



Question Sources and Alignment with Grant Programs

The Ohio Healthy Youth Environments Survey – OHYES! is similar to other surveys conducted around the country seeking to assess adolescent behaviors. The OHYES! survey is designed to complement other health surveys done in Ohio and nationwide but differs in that it allows schools and communities to track youth health-related behaviors locally. While many existing surveys are focused on specific topics, the OHYES! survey takes a broad view of health (including behavioral health) to provide detailed, actionable data needed by schools and communities. Three collaborating agencies (Education, Health and Mental Health and Addiction Services) have joined forces to provide this survey.

System stakeholders have told us they have a critical need for county-level data. Additionally, organizations across the state are often required by their federal, state or foundation funders to provide evidence that the programs they fund lead to desirable behavioral change in the communities targeted by the program. This is not possible without a reliable individual-level data collection process and valid instrumentation.

OHYES! items were included to help all communities in Ohio meet requirements of federal and foundation reporting where possible. The document below shows alignments that exist between OHYES! items and specific existing survey instruments as well as existing grant programs. This list is not exhaustive or definitive; make sure to contact your program officer if you have any questions about whether these items meet reporting requirements.

Ohio Youth Risk Behavior Survey (YRBS). This survey is part of a nationwide surveying effort conducted every two years in a sample of high schools across the state. Led by the U.S. Centers for Disease Control and Prevention (CDC), this study monitors students' health risks and behaviors at the state (but not local) level. Ohio has participated in the YRBS since 1993 and has obtained enough data to have statewide weighted estimates every two years, except in 1995, 2001 and 2009. While statewide indicators are available by race, grade, and gender, the sample size is not large enough to report results for individual counties. Having OHYES! questions that are comparable to national data sets will assist communities in understanding how their youth compare with other groups and national norms. About half of the items in the OHYES! are asked by the YRBS:

- Demographics: Age (1^{ab}), Gender (2^b), Grade (3^b), Hispanic (4), Race (5), Height (6), Weight (7), Sexual Orientation (8), Disability status (9, 10), and Academic Risk (12)
- School Safety, School Violence (14, 15^b), and Dating Violence (16, 17, 18)
- Bullying (19, 20, 21, 22^b, 23)
- Vehicle Safety and Violence (25, 26, 27)
- Behavioral Health, Depression, (28, 34, 38), and Suicide (39-41)
- Tobacco (43, 44^b, 45, 46) and Vapor Use (47-50^b)
- Alcohol Use (51, 53, 54^c, 55^c)
- Marijuana (57, 59), Prescription Drugs (62, 64, 66, 67, 68, 69)
- Sexual Behavior (92–95, 96^b)
- Physical Health, Well-being, and Nutrition (97, 99, 100, 101, 102, 103)
- Gambling (111)
- Prosocial Involvement (116)

^a Numbers in parentheses are the item numbers of the OHYES! from the 119-item Optional Form that includes 9 extra sex-related questions.

^b The answer responses differ slightly from the original item

^c The question wording differs slightly from the original item

Office of National Drug Control Policy (ONDCP) Drug Free Community (DFC) Core Measures. The Drug-Free Communities (DFC) Support Program is a collaborative effort between the White House Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The primary purpose of the DFC Program is to strengthen collaboration among community entities and reduce substance use among youth. The DFC Program funds community coalitions that have formed to address youth substance use. Effective substance abuse prevention requires the participation of all key sector stakeholders in a community working together, and utilizing environmental strategies to achieve successful population level change over time. Four core measures must be collected and reported every two years on alcohol, tobacco, marijuana, and prescription drugs for three grades (6th-12th):

1. Past 30-day use (alcohol: 52, tobacco: 42, marijuana: 58, prescription drugs: 63)
2. Perception of risk or harm for alcohol, tobacco, marijuana, and prescription drugs (74–75, 77–78); OHYES also added similar question for vapor use (76)
3. Perception of parental disapproval of use for alcohol, tobacco, marijuana, and prescription drugs (79–80, 82–83); OHYES also added similar question for vapor use (81)
4. Perception of peer disapproval of use for alcohol, tobacco, marijuana, and prescription drugs (84–85, 87–88); OHYES also added similar question for vapor use (86)

This survey contains all the core measures (with the same wording) required for DFC grantees to collect and it is hoped that the survey might provide cost savings to communities.

