

Montana Youth Risk Behavior Survey (YRBS)

Questions and Answers

The Montana Office of Public Instruction (OPI), in cooperation with the U.S. Centers for Disease Control and Prevention (CDC), is conducting the 16th biennial (1991-2021) school-based survey to measure the prevalence of health risk behaviors among students in grades 7 through 12. This document provides answers to important questions most often asked about the YRBS.

Q How will education agencies and schools benefit from conducting the YRBS?

A Results from these surveys can be used to: (1) monitor how priority health-risk behaviors among high school students (grades 9-12) and middle school students (grades 7-8) increase, decrease, or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent health-risk behaviors; and, (3) monitor progress in achieving relevant national health objectives and National Education Goals. Results also can be used to help focus programs and policies for comprehensive school health education on the behaviors that contribute to the leading causes of mortality and morbidity. Participating districts receive their school-specific results via a secure online access portal.

Q What is the focus of the YRBS?

A The YRBS focuses on priority health risk behaviors established during youth that result in the most significant mortality and morbidity during both youth and adulthood. These include: behaviors that result in unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to STDs and unintended pregnancy; unhealthy dietary behaviors; and physical inactivity. In addition, the YRBS also assesses the prevalence of obesity, asthma, and other priority health issues.

Q Why is the YRBS conducted?

A Montana is responsible for identifying and monitoring factors that may affect the health of our youth. The results are used to (1) monitor how priority health risk behaviors among high school students increase, decrease, or remain the same over time; (2) evaluate the impact of broad national, state, and local efforts to prevent risk behaviors; and (3) improve school health education policies and programs.

Q Why is it important to measure priority health-risk behaviors (rather than knowledge, beliefs, attitudes, or intentions)?

A A limited number of health-risk behaviors contribute directly to the leading causes of mortality, morbidity, and social problems. To determine the level of risk among adolescents, priority health-risk behaviors must be measured directly. Measuring only relevant knowledge, attitudes, beliefs, or intentions will not provide an accurate description of the level of risk, because the relationship between these factors and the priority health-risk behaviors themselves often is weak, unproven, or non-existent. For example, though most people know that smoking causes lung cancer, many people still continue to smoke.

Q Does the survey have broad support?

A Yes. The American Academy of Pediatrics, American Association of School Administrators, the Association of State and Territorial Health Officials, the Council of Chief State School Officers, the National Association of Secondary School Principals, the National Association of State Boards of Education, the National Catholic Educational Association, National Education Association – Health Information Network, the National PTA Headquarters, and the National School Boards Association have provided letters of support. At the state level, the YRBS is co-sponsored by the Department of Public Health and Human Services, the Montana Department of Transportation – Traffic and Safety Bureau, the Montana Board of Crime Control, the Billings Area Indian Health Service, and Healthy Mothers, Healthy Babies.

Q Are sensitive questions asked?

A Questions regarding sexual intercourse and injection drug use may be considered sensitive by some schools or school districts. However, AIDS, HIV infection, and STDs are major health problems, and sexual intercourse and injection drug use are among the behaviors known to increase the risk of HIV or other STDs. Even though they account for only 7% of the population in Montana, teens under the age of 19 accounted for 28% of positive chlamydia tests in 2019.

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

A No. Students who participated cannot be tracked because no identifying information is collected. Each survey year a new sample of schools and students is drawn.

Q Is student participation anonymous? How is student privacy protected?

A Survey administration procedures are designed to protect student privacy by allowing for anonymous and voluntary participation. Students complete the self-administered questionnaire by recording their responses directly on a computer-scannable answer sheet containing no person identifiers. Published reports do not include names of schools or students.

Q What is school districts, schools, or students do not choose to participate?

A Participation in the YRBS is voluntary. However, to develop accurate estimates of priority health risk behaviors among adolescents in Montana, participation rates must be high. Selected schools and students cannot be replaced. The goal is to achieve 90 to 95 percent participate by selected schools and students.

Q What is the sample size?

A Approximately 5,000 students from 50 randomly-sampled schools are scientifically selected to participate in the Montana YRBS. However, in addition to the random school sample, the OPI allows all Montana schools, with a student enrollment of 10 or more, to voluntarily participate in the YRBS in order to obtain school-specific data.

Q Do students answer questions truthfully?

A Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help to 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 How many students will be involved from each school?

A If a school has a student enrollment of less than 115 in grades 7-8 or high school, enough surveys will be sent to allow for all students to participate. Schools with higher enrollments will follow random sampling procedures so that 100 to 200 students may participate. Schools selected for the Montana random sample will have classes randomly selected per the survey protocol. Montana Class AA and A schools wishing to survey all students, beyond those in randomly selected classes, can do so at a survey cost of \$0.65 per student which covers additional questionnaire booklets, answer (bubble) sheets and shipping and handling.

Q How will schools be selected?

A A random sample of schools will be selected for the Montana statewide data. The probability of a school being selected is based on school enrollment. To complement the random sample, the YRBS will be available to all Montana schools in order that they may also get school-specific data regarding health behaviors of youth.

Q When will the survey be conducted? When will results be available?

A The YRBS will be conducted February 22-25, 2021. However, the OPI collaborates with participating schools to conduct the survey on a date – earlier or later – that works best for the district. All participating districts will have access to their school-specific data at www.opi.mt.gov/yrbs by May 2021. Statewide results will be available online and published in the fall of 2021.