

# **THE MIYHS GUIDE:**

## **Using Your Maine Integrated Youth Health Survey Data Effectively**



Maine Integrated Youth Health Survey  
2016



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## **Introduction:**

The Maine Integrated Youth Health Survey (MIYHS) is the primary source for information on the health risks and health behaviors of young people in our state. Since the creation in 2009 (for more information see Section Three: History and Overview of the MIYHS pg.17), the MIYHS has provided data on a number of topics including: youth substance use rates, youth perception of worth within their community, youth violence rates, among others.

This comprehensive “how to” look at the MIYHS data and the possibilities it can provide is intended for schools and community organizations who want to use data to make a positive impact and create change for the youth in their area. This can be done through a variety of ways such as programs, policies, outreach opportunities and general support. The purpose of this guide is to lend a helping hand to those interested individuals, regardless of their experience with the MIYHS data or data-driven planning. In using this guide, your group should feel confident in the ability to use the MIYHS data to support the goals and mission statements you share.

In the first section you will find steps, examples and suggestions to lead you and/or your group down the road of reviewing data and using data to inform effective planning. This section aims to help kick start the brainstorming process and provide the group with a solid understanding of the data along with logical assessments, including next steps. For those that are first time users of the MIYHS data in planning or evaluation or for those schools who have never had access to the data, start here.

The second section is about sharing the data and how best to do so. Once the group knows the importance of the data and has planned to use it, the next step is to make sure others know about it too. This is a three part process that involves deciding what you want to say, who you want to say it to and how best to deliver that message or story. For those that are well-versed in the planning and evaluating stages, but would like fresh ways to share your information, start here.

The final section is the glossary section of the guide, which includes: definitions; the historical background of the MIYHS; and additional resources that the MIYHS staff find helpful for both planning and promoting a successful project.

## **Section One: Understanding & Using Your MIYHS Data**

### **Interpreting the Results**

To best use your local MIYHS data to support youth health initiatives, you need to interpret the results accurately. All School Administrative Units (SAUs) that participate in the MIYHS can access a report with results for their SAU region. The SAU report provides data for many MIYHS questions and compares the region's data to the results from the last time the survey was administered. The SAU report also includes information on the differences between the results for the SAU and the overall results for the State of Maine. Administrators from the SAU may choose to share this information with their community partners; community partners are not allowed to access this information without the permission of their SAU, however.

Additionally, data from the MIYHS may be available at the county or public health district level. This information may be helpful for school, district, county or community planning purposes.

As you examine your MIYHS data, the following are some important questions to consider before using your MIYHS data for planning and outreach:

- What potentially risky health behaviors have *improved* among youth in your school or community?
- What risk behaviors appear to be *increasing*?
- Do adults' *perceptions* of young people's behaviors match up with what youth actually report?
- Are youths' perception of their peers' behaviors truly *accurate*? For example, many teens believe that most young people regularly use alcohol, when in fact only a quarter of youth report drinking in the past month.
- What *new health issues* are emerging?

## The Accuracy of Your Data

*Key Question: Do these results actually reflect youth behaviors in my community?*

Community members who are unfamiliar with the MIYHS sometimes question whether students are truthful when they answer the survey. To ensure that students feel comfortable giving accurate answers, the MIYHS is completely anonymous, meaning that no individual student can be identified based on his or her survey responses. School staff are trained to support student confidentiality and privacy during the survey. Later, when the MIYHS data are being analyzed, special formulas are used to identify and discard responses that appear inconsistent or unexpected. While none of these methods are foolproof, research indicates that most youth do answer health surveys truthfully and accurately. For more information on these methods, please refer to the YRBS citations in the “Additional Resources” section on page 18.

If the number of students completing the MIYHS in your community is very small or if very few students answer “yes” to a certain question, those results may not be included in your MIYHS report. This is done to protect students’ privacy and make sure that no one can guess a particular student’s answers on the survey. If that data is unavailable on your report, consider looking at that same data point at the county or public health district level.