Behavior Risk Factor Surveillance System (BRFSS). The Ohio BRFSS survey tracks health practices, health conditions and risk behaviors of adults 18 years and older. The Ohio Department of Health (ODH) has implemented the BRFSS survey in Ohio with support from the Centers for Disease Control and Prevention (CDC). The Ohio BRFSS conducts telephone interviews using landline and cell phones and, beginning in 2011, also used a mail survey. ODH collects enough data to for reliable measurement for eight metropolitan/urban counties of Ohio, (Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark and Summit) and by region (Northwest, Northeast, Central, Southwest and Southeast Ohio). Three Adverse Childhood Experience questions that Ohio includes on the BRFSS are in the OHYES!: household member mentally ill, household member with substance use issues, and household member incarcerated (35°); sexual abuse (36°); and parental separation emotional abuse, and physical abuse (37°).

SAMHSA National Survey on Drug Use and Health (NSDUH). The NSDUH provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. The Substance Abuse and Mental Health Service Administration (SAMHSA) sponsors the NSDUH. Section 505 of the Public Health Service Act authorizes the NSDUH, which requires annual surveys to collect data on the level and patterns of substance use. A scientific random sample of households is selected across the US; a professional interviewer visits each selected household. The selection and interview process ensures that NSDUH data represent the many different types of people in the United States. Estimates of data are available at the national, state, age group (youth, young adults, adults, everyone), and some sub-state levels. Six questions were used from the NSDUH survey: questions asked about prevention messaging (72, 73), perceived risk of same age others using drugs and alcohol (89–91), and parental involvement (110, 118). Because OHYES! includes questions that are comparable to national data sets, communities can understand how their youth compare to other groups and national norms.

Patient Health Questionnaire (PHQ4). The PHQ4 is an ultra brief depression and anxiety screening tool. Four questions on the OHYES! regarding mental health were included from this tool (29-32).

Community and Youth Collaborative Institute (CAYCI). The CAYCI is conducted by the College of Social Work at The Ohio State University. CAYCI focuses on the development of school-family-community partnerships and family support initiatives, the enhancement of youth development, sport, and after-school programming, and the assessment and evaluation of youth development, family support, and school social work practices. Specifically, the faculty and staff of CAYCI strive to build the capacity and leadership of multiple stakeholders

working with today's youth including school social workers, principals, district administrators, teachers, youth workers, and coaches. Four research-based surveys were developed to assess the overall wellbeing of children and youth. The surveys reflect students' perspectives, parent and guardian perspectives, and educator perspectives. Scales for the student surveys are included in the US Office of Safe and Healthy Students website. Five questions from these surveys were included in the OHYES!, three on school connectedness (104–106), and two on parental involvement (108–109).

Other Surveys: Other surveys that informed question choices included National Survey on Children's Health (11^{bc}), Communities That Care (CTC, 24), PRIDE Surveys (56, 61, 65), , Prevention Planning Survey, Search Institute Profiles of Student Life, and Monitoring the Future. A few miscellaneous items were added by stakeholders (13, 19, 33, 60, 70, 71, 98, 107, 112–115, 117, and 119).

SAMHSA National Outcome Measures (NOMS): The NOMS serve as performance targets for state- and Federally-funded programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. The NOMs embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and work, learn, live, and participate fully in their communities. MOS are collected in the areas of Mental Health Services, Substance Abuse Treatment, and Substance Abuse Prevention. NOMS reports are required for block grants and for discretionary grants. The OHYES! collects information on:

- Demographic factors: Gender, Hispanic, Race/Ethnicity,
- 30-day substance use
- Perceived risk of use
- Age at first use
- Perception of disapproval
- Prevention messaging
- Additional alcohol questions

SAMHSA grant requirements. Government Performance and Results Act (GRPA) indicators often required for discretionary grant report are collected by the OHYES!, including:

- Percentage of respondents who reported being in a physical fight on school property during the current school year
- Percentage of respondents who did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school
- Percentage of respondents who reported past 30-day alcohol use
- Percentage of respondents who reported any past 30-day use prescription drug misuse/abuse
- Percentage of respondents who reported any past 30-day binge drinking
- Perception of parental disapproval/attitude for underage drinking
- Perception of parental disapproval for prescription drug misuse/abuse
- Perception of peer disapproval/attitude for alcohol
- Perception of peer disapproval/attitude for prescription drugs
- Perceived risk/harm for binge drinking
- Perceived risk/harm for prescription drugs
- Family Communication Around Drug Use