

Getting to ‘Y’: Youth Bring Meaning to the Youth Risk Behavior Survey

An Innovation Station Best Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Vermont	Title V/MCH Block Grant Measures Addressed
Category:	Best	NPM 10: Adolescent Well-Visit - % of adolescents who feel they matter to people in their community - Youth voice and engagement.
Date Submitted:	07/2020	

Practice Description

Getting to ‘Y’: Youth Bring Meaning to the Youth Risk Behavior Survey (GTY) seeks to promote youth engagement, voice and well-being by providing youth with a role in bringing meaning to their local YRBS data to create change. Through GTY, youth learn skills and gain tools to: analyze local data and identify top strengths and concerns; explore root causes of concern areas; engage with peers and community to develop action plans; and enact actions to improve youth health and well-being in their school and/or community.

Purpose

While there is a wealth of information in the bi-annual Youth Risk Behavior Surveillance Survey (YRBS) on the wellness of young people across the nation, it does not include a thoughtful and informed analysis of why young people are making either wise or unwise choices. The Getting to ‘Y’ (GTY) initiative was developed in 2008 by the nonprofit UP for Learning in collaboration with the Vermont Agency of Education, using Centers for Disease Control and Prevention funding, to elevate the role of youth in shaping school culture and improving youth health and wellbeing, and to provide youth with access to their own YRBS data. Through GTY, youth become agents of change by prioritizing strengths and concerns they see in their own data and then creating action plans in partnership with school and community members to address their concerns. Students gain skills and practice in data analysis, action planning and facilitation while taking concrete steps to improve youth well-being.

When Centers for Disease Control and Prevention grant priorities shifted in 2013, the Vermont Department of Health (Maternal and Child Health Division and Alcohol and Drug Abuse Programs) began working closely with UP for Learning and incorporated GTY as a component of their strategic plan.

GTY provides authentic opportunities for youth to engage with their own health data, with their peers, and with adults in their school and community to positively impact local youth health and wellness. Not only does GTY create concrete action outcomes that are guided by youth analysis and interpretation of validated data and accomplished through youth-adult partnership, but in doing so, provides youth with increased health literacy, self-efficacy, community engagement, resilience and protective factors, and skills and knowledge.

Relevant operationalized principles or values that support this practice include:

- Strengths-based
- Seek equity and justice
- Share responsibility
- Create open dialogue
- Employ data to drive change
- Prevention focused

The target population for GTY is any adolescent in a middle or high school or community setting, working with caring adults to implement the full initiative, and any adolescent who participates in a one-day data analysis. A secondary target population is the broader community of youth and adults who will benefit from dialogue and action steps that come out of the GTY process.

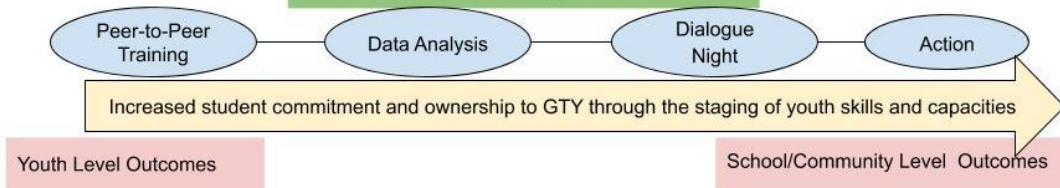
Practice Foundation

The following is summarized from an article published by UP for Learning in conjunction with University of Vermont and the Vermont Department of Health (Garnett B., Beattie H., Koller S., Moore M., Scott K., Maseroni M., Holmes B. [Participatory Survey Data Analysis as Catalyst for Empowering Youth as School Health Change Agents](#). Health Promotion Practice Journal, July 2019 Vol. 20, No. 4. 483-488). Further citations and attributions connected to the references below are included in that published article.

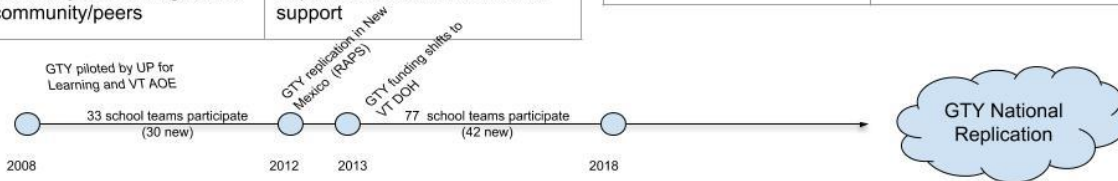
Getting to Y: Conceptual Model

- Assumptions of Getting to Y (GTY)**
1. Shift from youth seen as passive recipients to active initiators of school health and wellness
 2. Youth desire and have the capacity to be meaningful school and community change agents
 3. Strength-based/asset focused engagement with youth supports positive youth development and effective YRBS analysis and data action planning
 4. Structured processes for youth engagement with adults and peers fosters authentic student leadership and agency

