

Youth Risk Behavior Surveillance – United States, 2009
Q's and A's for Participating Sites

1. What is the Youth Risk Behavior Surveillance System (YRBSS)?

The YRBSS is the only surveillance system to monitor a wide range of priority health risk behaviors among youth. The YRBSS includes national, state, territorial, tribal, and local Youth Risk Behavior Surveys (YRBS) conducted biennially among representative samples of 9th through 12th grade students. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of public high school students in each state or local school district. Since the system was implemented in 1991, the number of participating states has increased from 26 to 47 and the number of participating cities has increased from 11 to 23.

2. When will the 2009 YRBS results be released?

The 2009 data will be released in a report at noon on June 3, 2010. On June 3rd around noon, the report as well as the 2009 national YRBS data file, 2009 technical documentation, and updated fact sheets will be available at www.cdc.gov/yrbss. Youth Online, a web-based, YRBS data exploration system, also has been significantly updated and improved. Important new features include the ability to look at data across all sites simultaneously, to run t-tests for subgroup differences, and to filter data by grade, sex, or race/ethnicity. You may access the new Youth Online from www.cdc.gov/yrbss.

3. How will the report be published?

The report will be published in an *MMWR* Surveillance Summary dated June 4, 2010. The *MMWR* Surveillance Summary can be downloaded from www.cdc.gov/yrbss.

4. What data are included in the report?

The report includes data from the 2009 national YRBS. These data are representative of high school students from all 50 states and the District of Columbia. These data can be used to determine how health risk behaviors change over time among students nationwide. In addition, this report includes data from separate 2009 YRBS's conducted by education and health agencies in 42 states and 20 cities whose data represent their state or city (weighted data). Data from 5 states (CA, IA, NE, OH, VA) plus DC and 2 cities (Baltimore, MD; Houston, TX) with data that represent only the students who took the survey (unweighted data) are not included. In 2009, 3 states (MN, OR, WA) did not conduct a YRBS.

5. What topics are included in the report?

This report covers injury- and violence-related behaviors (e.g., seat belt use, weapon carrying, physical fighting, attempted suicide), tobacco use, alcohol and other drug use, sexual behaviors, dietary behaviors, physical activity behaviors, obesity, and asthma.

6. Do students tell the truth when answering the questionnaire?

While a few students probably do not answer the YRBS honestly, we believe most students do tell the truth. Our belief is based on several factors:

- **Psychometric studies** – CDC and non-CDC researchers have conducted a series of psychometric studies and have found that most of the questions have substantial reliability. In other words, kids provide the same answers after a two-week interval.
- **Survey environment** – Survey administration procedures are carefully designed to protect the confidentiality of the schools and the anonymity of the students. For example, students sit as far apart as possible, neither survey administrators nor teachers wander around the classroom during survey administration, and students have the option to seal their completed questionnaire in a blank envelope.
- **The questionnaire** – is designed to protect anonymity of students. No names or other types of personally identifiable information are ever collected. In addition, skip patterns are not used so all students complete the questionnaire in about the same time.
- **Edit and logic checks** – More than 100 edit checks are conducted on each YRBS questionnaire to remove inconsistent responses. For example, students who report carrying a weapon on school property must also have reported carrying a weapon anywhere, or the responses to both questions are deleted. Only a very small percentage of responses are identified as inconsistent in any survey.
- **Congruence with health outcome trends** – The trends in health risk behaviors tend to mirror the trends in health outcomes. For example, YRBS data from the past decade show that the percentage of students who drove while drinking alcohol decreased. During this same time, alcohol-related motor vehicle crash injuries and fatalities also have declined in the United States.
- **Subgroup differences are logical and constant over time and place** – For example, some behaviors like drug use and sexual experience consistently increase by grade, while others, like physical fighting consistently decrease by grade. Other behaviors vary by sex with males more likely than females to use smokeless tobacco.

7. How is the report being disseminated?

All state and local YRBS coordinators who have data in the *MMWR* Surveillance Summary will receive a copy of the report on June 2. In addition, all DASH funded partners will receive an email on Thursday, June 3 with a copy of the press release attached, plus a link to the *MMWR* Surveillance Summary. The Surveillance Summary also will be sent to all subscribers of the *MMWR* and be made available on the *MMWR* (www.cdc.gov/mmwr) and YRBS (www.cdc.gov/yrbss) websites.

Based on our experience with the 2007 data, we are expecting wide interest in this Surveillance Summary. The 2007 data were released in an *MMWR* surveillance summary in June 2008. The YRBS website typically receives more “hits” than any other part of DASH’s Healthy Youth website.