## Comparing MIYHS Data and Understanding Confidence Intervals

*Key Question: Are the MIYHS results for my school or community really different from other communities or from the state as a whole?*

*Key Question: Have the results for my school or community changed over time?*

Comparing data to determine whether a certain health risk is better or worse in your community as compared to another region or the state average may not be as simple as it appears. Some small differences between results may be due to chance, rather than an actual change. To ensure you are being as accurate as possible, focus on differences that are *statistically significant*. A statistically significant difference is a difference between two results that is too great to be due to chance alone. Statistical significance is often measured using formulas or statistical tools.

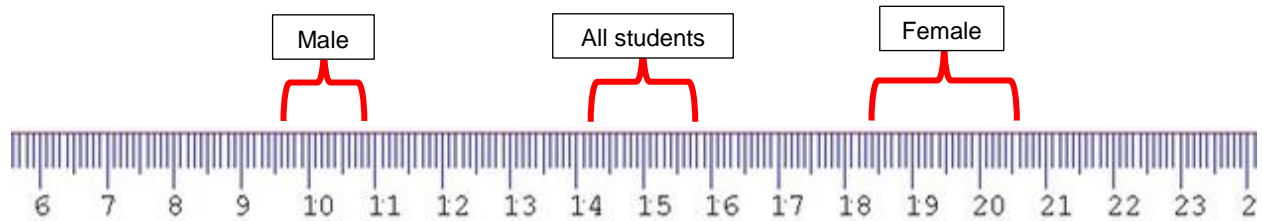
You can use the MIYHS report to determine whether your community's results are statistically significant as compared to another group or community. To do this, look at the *confidence interval* for both results. The confidence interval (CI) is made up of two numbers – one less than the survey result (lower CI) and one greater (upper CI). One way to think about confidence intervals is: if this survey was implemented 100 times, the results would fall within the lower CI and the upper CI 95 times. The five times that the results wouldn't fall within these ranges is due to random error that cannot be completely eliminated.

You can determine whether the differences between results are statistically significant by comparing the CIs for both numbers. If the CIs do not overlap, the results are significantly different.

For example, you want to determine whether some youth in your community are at higher risk for poor mental health. To determine whether girls are significantly more likely to report seriously considering suicide, you compare the CI for girls to the CI for boys and to the CI for all students.

*During the past 12 months, did you ever seriously consider attempting suicide? (hn44)*  
*Percentage of students who answered 'Yes'*

	Total			Female			Male		
	%	CI	N	%	CI	N	%	CI	N
Total	14.8%	(14.1%-15.6%)	9,052	19.4%	(18.4%-20.5%)	5,746	10.3%	(9.6%-10.9%)	3,203



By comparing the CIs for all three groups, you can see that the upper and lower limits of the CIs do not overlap. This demonstrates that girls are significantly more likely to report seriously considering suicide, as compared to boys or students as a whole. It is important to carefully consider the statistical significance of your results before developing messages about your MIYHS results. Confidence intervals should also be used when looking at trends of data over time. For more information on how to do so or examples of when to do so, please refer to page 8 and the “Tracking Trends” section.

## Identifying Needs and Developing Strategic Plans

The MIYHS can be used to help inform a community's *needs assessment* and *strategic plan*. In addition to increasing the understanding of youth issues in your community, completing an assessment of needs and of the current capacity for change and improvements within your community will allow you to target available resources and maximize the impact of your intervention efforts.

*A few examples of needs assessment questions:*

- Are your prevention activities targeting the appropriate age groups?
- Are there certain towns or other geographic areas where you need to focus your efforts?
- Are certain youth risk behaviors a particular concern to your community?
- Where and how could your prevention efforts be more effective?

Considering questions like these may help you identify community resources and gaps in addressing particular youth health issues.

