</u> <u>Behaviors Among Adolescents</u>

The costs of various health problems associated with inadequate physical activity and unhealthy dietary behaviors cannot be computed easily. However, by any system of accounts, the economic impact of what may be viewed as largely preventable health problems is staggering, in terms of increased medical costs, lowered educational achievement, lost productivity, and other factors.

<u>Physical Inactivity</u>. It was estimated that in 2000 the total cost of obesity and physical inactivity was \$117 billion (TFAH, 2008). Obesity has been linked to a 36% increase in health care spending, which accounts for more than smoking or drinking (Rosen and Barrington, 2008).

<u>Unhealthy Dietary Behaviors</u>. A 1999 report concluded that medical costs for certain chronic health conditions (e.g., cardiovascular disease, cancer, stroke, and diabetes) totaled \$132.7 billion. From this total, an estimated \$33.6 billion may be attributable to diet-related medical costs (Frazao, 1999). Less than a decade later, the annual cost of cardiovascular disease to the nation has increased to \$475 billion, which includes direct health care costs and indirect costs from lost productivity (American Heart Association and the National Heart, Lung, and Blood Institute, 2009).

Obesity. The Institute of Medicine reported that obesity-associated hospital costs for children and youth have more than tripled over the past two decades, estimating \$127 million at the end of the last decade (IOM, 2004). Between 1979-1981 and 1997-1999, the primary and secondary diagnoses of obesity among youth ages 6-17 who were admitted to hospital care has increased by 55%, and comorbidities like gall bladder disease and sleep apnea have nearly doubled or tripled (Wang and Dietz, 2002). Obese workers lose on average 183.6 workdays per 100 full time employee – twelve times more than their normal-weight counterparts (Ostbye, Dement, and Krause, 2007).

# A.1.a.3 An Expanded Federal Role in the Prevention of Inadequate Physical Activity and Unhealthy Dietary Behaviors Among Adolescents

In 2001, the U.S. Surgeon General sparked the development of a specific agenda and actions to target the public health problem of overweight and obesity. The Office issued the *Call to Action to Prevent and Decrease Overweight and Obesity*. On its heels, in 2002 Congress asked the Institute of Medicine (IOM) to develop a prevention-focused action plan to decrease the prevalence of childhood obesity and suggest prevention efforts, with a primary emphasis on

environmental factors leading to this condition. As a result, IOM appointed a committee of 19 experts in child health, obesity, nutrition, physical activity, and public health. This committee released its report in 2004, entitled *Preventing Childhood Obesity: Health in the Balance*. The report calls on the federal government to strengthen support for surveillance and monitoring, such as that achieved through the NYPANS, as an immediate step for confronting the obesity epidemic.

# A.1.a.4 <u>Demand for Methodological Information</u>

The NYPANS consists of a survey of a national probability sample of high school students, within which there are several embedded methodological sub-studies. The primary purposes of these embedded studies are to improve the clarity, relevance, and validity of the YRBS nutrition-related questions. Specifically, the first sub-study will test the use of questions that use cups as the referent serving size for fruit and vegetable intake. These questions are closely aligned with recommended fruit and vegetable consumption in the Dietary Guidelines for Americans, 2005 (HHS/USDA, 2005). The purpose of the sub-study is to understand how responses to these questions compare to the questions assessing fruit and vegetable intake on the current YRBS questionnaire, as well as how they compare to detailed dietary intake data collected via up to three 24-hour dietary recall interviews per student as an alternative means of capturing portions consumed. The results of this sub-study will be used to inform possible changes to the YRBS questionnaire.

The second sub-study examines how responses to standard YRBS questions that ask about food and beverage consumption during the past 7 days compare to questions that ask about the consumption of these same foods and beverages "yesterday." Both sets of responses will then be compared to the detailed dietary intake data collected via 24-hour dietary recall interviews. The purpose of this sub-study is to compare the validity of 7-day questions vs. "yesterday" questions to inform possible changes to the food and beverage questions on the YRBS questionnaire.

The third sub-study examines how other questions that assess food and beverage intake using a self-administered questionnaire compare to dietary intake data collected via 24-hour dietary recall interviews. The purpose of this sub-study is to improve the clarity, validity, and relevance of food and beverage intake questions assessed via a self-administered questionnaire.

# A.1.b Privacy Impact Assessment Information

This study will collect information on nutrition and physical activity behaviors and behavioral determinants from a national probability sample of high school students. The data are being gathered for two purposes: (1) to gather a fuller set of information about these two areas of behavior than are collected in the national YRBS and thereby to extend the national YRBS on a one-time basis; and (2) to conduct methodological sub-studies both within the national questionnaire and through dietary recall interviews with a sub-sample to test and improve the clarity, validity, and relevance of the nutrition questions. Data on physical activity and nutritional behavior are generally regarded as being no greater than minimally sensitive. Therefore, the data collection will have little or no effect on the respondent's privacy. Nevertheless, safeguards will be put in place to ensure that all collected data remain private.