GTY Structured Key Processes



Youth Level Outcomes		School/Community Level Outcomes	
Short Term	Long Term	Short Term	Long Term
Increase in youth knowledge of school health issues	Increase in youth civic engagement in school/ community issues	Affirmation of youth as valuable school and community change agents	Collective ownership of school and community change initiatives
Increase self efficacy for facilitation and advocacy	Increase in consciousness of collective and empathy	Increased involvement of youth in school health and wellness	Paradigm Shift to Youth-Adult Partnerships
Increase in youth feeling valued by community/peers	Expanded social networks and support		



The core assumptions and values of GTY draw from many established theoretical and methodological frameworks centering the importance of youth agency, youth voice and creating contexts and structures to support positive youth development through meaning making, mentorship and collaboration. These include:

1. **Positive Youth Development (PYD):** The [PYD](#) perspective is a strengths-based conception of adolescence that outlines the supports young people need in order to be healthy and successful. These include healthy relationships, experiences and opportunities, connection with community, and emphasizes that youth are significant resources for creating the kinds of relationships, contexts and communities that enable positive youth development.
2. **Developmental Assets®:** Developed by the [Search Institute](#) (2017), this framework identifies preventative measures, positive experiences, and qualities that youth need to grow up healthy focusing on both internal and external assets for healthy development... , explicitly naming the importance of youth feeling “valued and valuable” by their community.
3. **Youth-Adult Partnerships:** This developmental and community practice focuses on intergenerational connections for civic engagement. Engaging young people as partners in their own learning increases motivation, engagement and learning.

4. Youth Participatory Action Research ([YPAR](#)): This is an intensive and rigorous research methodology that elevates youth as critical research partners and allows them to share in all stages of the research design.

Core Components

Getting to ‘Y’ engages youth as change agents in their school or community to improve adolescent health, using existing local Youth Risk Surveillance Survey data. A core team of 4-8 youth and an adult advisor at each local site learn tools from experienced peers and then implement this action-research model in their own school and/or community. This is accomplished through peer-to-peer training, asset mapping, youth data analysis, intergenerational dialogue, and planning and taking action.

Practice Activities

Core Component	Activities	Operational Details
Peer to Peer Training	Participants (youth core team members and adult advisor) attend a training day, co-led by experienced youth and adults*. At this training, skills and tools are modeled by the trainers and practiced by the participants to prepare them for leading their local peers and community through the GTY process.	Provides skills, tools, practice and rationale for future GTY activities. Survey data is collected to later measure the impact of GTY participation. Feedback is collected to assess the effectiveness of the training. *For the initial replication in a new state or site, the core team would be trained by experienced Vermont youth and adult leaders.
Data Analysis Retreat (DAR)	Core teams plan a DAR using their local YRBS data. They recruit a representative group of peers and lead them through asset mapping; analysis of data to determine top strengths and concerns in their local data; discussion of root causes of concerning data; initial brainstorm of solution ideas. The core team creates an executive summary to summarize the DAR.	Sample agendas, planning lists and tools are available in the GTY Manual and can be customized by local teams.
Community Dialogue Event (CDE)	Core teams organize a dialogue event to share their work and seek input on their ideas and action plans. They invite DAR participants, school faculty and staff, parents/families, prevention and health	Sample agendas, planning lists and tools are available in the GTY Manual and can be customized by local teams.

	experts, community members.	
Action	Core team members finalize and implement an action plan on their own or with help that was recruited during the CDE.	This step can be ongoing throughout the coming year, since new data is only available every two years. Some teams take responsibility for helping in the administration of the YRBS on off years, heightening peer buy-in in the process.
Reflection	Teams solicit feedback from CDE participants and also reflect on their progress throughout the year and more formally at the end of the year.	Because of turnover of teams as students move on to other schools or communities, the reflection can include planning for keeping the team going in future years including recruiting new members and documenting successes and challenges.

Evidence of Effectiveness (e.g. Evaluation Data)

Several evaluations of GTY have been conducted over the past decade and most can be found at the [GTY website](#). The most recent evaluation outcomes are summarized below. The evaluation outcomes are being considered for publication in a peer-review journal and a link to that article will be included as soon as possible.