A thorough assessment process can help collaborating groups think more comprehensively about the specific strengths and needs in your area. It is also a great way to engage key partners in a dialogue about why the problems exist and how to best work together to address the issues.

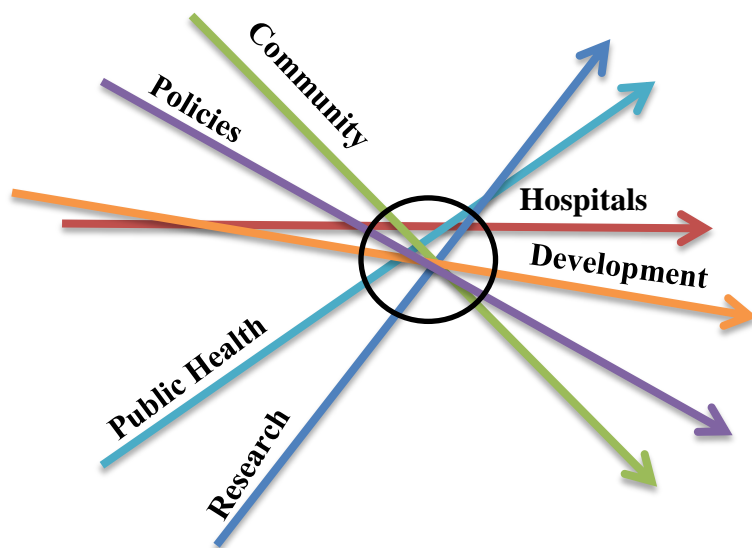
*Strategic planning* is the process of identifying strategies to address a particular health issue or change in your community. You may want to start the process by identifying a clear mission or vision for your group; if you already have a mission or vision that it is outdated or not supported by good data, reevaluate and develop a mission statement before moving forward.

A strategic plan can help keep your group on track by identifying priority needs and the specific actions your group will undertake to reach your goal. A good strategic plan should also provide a means for evaluating progress. Moreover, a strategic plan can furnish the tools for successfully recruiting the funding needed to carry out future work.<sup>1</sup>

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<sup>1</sup> Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.56





**“Data can be a unifying force”**

When identifying priorities, focus on issues that are important to multiple partners across your community. Programs and strategies that maximize existing community resources are often the most successful.

*Key Question: How will my community react to the MIYHS results?*

Your MIYHS data is meant to be a source of information and a tool for planning; the MIYHS is *not* a report card on the performance of your school or community. Sometimes schools or communities avoid using their results because they are afraid of being criticized if the data shows that their students are engaging in risky behaviors. When reviewing and sharing MIYHS data, it is important to pay equal attention to the results that demonstrate what is going well in your school and community, in addition to any results that may be concerning. Promoting the health and well-being of youth is a collective responsibility; the MIYHS data is a tool to help you be more effective in your work with young people.

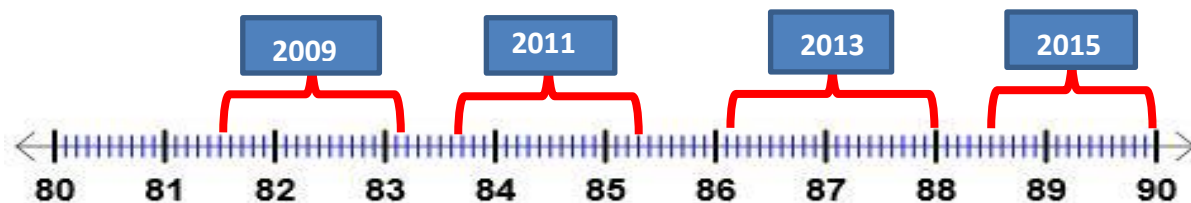
## Tracking Trends and Evaluating Successes

The MIYHS has been administered every other year since 2009, making it a good source of *trend data*. By comparing the results for questions across multiple years, you can see whether a particular behavior or belief is increasing or decreasing among youth in your community. As you develop your strategic plan, you can use trend data to help you:

- Decide which youth health issues you want to track over time.
- Gain a sense of how behaviors and attitudes have changed or stayed the same in your community.
- Identify your *baseline* – how youth answered a particular question before you began your program. This will allow you to monitor progress over time and determine whether your strategies are having an effect.

