

Emerson Hospital Youth Risk Behavior Survey 2018

FREQUENTLY ASKED QUESTIONS ABOUT THE YRBS

1. Why does Emerson Hospital sponsor the Youth Risk Behavior Survey?

The Emerson Hospital Community Benefits Program has a strong track record of developing collaborative efforts with the communities it serves. Emerson has carried out a comprehensive community health needs assessment, developed partnerships with different groups to address public health issues and leveraged other resources. Begun in 1997, Emerson is now partnering with eight school districts to develop and implement the Emerson Hospital YRBS as a means of improving the health status of young people in our community. Having successfully implemented nine surveys, now at over 10,000 students in the most recent survey, this coordinated initiative continues Emerson's objectives of supporting health education programming in the school districts and positive and responsive programs in the community.

2. Can parents exempt their children from the survey?

Yes. Parents/guardians may request to have their daughter/son exempt from taking the survey. When letters are sent home, parents are asked to notify the Principal/YRBS Coordinator before the survey date. In the past, very few parents have chosen this option.

3. Can parents see the survey before it is administered?

Yes. Parents may contact the YRBS coordinator to make arrangements to review the surveys in the school office. The survey cannot be copied or taken from the building. This step is taken so that the information about the survey is not available in the community before its administration. If the information was released early, the results of the survey could be affected.

4. Will the survey questions encourage students to engage in the behaviors?

Research shows that asking questions on a survey such as this do not encourage or increase the likelihood that a student will engage in risky behaviors. Research also indicates that teaching and talking about risky behaviors does not result in engaging in those behaviors. The survey is designed so that students always have the option to respond that they do not participate in a particular behavior.

5. How is the survey data used?

The data provides the school district and the community with a profile of healthy and risky behaviors. The data is used to inform the health education curriculum in the school district and can be used to develop community-based prevention and intervention initiatives, including parent education and involvement.

6. How is the information reported (e.g. grade level, gender)?

A survey consultant compiles and analyzes the data. The aggregate data is first shared with the community-at-large by Emerson Hospital. Individual community data is then shared with school officials in multiple formats, including by grade level, by gender, and behavior over time. The varied format provides a more comprehensive picture of health and risk behaviors in the community.

7. How is the survey administered?

School districts conduct the survey (taking roughly 45 minutes or less) usually during the second week in March. The survey is administered either in paper (High School) or electronic (Grades 6 and 8) format. Typically a district selects one day during that week, and where possible, other districts will choose the same day and time. This helps minimize discussion about the survey, which might affect results. Teachers administering the survey have a script so that all students have the same directions about taking the survey. Teachers are also asked to refrain from answering questions about the survey and its content. This allows us to measure as objectively as possible.

8. Do all students take the survey or just a small sample?

All students in grades 6, 8, and 9 through 12 take the survey unless they have been excluded because of a parent's request, absence from school, or choose not to participate. Because we survey all students and not a sample, the validity of the survey is increased.

9. How is a student's privacy ensured? The YRBS is an anonymous survey. The administering teacher collects paper surveys immediately after its administration and returns them to a central location for pick up by the survey consultant. Students who take electronic surveys are provided anonymous online access.

10. Are sensitive questions asked? Some questions may be considered sensitive. Drug, alcohol and tobacco use, suicide, physical fighting, and weapon carrying pose a threat to students' health and lives. Sexually active behaviors and intravenous drug use are among the behaviors known to increase the risk of contracting sexually transmitted diseases and/or becoming infected with the AIDS virus. The only way to determine the extent to which adolescents are at risk is to ask questions about these behaviors. Questions are presented in a straightforward and careful manner in recognition that these are sensitive issues.

11. How do you know that the students are being truthful when taking the survey? By comparing our survey results to the State survey and tracking responses over time, we are confident about the general honesty of the respondents. Further, many steps are put in place to minimize error. All students in each school take the survey on the same day and at the same time whenever possible. Additionally, the surveys are reviewed before they are processed and surveys that are clearly not accurate (e.g. same response circled for every question) are removed. Both the state and the Emerson YRBS survey are based on a model from the Federal Centers for Disease Control (CDC), which has proven to be statistically valid. Finally, research indicates that anonymous, self-reported data provides an accurate picture of behavior.