The Youth Risk Behavior Surveillance System: Policy and Program Applications
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ABSTRACT: To monitor behaviors which place adolescents at increased risk for premature morbidity and mortality, the Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBS). The YRBS measures six categories of behaviors: behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; dietary behaviors; and physical activity. This article summarizes how some education agencies, in collaboration with health agencies, community agencies, school boards, parents, and youth are using YRBS data to describe risk behaviors, create awareness, set program goals, develop programs, support health-related legislation, and seek funding. (J Sch Health. 1997;67(8):333-335)

To monitor behaviors which place adolescents most at risk for premature morbidity and mortality, the Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBS) in 1989. The YRBS measures six categories of behaviors: behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; dietary behaviors; and physical activity. The YRBS has four components: 1) state and large city school-based surveys of 9th through 12th grade students; 2) a national school-based survey of 9th through 12th grade students; 3) a national household survey of 12- to 21-year-old youth; and 4) a national mail survey of college students in two and four-year institutions.

The state and large city school-based surveys are conducted by interested education agencies as part of cooperative agreement activities with the CDC. These surveys were first conducted in 1990 and then conducted biennially starting in 1991. Each year, the number of education agencies that conducted a Youth Risk Behavior Survey (YRBS) has grown. For example, the number of states and territories participating in the YRBS increased from 24 states and territories and eight large cities in 1990 to 45 states and territories and 16 large cities in 1995.

Upon request, CDC provides both fiscal and technical assistance to help conduct a YRBS to interested education agencies through cooperative agreements. The technical assistance addresses survey planning, clearance, sampling, survey administration, data analysis, and uses of data. CDC provides education agencies with advice based on best practices from survey research science and from actual experience in the field. As both the quality and quantity of surveys has increased, education agencies increasingly have asked CDC to assist with application and use of results. In addition to questions about interpretation of data and analysis of trends over time, education agencies often ask how other education and federal agencies are using their YRBS data to improve policies or programs for youth. In response, staff compiled a summary of how some education agencies are using their YRBS data. The selected examples will represent the diverse uses of these data. Interested readers should feel free to contact any education agency directly for more detailed information about the policies, programs, initiatives, and other activities described. Perhaps this information will encourage new and innovative uses of the YRBS data in other education agencies.

USES OF YRBS DATA

Education agencies, in collaboration with health agencies, community agencies, school boards, parents, and youth, are using YRBS data to help describe risk behaviors, create awareness, set program goals, develop programs, support health-related legislation, and seek funding.

Describe Risk Behaviors

A review of literature in professional journals and government publications suggests information gathered through the Youth Risk Behavior Surveillance System is an increasingly important means of describing priority health risk behaviors of youth in the United States. For example, national YRBS data contributed substantially to two surgeon generals reports: Preventing Tobacco Use among Young People and Physical Activity and Health. Furthermore, analyses of national YRBS data have been used to demonstrate interrelationships of various risk behaviors among youth. For example, national YRBS data were used to assess the effect of socioeconomic status on chronic disease risk behaviors among U.S. adolescents and to assess the relationship between substance use and HIV-related sexual behaviors among U.S. high school youth.

South Carolina YRBS data have been used to assess relationships between condom use and the number of sexual partners among high school students; correlates of violent behavior; and the relationship between aggression, substance use, and suicidal behavior among youth. Massachusetts YRBS data have been used to demonstrate the relationship between HIV education and risky sexual behaviors. Education agencies have used these reports and analyses to help understand the priority health risk behaviors practiced by youth in their jurisdiction.

Create Awareness

Awareness of the extent to which youth practice health

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risk behaviors is often the catalyst that leads to improvements in policies, programs, and curricula. Many education agencies report that their YRBS results supported the need for their risk reduction programs. Many education agencies created fact sheets or information packets with data on youth risk behaviors specific to their jurisdiction. These materials were used in presentations to create awareness and generate support for specific programs promoted at the state or local level. YRBS results often were made available to politicians, state board of education members, local school board members, administrators, local physicians, community organizations, and parents to inform them about adolescent risk behaviors in their communities.

Education agencies have also provided YRBS results to the media to help them create awareness of adolescents’ health risk behaviors among the general public. For example, in Maine, YRBS results were used to support a readers’ roundtable series on sexuality education sponsored by the state’s largest newspaper. In Nevada, YRBS data were the focus of a question-and-answer radio call-in program. A New Hampshire Public Radio broadcast, “Teenage Sex: The Culture of Confusion,” was supported with YRBS data. North Carolina worked with local television and radio networks to promote media coverage of the six behavior categories the YRBS measures.

Some education agencies have used YRBS results to educate teachers at teacher-training workshops about their students’ risks for various health and social problems. Agencies in many states and large cities, such as Alabama, Illinois, Kentucky, Louisiana, Massachusetts, Missouri, Nebraska, Vermont, Chicago, Dallas, Miami, and Philadelphia, indicated that YRBS results were an important component in developing their teacher-training programs.