# A.1.c Overview of the Data Collection System

The first data collection will be a survey administered to a national probability sample of high school students. This instrument will be a self-administered, paper-and-pencil questionnaire consisting of physical activity and nutrition questions (Appendix C). The physical activity questions will seek to assess the student's active and sedentary behavior, types of physical activities in which youth engage, self-efficacy of physical activity, access to sports equipment, and social support for physical activity. Nutrition-related questions will assess dietary intake of select foods, including fruits and vegetables, and beverages, including sugar-sweetened beverages, foods available to students at home and at school, social settings for meals, and student perception of body weight. This survey also includes a measurement of student height among all sampled students (Appendix D). The protocol for the collection of the height/weight data will follow the procedures previously approved (OMB No. 0920-0464: expiration 12/2000) in conjunction with the 2000 Methodological Study of the Youth Risk Behavior Survey.

The second data collection will be a series of up to three dietary recall interviews among a subsample of students completing the NYPANS questionnaire. The recall methodology uses computer-assisted telephone interview (CATI) technology to administer a 24-hour recall of all food and beverages consumed in the past 24 hours (Appendix F).

The questionnaire and height and weight measurements will take place in the schools selected to participate in the study; the dietary recalls will be conducted over the telephone during non-school hours.

### A.1.d Items of Information to be Collected

Students will be asked to report about their physical activity and nutrition behaviors and behavioral determinants on a paper-and-pencil questionnaire. Those students participating in the survey will also be assessed for height and weight. Responses provided on the questionnaire will be linked to measured height and weight by the Height and Weight Record Form (Appendix D), which is labeled with the same unique identifier as the questionnaire.

Students who have obtained parental permission to participate and are in classrooms selected to participate in the 24-hour recall subcomponent will be asked to complete a paper form with their name, best telephone number, alternate telephone number, email address, and "best times" for callers to attempt to reach them. This information will only be used to make telephone contact with students and will never become part of the student record associated with interview data. Because up to three interviews will be conducted with participants, students are assigned a unique study identifier that will allow researchers to track the number of completed interviews and whether the completed interviews were conducted for weekdays or weekend days. See Section A.10 for further description of the process for de-identifying data.

# A.1.e Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

This information collection does not involve web-based data collection methods or refer respondents to websites.

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

The information generated by the National Youth Physical Activity and Nutrition Survey will be used by several Federal agencies, including CDC. The information will have a broader use by state and local governments, nongovernmental organizations, and others in the private sector.

# A.2.a Purpose of Information Collection

This study has multiple purposes: 1) to provide nationally representative data on behaviors and behavioral determinants related to physical activity and nutrition; 2) to provide data to help improve the clarity and strengthen the validity of questions on the YRBS; and 3) to understand the associations among behaviors and behavioral determinants related to physical activity and nutrition and their association with body mass index.

The specific purposes of the NYPANS, to be conducted among a nationally representative sample of students enrolled in grades 9 - 12 in 2010, are to:

- Estimate the extent to which high school students engage in physical activity and dietary behaviors that offer protective benefits against long-term causes of mortality and morbidity.
- Estimate the extent to which high school students engage in sedentary behavior and poor dietary practices that place them at risk for the long-term causes of mortality and morbidity.
- Assess whether engaging in protective physical activity and dietary behaviors varies as a function of gender, grade in school, and race/ethnicity.
- Understand the behavioral determinants of physical activity and dietary behaviors.
- Determine the interrelationships among physical activity and dietary behaviors and whether these interrelationships vary as a function of gender, grade in school, and race/ethnicity.
- Determine how physical activity and nutrition behaviors are associated with student body mass index.

The methodological sub-studies will address the following research questions:

- Do prevalence estimates for dietary intake behaviors vary as a function of the timeframes provided, i.e., yesterday vs. the past 7 days?
- Do prevalence estimates of dietary intake behaviors based on the questionnaire predict accurately the dietary behavior of those completing a 24-hour recall?
- How do fruit and vegetable intake reported using a cup as the reference serving size compare with the standard YRBS fruit and vegetable questions and the a 24-hour dietary recall measure?
- Do prevalence estimates for 60-minutes of daily physical activity vary as a function of the timeframes provided, i.e., yesterday vs. the past 7 days?

Study results will have significant implications for policy and program development for obesity prevention programs nationwide. Within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), data from the proposed data collection will be used by the Division of Adolescent and School Health, the Division of Cancer Prevention and Control, the Division of Nutrition, Physical Activity, and Obesity, the Division of Adult and Community Health, the Office of the Director, and the Office on Smoking and Health. Data from the NYPANS also will be used by other centers within CDC, including the National Center for Health Statistics (NCHS). As users of school-based surveillance data, each of these entities have an interest in the clarity and validity of measurements of physical activity and nutrition behaviors.

### **Evaluation**

• Establish national baseline data in physical activity and nutrition behaviors among high school students to determine the impact of CDC-funded interventions.

