

Healthy Alaska

Youth Risk Behavior Survey (YRBS) Nationally and in Alaska

January 2007

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"An Overwhelming Opportunity" – SE Alaska Regional Conference on Fetal Alcohol Spectrum Disorders (FASD)

January 25-27, 2007
Centennial Hall –
Juneau, Alaska

Registration Deadline
January 16, 2007. Any
questions regarding
registration contact
Robbi Woltring at 907-
723-7556 or
fasdconference@yahoo.com

Brain Booster —



Question:

Make this equation
correct without changing
the numbers: $8 + 8 = 91$

YRBS -Nationally

The Youth Risk Behavior Survey (YRBS) is the largest and most respected source of data on the youth risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems in the US. The YRBS was created by the Division of Adolescent School Health, Center for Disease Control, and representatives from more than 800 local, state, and federal health agencies in 1990. The YRBS measures behaviors that fall into the following 6 categories: Behaviors that result in unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that result in HIV infection, other STDs, and unintended pregnancies, dietary behaviors, physical activity.

YRBS- How Can This Short Survey Collect the Vital Behavioral Information We Need?

Amazingly, nationally 71% of all deaths for persons 10-24 years of age are due to only 4 causes: motor vehicle crashes, other unintentional injuries, homicide, and suicide. In addition, 800,000-900,000 teenaged girls become pregnant each year and an estimated 3 million STDs occur among persons ages 10-19. A limited number of behaviors usually established during youth contribute substantially to these causes of mortality and morbidity. These behaviors include: carrying a weapon, physical fighting, attempting suicide, drinking or using drugs while operating a motor vehicle, lack of seatbelt use while riding in a motor vehicle, lack of helmet use while riding a bicycle, and unprotected sexual intercourse that results in HIV infection, other STDs, or unintended pregnancies.

The Youth Risk Behavior Survey also surveys youth on the leading causes of adult morbidity and mortality as many individuals initiate the risk behaviors that lead to problems as adults in their adolescence. Among adults in the US aged 25 and older, 63% of deaths are due to only 2 causes: cardiovascular disease and cancer. A limited number of causes contribute to these health problems. These behaviors include: use of tobacco, unhealthy dietary behaviors, and physical inactivity.

YRBS - How it Works

The YRBS is administered in a collection of randomly drawn sample schools from nearly every state every other year. The survey is administered to high school aged students in a single class period and is completely anonymous. Some school districts choose to survey all of their high school students to better understand and measure risk behaviors in their communities. Strict precautions are in place to absolutely insure student confidentiality and participation in the survey is completely voluntary. Students answer the multiple choice questions about their current and past risk behaviors, which are collected and sent to the state for processing. State results are then shared federally with CDC.

YRBS - The Value

The YRBS results have tremendous value at the national, state, and local level. Results allow health and educational professionals to track the prevalence of youth risk behaviors over time, to compare their state to other states or to the nation, and even to empower local communities to measure themselves compared to the rest of the state. Understanding the extent to which youth practice health risk behaviors is critical for developing programs that address risk behaviors practiced in their jurisdiction and for measuring progress toward program goals. YRBS results also help with focusing school health education teacher training and instructional programs, supporting health-related legislation, and seeking funding for school health programs.

Brain Booster—



Answer:

Look at the equation upside down: $16 = 8 + 8$

Fundamentals of HIV Prevention Counseling Training

February 12 & 13, 2007
Anchorage, Alaska

The training is designed for HIV test counselors, substance abuse counselors, mental health clinicians, and others responsible for HIV prevention counseling. If you have any questions please contact Carl Aronson at (907) 269-8055.

SUBSCRIBE

To subscribe directly to our newsletter, visit us at:
www.eed.state.ak.us/tls/schoolhealth/subscribe.htm

FEEDBACK

We are looking for feedback! If there are any changes you would like to see made and/or suggestions for content of the newsletter, please send them to Sarah Schaal at sarah_schaal@eed.state.ak.us

School Health Partners:



www.eed.state.ak.us/tls/schoolhealth/



www.hss.state.ak.us/dph/chronic/school/default.htm

Alaska's YRBS

Alaska managed to collect enough student responses to the YRBS to get usable data twice since it began administering the survey in 1995. CDC determined that at least 60% of students in the selected sample must complete the survey for it to accurately represent student behavior across the entire state. Alaska was able to get 60% or more responses in 1995 and in 2003. In 2005, Alaska missed achieving an adequate response rate and was unable to use the data. Every effort is being made for a successful survey in 2007.

Here is a sample of Alaska 2003 YRBS data:

- 11.8% of high school boys reported carrying a weapon to school in the last 30 days
- 38.7% of high school students reported drinking alcohol in the last 30 days
- 47.5% of high school students reported having ever used marijuana
- 1 in 4 high school students reporting driving in a vehicle with a driver who drank alcohol in the last 30 days
- 1 in 5 high school girls reported seriously considering suicide in the last 12 months

For more information visit <http://www.hss.state.ak.us/dph/chronic/school/pubs/YRBSreport2003.pdf>.