**Example:** The percent of High School (HS) students who reported “zero days” of smoking cigarettes in the past month. (State averages)

Survey Year			
2009	2011	2013	2015
82.4 (81.5-83.2)	84.5 (83.6-85.3)	87.1 (86.1-88.0)	89.3 (88.6-90.0)



As you can see, the percentage of HS students who have reported no cigarette use in the past month has been *significantly increasing* since 2009. As proof, the number line above shows how none of the C.I.'s overlap.

MIYHS data can be used to help evaluate the programs implemented in your community. The data will help you verify that community programs are aligned with current issues, revise established programs and strategies to reflect community needs and monitor outcomes. Choosing a few specific MIYHS data points to track will allow you to better focus on selected issues and develop realistic plans to address them.

Don't forget that data from the MIYHS is often available at multiple levels for you to compare your local survey results with. When the data meets reporting

requirements, it may be available at: the county-level, public health district-level and state-level. If your local results show positive change as compared to the county and/or state then that is *one indicator* of possible progress.

However, other sources of data would be needed to confirm the relationship and to explore whether or not the change can be linked to your program's efforts. These other data sources should be a part of the strategic planning process to allow for program evaluation to be as useful and informative as possible.

Examples of other data sources include:

- Qualitative stories from the youth involved in the program
- Qualitative stories from the adults (parents or guardians) involved with participating youth
- Independent program specific pre and post questionnaires
- Other programs that specifically work with your program's target population

Even if the data does not show change, this does not necessarily mean the program is ineffective. Sometimes, no change can be positive. An example of this is when statewide rates worsened but your community's data remained stable. Interpretation of your data needs to be placed in a larger context, which is typically done through the evaluation.

In a successful strategic plan, one of the biggest and most important steps is to perform some type of *evaluation*. An *outcome* evaluation helps you determine whether your program achieved the results you intended; a *process* evaluation provides information on the means you used to get those results. The best evaluation strategies are ongoing, include both types of evaluation and occur throughout both the planning process and the implementation stages.

*Questions to consider throughout the evaluation process:*

- Was the focus of your program consistent with the current needs of the community?
- Are the strategies being implemented in your community likely to change the things your data has indicated as priorities?
- Have your desired outcomes been achieved? Is there a current need to re-assess and modify your plan?
- What other program efforts are impacting students' health behaviors?

For more detailed information on assessment, strategic planning and evaluation, consult *Strategic Prevention Framework Guide to Assessment, 2016* which is included in the “Additional Information and Resources” section at the end of this booklet. This guide is a valuable resource for any group or coalition looking to carry out a thorough needs and capacity assessment and develop a strategic plan.