# Research Synthesis

- Provide data for development of new guidelines and tools for school health programs focused on physical activity and nutrition.
- Provide data on the prevalence of overweight and obesity of high school students for inclusion in the NCHS report, *Health*, *United States 2010* (NCHS, 2010).
- Provide data for updates to *Indicators of Chronic Disease Surveillance* (CDC, Council of State and Territorial Epidemiologists, and Association of State and Territorial Chronic Disease Program Directors, 2004).
- Present data in peer-reviewed publications and at scientific meetings.
- Identify the need for additional research on physical activity and nutrition behavior among students.
- Provide public health and education officials, youth, parents, and the general public with accurate information about physical activity and nutrition behavior among high school students.
- Provide states and cities that may conduct similar surveys with a national index against which to compare their survey results.
- Provide other countries that may conduct similar surveys with a national index against which to compare their survey results.

### Policy and Program Development

- Provide policy makers with information about the physical activity and nutrition behaviors among high school students so they can identify areas on which to focus resources.
- Provide state legislatures with information about physical activity and nutrition behavior of

high school students to support new funding initiatives to increase resources.

- Determine how public information campaigns should be targeted to specifically address physical activity and nutrition behavior behaviors.
- Set priorities for and support school health programs for students nationwide.

### Technical Assistance

- Focus school health programs, curricula, and teacher training programs nationwide on physical activity and nutrition behaviors among students.
- Assist states and cities in interpreting health outcome data, especially related to physical activity and nutrition behavior.
- Focus technical assistance provided to state and local departments of health and education on physical activity and nutrition behavior among students.
- Assess the need for new interventions or to modify existing interventions that focus on addressing physical activity and nutrition behavior among students.
- Assess the cumulative effects of multiple interventions and sources of information (school, family, community, and the media) on physical activity and nutrition behaviors among students.

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

The NYPANS results are of interest not only to CDC, but also to other Federal agencies and departments that participated in the delineation of the survey content and selection/construction of questionnaire items. Widely shared potential applications include monitoring progress toward Healthy People 2010 objectives and providing a generalized measure of the overall degree to which schools and society are having an effect on specific physical activity and nutrition behaviors within the mission of a given Federal agency.

<u>Department of Agriculture</u> will use NYPANS data on dietary behaviors in conjunction with its school nutrition programs.

NIH, National Cancer Institute will use NYPANS data to examine problem dietary behaviors that may contribute to chronic disease development into adulthood.

# A.2.c <u>Use of Results by Those Outside Federal Agencies</u>

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

 Policy makers in the legislative and executive branches at all government levels will use NYPANS data to provide evidence of physical activity and nutrition behaviors placing adolescents at risk. The policy makers can compare the situation in their states to the national profile.

- Many state and local education and health agencies conduct similar surveys. The NYPANS will provide a national index against which they can compare their survey results.
- The American Cancer Society will use NYPANS data to measure progress in obtaining four primary goals for its comprehensive school health initiative.
- The Council of Chief State School Officers will use NYPANS data to develop interventions to effectively address the physical activity and nutrition behaviors of youth who are at high risk for chronic diseases in adulthood.
- The National Association of State Boards of Education will use NYPANS data to develop
  documents for members, develop policy guides, provide updates to state boards of education,
  train state boards of education on technical issues, and develop action guides in marketing
  and communication.
- The Society of State Directors of Health, Physical Education, and Recreation will use NYPANS data to inform state directors and in resolutions and policy statements.
- Family physicians, pediatricians, psychologists, and counselors will use NYPANS data to provide up-to-date information on physical activity and nutrition behaviors among the adolescents they treat.
- Institutes of higher education will use NYPANS data in their teacher training programs to
  provide information on physical activity and nutrition behaviors that should be the target of
  educational programs.
- High school administrators will use NYPANS data to provide information to assist them in
  justifying and planning educational and food services programs to prevent physical inactivity
  and poor dietary behaviors.
- Health educators and other teachers in high schools will use NYPANS data to provide information that will bolster and provide a focus for their lesson plans and educational materials.
- Parents will use NYPANS data to better understand the physical activity and nutrition risks that face their child.

# A.2.d Privacy Impact Assessment Information

This study will collect information on nutrition and physical activity behaviors and behavioral determinants from a national probability sample of high school students. The data are being gathered for two purposes: (1) to gather a fuller set of information about these two areas of behavior than are collected in the national YRBS; and (2) to conduct methodological sub-studies both within the national questionnaire and through follow-up interviews with a sub-sample to test and improve the clarity, validity, and relevance of the nutrition questions. Data on physical activity and nutritional behavior are generally regarded as being no greater than minimally sensitive. Therefore, the data collection will have little or no effect on the respondent's privacy. Nevertheless, safeguards will be put in place to ensure that all collected data remain private. The only Information in Identifiable Form that is being collected is contact

information for consented students in classrooms selected to participate in the 24-hour recall subcomponent. These students will be asked to complete a paper form with their name, best telephone number, alternate telephone number, email address, and "best times" for callers to attempt to reach them (Appendix E). This information will only be used to make telephone contact with students and will never become part of the student record associated with interview data.