8. How are YRBSS data used?

YRBSS is the largest public health surveillance system in the United States monitoring a broad range of health-risk behaviors among high school students. YRBSS data are used to:

1. Describe the prevalence of health-risk behaviors.
2. Compare health-risk behavior prevalence among sub-populations of students.
3. Assess trends in health-risk behaviors over time.
4. Monitor progress toward achieving 15 national health objectives for 2010 and 3 of the 10 Leading Health Indicators.
5. Provide comparable state and local data.
6. Evaluate and improve health-related policies and programs.

9. What is the focus of the press release?

The press release reports that, nationwide, one in five high school students have ever taken a prescription drug without a doctor's prescription. For the first time in 2009, students were how many times during their life they had taken a prescription drug, such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax, without a doctor's prescription. Prescription drug abuse was highest among white students (23 percent), followed by Hispanic students (17 percent) then black students (12 percent). Prescription drug abuse was highest among 12th grade students (26 percent) and lowest among 9th grade students (15 percent). There was no difference in prescription drug abuse by gender (20 percent for both male and female students).

The press release also describes encouraging trends in nutrition-related behaviors, including:

- A decrease in the percentage of students who drank soda at least once per day (34 percent in 2007; 29 percent in 2009)
- An increase in the percentage of students who ate fruit or drank 100 percent fruit juice two or more times per day (30 percent in 2005; 34 percent in 2009)
- Decreases in the percentages of students who engaged in the following unhealthy behaviors to lose or keep from gaining weight: not eating for 24 or more hours (13 percent in 2001; 11 percent in 2009); taking diet pills, powders, or liquids (9 percent in 2001; 5 percent in 2009); and vomiting or taking laxatives (6 percent in 2003; 4 percent in 2009)

10. What does the YRBS tell us about the prevalence of health-risk behaviors among youth?

The most important finding is that too many high school students in the U.S. engage in a variety of behaviors that place them at risk for serious health, education, and social problems today and in the future. Among U.S. high school students:

- 28% rode with a driver who had been drinking alcohol one or more times during the past 30 days.
- 19% smoked cigarettes on at least 1 day during the 30 days before the survey.
- 42% had at least 1 drink of alcohol on at least 1 day during the 30 days before the survey.
- 14% had sexual intercourse with four or more persons during their life.
- 78% did not eat fruits and vegetables five or more times per day during the 7 days before the survey.
- 82% were did not participate in at least 60 minutes per day on each of the 7 days before the survey.

It is critical that we address these risk behaviors now, since they are associated with the leading causes of mortality and morbidity in this country.

11. What is the most encouraging news in this report?

The most encouraging news is that the prevalence of many health-risk behaviors has decreased over time. The following behaviors have at least a 10 percentage point change in the positive direction between 1991 and 2009:

- rarely or never wore a seat belt (26% in 1991; 10% in 2009)
- rode with a driver who had been drinking alcohol (40% in 1991; 28% in 2009)
- in a physical fight (42% in 1991; 31% in 2009)
- seriously considered attempting suicide (29% in 1991; 14% in 2009)
- ever smoked cigarettes (70% in 1991; 46% in 2009)
- smoked more than 10 cigarettes per day (18% in 1991; 8% in 2009)
- smoked a whole cigarette before age 13 years (24% in 1991; 11% in 2009)
- drank alcohol for the first time before age 13 years (33% in 1991; 21% in 2009)
- used a condom during last sexual intercourse (46% in 1991; 61% in 2009)
- attended physical education classes (49% in 1991; 56% in 2009)

12. What can be done to help reduce the prevalence of health risk behaviors among high school students?

There is no simple solution. Youth need to be provided with the skills and motivation to avoid risky behaviors. Families, schools, community organizations, and youth themselves must work together to help address these problems. We think interventions implemented by these groups should be based on the best behavioral research available.

13. What accounts for variance in rates of risk behaviors across states, cities, or subgroups of students?

Health risk behaviors are determined by a complex interaction of personal, social, cultural, economic, and environmental variables. Consequently, differences in health risk behaviors reflect peer norms, adult practices, media influences, availability of intervention programs, state and local laws and policies, and enforcement practices. The variations suggest that more could be done in some states or cities to reduce health risk behaviors.

13. What states did not conduct a YRBS in 2009?

Minnesota, Oregon, Washington

14. What states and cities did not get weighted data in 2009?

California, Iowa, Nebraska, Ohio, Virginia, District of Columbia, Baltimore, and Houston.