## **Section Two: Sharing Your MIYHS Data**

### **Developing Your Message**

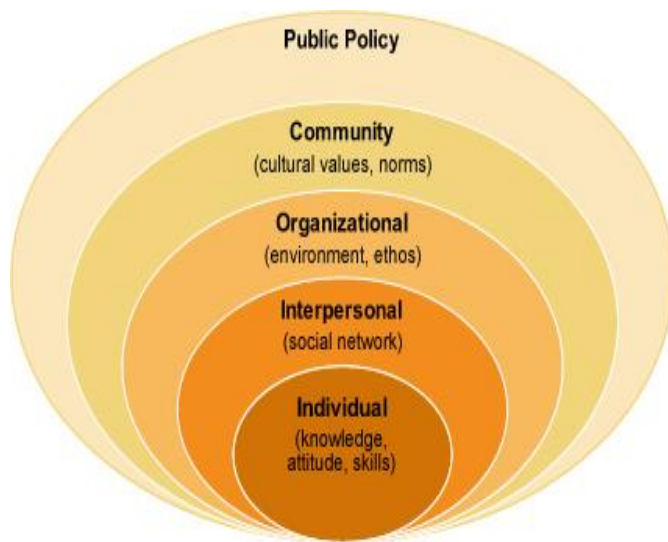
Your local MIYHS data can be a powerful tool to help your community identify the strengths and challenges facing young people. Because data can often be seen as dry, confusing or overwhelming, it is important that you carefully consider the best way to share the information with your stakeholders. Use your strategic plan to help you focus on the data that is most relevant to the problems you want to address and the changes you are hoping to make. Identify the individual MIYHS results that are the most compelling, such as questions where youth in your community are doing significantly better or worse than the rest of your region or the state as a whole (see Section One: pg. 5 or pg. 7 for a more detailed discussion of determining significant results).

*Tips for when you develop messages about MIYHS data:*

- *Keep it focused.* Don't overwhelm your audience with lots of statistics. Pick a few data points that best “tell the story” of the message you are trying to convey. For example, a presentation on underage drinking might provide information on the overall prevalence of underage drinking in your community, the percentage of high-risk drinking (such as binge drinking) and whether young people report talking to their parents about alcohol use.
- *Keep it simple.* While it is important to be accurate in the way you describe data, avoid using lots of technical language or jargon. The clearer your message, the more compelling it will be. Consider converting statistics into more tangible descriptions: “twenty-four percent of youth report alcohol use in the past 30 days” could become “one in four high school students drank alcohol in the past month.”
- *Keep it engaging.* As you are developing your message, consider what you want people to *do* with the information you are providing. Use your MIYHS data to help your audience understand the need for change and how they can help your coalition improve well-being for young people in your community.

## Determining Your Audience

To mobilize the community to support your intervention strategies, community members need to understand why the health behaviors and risks you identified are a problem and what they can do to be a part of the solution. Depending on your area of focus, certain community partners may be more helpful in achieving your strategies or have greater influence over the health of youth in your community. It is important that you identify these key partners and determine how you will help them understand the information available through the MIYHS.



**Example:** Your coalition wants to reduce underage drinking in your community. After completing your assessment and strategic plan, you have decided to focus on raising awareness among parents of their role in alcohol use prevention and increasing enforcement of underage drinking laws and policies. As you begin to develop messages about the data on current underage drinking in your community, you determine that your key audiences include parents, law enforcement officials and school administrators.

Be sure to highlight what is already being done well in your community as you address the areas for improvement. This will build new relationships in your area and foster new working partnerships aimed towards the strategies selected.

Your MIYHS data can help capture the attention of the partners in your community who will be important to your efforts. However, the MIYHS data reports provide results for questions on many topics, from seatbelt safety to substance use. It is important to consider the audience you are trying to reach with your message and the issues most relevant to them. This gives you the ability to tailor the message to the particular interest of each group. Be sure to incorporate information that will capture the attention of the groups and individuals you are trying to engage. Here are some examples of different audiences in your community and the kinds of information that might be most interesting to them.

