

H3. School-level Recruitment Script for the Youth Risk Behavior Survey Supplemental Documents

H3a. School Letter of Invitation and YRBS Fact Sheet for Schools

H3b. Letter to Agreeing Schools

H3a. School Letter of Invitation and YRBS Fact Sheet for Schools

SCHOOL LETTER OF INVITATION

{DATE}

{FIELD}1

Dear {FIELD}2 :

The purpose of this letter is to inform you that your school is among the 200 schools randomly selected across the United States to participate in a survey of the priority health-risk behaviors among students in grades 9 through 12. The 2009 Youth Risk Behavior Survey (YRBS) is sponsored by the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services and was designed in cooperation with 19 Federal agencies and 75 state and local departments of education. It is conducted under the authority of the Public Health Service Act (42 USC 241).

The selected grades (or age equivalents) and the estimated number of student participants is as follows:

Grade (# of students)

09() 10() 11() 12()

The YRBS has widespread support. The survey is supported by many major national organizations interested in the health of youth. The American Academy of Pediatrics, the American Association for Health Education, the American Association of School Administrators, the American Cancer Society, the American Medical Association, the Association of State and Territorial Chronic Disease Directors, the Association of State and Territorial Health Officials, the Directors of Health Promotion and Education, the Council of Chief State School Officers, the Institute for Youth Development, the National Alliance of State and Territorial AIDS Directors, the National Association of State Boards of Education, the National Education Association, the National PTA, the National School Boards Association, and the Society of State Directors of Health, Physical Education and Recreation have provided letters of support.

The YRBS is designed to focus on those priority health-risk behaviors established during youth that result in the most significant mortality and morbidity during both youth and adulthood. The survey provides information on (1) behaviors that result in unintentional injuries and violence; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to HIV infection, other sexually transmitted diseases, and unintended pregnancies; (5) unhealthy dietary behaviors; and (6) physical inactivity.

The YRBS is conducted biennially among a random sample of 9th through 12th grade students. A new sample of students is selected each time the survey is conducted. In each school, one or two classes at each grade 9 through 12 is selected randomly to participate. Though some states selected to participate this year may be selected in ensuing years, it is very unlikely the same schools will be selected more than once. Survey administration procedures have been designed to protect student privacy and allow for anonymous participation. The 98-item questionnaire will be administered during one normal class period by specially trained field staff. Counties, cities, school districts, schools, and students will not be identified in any published reports.

As a symbol of appreciation for contributing their time and support and for being a significant partner in the YRBS 2009 effort, the CDC will provide each participating school with a monetary incentive. One option is to use these funds for prevention curriculum and educational materials. However, no restrictions will be placed on how schools can use these funds. Schools also will receive a copy of the published report on survey results and a variety of educational materials related to the health of young people.

In parallel to the national survey, the YRBS questionnaire is used independently by many state and local departments of education and health to conduct their own surveys. Results from the national YRBS serve as an index against which results from state- and local-level surveys can be compared.

Enclosed are a copy of the YRBS Fact Sheet for Schools, the questionnaire, a sample parental permission form and survey fact sheet, letters of support, and a copy of the 2007 YRBS results report. Within one week, a representative from Macro International Inc., a nationally recognized survey research firm, will contact you to discuss participation in the survey. Data collection will be scheduled for February through April, 2009. If you have any immediate questions, please call Dr. Danice Eaton of my staff at (770) 488-6143. Your support for this survey will help assess and improve efforts to reduce priority health-risk behaviors among adolescents throughout our Nation.

Sincerely yours,

Howell Wechsler, Ed. D., M.P.H.
Director
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion

Enclosures

FACT SHEET FOR SCHOOLS

2009 NATIONAL YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) conducts a biennial school-based survey to measure the prevalence of priority health risk behaviors among students in grades 9 through 12. This fact sheet answers important questions about the YRBS.

Q. What is the focus of the YRBS?

A. The YRBS focuses on priority health risk behaviors established during youth that result in the most significant mortality and morbidity during both youth and adulthood. These include: behaviors that result in unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies; unhealthy dietary behaviors; and physical inactivity.

Q. Why is the YRBS conducted?

A. CDC's Division of Adolescent and School Health is responsible for identifying and monitoring factors that may affect the health of our Nation's youth. CDC will use the results from the YRBS to (1) monitor how priority health-risk behaviors among high school students increase, decrease, or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent high-risk behaviors; and (3) improve school health education policies and programs.

