

**Attachment 6: Recruitment Materials**

## Health Behaviors in School-Age Children (HBSC)



### SURVEY FACT SHEET

#### **Q. Why is the survey being done?**

- A.** The U.S. Department of Health and Human Services will use the survey results to help measure and understand how many youth use behaviors that have good and bad effects on their health. The survey results also will be used to create school health programs and campaigns such as the anti-bullying campaign for students ([www.StopBullyingNow.hrsa.gov](http://www.StopBullyingNow.hrsa.gov)) to help encourage good behaviors and reduce problem behaviors.

#### **Q. What kinds of questions are asked on the HBSC?**

- A.** The 2009/2010 HBSC survey is designed to gather information on a variety of health-related behaviors and attitudes relevant to today's youth. The survey asks questions about nutrition, dieting practices, physical activity, violence, injuries, relationships with family and friends, perceptions of school as a supportive environment, alcohol and tobacco use, drug use, and the community in which students live.

#### **Q. Will students' names be used or linked to the surveys?**

- A.** No. The survey has been designed to protect your child's privacy. Students do not put their name on the survey. When students finish the survey, they place it in an envelope and seal it shut. The envelopes are then placed in a big box. Reports will not include names of participating counties, cities, school districts, schools, or students.

#### **Q. Do students take the survey more than once to see how their behaviors change?**

- A.** No. Every four years a new group of States, schools, and students is picked. Students who take part one year cannot be followed because their names are not on the survey.

#### **Q. How was my child picked to be in the survey?**

- A.** About 14,000 students from 420 schools were picked to take part across the country. In each school, one or two classes (about 25 students) in each grade 6 through 10 are picked randomly (like the flip of a coin) to participate.

**Q. How long does it take to fill out the survey? Does the survey include a physical test?**

**A.** One class period is needed to fill out the written survey, which has approximately 80 multiple choice questions. The survey does not include a physical test or exam.

**Q. Does the survey have national support?**

**A.** Yes. The following national health and education organizations have indicated their support of the HBSC Survey: American Academy of Pediatrics, American Federation of Teachers, American Cancer Society, American Lung Association, American School Health Association, Council of Chief State School Officers, National Association of School Nurses, Inc., National Association of State Boards of Education, National Education Association, National Mental Health Association, National PTA, New York Academy of Medicine, and The Society of State Directors of Health, Physical Education and Recreation.



## ***FACT Sheet***

The ***Health Behaviors in School-Age Children*** (HBSC) Survey is the only national survey of early adolescent health behavior in the United States. The 2009-10 HBSC international, World Health Organization-affiliated health survey is being conducted in 40 other nations in North America, Europe, and the Middle East, and focuses on selected health attitudes and behaviors that account for the majority of immediate and long-term sources of mortality, morbidity, and social problems among youth in grades 6 through 10. This will be the fourth U.S. administration of the HBSC survey, previously administered in 1997-98, 2001-02, and 2005-06. It is funded by the U.S. Department of Health and Human Services. More specifically, it is sponsored by the National Institute of Child Health and Human Development (NICHD), one of the National Institutes of Health (NIH), and the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA).

### **Q. How does this HBSC survey differ from all of the other surveys on health behavior?**

**A.** This is the only national survey of early adolescent health behavior in the United States. Most other health surveys (such as the YRBS or Monitoring the Future) focus on monitoring changes in specific health behaviors within a population (but not the same students) over time. The HBSC does that, but also tries to shed light on the *determinants* of health behavior. By understanding what circumstances place students at greater risk, it is possible to identify kinds of actions that could be taken to reduce their risk. In addition, the international aspect of the HBSC opens windows on differences across countries so we can exchange insights and strategies in areas where certain countries have been more successful in containing particular risk behaviors.