# A.3 <u>USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN</u> REDUCTION

To reduce burden associated with the student data collection, student data will be collected on optically-scannable questionnaire forms, a method that is currently used with other large scale data collection efforts among students such as the National YRBS and Monitoring The Future. The data to be obtained from the NYPANS data collection 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 generally regarded currently as the least burdensome for a school-based data collection. One hundred percent (100%) of student data collections, both the student survey and the recording of height and weight, will be collected via optically-scannable forms.

The 24-hour recall component of the study will be conducted using Computer Assisted Telephone Interview (CATI) technology. Student responses will be recorded using computerized software linked to an extensive automated food, beverage, and portions database. One hundred percent (100%) of 24-hour recall interviews will be conducted via CATI.

# 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 experts in behavioral epidemiology and survey research, and maintains continuing communications with Federal agencies with related missions. These efforts have identified no previous, current, or planned comprehensive effort to conduct a study that (1) generates national estimates of nutrition and physical activity behaviors and behavioral determinants and also (2) includes embedded methodological sub-studies to validate the current dietary intake and physical activity questions of the YRBS with the intention of improving the clarity and user relevance of the YRBS while also reducing questionnaire burden.

# A.5 <u>IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES</u>

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

# A.6. CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY

This is a one-time data collection. Without this study, CDC will lack detailed information about physical activity and dietary behaviors on a nationally representative sample of students. CDC also will lack information about the performance of existing YRBS diet questions when compared to prevalence estimates generated by using a 24-hour recall

methodology and potential alternative diet questions involving lower respondent burden.

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

This request fully complies with the regulation of 5 CFR 1320.5.

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

# A.8.a Federal Register Announcement

CDC published a *Federal Register* notice of the proposed data collection on February 5, 2009 (Vol. 74, Number 23, Page 6164-6165) (Appendix B1). One public comment was received and acknowledged (Appendix B2).

# A.8.b Consultations with Various User Communities and Experts

Consultations for the NYPANS were conducted with experts in physical activity and nutrition to define questionnaire content. Consultations conducted previously with sampling experts to develop the sampling design for the national YRBS remain relevant, because the fundamental YRBS sampling design is being maintained for the NYPANS.

# A.8.b.1 Consultations with Physical Activity and Nutrition Experts

On November 13, 2007 an expert panel was convened to obtain input on the physical activity portion of the NYPANS. Issues discussed included comments on existing YRBS questions, proposed new physical activity behavior and behavioral determinants questions, and potential methodological sub-studies to include. The panel included representatives from the U.S. Public Health Service, National Cancer Institute, and the university-based research community. The members of the expert panel included:

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On November 14, 2007 an expert panel was convened to obtain input on the nutrition portion of the NYPANS. Issues discussed included comments on existing YRBS questions, proposed new diet behavior and behavioral determinants questions, and potential methodological sub-studies to include. The panel included representatives from the U.S. Public Health Service, National Cancer Institute, Food and Nutrition Service of the USDA, and the university-based research community. The members of the expert panel included:

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# A.8.b.2 Consultations with Sampling Experts

Consultations conducted previously with sampling experts to develop the sampling design for the national YRBS remain relevant because the fundamental YRBS sampling design is being maintained for the NYPANS. These consultations date back to August 9, 1989, when CDC and contractor staff met in Washington, D.C. with OMB and several sampling experts and Federal agency representatives to discuss the sampling plan for the YRBS. The results of these consultations are reflected in the sampling plan in Part B of the clearance package. Specifically, school districts and schools deciding *not* to participate in the survey would not be replaced on the assumption that refusing schools would be systematically different from cooperative schools so that replacement of refusing schools would introduce bias into the results. In addition, Common Core Data (CCD) provided by the National Center for Educational Statistics would be used to ensure adequate oversampling of African-American and Hispanic students.

The following people were among the key participants at this meeting:

Robert Burton, Ph.D. (retired) National Center for Education Statistics

Jerry Coffey, Ph.D. (retired) Office of Management and Budget

Joe Fred Gonzales, Jr.
Mathematical Statistician
National Center for Health Statistics
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301-458-4239
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Leslie Kish, Ph.D. (deceased) Institute for Social Research University of Michigan

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Seymour Sudman, Ph.D. (deceased) Department of Statistics University of Illinois at Champaign-Urbana Morris Hansen, Ph.D. (deceased) Westat, Inc.

Continuing consultations with sampling experts have been held to ensure the continuing appropriateness of the YRBS sampling plan. The original YRBS sampling plan was reviewed by NCHS. The Detailed Sampling and Weighting Plan for the NYPANS can be found in Appendix I...

