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CHEROKEE NATION®



Cherokee Nation Public Health
Prevent. Promote. Protect.

Youth Risk Behavior Surveillance System (YRBSS)

1. Summary of data collection system

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma among youth and young adults.

YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

2. Planning

- a. Tribal YRBSS requires the creation of a sample frame that is created by CDC at no charge to the tribe. The sample is a list of schools randomly selected using a complex algorithm which allows the analysis to be generalized to the tribal population.
- b. Because the state sample may include the same schools in the tribal sample, the survey should be coordinated with the state health department so students are not surveyed twice. As well, the questions asked by the state should be included in the tribal questions so the data may be aggregated. However, the tribe can add additional questions to the survey.

- c. CDC will pay to have the tribal YRBS coordinator trained (travel and lodging, but not per diem). This person can then train people to go to the schools to administer the survey
- d. Data analysis is performed by CDC at no charge.

3. Implementation

- a. Participation by the schools is voluntary, so some schools may decline the opportunity leading to a decrease in the number of children in the survey.
- b. CDC provides the survey questionnaires and answer sheets for the standard survey. Tribes are responsible for providing copies of additional questions as they deem necessary.
- c. CDC has approved incentives for the schools that choose to participate, but those are the responsibility of the tribe.

4. Analysis of data

- a. CDC provides a detailed analysis of the data along with information on trends from previous surveys. The information includes all data in graph format in a MS Power Point® file.
- b. Depending on the size of your sample, the data may have very large confidence intervals. As well, when the data are stratified several levels, the data may become not useful. For example, the percent of all the children who wore seat belts may be 75% (73% to 77%). But if you further stratify the data to American Indian women, the result may be 75% (55%-95%) because of the smaller number of American Indian girls surveyed.

5. Use of outcome data

- a. Depending on the quality of the data, the information can be used to direct programs and inform communities of public health issues facing children. With an adequate sample size, the data are most useful for determining trends rather than the actual prevalence of certain risky behaviors. This can be informative for program evaluation as well as policy development.

6. Surveillance: Surveillance was selected with a random sample of schools located within the Cherokee Nation 14 county Jurisdictional Service Area. CN Staff dispensed the survey at schools that give approval to participate in the YRBSS.

7. Success Stories: The YRBSS is being used to provide leaders updated information about the youth behavior risks in each county.