During the 2018-2019 school year, UP for Learning partnered with the Health Evaluation and Research Team at the University of New Mexico Prevention Research Center (UNM PRC) to evaluate Getting to 'Y' using quantitative and qualitative data about the impact of GTY on participants. Quantitative data was gathered by pre- and post-surveys (available upon request) using a five-level Likert-scale response option.

At the start of their GTY involvement, 21 different core leadership teams, each of 4 to 12 student leaders and 1-2 adult advisors, attended a training and orientation day. Schools self-selected to enroll in GTY and had various methods for selecting or recruiting the grade 7 through 12 students for the core leadership team. Some teams were comprised of existing 'prevention' group members while others recruited for the event specifically. All student leaders who attended the initial training and orientation day (148) took the survey at the start of the day (before any delivery of content) to determine a base-line value in each of the domains. The student survey consisted of 45 statements covering demographics and 5 domains with a five-level Likert-Scale response option (health literacy, community engagement, self-efficacy, resilience and protective factors, and learning outcomes). Questions about health literacy, community engagement, self-efficacy, resilience and protective factors were derived from The Measure of Service Learning: Research Scales to Assess Student Experiences¹ and the California Healthy Kids Survey². The survey was again administered near the end of the school year, with 94 student leaders completing the post-survey.

¹ Bringle RG, Phillips MA, Hudson M. The measure of service learning. Washington, DC: American Psychological Association. 2004

² Constantine NA, Benard B. California healthy kids survey resilience assessment module: Technical report. Journal of Adolescent Health. 2001;28(2):122-140.

After the training, participating leadership teams recruited larger groups of peers to participate in their one-day data analysis retreats (DAR). The teams were coached to recruit a ‘ student leaders and data analysis participants, we recognize that the survey environment and timing may have played a role. The data analysis participants were surveyed during the data analysis retreat with the pre- and post-survey being administered under the same conditions at the start and finish of the day. The student leaders were given the pre-survey under similar conditions (at the start of their training event), but their post-surveys were administered under varying conditions because there was not a large gathering where it could be administered under controlled environment. Setting up a unified post-survey situation for the student leadership teams around the state will be challenging, but we are working on plans to increase consistency for our next post-survey administration.

Qualitative analysis of focus group and written comments demonstrated reported growth in several common areas: (1) improved sense of connection to peers and adults, (2) increased knowledge about physical and mental health and ways to improve these, (3) increased feelings of self-efficacy and self-confidence. Notably, youth respondents also commented on having fun while participating in GTY!

An important consideration of these outcomes relates to the impact on health equity. Health literacy has been cited as a factor in health equity³ (Berkman), with youth having the lowest rates of health literacy of any age group⁴ (Rubin). In addition to the 2018-2019 evaluation showing improvement in health literacy for youth participants in Vermont, survey data collected during the 2014 replication in New Mexico, which surveyed 35 students from an urban school with a 90% Hispanic student body also showed significant improvement in health literacy for participants. Although participants are self-selected for this initiative, GTY is particularly accessible to a broad spectrum of youth because of the many entry points with varying levels of commitment and scaffolded leadership experience, and because a diverse representation of the local youth population is encouraged during all phases of the initiative.

Replication

GTY was successfully replicated between 2012 and 2016 by the University of New Mexico Prevention Research Center with funding support from the W.K. Kellogg Foundation in a public high school with over 2,000 students and a 90% Hispanic population (Rio Grande High School), and in a public charter high school with 95% American Indian/Alaska Native students (Native American Community Academy). Two other schools in New Mexico also participated twice in a replication of GTY (Cottonwood Classical Preparatory School in Albuquerque and Los Alamos High School). Evaluation data from the initial replication was collected for the WK Kellogg Foundation and can be found [here](#). In addition to noting a successful replication with “a high level of fidelity to the original project design”, the evaluation used quantitative assessment to determine student-level outcomes and found significant positive change in all categories measured: Health Literacy, Sense of Community Engagement, Self-Efficacy, and Civic Attitudes.

³ Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low Health Literacy and health outcomes: an updated systemic review. *Annals of Internal Medicine*. 2011 Jul 19;155(2):97-107. doi: 10.7326/0003-4819-155-2-201107190-00005.

⁴ Rubin D. A Health Literacy Report: Analysis of 2016 BRFSS Health Literacy Data. Office of the Associate Director for Communication Centers for Disease Control and Prevention. 5, 22-23,43,48, 64-96. Accessed March 2020.