# A.8.b.3 Systematic Solicitation of Comments From Federal and non-Federal Users

More than 20 of the questions on the NYPANS questionnaire have been included in the YRBS questionnaire at some point in time (Appendix O). As such, these questions have been subject to ongoing review since 1998, when CDC solicited input from representatives from the CDC divisions that use health behavior data; experts in the behavioral areas measured by the YRBS, including representatives from 10 Federal agencies, and eight national associations/institutes; 800 representatives of State health departments; and 75 representatives from State and local education agencies.

On the basis of input received from approximately 800 persons, CDC developed a proposed set of questionnaire revisions, which were sent to all state and local education agencies for further input. As a result of this process, CDC created the 1999 YRBS questionnaire. This questionnaire included several new questions, including height and weight (so that body mass index can be calculated), milk consumption, and time spent watching television

In 2000, CDC, in consultation with 75 representatives from state and local education agencies, representatives from CDC divisions that use health behavior data, and representatives from other federal agencies, made minor modifications to the 1999 version of the questionnaire to create the 2001 questionnaire. In 2002, 2004, 2006, and 2008 a similar consultation process was conducted to create the 2003, 2005, 2007, and 2009 questionnaires, respectively. Because the YRBS is a school-based survey and student respondents have a single class period of approximately 45 minutes to complete the questionnaire, the length of the questionnaire is limited. Therefore, when revising the questionnaire, adding new questions typically requires the deletion of an equal number of existing questions. Input from users of YRBS data is critical in ensuring these additions and deletions result in a questionnaire that assesses the current priority risk behaviors, while keeping in mind the need to monitor trends in behaviors over time. As an example, the most recent review of the questionnaire conducted in 2008 resulted in the deletion of four questions and the addition of four questions for the 2009 questionnaire.

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

Schools selected to have their students participate in the student data collection will be given educational materials and \$200 in appreciation for their participation and cooperation. OMB first suggested that CDC offer such incentives in 1999. CDC first adopted a financial incentive for school-based data collections in the 2001 National YRBS (OMB Number.: 0920-0493: expiration 11/2003) to allow the survey to continue to compete effectively with other large-scale, school-based data collections. Increasingly in recent years, non-federal school-based data collections have used financial leverage to secure school cooperation with student surveys. On the 2001, 2003, 2005, 2007, and 2009 National YRBS (OMB Number.: 0920-0493: expiration 11/2011), these incentives have helped maintain or slightly increase school

participation rates despite increasing demands on schools that make it difficult to obtain approval for student surveys. CDC also gave schools participating in the 2002, 2004 and 2008 methodological studies (OMB No: 0920-0534: expiration 12/2002; OMB No.: 0920-0611: expiration 12/2004; and OMB No: 0920-0763: expiration 1/2009, respectively) \$500 in appreciation for their participation.

Students completing the NYPANS questionnaire and height/weight measurement will not be offered an incentive. However, we plan to offer a \$10 cash incentive for each completed follow-up telephone interview (up to three per student), and an additional \$10 for completing three interviews, with the sub-sample selected for the 24-hour recall sub-component. Based on other studies using 24-hour dietary recall interviews, we believe response rates on these interviews would fall far short of acceptable levels without the incentive.

# A.10 ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

This data collection has received IRB approval from the data collection contractor's IRB. The NYPANS IRB Approval Letter is in Appendix M.

A number of procedures have been designed to ensure that responses to the NYPANS questionnaire are anonymous. To connect the questionnaire and height/weight data for a given respondent without using identifying information, a unique 4-digit ID number will be generated for each respondent. The same random number will be placed on both the questionnaire and the Height and Weight Record Form. Each item will be in separate manila envelopes within a larger manila envelope and will be marked "Questionnaire" and "H/W". Each student will be randomly assigned an envelope at the survey administration. The student will be instructed to remove the questionnaire, complete it, place it in a new unmarked envelope, seal the envelope, and deposit the sealed envelope in the "ballot box." The student will then write their name across the seal of the remaining envelope containing the height/weight form and will give this envelope to the survey administrator. At the time of height/weight measurement, the administrator will have each student's form waiting for them in the still-sealed envelope; however, prior to taking height/weight measurements, the administrator will give the envelope to the student in a one-on-one situation, and have the student tear up the original envelope (bearing the student's signature). Analytically, the questionnaire and the height/weight measurements will be matched by using the unique ID number. However, no identifying information will be retained, thereby maintaining anonymity for responses to the NYPANS questionnaire and the height/weight measurements.

Student height and weight will be measured in a private location. Students will be measured individually so that they cannot be observed by other students or their teacher. If a student decides that they do not wish to be measured for height and/or weight, that student may refuse either or both measurements.

The dietary recall study involves three consecutive contacts with respondents during the interview period; therefore, response data will be temporarily linkable to respondent identifiers. Respondent identifiers are also necessary on a short-term basis so that project staff can mail payments to respondents who participate in the dietary recall interviews. Privacy issues for the dietary recall study are discussed in more detail in the section on Privacy Impact Assessment.