<b>Audience</b>	<b>Reached Through:</b>	<b>Care About:</b>	<b>Examples of MIYHS Questions of Interest</b>
Parents	Parent-Teacher Organizations, school newsletters, community bulletin boards, youth sports organizations, local newspapers, TV and radio.	Protecting the health of their children; talking to their children about avoiding risks; recognizing if their child is engaging in unhealthy behavior.	On how many occasions have you smoked cigarettes in the past 30 days?  How wrong do your parents feel it would be for you to smoke marijuana?  How often is the following statement true for you? 'When I am not at home, one of my parents or guardians knows where I am and whom I am with.'
School Personnel	School Board meetings, staff in-service days, superintendent and principal meetings, school wellness committees	Ensuring the health and safety of their students; creating a positive school climate; promoting academic success;	During the past 12 months, have you ever been bullied on school property?  During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?  Does your school feel like a place where students and adults care about each other?
Law Enforcement	Town meetings, community coalitions, police department or sheriffs' staff meetings	Protecting the safety of residents; preventing crime and violence; reducing access to alcohol and other substances	If a kid drank some alcohol in your neighborhood, would he or she be caught by the police?  If you wanted to get some marijuana, how easy would it be for you to get some?  During the past 30 days, how many times did you text or talk on the phone while driving a car or other vehicle?
Community Members	Town meetings, civic organizations, community agencies, Chambers of Commerce, faith communities	Enhancing quality of life; promoting community activities; serving youth at risk; recruiting qualified workers	How wrong would most adults in your neighborhood think it is for kids your age to drink alcohol?  Do you agree or disagree that in your community you feel like you matter to people?  How much do you agree with the statement, "I have support from adults other than my parents."
Youth	Schools, after-school groups and clubs, community-service organizations, youth sports, social media	Achieving their goals; protecting the health of their friends and family; fitting in with their peers; creating social change	Do you agree or disagree with the following statement: I feel safe at my school?  What are the chances you would be seen as cool if you defended someone who was being verbally abused at school?  How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice a week?

## **Delivering Your Message**

Once you have developed your message and determined your audience, consider the options within your community for presenting the information you want to deliver. If you are trying to reach a small group of people, such as a school board or staff at a community agency, you may be able to communicate with them directly through presentations or trainings. Remember to keep presentations focused and engaging; resist the temptation to include unnecessary information or data.

If you are trying to reach a broader audience (such as parents), you may need to consider using several different methods to deliver your message. You can present at events where your audience gathers (such as school open houses or youth sporting events), but you can also partner with your local media outlets (newspaper, radio or television) to spread your message more widely. Information shared with the media or through social media, will need to be brief, concise and engaging.

Another effective strategy for sharing your MIYHS data is to host a town forum or “community conversation.” These longer events encourage members of your community to actively engage with data and provide information about what they see as the community’s needs and strengths. This type of event can be a valuable way of building support and investment in your efforts and can help give underrepresented groups a voice in decision-making. For example, programs that target youth health often neglect to involve youth themselves in identifying priorities and developing interventions. Youth summits or youth-adult forums can both engage youth in your efforts and provide information that is essential to success.

## **Section Three: Glossary**

### **Definitions**

*While not all of these terms may show up in this report, all of them are used frequently in the MIYHS project itself and have been provided here for context and clarity.*

- **Survey:** A method of collecting information as reported by individuals. MIYHS is a type of data collection known as self-report data, which means that individuals complete the survey themselves.
- **Population:** The set of people to which findings are to be generalized. In the MIYHS state-level reports, the populations are youth in grades 5 through 12 attending Maine's public and quasi-public<sup>2</sup> schools and parents of youth in Kindergarten and grade 3 attending Maine's public and quasi-public schools<sup>2</sup>.
- **Module:** The MIYHS, in its entirety, consists of four age-appropriate surveys; each age-appropriate instrument is a different *module*. (i.e.: K/3, 5/6, Middle School (7/8-MS) and High School (9-12/ HS))
- **Version:** The MS and HS *modules* are both divided up into four *versions* (A, B, C & D) with each participating school getting either survey *version pair* AC or *pair* BD.
- **Validity:** The extent to which a test measures what it is supposed to measure. *i.e.:* The MIYHS can be considered a *valid* survey instrument, because over multiple iterations, the survey has collected information regarding the youth of Maine's health risks and behaviors.
- **Reliability:** The degree to which a test consistently measures what it aims to measure. *i.e.:* The MIYHS can be considered a *reliable* survey instrument as well, because from 2009-2015 the MIYHS has continually gathered data regarding the same topics and behaviors.
- **Sample:** A subset of individuals in a population. Sample size refers to the number of people who took the survey.
- **Weighted Data:** When the data collected from survey respondents are adjusted to represent the population from which the sample was drawn. The MIYHS state level weighted results represent all students in the state of Maine covered by the survey.
- **Statistically significant:** A difference is said to be statistically significant if it is greater than what might be expected by chance alone. In the MIYHS data, a difference between two percentages is considered statistically significant if the confidence intervals for the two percentages do not overlap. For a clear example, refer to the number line example of *Significance* above under **Other Data Limitations**