Q. Does the survey have broad national support?

A. Yes. The survey is supported by many major national organizations interested in the health of youth. The American Academy of Pediatrics, the American Association for Health Education, the American Association of School Administrators, the American Cancer Society, the American Medical Association, the Association of State and Territorial Chronic Disease Directors, the Association of State and Territorial Health Officials, the Council of Chief State School Officers, the National Association of Chronic Disease Directors, the National Association of State Boards of Education, the National Education Association, the National PTA, the National School Boards Association, and the Society of State Directors of Health, Physical Education and Recreation have provided letters of support. People from over 100 state and local health and education agencies and 19 federal agencies assisted in the development of the survey.

Q. Are sensitive questions asked?

A. Some questions may be considered sensitive by some schools or school districts. AIDS, HIV infection, and other sexually transmitted diseases (STDs) are major health problems. Sexual intercourse and intravenous drug use are among the behaviors known to increase the risk of HIV or other STDs. The only way to determine if adolescents are at risk of becoming infected with HIV or other STDs is to ask questions about these behaviors. Attempted suicide, tobacco use, alcohol and other drug use, and weapon-carrying also may be considered sensitive topics. Questions are presented in a straightforward and sensitive manner in recognition of these topics.

Q. Is student participation anonymous? How is student privacy protected?

A. Survey administration procedures are designed to protect student privacy and allow for anonymous participation. The survey administration is coordinated by specially trained field staff. Students submit a completed optically scannable questionnaire booklet, containing no personal identifiers, in a sealed envelope which is then placed in a large box or large envelope. Similar safeguards are used to complete make-ups. Students not participating in the survey are provided with an alternative activity by their school. Published reports do not include names of participating counties, cities, school districts, schools, or students.

Q. Are students tracked over time to see how their behavior changes?

A. No. Each year a new sample of States, schools, and students is drawn. Students who participated cannot be tracked because no identifying information is collected.

Q. What if school districts, schools, or students do not choose to participate?

A. Participation in the YRBS is voluntary. However, to develop accurate national estimates of priority health-risk behaviors among adolescents, participation rates must be high. Selected schools and students cannot be replaced. The goal is to achieve 90 to 95 percent participation by selected schools and students.

Q. What grades are included?

A. The YRBS is administered to students in grades 9 through 12. This includes students from public, Catholic, and private schools with grades K-12, 7-12, 10-12, and 9-12.

Q. What is the sample size?

A. Nationwide, approximately 15,000 students from about 200 schools are selected to participate in the YRBS every other year.

Q. How many students are involved from each school?

A. One or two classes (approximately 25 to 50 students) in each grade 9 through 12 are selected randomly to participate in each school. Approximately 100 to 200 students are asked to participate in a school containing grades 9, 10, 11 and 12. In a junior high school with grades 7 through 9, approximately 25 to 50 ninth graders are asked to participate.

Q. How are schools selected?

A. A stratified, random sample of schools is selected. The probability of a school being selected is based on enrollment in grades 9 through 12.

Q. How is the YRBS coordinated at each school?

A. It is preferable to have a single spokesperson in each school. This can be the principal, another administrator, a teacher, or someone else designated by the principal. The spokesperson provides a list of class sections, distributes parental permission forms to teachers of the sampled classes, helps to promote the survey in the school, and ensures a high participation rate.

Q. What is done to maximize student participation?

A. CDC provides information to school administrators explaining the importance of the YRBS that can be shared with teachers, parents, and students. It is helpful if the school's spokesperson for the YRBS is familiar with the survey and is willing to seek support from teachers, parents, and students. The school spokesperson may work through the school's PTA to gain support for the survey. Many schools also notify parents of the survey in the school newsletter.

Q. What is the relationship between this national survey and similar surveys being conducted by State Education Agencies (SEAs) and Local Education Agencies (LEAs)?

A. Many SEAs and LEAs use the same or similar questionnaire to conduct their own YRBS as part of their cooperative agreement activities with CDC.

Q. Why can the YRBS conducted by SEAs and LEAs not be used to arrive at national estimates?

A. Many SEAs and LEAs regularly conduct a school-based YRBS. However, the sampling procedures and questionnaires vary. Thus, it is not possible to combine results from these surveys, even if every state participated.

Q. What if a school is selected to be in an SEA or LEA survey as well as the national YRBS?

A. This is not very likely. An average of five to six schools are selected to participate in each selected state. In the unlikely event that a school is selected to participate in the national YRBS and a similar SEA or LEA survey, the national survey usually assumes responsibility for survey administration and shares the data with the SEA or LEA.