**Privacy Impact Assessment Information** 

A. <u>Privacy Act Determination</u>. In review of this application, it has been determined that the Privacy Act DOES NOT APPLY to information collected through the NYPAN survey or to height and weight measurement data. However, the Privacy Act does apply to information collected for the 24-hour Dietary Recall, since response data are temporarily linkable to respondent identifiers during the follow-up period. The applicable System of Records Notice is 09-20-0136, Epidemiologic Studies and Surveillance of Disease Problems.

No identifying information will be retained in the data record for the 24-hour recall interview. Each student will be assigned a unique identifying number, and only this number will be maintained in the data record. The identifying information (i.e., the student's name and telephone number) is stored in a data file that is separate from the response data. The connection between the student's unique identifying number and their identifying information will be retained only long enough to permit three 24-hour interviews for each student, a maximum period of three weeks. Once three interviews are completed, the connection between the student's identity and the unique identifying number will be destroyed and this information will never be transmitted to CDC.

Even during the period when the response data and the identifying information are linkable, they only can be linked with effort, because they are stored in separate data files. Only while data are being collected by the interviewer are these data identifiable. Even then, the interviewer only has access to the student's name. The telephone numbers are dialed by an automated system, so the interviewer does not have access to these numbers. Once an interview has been completed, the data are sent to a secure location that the interviewer cannot access, and the interviewer cannot recover response data or identifying information. The file containing student personal identifiers will be destroyed as soon as the interviews are completed and verified.

B. <u>Information Security</u>. The data collection contractor has several security procedures in place to safeguard data. Data that are collected at school remain under the exclusive control of the contractor's field staff until they are shipped to the contractor's headquarters. School personnel are not responsible for collecting and storing any data. The paper data will be stored in locked files, accessible only to staff directly involved in the project, retained for three years after completion of the data collection, and then destroyed. The connection between the unique identifying 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.

In addition, all electronic data will be stored on secured servers and will be accessible only to staff directly involved in the project. All contractor staff involved with the project will be required to sign a Data Collector Confidentiality Agreement (Appendix P), which is a statement of personal commitment to guard the confidentiality of data.

C. <u>Consent</u>. The same consent form will be used for classes selected to participate in the NYPANS and the 24-hour dietary recall study. All students and their parents will be informed that information will be maintained in a secure manner throughout the student data collection, that all data will be safeguarded closely, and that no institutional or individual identifiers will be used in study reports. The notification is included in the

NYPANS parental permission form distribution scripts (Appendices K1 and K2), the NYPANS parental permission form (Appendices C3, C4, C5 and C6), and in the instructions on the front page of the NYPANS questionnaire (Appendix C). All data collectors will be professionally trained to administer the NYPANS. When introducing the questionnaire, data collectors will remind students that their responses will be treated in a confidential manner (Questionnaire Administration Guides, Appendices C1 and C2). All CATI interviewers will be professionally trained to administer the 24-hour dietary recalls. When introducing the 24-hour food recall interview, callers will remind students that their responses will be held private (24-Hour Recall Interview Script, Appendix F).

D. <u>Voluntary Nature of Participation</u>. For the NYPANS and 24-hour dietary recall, participation is voluntary and respondents will be assured that there is no penalty if they decide not to respond, either to the information collection as a whole or to any particular question.

# A.11 JUSTIFICATION FOR SENSITIVE QUESTIONS

Some questions on the NYPANS questionnaire (Appendix C) may be considered minimally sensitive. Specifically, questions dealing with weight loss practices, perceptions of body weight, physical activity, and measured height and weight may be minimally sensitive to some students. However, these questions are necessary to the purpose of risk factor surveillance. The behaviors covered in the questionnaire are the major behaviors and behavioral determinants thought to lead to adolescent overweight and obesity and increased risk of the major degenerative diseases in adulthood. During the past 20 years, one of the primary responsibilities of CDC has been to monitor priority health risk behaviors among youth. To monitor such behaviors, CDC must ask youth about them. Students are told in the instructions to the National Youth Physical Activity and Nutrition Survey (Appendix C) that "This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself."

Students participating in the 24-hour dietary recall interviews who have trouble remembering the foods and beverages they consumed the day before may feel uncomfortable about questions that they cannot answer with confidence. Because the 24-hour dietary recall interview is largely respondent-driven, students do not have to disclose information they are uncomfortable sharing.

Parental permission to participate in the student data collection and the 24-hour dietary recall will be obtained. Appendices C3, C4, C5, and C6 contain the English and Spanish parental permission forms for the NYPANS survey. Appendices C7 and C8 contain English and Spanish parental permission form reminder notices.