### **Q. Who supports this survey?**

**A.** The following national health and education organizations have indicated their support of the HBSC: the National Coordinating Committee on School Health and Safety, the American Academy of Pediatrics, American Association for Health Education, American Association of School Administrators, American Cancer Society, American Lung Association, American School Health Association, Council of Chief State School Officers, National Association of School Nurses, Inc., National Association of State Boards of Education, National Mental Health Association, The National PTA, The New York Academy of Medicine, The Society for Public Health Education, and The Society of State Directors of Health, Physical Education and Recreation.

**Q. How will the results of this study be used?**

**A.** HBSC data have been widely published in the past in reports and articles based on a single country and on groups of countries. The data are used by policy makers, government agencies, curriculum developers, education agencies, and community organizations to change or develop new policies, target public information campaigns, modify programs, and explore strategies that have worked successfully in other countries. As an example, findings from the HBSC resulted in the development of a Federally-sponsored anti-bullying campaign for students ([www.StopBullyingNow.hrsa.gov](http://www.StopBullyingNow.hrsa.gov)), addressing a problem with which educational administrators across the country have struggled, namely, bullying. This anti-bullying public education campaign in the United States was modeled partly on successful experiences in other countries, such as Norway. Similarly, other countries look to the United States for suggestions on curbing tobacco use among young people.

**Q. What is the World Health Organization (WHO)? What is their role in the HBSC?**

**A.** The WHO is the health arm of the United Nations. Its mission is to see that all people attain the highest possible level of physical, mental, and social well-being. WHO serves as a collaborating partner with the 40 participating nations conducting the HBSC. It also has been instrumental in the development, publication, and dissemination of the international reports, which result from the surveys.

**Q. Who will conduct the survey?**

**A.** The CDM Group and Abt Associates, two nationally recognized survey research firms, have been contracted by NICHD to work with school districts, schools, and students to conduct the survey. This research team has years of experience working with schools and students and is committed to ensuring that the data collection will be carried out with as little inconvenience to your school, your faculty, and your students as possible. The research team will select a sample of schools, schedule data collection, administer the surveys, and assist in the analysis of data and reporting of survey results.

**Q. How were schools selected?**

**A.** A sample of schools was selected randomly in a way that ensures appropriate representation of urban, suburban, and rural schools. The probability of a school's selection was based on the size of the student enrollment in grades 6 through 10.

**Q. What do schools receive for participating in the HBSC?**

**A.** All participating schools will receive a copy of any major report resulting from the HBSC. In addition, as a symbol of appreciation for contributing their time and support and for being a significant partner in the HBSC, \$500 is made available to each participating school. We encourage schools to use these funds to purchase educational materials. However, no restrictions will be placed on how schools can use these funds. Teachers in the selected classes will also receive a \$25 on-line gift certificate to purchase software, books, or games for the students in their classrooms.

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

**A.** Participation in the 2009-10 HBSC is voluntary. However, to develop accurate national estimates of priority health-risk attitudes and behaviors among youth, participation rates must be high. Your participation rate will help ensure that U.S. teen health research and programs are based on realistic information

**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 is administered by data collectors hired by the research team and not affiliated with the school. Students will seal their completed questionnaires in envelopes. No personal identifiers are used on any of these materials. Reports will not include names of participating cities, school districts, schools, or students.

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

**A.** No. Participating students cannot be tracked because no identifying information is ever connected to their completed survey.

**Q. How many students will be surveyed altogether?**

**A.** In the United States, our goal is that at least 14,000 students in randomly selected participating schools will complete the HBSC survey. Each of the 40 other participating countries has its own goals.

**Q. What grades are included?**

**A.** In the United States, the 2009-10 HBSC will be administered to students in grades 6 through 10. This includes students from public, parochial, and private schools with one or more of these grades.

**Q. How many students will be surveyed in each selected school?**

**A.** This depends on several factors. Most schools contain only two or three grade levels in grades 6 through 10. Some contain all five levels. Typically, one class section will be selected at each grade level.

**Q. What kinds of questions are asked on the HBSC?**

**A.** The 2009-10 HBSC survey is designed to gather information on a variety of health-related behaviors and attitudes relevant to today's youth. The survey asks questions about nutrition and dietary practices, physical activity, injuries, violence, relationships with family and friends, perceptions of school as a supportive environment, alcohol and tobacco use, drug use, and the communities in which the students live.