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<sup>2</sup> Private non-sectarian schools with more than 60% publicly funded students.



- **Causation:** the relationship of cause and effect. **i.e.:** Making dinner will also make dishes.
- **Correlation:** Two or more things that have some type of a relationship, mutual or reciprocal.
  - **Positive correlation:** two or more things affected in the same direction. **i.e.:** There's a *positive correlation* between schools becoming Tobacco Free and littering on school property.
  - **Negative correlation:** two or more things affected in opposite directions. **i.e.:** There's a *Negative correlation* between teen drug use and lasting relationships in adulthood.

## History and Overview of the MIYHS

In 2009, as part of collaboration between the Maine Department of Health and Human Services and the Maine Department of Education, several previous surveys were combined to create one comprehensive youth health survey. Those surveys include: Youth Risk Behavior Survey (YRBS), Youth Tobacco Survey (YTS), Maine Youth Drug and Alcohol Use Survey (MYDAUS), Monitoring The Future (MTF), The Maine Child Health Survey, the Search Institute's Development Assessment Profile among others. The MIYHS contains enough questions from the YRBS to report data back to the national CDC and receive comparisons to the rest of the nation. The current MIYHS collects data from youth (or their families) in certain age groups:

- The *Kindergarten/Third Grade* survey is administered to parents of children in selected schools. This survey asks questions about children's health status, access to dental care, nutrition and safety behaviors. In addition, trained staff measure each child's height and weight and check if the child has dental sealants.
- The *Fifth Grade/ Sixth Grade* survey asks students to respond to developmentally-appropriate questions about behaviors such as physical activity, nutrition, asthma control and helmet use. Height and weight is measured for fifth grade students.
- The *Middle School* and *High School* surveys ask students to answer questions about a wide range of health behaviors, such as alcohol, tobacco and drug use, bullying, mental health, nutrition and physical activity and sexual behavior.

Once the survey data is collected and analyzed, the results are made available to the public. In addition to the statewide results, most Maine Integrated Youth Health Survey data is available at the state, public health district and county level. Some results are also available for each individual school that participated in the MIYHS. Your local MIYHS data can be an invaluable tool in identifying your

community's strengths and challenges, developing strategies and programs and motivating members of your community to support health and well-being among youth.

The MIYHS is administered every two years, in the early spring of odd-numbered years. The participation of schools is essential in collecting data from as many students as possible across the state. In the 2015 administration more than 65,000 students from 292 schools completed the survey. The MIYHS will be administered again in February of 2017.

### **MIYHS website**

<http://www.maine.gov/MIYHS>

#### **What You Can Find on the MIYHS Website**

- Printable summary reports at state, regional, county and local<sup>3</sup> levels
- "Snapshots" of each survey module from 2015
- Background information on the MIYHS
- Tips on understanding the data
- Tips on printing the data from the website
- Information on changes in the survey protocols over time
- Definitions of risk and protective factors
- Results for each scale and question at the levels of school, district, county, region and state

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<sup>3</sup> Passwords for school or district data are provided to school administration. Community members interested in the local level data should contact their school superintendent or principal. It is important that community members wishing to access local data understand the ways that student survey data has sometimes been used to blame schools unfairly for social problems. For this reason, school administrators are sometimes hesitant to release MIYHS results publicly. We encourage you to discuss these potential issues with your local school administrators and together, develop a plan for how to communicate and use the results constructively and effectively.

