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Youth Risk Behavior Survey
2011

BACKGROUND AND METHODOGY

Background

Under the auspices of the Chattanooga-Hamilton County Regional Health Council and the oversight of its Information Development Committee, the Chattanooga-Hamilton County Health Department conducted the Youth Risk Behavior Survey (YRBS) in Hamilton County.

The Centers for Disease Control and Prevention (CDC) has conducted the YRBS biennially since 1991. The purpose of the YRBS is to monitor the self-reported health habits and risk-taking behaviors of the nation's youth in the following areas:

- ●Tobacco use
- ●Dietary behaviors
- ●Physical activity
- ●Alcohol and other drug use
- ●Sexual behaviors
- ●Behaviors that may result in violence and unintentional injuries

The CDC works in conjunction with departments of health and education in most states and selected large cities to administer the YRBS to provide results that are valid for the state level and for those cities in which surveys are administered. In addition, the CDC conducts a separate nationwide survey. The most recently available CDC sponsored data is from the 2009 survey.

Methodology

The 2011 Hamilton County YRBS was adapted from protocols developed by the Centers for Disease Control. The local survey included the 87 items from the 2009 YRBS questionnaire, plus seven locally generated questions addressing bullying, prescription drug use, and oral sex. The 2011 Hamilton County YRBS used two-stage cluster sample design to obtain a representative sample of students in grades nine through 12 who attended public and private schools. Schools with low response rates in the previous Hamilton County YRBS studies were slightly oversampled, per the CDC protocol.

Nineteen Hamilton County public high schools (including two charter schools and Middle College High School) and ten private schools were invited to participate in the survey. Twenty-five of the 29 invited schools participated, yielding a school response rate of 86.2%. Four private schools declined participation. Within each school, a random sample of classrooms from either a required period or required subject was selected to participate. Classroom teachers administered surveys using a protocol to enhance the confidentiality of student responses. Data collection was completed between October 2010 and January 2011. Of the 4,480 students eligible to participate in this voluntary survey, 3,492 questionnaires were available after the data were scanned and cleaned for inconsistencies, yielding a student response rate of 69.6%. Student non-response factors included absenteeism on survey administration day, student decision not to participate, or parental decline of student participation. The overall response rate was 67.1% (overall response rate = school response rate x student response rate).

The distribution of respondents by grade level, sex, race ethnicity, and type of school are comparable to their actual distribution in the schools surveyed, as illustrated below.

	The Survey	Enrolled in School
Total Students (N)	(3,492)	(15,103)
9th Grade	26%	27%
10th Grade	31%	27%
11th Grade	26%	24%
12th Grade	17%	22%
Males	49%	50%
Females	51%	50%
Black	24%	27%
White	62%	65%
Latino	6%	4%
Other	8%	4%
Public Schools	78%	77%
Private Schools	22%	23%

The "other" race, which makes up 8% of the sample, is comprised of 261 students of Asian, Native American or Alaskan Native, Pacific Islander descent, and non-Latino students who reported multiple races. Responses from students in these "other" races appeared too dissimilar to group together for comparisons to white, black, and Latino students.

Data Processing/Analysis

Students recorded their responses to the questionnaire on a computer scannable form. RTI International, an independent contractor, performed scanning and data cleaning services and assembled the data set in a tab-delimited format. RTI also used answers to height and weight questions to compute a body mass index (BMI) for each respondent.

Using procedures described by the CDC, school and student non-response rates and student demographic characteristics (sex, race/ethnicity, and grade level) were applied to each student record and used to weight the data.[1] Weighting compensated for differences between the sample and the population and allowed statistical comparison of Hamilton County results with national and state YRBS findings. Statistical software (SAS) was used to account for the complex sample design and to calculate prevalence estimates for health behaviors and 95 percent confidence intervals. The 95 percent confidence intervals vary by question and range from +/- 0.5% to +/-3.4% for prevalence measures in the overall sample. Further data analysis was performed using the Statistical Package for the Social Sciences (SPSS).

[1] Centers for Disease Control and Prevention. "State and Local Weighting Procedures, 2009 Youth Risk Behavior Survey."