# 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 20 years of experience with conducting related school-based studies that follow similar protocol. Similarly, dietary recall interviews have an established history among researchers as being the "gold standard" for non-clinical dietary intake assessment. The planned study involves the use of two

data collections: a questionnaire administered to students that includes a measure of height and weight (NYPANS questionnaire and Height and Weight Record Form, Appendices C and D), and up to three 24-hour dietary recall interviews per student (Appendix F).

Students from randomly selected, intact classrooms are respondents to the NYPANS, which includes a self-administered questionnaire, (Appendix C) and height and weight measurements (Appendix D). Intact classes are those that are already on the school's schedule. Respondents for the in-school student data collection consist of a) students who receive instructions for and complete the NYPANS and are measured for height and weight, b) State Education Agency contacts who are asked to endorse the study (Appendix G), c) school district contacts who must grant permission for recruiters to invite selected schools to participate (Appendix H), d) school administrators who provide information in the School Recruitment Script (Appendix I) and agree to participate, and e) teachers whose classes are selected and must complete the Data Collection Checklist for the NYPANS (Appendix J). More information about the Data Collection Checklist is detailed in section B.2.f. The respondent burden hours have been estimated to include time spent obtaining parental permission, introducing the questionnaire, and reading instructions. Respondent burden hours for the 24-hour dietary recall interviews are based on providing contact information on the Student Contact Form for 24-Hour Dietary Recalls (Appendix E) and the burden of interviews with the respondents (Appendix F). The estimated number of respondents for the 24-Hour Dietary Recall Interview is based on the average over three follow-up data collections (900 respondents for the first follow-up, 750 respondents for the second follow-up, and 600 respondents for the third follow-up).

The estimated burden hours for the NYPANS are shown in Table A.12.a. The total estimated burden hours for this study are 7,781.

Table A.12.a. Estimated Annualized Burden Hours

Type of	Form Name	No. of	No. of	Average	Total
Respondents		Respondents	Responses per	Burden Per	Burden
			Respondent	Response	(in
				(in hours)	hours)
State Education	State	17	1	30/60	9
Agency Contacts	Recruitment				
	Script				
School District	District	80	1	30/60	40
Contacts	Recruitment				
	Script				
School	School	133	1	30/60	67
Administrators	Recruitment				
	Script				
Teachers	Data Collection	400	1	15/60	100
	Checklist and				
	Make-up Form				
	NYPANS	8,000	1	45/60	6,000
	Questionnaire				
	Height and	8,000	1	3/60	400
	Weight Record				
Students	Form				
	Student Contact	1,200	1	2/60	40
	Form				
	24-Hour	750	3	30/60	1,125
	Dietary Recall				
	Interview Script				
Total Burden					7,781

# A.12.b Estimated Cost to Respondents

For the planned study, there are no direct costs to the respondents themselves or to participating schools. However, the cost for state education agency contacts, school district contacts, school administrators, teachers, and students can be calculated in terms of their time in responding as seen in Table A.12.a. Table A.12.b illustrates the calculation of cost to respondents. In each category, the estimated respondent burden hours have been multiplied by an estimated average hourly salary for persons in that category. Principal and teacher hourly wages were estimated using Education Research Service data *Salaries and Wages Paid Professional and Support Personnel in Public Schools 2007-08* published in Education Week. Based on previous experience working with schools in conducting student surveys, it is likely that the school administrator who serves as the initial contact with the school for the student data collection will be the school principal who will then refer the activity to an assistant principal or other administrator. Therefore, for the purposes of estimating cost, the principal hourly wage has been used. The estimated cost to respondents 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 \$6.55/hour. The total respondent burden costs for the study are \$58,746.

Table A.12.b. Estimated Cost

Type of	Form Name	No. of	No. of	Average	Hourly	Total
Respondent		Respondents	Responses	Burden Per	Wage	Respondent
1		1	per	Response	Rate	Costs
			Respondent	(In Hours)		
State	State	17	1	30/60	\$96.15	\$817
Education	Recruitment					
Agency	Script					
Contacts						
School	District	80	1	30/60	\$57.66	\$2,306
District	Recruitment					
Contacts	Script					
School	School	133	1	30/60	\$43.77	\$2,911
Administrators	Recruitment					
	Script					
Teachers	Data Collection	400	1	15/60	\$29.33	\$2,933
	Checklist and					
	Make-up Form					
Students	NYPANS	8,000	1	45/60	\$6.55	\$39,300
	Questionnaire					
	Height and	8,000	1	3/60	\$6.55	\$2,620
	Weight Record					
	Form					
	Student Contact	1,200	1	2/60	\$6.55	\$262
	Form					
	24-Hour Dietary	800	3	30/60	\$6.55	\$7,860
	Recall Interview					
	Script					
TOTAL						\$58,746

# 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 COST TO THE GOVERNMENT

The study is funded under Contract No. 200-2006-15929. The total contract award to Macro International Inc. is \$1,975,830 over a 42-month period. Thus the annualized contract cost is \$564,522. 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 at salaries of \$36.46 and \$47.00 per hour, respectively. The total direct cost in CDC staff time for the 26-month

contract is \$32,862 + \$10,591 = \$43,453. The direct annual costs in CDC staff time will approximate \$15,167 + \$4,888 = \$20,055 annually.