Q. How long does it take to fill out the questionnaire? Is there some sort of physical test?

A. One class period is needed for administration of the self-administered questionnaire. It takes approximately 10 minutes for the survey administrator to distribute survey materials and read directions to the students. It then takes approximately 35 minutes for students to record their responses. The questionnaire contains 98 multiple choice questions. No physical test or exam is involved.

Q. Can SEAs or LEAs conducting their own survey obtain a waiver from the national survey?

A. No. This action would jeopardize selection of a representative sample of all students in grades 9 through 12. To develop valid national estimates, every SEA, LEA, school, and student in grades 9 through 12 nationwide must have a chance to be selected as a survey participant. Otherwise, survey results will be biased seriously. The burden for an SEA to participate in the national YRBS is low because of the small number of schools and students participating in most states.

Q. Do students answer questions truthfully?

A. Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

Q. When is the survey conducted? When are results available?

A. Data collection occurs between February and April with schools closing earlier in the year completed first. Results are published the following year. All participating SEAs, LEAs, and schools receive a copy of the results.

Q. What do the schools receive for participating in the 2009 national YRBS?

A. As a symbol of appreciation for contributing their time and support and for being a significant partner in the YRBS 2009 effort, the CDC will provide each participating school with a monetary school award. One option is to use these funds for prevention curriculum and educational materials. However, no restrictions will be placed on how schools can use these funds. Schools also will receive a copy of the published report on survey results and a variety of educational materials related to the health of young people.

Q. Who is the survey contractor?

A. Macro International Inc., a nationally recognized survey research company in Calverton, Maryland has received a contract from CDC to work with states, school districts, and schools to help obtain clearance, select a sample of students, schedule data collection, distribute survey materials, and collect student data.

Q. Where can additional information be obtained?

A. To obtain additional information about the YRBS, contact CDC or the HIV Education Project Director in your SEA or LEA. Inquiries to CDC should be directed to Dr. Danice Eaton, Centers for Disease Control and Prevention, Division of Adolescent and School Health, 4770 Buford Hwy., NE, Atlanta, GA 30341-3724; telephone 770-488-6143 or email at dhe@cdc.gov

H3b. Letter to Agreeing Schools

2009 National Youth Risk Behavior Survey

Dear Principal/School Contact:

Thank you for agreeing to participate in the national Youth Risk Behavior Survey (YRBS), sponsored by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health. We appreciate your school's graciousness in hosting the 2009 national YRBS. Results from the YRBS will help to determine the extent to which teenagers practice health risk behaviors, and to develop education programs and other strategies to help reduce these behaviors. When published, your school will receive a copy of the national results from the CDC.

Enclosed are the packets of materials for each participating teacher (whose names are listed on the enclosed Summary of School Arrangements Form). These packets contain: the Summary of School Arrangements Form, a sample survey booklet, instructions to be read when distributing permission forms, parental permission forms and survey fact sheets, reminder forms, and a Data Collection Checklist. If requested, parental permission forms and reminders are provided in Spanish. We do not need to receive the completed parental permission forms. These remain at the school and, following the completion of the survey in your school, are to be discarded according to your school's parental permission form policies and procedures.

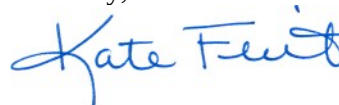
We request that each teacher complete a Data Collection Checklist for his or her class. Names or ID's of **all** students in each selected class should be listed on this checklist, not just those participating in the survey. Names will be kept confidential and destroyed after the completion of data collection. The names are needed to take roll, make sure students not in the selected class do not "slip in", identify students eligible to complete the survey (i.e., returned parental permission form with "yes" response), develop make-up lists of eligible students who are absent, and determine the gender and grade of all nonparticipants.

Your support and encouragement will help to ensure a high rate of participation among your students. A high participation rate is needed to produce valid national data. We ask that you:

1. Distribute the packets to each participating teacher. Ask them to distribute the parental permission forms **at least 7 days before** survey administration and to encourage their students to return the forms.
2. Please check with teachers a few days prior to the survey administration to make sure parental permission forms have been distributed and student participation encouraged.
3. Identify someone within the school to whom participating teachers may refer students, in the unlikely event the survey raises questions about health risk behaviors. This person may be a guidance counselor, school nurse, or other person. Let the teachers know who this is, prior to the survey.

The participation of your students in the YRBS will help the CDC, educators, and public health officials assess and improve efforts to reduce priority health risk behaviors among adolescents throughout the Nation. If you have any questions, please call me toll-free at 800-675-9727 between 9:00 a.m and 5:00 p.m. Eastern Time. Thank you again for your cooperation.

Sincerely,



Kate Flint, Project Director
National Youth Risk Behavior Survey