



Common 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 18th biennial (1991-2025) school-based survey to measure the prevalence of health risk behaviors among students in grades 7 through 12. The OPI, with its commitment to ensuring the integrity and reliability of the study, oversees and coordinates the survey. This document provides answers to essential questions most often asked about the YRBS

Question	Answer
<i>How will education agencies and schools benefit from conducting the YRBS?</i>	By participating in these surveys, we can keep track of how key health-risk behaviors among high school students (grades 9-12) and middle school students (grades 7-8) change over time. These results are crucial for evaluating the effectiveness of national, state, and local efforts to prevent health-risk behaviors and for measuring progress toward important national health objectives and National Education Goals. Furthermore, the findings can be used to target programs and policies for comprehensive school health education toward addressing the behaviors that contribute to the leading causes of mortality and morbidity. Participating districts will have access to their school-specific results through a secure online portal.
<i>What is the focus of the YRBS?</i>	The YRBS is designed to provide a comprehensive understanding of a range of priority health risk behaviors established during youth, resulting in the most significant mortality and morbidity during 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, ensuring a thorough and complete understanding of the health landscape among Montana's youth.

<i>Why is the YRBS conducted?</i>	Montana is tasked with identifying and monitoring factors that could impact the health of our youth. The findings track changes in priority health risk behaviors among high school students over time, assess the effectiveness of national, state, and local initiatives to prevent risk behaviors, and improve school health education policies and program
<i>Why is it important to measure priority health-risk behaviors (rather than knowledge, beliefs, attitudes, or intentions)?</i>	It's crucial to understand that only a few critical health-risk behaviors directly contribute to the most significant causes of mortality, morbidity, and social issues. To truly gauge the level of risk among adolescents, it's essential to measure these priority health-risk behaviors directly. Relying solely on knowledge, attitudes, beliefs, or intentions won't give an accurate picture of the risk level, as the connection between these factors and the actual health-risk behaviors is often weak, unproven, or non-existent. For instance, despite widespread awareness of the link between smoking and lung cancer, many people continue to smoke
<i>Does the survey have broad support?</i>	Yes, the YRBS is supported by the American Academy of Pediatrics, the 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. 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.
<i>Are sensitive questions asked?</i>	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.

Questions	Answers
<i>Are students tracked over time to see how their behavior changes?</i>	No. Students who participate are not tracked because no identifying information is collected. Each survey year, a new sample of schools and classes is selected.
<i>Is student participation anonymous? How is student privacy protected?</i>	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 into a computer survey platform using a randomly generated unique ID. The survey never asks for personal identifiers. Published reports do not include names of schools or students, ensuring the confidentiality of the data.
<i>What if school districts, schools, or students do not choose to participate?</i>	Participation in the YRBS is entirely voluntary, respecting the autonomy of schools and students. However, high participation rates are crucial to develop accurate estimates of priority health risk behaviors among adolescents in Montana. Selected schools and students cannot be replaced. The goal is to achieve 90 to 95 percent participation by selected schools and students.
<i>What is the sample size?</i>	Approximately 5,000 students from 50 randomly sampled schools are scientifically selected to participate in the Montana YRBS. However, besides the random school sample, the OPI allows all Montana schools to participate in the YRBS to obtain school-specific data voluntarily.
<i>Do students answer</i>	Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help to

<i>questions truthfully?</i>	identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as necessary and know procedures have been developed to protect their privacy and allow for anonymous participation.
<i>How many students will be involved from each school?</i>	Schools selected for the Montana CDC random sample will have classes randomly selected per the survey protocol. The 2025 OPI will conduct the YRBS online. Each high school and 7-8 grade can sign up their whole school. OPI will also provide the schools with several backup surveys and scantron sheets in case of technology failure.
<i>How will schools be selected?</i>	A random sample of schools will be selected for the Montana CDC representative data. The probability of a school being selected is based on enrollment, ensuring a fair and representative sample. To complement the random sample, the YRBS will be available to all Montana high schools and grades 7-8 so that they may also get school-specific data regarding youth health behaviors.
<i>When will the survey be conducted? When will results be available?</i>	The YRBS is conducted from January 2025 through April 2025. This cycle, each school will complete the survey online. They will schedule a day with OPI when the students log into Qualtrics with their unique ID to submit their survey. The data will be reviewed in May 2025 and submitted to the CDC once all data is confirmed. Schools will send their reports as soon as OPI receives the data from the CDC. The results will be available approximately December 2025, allowing schools to plan for using the data in their programs and policies.

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