The total cost for the study over a 42-month period, including the contract cost and federal government personnel cost is \$1,996,385. The annualized cost to the government for the study will be \$564,522 + \$20,055 = \$584,577.

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

Activity	Cost
Contract Costs	
Design and plan	\$87,136
Programming and developing	\$73,516
Recruitment and preparation	\$89,754
Printing and distribution	\$16,550
Recruiting and training	\$17,702
Collection of data	\$184,925
Processing, cleaning, weighing and developing data files	\$60,236
Dissemination and reporting of results	\$20,560
Subtotal	\$550,379
University of Minnesota Subcontract	
Lease of 24-hour recall software	\$9,051
Assistance in data collector training	\$5,092
Subtotal	\$14,143
Federal Employee Time Cost	
20% time for one FTE	\$15,167
5% time for one FTE	\$4,888
Subtotal	\$20,055
Total Contract Cost	\$584,577

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

This is a new, one-time data collection.

# 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 primary research purposes outlined in A.2. The initial types of analysis to be performed will include descriptive statistics, such as frequency distributions and means. Comparisons will be made using chi-square, t-tests, and logistic regression. Analyses will be conducted using software appropriate for preparing estimates based on complex sampling designs. We plan to use the SAS and SUDAAN analytic packages for these analyses.

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

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

Two major publications are planned as a result of this data collection:

- 1) Summary of national results from the student questionnaire measuring physical activity and nutrition behavior and behavioral determinants, including results describing how student BMI relates to reported physical activity and dietary behaviors and behavioral determinants.
- 2) Summary of results from the student questionnaire comparing reported dietary intake measured using the standard YRBS dietary questions reflecting intake in the past 7 days vs. alternate questions based on 1 day;

Summary of results from the student questionnaire comparing reported dietary intake measured using the standard YRBS dietary questions reflecting intake in the past 7 days vs. questions using cups as referent serving sizes; and

Summary of results from the student questionnaire comparing reported dietary intake measured using standard YRBS dietary questions

vs. using a CATI-administered 24-hour dietary recall interview.

The publications will be distributed to federal agencies and state and local health and education agencies that are interested in the adolescent physical activity and dietary behaviors.

The first manuscript listed above will be submitted to a peer-reviewed journal that previously has published YRBS results, such as *Obesity Research*. The second manuscript most likely will be submitted to *Journal of Adolescent Health* or *Public Opinion Quarterly*. Both journals have published articles on our previous methodological studies related to the YRBS.

# A.16.c Time Schedule for the Project

The following represents our proposed schedule of activities for the NYPANS. In conducting data collections with schools, it is necessary to plan activities to coincide with school schedules. For the NYPANS, data collection must be initiated early in the second semester of the 2009-10 school year; i.e., in January 2010. The end date for data collection will be determined when schools close for the summer, generally between May 15 - 31. Therefore, data collection must be completed by the time schools close for the summer.

However, it is highly desirable to complete the in-school data collection at least 2 months before the end of the school year. Schools are very busy then with testing and during the final two months attendance can be very unstable, especially among twelfth grade students. Even though the 24-hour dietary recalls will be conducted outside of school, it is important that interviewing be completed before the end of the school year. The rationale for completing them while schools are still in session is to ensure that we are obtaining data that are comparable across sites in terms of the circumstances under which students are accessing meals. It is also important to complete the 24-hour recalls while students are still in school so their data can appropriately be compared to the data from the in-school student questionnaire.

Key project activities will occur during the time periods outlined in Table A.16.c. This table illustrates the optimal timeframe for key activities within the range of possible dates for those activities. The optimal date for receipt of OMB approval is September 2009. This will provide adequate lead time for project coordination activities that must occur prior to the initiation of data collection.

Table A.16.c. Time Schedule for Key Project Activities

Activity	Apx. months after OMB approval	Optimal Dates	Possible Date Range
Recruit and schedule schools	1 to 2	October 15-December 15	October 15-January 15
Print questionnaires/H&W Record Forms	1	October 15-November 13	October 15-December 15
Lease and install 24-hour dietary recall software	1	October 15-November 13	October 15-January 15
Train field data collectors	2	January 11-15	January 11 - March 19
Train CATI interviewers	2	January 25-29	January 25 – April 2
Collect school-based data	3	Jan 18 – March 31	Jan 15 – May 31
Collect 24-hour recall data	3 to 4	February 1-April 15	February 1- June 15
Process data	5 to 6	March 15 – May 14	March 15 – July 12
Produce data file	7	May 14 – June 18	May 14 – August 13
Analyze data	8 to 10	June 14 – September 17	June 14 – November 19
Publish results	12 to 14	November 15 – January 15	November 15 – March 15

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

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

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

There are no exceptions to the certification.

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