**Q. How long does it take to fill out the questionnaire?**

**A.** Approximately one 45-minute class period is needed for administration of the paper-and-pencil questionnaire. This includes distributing the survey materials, reading directions to the students, and collecting the completed multiple-choice questionnaires. No physical test or examination is involved.

**Q. Do students answer the questions truthfully?**

**A.** Research indicates that 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. Who administers the survey to the students?**

**A.** A specially trained data collector hired by the HBSC research team conducting the survey will be sent to each school to administer the survey. This helps assure students that their answers will not be seen by school personnel. It also reduces the work for the participating schools.

**Q. How is the HBSC coordinated at each school?**

**A.** Each principal will be asked to designate someone at the school to serve as a School Survey Liaison (SSL). The SSL will work closely with the HBSC research team to coordinate the visit, alleviating the burden of the extra work from the principal or other school staff. The SSL, who will be paid a stipend of \$200 for helping with HBSC, will be asked to help promote the survey in the school by answering questions and being an enthusiastic supporter, distribute parental notification forms to the teachers of the selected classes, and prepare the school for the data collection visit in the fall or winter.

**Q. When will the data be collected?**

**A.** Data collection will be scheduled for October, 2009 through February, 2010. The HBSC research team will work closely with the SSL and school principal to set a visit schedule that is convenient for the school.

**Q. Will school-level data be collected? If yes, who will provide this data?**

**A.** The principal (or designate) will be asked to answer a brief questionnaire about their health education policies and curricula. This questionnaire can be completed over the internet for the principal's convenience.

**Q. How can we get a copy of the survey results?**

**A.** Copies of aggregate results will be sent automatically to each of the participating schools.

**Q. Where can additional information be obtained?**

**A.** To obtain additional information about the 2009-10 Health Behaviors in School-Age Children Survey, contact Ms. Mary Ann D'Elio of The CDM Group, Inc. at toll-free (888) 246-9626.





The Health Behaviors in School-age Children (HBSC) survey was last conducted in 2006. It is now time to update what we know about the health behaviors of students in the United States. Just like before, we will ask about what students eat, their physical activity, their recent injuries, their exposure to violence, their use of alcohol, tobacco, and drugs, how they get along with family and friends, how they feel about the support they get from their school, and about the communities in which they live.



U.S. Department of Health and Human Services  
National Institute of Child Health and Human Development  
DESPR, Prevention Research Branch



and

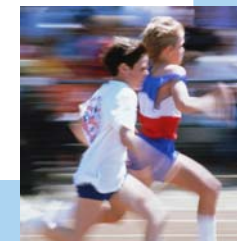
Health Resources and Services Administration  
Maternal and Child Health Bureau



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# Health Behaviors in SCHOOL-AGE CHILDREN: US Survey





### Who will take the survey?

About 14,000 U.S. students from the 6th through 10th grades will take the survey. All of the school districts, schools, and classrooms that are taking part were selected by chance. Surveys will be conducted in your children's classrooms by trained staff who have lots of experience working with schools and students. Participation is voluntary, but we hope everyone who is asked will complete the survey.



### Why should my child participate?

Surveys such as this are very important for learning what needs to be done to improve students' health in the U.S. and whether existing programs are successful.

The things we learn will be used to create educational programs that will reduce problems. For example, in the past, information from the survey was used to help start an anti-bullying campaign for students ([www.StopBullyingNow.hrsa.gov](http://www.StopBullyingNow.hrsa.gov)).



### What will my child be asked to do?

Students will mark their answers to the survey questions. It takes about 30-40 minutes to complete. Each school and each classroom will get a gift to help them buy supplies for the students to use. Each student will get a small school-related gift as well.

### How will my child's answers be kept private?

Student names are not put on the survey forms. The information we collect will only be reported for the nation as a whole. Answers are never reported for individual students, schools, or school districts, and the names of schools, school districts, or their locations are never shared with anyone.