DEAR PAT,

I am a health teacher who recently heard that Alaska has a law that requires parental consent for youth health surveys at school. I occasionally utilize classroom surveys with my students and now am concerned if I am following protocol. Is this true, and if so, what should I do?
Signed, Alarmed in ABC School

Dear Alarmed in ABC School,

Alaska has had a law, AS 14.03.110, since 1999 that prohibits schools from administering surveys or questionnaires at public schools that inquire into personal or family affairs, or anything else that is not a matter of public record or readily observable in public (regardless of whether or not the surveys are anonymous and voluntary) without first getting written permission from all participating students' parents or legal guardians. This type of requirement is known as active parental consent.

According to the Centers for Disease Control Alaska is one of two or three states in the nation that has a school survey law requiring active parental consent for surveys that are anonymous and voluntary. Most states employ passive parental consent when administering such surveys. Under this system, written notice is sent out to parents informing them of the upcoming survey and the types of questions it will ask, and then permission to participate is assumed unless parents or students indicate otherwise. With passive parental consent all students and parents can decline to participate at any point in the process.

Classroom teachers need to be aware of this law as it applies to small informal surveys teachers may want to include in their instruction as well as to national surveys like the YRBS. Many teachers are surprised to learn of this law and its requirements, and are forced to revisit some of their current instructional assignments and practices to avoid violations. Teachers should check with their school administrators for further guidance.

Addressing active consent is a controversial topic. Advantages to active parental consent are greater parental involvement and less risk of students being included in surveys without parental approval. Disadvantages of active parental consent include the drastically increased costs and labor involved in conducting student surveys, the high failure rates for getting enough student responses to get usable data for larger surveys, the potential for leading to inaccurate/misrepresentative data, the research suggesting that the vast majority of parents consent to their students participating in such surveys, and that most parental failures to provide written permission are driven by apathy, oversight, or student error, not by refusal.

As a health teacher you can do several things to support collections of important health data for local, state and national use. First you can communicate with your site administrator to see if consent for surveys is built into your school's annual parental enrollment packet. Second, you can incorporate lessons on the YRBS into your curriculum, highlighting its findings and its importance. Student health projects could focus on raising community awareness and support for the YRBS and other youth risk behavior surveys. Finally, some students could choose to research Alaska's law around surveys in schools and its current effects on Alaska's youth risk behavior data collection efforts.



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Protection of Pupil Rights Amendment (PPRA)

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways:

- It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and
- It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:
 1. Political affiliations;
 2. Mental and psychological problems potentially embarrassing to the student and his/her family;
 3. Sex behavior and attitudes;
 4. Illegal, anti-social, self-incriminating and demeaning behavior;
 5. Critical appraisals of other individuals with whom respondents have close family relationships;
 6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
 7. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Parents or students who believe their rights under PPRA may have been violated may file a complaint with ED by writing the Family Policy Compliance Office. Complaints must contain specific allegations of fact giving reasonable cause to believe that a violation of PPRA occurred.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Or you may contact us at the following address:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920**

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Last Modified: 02/17/2005

Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S.

Department of Education (ED)–

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

- *Receive notice and an opportunity to opt a student out of–*

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- *Inspect*, upon request and before administration or use –

1. Protected information surveys of students;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

These rights transfer to from the parents to a student who is 18 years old or an emancipated minor under State law.

[School District will/has develop[ed] and adopt[ed]] policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. [School District] will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. [School District] will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. [School District] will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5901