Section II: Practice Implementation

Internal Capacity

In Vermont, GTY is implemented by 15 to 23 school teams each year with training and technical support provided by UP for Learning. This system of implementation requires a part-time (approximately .25 FTE) GTY Program Coordinator at UP for Learning who provides training, updates materials, provides coaching to school teams and who works with 2 to 5 UP for Learning Youth Co-Facilitators who help plan and implement training events. These youth are recruited from the pool of youth who have implemented GTY in their own schools during previous years. At each school site, 1 or 2 adult Advisors is required. This role is often filled by a school counselor, health teacher, nurse, or prevention person and is responsible for recruiting a team of 4 to 8 students to form the core team, and also serves as the communication liaison with the GTY Coordinator. The core team at each site is responsible for regular meetings to implement the GTY components in their local school and community. Partnership and networking with local and state prevention, health and mental health experts is important, so the GTY Coordinator helps make and maintain those connections.

UP for Learning will provide similar training and support to entities outside of Vermont who wish to replicate. A replication could be on a large scale, in which case UP for Learning would train and support a state or regional GTY Coordinator for the first two years of implementation, after which the Local GTY Coordinator would assume responsibility for providing training and support to local teams. Replication could also happen on a smaller scale, with UP for Learning providing training and support to a single school or district team.

Collaboration/Partners

Implementation of GTY requires access to local YRBS data and is most successful with direct support and partnership of the State Health Department, so the GTY Coordinator maintains communication with the Department of Health staff responsible for managing the YRBS data. GTY teams will benefit from collaboration with local prevention experts, coalitions, health and mental health providers as they engage the community in dialogue and plan and implement effective action steps to address youth-identified priorities. It is also important to have the support of school administration to allow time and space for meetings, and to allow broad representation of students on the GTY Core Team and at Data Analysis Retreats by removing barriers such as academic or attendance requirements for participation.

Practice Cost

Budget for state-level replication 'hub':			
Activity/Item	Brief Description	Quantity	Total
Licensing	Access to curriculum and materials and updates; orientation of local GTY Coordinator; initial training co-facilitated by national GTY coordinator and youth; support from national GTY coordinator.	Year 1: 39 hours of support and training by national GTY coordinator; 1.5 days of planning and co-facilitation of local team training	Year 1: \$29,000 Year 2: \$16,700 Year 3 forward: \$5,000 licensing fee only

		Year 2: 16 hours of support by national GTY coordinator; 1.5 days of planning and co-facilitation of local team training	
Evaluation	Analysis of local impact data (pre- post-surveys, focus group or other qualitative data) and report generation		Year 1 and 2 \$10,000 each Year 3 forward \$0 - \$2,500
Local GTY Coordinator	This Coordinator will be trained by the UP for Learning GTY Coordinator, taking on increasing responsibility over the course of 2 years.	Up to .25 FTE depending on the scope of replication	Staff costs will vary based on location and level of education/pay grade (\$9,000-15,000)
Each local site may also incur costs 1-4 listed below under "Budget for small regional replication"	on-site advisor, possible printing and minimal materials costs, possible food and venue costs for Data Analysis Retreat and Community Dialogue events, possible costs to chosen action steps.		These costs will vary depending on the budget and decisions of each local site, but should be minimal.
Total Amount:			Year 1: \$48,000-54,000 Year 2: \$35,000-42,000 Year 3+: \$14,000-20,000

Budget for small regional replication			
Activity/Item	Brief Description	Quantity	Total
1. On site Advisor	On-site advisor will be responsible for recruiting the youth team and for all aspects of implementation, with regular coaching support from the national GTY coordinator. Advisors are often health educators, counselors, prevention specialists, school nurses, youth advocates.	2 to 10 hours per week (averaging 3hrs per week) between August and May	Will depend on location and education level and whether duties are being added to an existing job description \$3,000
2. Local Data Analysis Retreat	Materials and printing (if in person); venue costs (if any); food (if any); transportation (if holding DAR off-		\$0-200. Costs will vary depending on choices of local team and

	site); internet access if conducted virtually		whether virtual or in-person
3. Local Community Dialogue Event	Materials and printing (if in person); venue costs (if any); food (if any); transportation (if holding DAR off-site); internet access		\$0-200. Costs will vary depending on choices of local team and whether virtual or in-person
4. Local action steps	Action steps will vary and teams may choose to implement no-cost actions		\$0-200
5. Licensing fee	Licensing, use of all materials, training and support of UP for Learning GTY Coordinator	Year 1: up to 2 days training; up to 20 hour support; Year 2+: up to 1 day training; up to 10 hours support	Year 1: \$10,000 Year 2+: \$5000
Total Amount:			Year 1: \$13,000-14,000 Year 2+: \$8,000-9,000