**Set Program Goals**

A common use for YRBS data is to help develop program goals. For example, Delaware used its YRBS results to help develop the state’s Healthy People 2000 goals and to establish the goals and objectives of its five-year comprehensive plan to reduce sexually transmitted diseases, including HIV/AIDS. Mississippi used its YRBS data to help develop its Strategic Plan for School Health in Mississippi. Nebraska used its YRBS results as a framework to formulate health and education objectives for the state. Missouri used its YRBS results to broaden the state epidemiologic profile to include youth behaviors related to risk for HIV infection. Vermont used its YRBS results to develop goals for Healthy Vermonters 2000 and to determine progress in meeting these goals. At the local level, San Diego used YRBS results as baseline data to set many of its health objectives for the year 2000. HIV prevention community planning groups in Nevada and Chicago are using YRBS data as part of their epidemiologic profile of HIV and AIDS. YRBS data are also being used to monitor progress toward national objectives for Healthy People 2000, National Education Goals, and the American Cancer Society’s comprehensive school health initiative.

**Develop Programs**

Perhaps one of the most valuable uses of YRBS data is to provide useful information to school and community health educators to help them develop programs that address the priority health risk behaviors practiced by youth in their jurisdictions. Many state education agencies have used their YRBS results to either implement or modify school health programs and curricula.

In 1994, South Dakota administered the YRBS to students within the Native American population. Data from the YRBS were used not only to identify priority risk behaviors, but also to market the importance of comprehensive school health education to Bureau of Indian Affairs’ line officers and school administrators. Delaware’s YRBS data justified the proposed school-based wellness centers in high schools and encouraged establishment of the task force of the Alliance for Teen Pregnancy Prevention. Maine’s YRBS results were used to support the introduction of a skill-based HIV education curriculum. Similarly, Nevada school systems began teaching the Reducing the Risk curriculum in middle schools rather than in 10th grade because YRBS data revealed the level of sexual activity among high school students was high and first intercourse sometimes occurred during middle school. New Hampshire used its YRBS results to develop more suicide-prevention education programs for its youth. New Jersey’s YRBS data helped demonstrate the need for more in-depth skill-based health instruction in training programs to raise awareness among school administrators. New York developed an optional HIV instructional guide that has been used by teachers across the state to help educate their students about HIV risk and prevention. South Carolina, in response to YRBS sexual activity data, successfully adopted a pregnancy prevention program for schools. South Dakota’s YRBS data are used as a framework for the agenda of the annual Black Hills Health Education Conference. As a result of YRBS data, Vermont broadened its use of peer leadership/training, and the governor made prevention of alcohol and drug abuse among teens a focus during his term in office. Tennessee and Utah used YRBS results to create health education curricula and guidelines for schools. As a result of Wyoming’s YRBS data on the sexual behavior of students, teacher training workshops focusing on programs demonstrated to be effective in reducing these risk behaviors have been offered.

Similar activities were common among local education agencies. In Fort Lauderdale, suicide prevention education was increased after the county’s YRBS results were reviewed. In New Orleans, YRBS results were used to develop sex education programs for grades 3-12. Jersey City and San Francisco both reported that their YRBS results indicated a need for revisions of their current health education curriculum. In Seattle, teams of students from journalism classes, student government, bilingual or special education classes, peer educator groups, and other student groups participated in a conference to discuss their city’s YRBS results.

**Support Health-Related Legislation**

Several state education agencies found that YRBS data were helpful in promoting legislative changes that support specific health education curricula as well as comprehensive school health programs. In Montana, YRBS results helped to support passage of a tobacco prevention bill that mandates that it is illegal for minors to possess tobacco. Legislation in New Hampshire established the Health Education Legislation Committee for grades K-12.
Virginia, schools were mandated by law to develop local school improvement councils, which included business and community representatives, to discuss issues related to the health and safety of school-aged children. The Wyoming Health Reform Committee used YRBS data in creating the state’s recommendations for health care reform.

Seek Funding

YRBS data also can be used as justification for funding by federal, state, and private institutions. Many states, such as Alabama, Arkansas, Louisiana, Maine, Mississippi, New Jersey, New Mexico, Ohio, South Carolina, and Vermont, and local education agencies including Dallas, San Diego, and San Francisco, have used their YRBS results in grant applications to fund health education programs. For example, Maine used its YRBS data to help obtain a three-year mental health services grant to support mental health services in school-linked clinics.

CONCLUSION

Education agencies have used YRBS data in many ways to improve policies and programs for youth. State and large city education agencies have found YRBS results to be important in understanding health behaviors among youth; creating awareness among education, community, and public agencies regarding the health behaviors of adolescents in their jurisdiction; prioritizing health education and health promotion goals for their jurisdictions; supporting curricula or program modifications; supporting legislation that promotes health; and seeking funding for new initiatives. As education agencies continue to conduct a YRBS, the opportunity to examine trends in priority health-risk behaviors should add substantially to their ability to use YRBS data to develop programs to help change youth behaviors.

References


Life in the fast lane.

Each month, nearly 3,500 people are critically injured in speed-related crashes. Speed-related crashes cost society an estimated $870 per second.

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