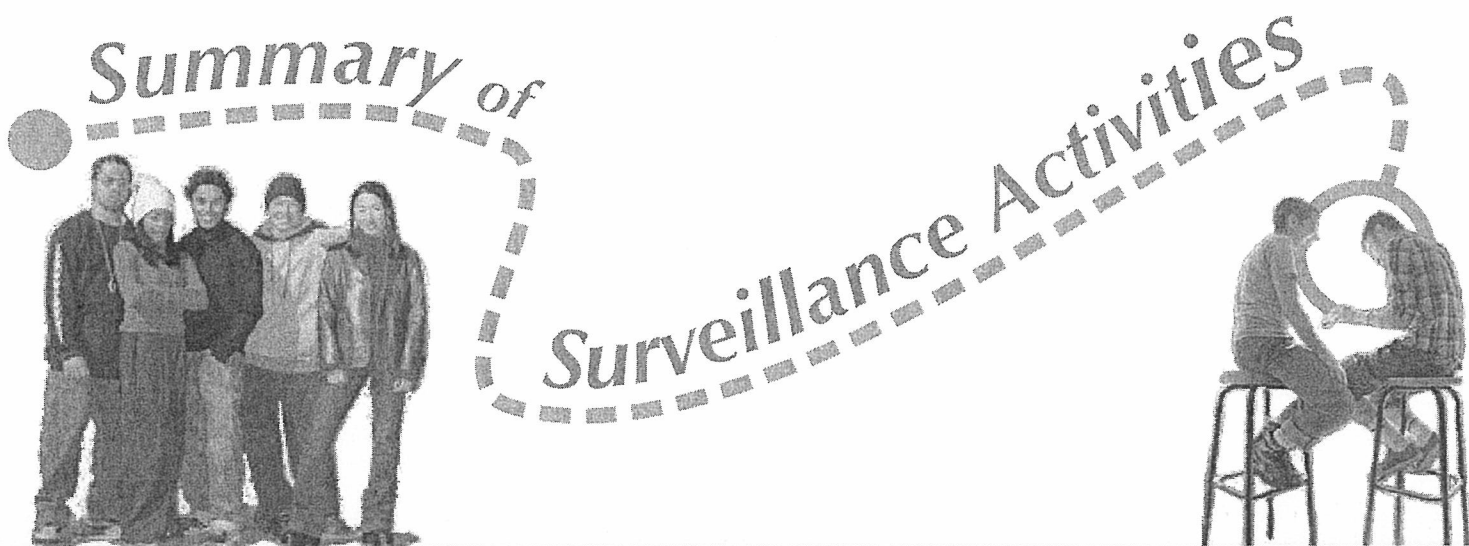
WHERE CAN I GET MORE INFORMATION?
VISIT WWW.CDC.GOV/HEALTHYOUTH
OR CALL 800-CDC-INFO (800-232-4636).



Division of Adolescent and School Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



**DIVISION OF ADOLESCENT
AND SCHOOL HEALTH (DASH)**



Summary of Surveillance* Activities

Division of Adolescent and School Health



	Youth Risk Behavior Surveillance System (YRBSS)			School Health Policies and Program Study (SHPPS)	School Health Profiles (Profiles)
	National	State/Territorial/Tribal/District	Other		
Purpose	<ul style="list-style-type: none"> To determine the prevalence of health-risk behaviors among students To assess trends in these behaviors To examine the co-occurrence of health-risk behaviors 			To provide national data on eight components of a school health program at the state, school district, school, and classroom levels	To provide data on school health policies and practices at schools among states, territories, tribal governments, and large urban school districts
Content	<ul style="list-style-type: none"> Unintentional injuries and violence Tobacco use Alcohol and other drug use Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection Unhealthy dietary behaviors Physical inactivity 			<ul style="list-style-type: none"> Health education Physical education and activity Health services Mental health and social services Nutrition services Healthy and safe school environment Faculty and staff health promotion Family and community involvement 	<ul style="list-style-type: none"> School health education requirements and content Physical education requirements Health services Nutrition-related policies and practices Family and community involvement in school health programs School health policies on HIV and AIDS prevention, tobacco-use prevention, and physical activity Professional preparation and staff development for lead health education teachers
Sample	Nationally representative sample of public and private high school students	Representative sample of public high school students in each jurisdiction	Representative sample of students in: <ul style="list-style-type: none"> Middle schools Alternative schools Juvenile justice facilities 	<ul style="list-style-type: none"> All states Nationally representative sample of school districts Nationally representative sample of public and private elementary schools, middle schools and high schools 	Representative sample of public middle schools and high schools in a state, territory, tribal government, or school district
Methods	Self-administered paper-and-pencil questionnaire, conducted in classrooms			Computer-assisted telephone and personal interviews and self-administered, mailed questionnaires	Self-administered, mailed questionnaires
Timing	Biennially, since 1991		Varied	Every 6 years, since 1994	Biennially, since 1994
Example Statements	In 2007, 57.3% of Hispanic female high school students in the U.S. attended physical education classes on 1 or more days in an average week when they were in school.	In 2007, 24.4% of female high school students in Kentucky attended physical education classes on 1 or more days in an average week when they were in school.	In 2007, 87.4% of middle school students in Wyoming attended physical education classes on 1 or more days in an average week when they were in school.	<p>State: In 2006, 70.5% of states required districts or schools to follow national or state physical education standards or guidelines.</p> <p>District: In 2006, 68.9% of districts had someone oversee or coordinate physical education.</p> <p>School: In 2006, 78.3% of schools required students to take some physical education.</p>	In 2006, 60.1% of secondary schools in Alabama required students to take 2 or more physical education courses.
Ownership of Data	CDC	States, territories, tribal governments, and districts	Varied	CDC	States, territories, tribal governments, and districts
Contractor	ORC Macro	Westat, Inc., plus companies hired by states, territories, tribal governments, and districts	Varied	ORC Macro	Westat, Inc., plus companies hired by states, territories, tribal governments, and districts
Web Site	www.cdc.gov/yrbss			www.cdc.gov/shpps	www.cdc.gov/healthyyouth/profiles

*Surveillance is the ongoing collection, analysis, and interpretation of data from generalizable samples.