

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[30Day–17–16AWN]****Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Youth Tobacco Survey (NYTS) 2017 Computer Based Pilot—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use is a major preventable cause of morbidity and mortality in the U.S.A limited number of health risk behaviors, including tobacco use, account for the overwhelming majority of immediate and long-term sources of morbidity and mortality. Because the majority of tobacco users begin using tobacco before the age of 18, there is a critical need for public health programs directed towards youth, and for information to support these programs.

In 1999, 2000, and 2002, the American Legacy Foundation funded surveys to assess tobacco use among adolescents. Building on these efforts, CDC conducted the National Youth Tobacco Survey (NYTS, OMB No. 0920–0621) in 2004, 2006, 2009, 2011, 2012, 2013, 2014, 2015, and 2016. At present, the NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9–12, moreover, the NYTS is the only national source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, information about racial and ethnic disparities in tobacco-related topics, and most recently, estimates of use of emerging products such as water pipes (hookahs) and electronic cigarettes (e-cigarettes). Information collected through the NYTS is used by CDC, the Food and Drug Administration (FDA), and public health practitioners and researchers to identify and monitor trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

The NYTS is currently conducted by a paper and pencil (PAPI) method in a classroom setting, scheduled by each school. At this time, many schools have experience with electronic technologies that offer several potential advantages compared to PAPI survey administration. For example, electronic information collection methods support conditional ‘skip logic’ routing and adaptive survey design, and may improve respondent satisfaction, data reliability, and data management. As a result, CDC plans to conduct a computer based pilot of the 2017 NYTS using hand-held computer tablets. The specific aims of the 2017 NYTS pilot are to (1) assess respondent burden; (2) determine the reliability and efficiencies of electronic mode data collection; (3) assess the reliability and validity of survey results obtained from electronic data; (4) assess the cost-effectiveness of

electronic administration; (5) measure the length of time between data collection and dissemination of findings; and (6) assess student expectations about survey participation, given changes in classroom technology.

The computer-based pilot study is designed to complement the ongoing, paper-based NYTS. In 2017, the PAPI version of the NYTS will be administered as usual according to established methods (OMB No. 0920–16BDT, exp. 1/31/2018). Sampling, recruitment, and survey administration for both studies will be coordinated to prevent overlap, maximize participation, and maximize the comparison of results. The sampling vendor for the traditional NYTS will sample from the NYTS sampling frame, assigning a smaller population to participate in the pilot study. The sample for the pilot study will be approximately 25% of the size of the sample for the paper-based NYTS. The samples for each mode of the survey will be drawn at the same time to ensure that the same schools are not approached for the different versions. Additionally, the paper version of the survey will start collecting data prior to the pilot version beginning data collection to ensure schools in the same district do not face multiple collectors during the same time period.

The 2017 computer-based pilot of the NYTS will be conducted among a nation-wide sample of students attending public, private, and charter schools in grades 6–12. Participating students will complete the survey in person in a classroom setting using computer tablets provided by CDC’s information collection contractor. The tablets will be distributed at the beginning of the class session and returned at the end of the class session. This is similar to administration of the PAPI NYTS, in which a paper questionnaire booklet is distributed to students at the beginning of a class session, completed, and returned at the end of the session.

The content of the 2017 pilot survey will mirror the paper-based survey. The questions, developed in cooperation with the Food and Drug Administration (FDA), examine the following topics: Use of cigarettes, smokeless tobacco, cigars, pipes, bidis, snus, hookahs, electronic vapor products, and dissolvable tobacco products; knowledge and attitudes; media and advertising; access to tobacco products; secondhand smoke exposure; and cessation. In addition, specific questions will be included in the pilot survey to better understand respondents’ feelings

about safety and security around utilizing a computer based survey.

Findings from the NYTS pilot will be used to assess the feasibility of conducting the computer-based NYTS compared to the paper-based survey. Results will also be used to help evaluate the impact of automated collection techniques and computer-based survey administration on

response burden. After data collection, the computer-based data will be compared to the paper-based data to determine whether the computer-based and paper-based survey are equally effective, or if prevalence estimates of tobacco usage among youth will be significantly different depending on the mode of the survey data collection.

OMB approval will be requested for one year. There are no changes in the estimated burden per response for any type of respondent compared to the paper version. Participation is voluntary and there are no costs to respondents other than their time. The estimated annualized burden hours for this data collection are 3,689 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Administrators	State-level Recruitment Script for the National Youth Tobacco Survey.	6	1	30/60
District Administrators	District-level Recruitment Script for the National Youth Tobacco Survey.	45	1	30/60
School Administrators	School-level Recruitment Script for the National Youth Tobacco Survey.	64	1	30/60
Teachers	Data Collection Checklist for the National Youth Tobacco Survey.	292	1	15/60
Students	National Youth Tobacco Survey	6,100	1	35/60

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration for Native Americans; Request for Information; Extension of Comment Period

AGENCY: Administration for Children
and Families, HHS.

ACTION: Notice.

SUMMARY: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) is extending the period to submit comments responsive to the Request for Information, published in the **Federal Register** on January 9, 2017. The Request for Information (RFI) requests information from American Indian and Alaska Native (AI/AN) elected representatives, tribes, tribal organizations, and other stakeholder (including grantees) to identify issues and challenges facing AI/AN populations in order to inform ACF of tribes' and tribal organizations' recommendations, promising practices, and innovations to address the needs of

AI/AN children, youth, families, and communities.

DATES: The comment period for the Request for Information has been extended to May 9, 2017. To receive consideration comments must be received no later than 11:59 p.m. Eastern Time on that date.

ADDRESSES: Written comments may be submitted through any of the methods specified below. However, electronic submission is preferred. Please do not duplicate comments.

■ **Electronic submission through the <https://www.regulations.gov> portal:** Follow the instructions for submitting electronic comments. Attachments, if any, should be in Microsoft Word or Microsoft Excel. Then click on the "Comment Now!" button on the Search Results page. This will open up a Comment form where you can enter your comment on the form, attach files (up to 10 MB each), as well as your personal information, when applicable. Be sure to complete all required fields. Please note that information entered on the web form may be viewable publicly. Once you reach the "Your Preview" screen, the information that will be viewable publicly is displayed directly on the form under the section titled: "This information will appear on *Regulations.gov*." To complete your comment, you must first agree to the disclaimer and check the box. This will enable the "Submit Comment" button. Upon completion, you will receive a Comment Tracking Number for your comment. To learn more about comment

submission, visit the Submit a Comment section of the How to Use *Regulations.gov* pages.

■ **Electronic submission through email to ANAComments@acf.hhs.gov:** All comments received before the close of the extended comment period will be available for public inspection, including any information that is included in a comment. All electronically submitted comments posted through the <https://www.regulations.gov> portal received before the end of the comment period will be available at <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Camille Loya, Director Division of Policy, Administration for Native Americans, Camille.Loya@acf.hhs.gov, 202-401-5964.

SUPPLEMENTARY INFORMATION: HHS published a Request for Information (RFI) in the **Federal Register** on January 9, 2017 (82 FR 2366) with a deadline for public comments of March 10, 2017, by 11:59 p.m. Eastern Time. The RFI solicited information AI/AN tribes, tribal organizations, and stakeholders (including grantees) with respect to recommendations, promising practices, and innovations to address the needs of AI/AN children, youth, families, and communities so that such data could inform and provide an evidence base for the formulation of policy, development of potential rulemaking, formulation of legislative proposals, and strategic planning in consultation with tribes. The RFI included nine questions on