## **Additional Resources:**

### **Health Maine 2020**

<http://www.maine.gov/dhhs/mecdc/healthy-maine/>

### **SHNAPP**

<http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/>

### **A Starter Guide for Maine Schools:**

*Selecting Evidence-Based Substance Use Prevention Programs, grades K-12:*

<http://www.maine.gov/dhhs/mecdc/population-health/prevention/>

### **Maine Center for Disease Control & Prevention**

[www.mainepublichealth.gov](http://www.mainepublichealth.gov)

### **Partnership for a Tobacco-Free Maine**

[www.tobaccofreemaine.org](http://www.tobaccofreemaine.org)

### **National Cancer Institute:** *Making Data Talk, A Workbook*

<http://www.cancer.gov/publications/health-communication/making-data-talk.pdf>

### **Robert Wood Johnson Foundation:** A New Way to Talk About the Social Determinants of Health

<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

### **MIYHS Methodology Report:**

<https://data.mainepublichealth.gov/miyhs/methodology>

## YRBS Citations by Topic Area

### YRBSS Methodology

Centers for Disease Control and Prevention. (2015). YRBSS Frequently Asked Questions. Retrieved from <http://www.cdc.gov/healthyyouth/data/yrbs/faq.htm#validity>

Centers for Disease Control and Prevention. (2013). Methodology of the Youth Risk Behavior Surveillance System — 2013. *Morbidity and Mortality Weekly Report*, 62(1), 1-20.

### YRBSS Reliability Studies

Brener, N. D., Kann, L., McManus, T., Kinchen, S. A., Sundberg, E. C., & Ross, J. G. (2002). Reliability of the 1999 youth risk behavior survey questionnaire. *Journal of Adolescent Health*, 31(4), 336-342. doi:10.1016/S1054-139X(02)00339-7

Howard, M. M., Weiler, R. M., & Haddox, J. D. (2009).

Development and reliability of items measuring the nonmedical use of prescription drugs for the youth risk behavior survey: *Results from an initial pilot test. Journal of School Health*, 79(11), 554-560.

Rosenbaum, J. E. (2009). Truth or consequences: The intertemporal consistency of adolescent self-report on the youth risk behavior survey. *American Journal of Epidemiology*, 169(11), 1388-1397. doi:10.1093/aje/kwp049

Zullig, K. J., Pun, S., Patton, J. M., & Ubbes, V. A. (2006). Reliability of the 2005 middle school youth risk behavior survey. *Journal of Adolescent Health*, 39(6), 856-860.

### YRBBS Validity-

Brener, N. D., Billy, J. O. G., & Grady, W. R. (2003). Assessment of factors affecting the validity of self-reported health-risk behavior among adolescents: Evidence from the scientific literature. *Journal of Adolescent Health*, 33(6), 436 –457.

Kann, L., Brener, N. D., Warren, C. W., Collins, J. L., & Giovino, G. A. (2002). An assessment of the effect of data collection setting on the prevalence of health risk behaviors among adolescents. *Journal of Adolescent Health*, 31(4), 327-335.

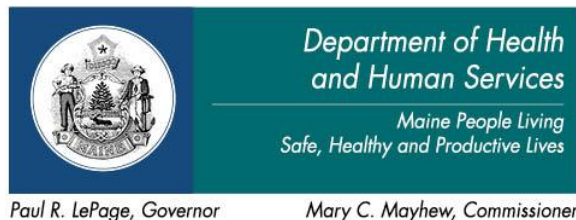
For any other information related to:

**MIYHS**, Call: 207-287-5084

**Substance Use and Misuse**, Call: 207-287-4391

**Tobacco Prevention and Control**, Call: 207-287-4627

**Division of Disease Prevention, Maine CDC**  
**11 State House Station**  
**286 Water Street, 4<sup>th</sup> floor**  
**Augusta ME, 04330**



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