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Preparation for training of local core teams	late summer through early fall	10	GTY initiative coordinator and youth co-facilitators
	Outreach and recruitment of local core teams	late summer through early fall	10	GTY initiative coordinator
Implementation	Train and orient local core teams	Early October	6	GTY initiative coordinator and youth co-facilitators
	Provide ongoing support and coaching to local core teams	October through May		

	Local teams hold Data Analysis Retreat	Late October through early December	4-6 for planning 4-6 for Event	Core team at each site
	Core team writes Executive Summary and plans and leads Community Dialogue Event	January through February	5-8 for preparation, planning, and outreach	Core team at each site
	Action Steps (site-specific)	February through May	4-30	Core team at each site
Sustainability	Core team reflection on their work	May	1	Core team at each site
	Recruit team for following year	May	2	Core team at each site
	Prepare end of year newsletter	May	10 GTY Initiative Coordinator 3 Core teams	GTY Initiative Coordinator and Core team at each site
	Update materials and outreach	May - August	20	GTY Initiative Coordinator

Resources Provided

UP for Learning has developed and regularly updates materials such as the GTY Participant Manual (for individual local teams) and GTY Organizers Manual (for organizations that will provide training and coaching to a number of local teams). These materials include thorough details about all activities, sample agendas and other tools, and are available to sites that contract with UP for Learning. More information about GTY can be found on the [GTY webpage](#) and this [video](#) shows GTY in action.

Lessons Learned

Since GTY was first piloted in 2008, we have witnessed its impact first hand on adolescents, schools and communities. GTY benefits both youth and systems by engaging young people in authentic change efforts using data that is FOR them instead of ABOUT them, and by bringing caring and interested adults into dialogue about the youth priorities and efforts. In addition to the individual changes seen in our quantitative and qualitative evaluation, countless concrete actions have taken place in schools and communities as a direct result of the GTY teams' efforts. These range from single actions taken by the GTY team alone (like an awareness campaign or a guest speaker) to ongoing efforts involving GTY and other youth, school staff, parents and community members (like creating a teen center or adding a suicide prevention curriculum).

GTY utilizes a strengths-based approach and begins each DAR and CDE with an asset-mapping process. Identifying existing local assets not only provides ideas for resources when

action planning, but also plays an important role in reducing resistance from adults as they learn of the adolescents' concerns and ideas for change. Starting with strengths helps shift the focus to collaborative problem solving in conversations about difficult topics.

Challenges that have arisen over the past decade of implementation have been largely centered on the availability of YRBS data reports. Because of the age of the participants (middle and high school) and the structure of the school year, timeliness of data is important. In recent years, local YRBS reports have sometimes not been available until 15 months or more from when the survey was administered, which has created frustration for some of the teams. To mitigate this, some teams have used a longitudinal data analysis to see change over time or have used county instead of local school or district data. The state Department of Health has also been a supportive partner in working to speed data reports that are most relevant to GTY teams. In addition, we are developing a 'year 2' training option for GTY teams who previously analyzed the most recent data but want to stay connected with GTY and advance their action steps. This 'year 2' training will focus on facilitation skills, effective action planning, and connecting teams with prevention and health experts.

Another challenge has been the ability of the local GTY teams to find regular meeting times and to provide equitable access to all students. To mitigate this challenge, we encourage teams to get administrative support to hold meetings during the school day, relax usual 'eligibility requirements' for attendance at training days or DARs, to provide additional transportation options, and to be creative about meeting times that allow for diverse youth involvement. Given the recent shift to remote learning, UP for Learning has developed options for remote data collection, data analysis retreats, community engagement/dialogue events.

UP for Learning has a longstanding commitment to formative and summative evaluations to ensure continuous improvement of the GTY model. As part of our ongoing improvement plan, we hope to collect de-identified data from replication sites to continue to improve our practice. This will provide larger and more diverse input to assess impact and inform changes.

Next Steps

With over a decade of experience in Vermont, and successful replications in New Mexico, GTY is ready for replication throughout the U.S. We hope to offer training and coaching to other states who wish to provide a means for adolescents to make meaning of their own YRBS data and improve youth health and well-being. UP for Learning offers 'training of trainers' model support for state or private entities who seek to be the GTY hub in their area, and also offers small-scale implementation support to a local school district or prevention area.

Practice Contact Information

For more information about this practice, please contact:

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