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Practice Summary & Implementation  
Guidance

# Getting to 'Y': Youth Bring Meaning to the Youth Risk Behavior Survey

Getting to 'Y': Youth Bring Meaning to the Youth Risk Behavior Survey is a strengths-based, positive youth development initiative, whereby YOUTH are empowered to take the lead in interpreting their local youth health data and engaging with peers and community to improve youth health and wellness.



## Location

Vermont



## Topic Area

Family/Youth Engagement



## Setting

School-based



## Population Focus

Adolescent Health



## NPM

NPM 10: Adolescent Well-Visit



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# Section 1: Practice Summary

## PRACTICE DESCRIPTION

While there is a wealth of information on youth health and well-being in the bi-annual Youth Risk Behavior Survey (YRBS), it does not include a thoughtful and informed analysis of the 'why' behind the data. The Getting to 'Y': Youth Bring Meaning to the Youth Risk Behavior Survey (GTY) initiative was developed in 2008 by nonprofit UP for Learning in collaboration with the Vermont Agency of Education and has continued with support from the Vermont Department of Health (Maternal and Child Health division and Alcohol and Drug Abuse Programs). GTY seeks to promote youth engagement, voice and well-being by providing a forum where youth bring meaning to their local YRBS data and use their insights to create change. Through GTY, youth learn skills and gain tools to map existing assets; analyze local data and identify 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.

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.

## CORE COMPONENTS & PRACTICE ACTIVITIES

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. 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.
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 and explicitly names 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 intensive and rigorous research methodology elevates youth as critical research partners and allows them to share in all stages of the research design.

Getting to 'Y' engages youth as change agents in their school or community to improve adolescent health, using existing local YRBS 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 locally. This is accomplished using the following Practice Activities and Components:

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Peer to Peer Training	Core Teams attend training which is co- led by experienced youth and adults. Skills and tools are modeled by the trainers and practiced by the participants to prepare them for leading 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.
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; discussion of root causes of concern areas; initial brainstorm of solution ideas. The Core Team creates an executive summary to summarize their work.	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 experts, community members.	Sample agendas, planning lists and tools are available in the GTY Manual and can be customized by local teams.
Action	Core team members finalize and implement an action plan on their own	This step can be ongoing until new data is available. Some teams help in



	or with help that was recruited during the CDE.	the administration of the next YRBS, 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.	Reflection can include planning for keeping the team going in future years by recruiting new members and documenting successes and challenges.

## HEALTH EQUITY

Equity is enhanced by elevating all youth as experts in their lived experiences, applying their insights to validated data, and seeking understanding through dialogue. Varying participation and leadership options appeal to a broad spectrum of youth, and diverse representation is sought at all stages of GTY. Evaluations in both Vermont and New Mexico have shown increased health literacy among participants. As an indicator of health outcomes and use of health services, health literacy has been cited as an important factor in health equity.

UP for Learning supports and encourages inclusion of a diverse spectrum of youth and adults. We believe that all youth and adults can experience growth in confidence and agency and encourage schools to consider ways to recruit and engage new and emerging leaders to join with experienced leaders. We suggest intentional recruiting of youth and adults from all backgrounds and experiences to ensure that all voices are included. This may require flexibility and creativity to remove barriers and provide added support for some students and staff.

## EVIDENCE OF EFFECTIVENESS

Several evaluations of GTY have been conducted over the past decade and can be found at the [GTY website](#). The most recent evaluation outcomes are under consideration for publication in a peer-review journal and are summarized below.

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 the impact of Getting to 'Y' participation on individual youth. The evaluation used quantitative and qualitative measures.



At the start of their GTY involvement, 21 different core leadership teams attended a training and orientation day. Schools self-selected to enroll in GTY and had various methods for selecting or recruiting youth (grades 7 through 12) for the core leadership teams. All student leaders who attended the initial training and orientation day (148) took a pre-survey to establish a base-line value in five 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 Experiences<sup>1</sup> and the California Healthy Kids Survey<sup>2</sup>. The survey was again administered near the end of the school year, with 94 student leaders completing the post-survey.

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 equity<sup>3</sup>, with youth having the lowest rates of health literacy of any age group<sup>4</sup>. 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

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

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

<sup>3</sup> 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.

<sup>4</sup> 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.



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.

## Section 2: Implementation Guidance

### STAKEHOLDER EMPOWERMENT & COLLABORATION

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.

### 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.

### 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.

## PRACTICE TIMELINE

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Preparation for training of local core teams	Late summer through early fall 10 hours	GTY initiative coordinator and youth co-facilitators
Outreach and recruitment of local core teams	Late summer through early fall 10 hours	GTY initiative coordinator
Phase: Implementation		
Activity Description	Time Needed	Responsible Party



Train and orient local core teams	Early October 6 hours	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 hours for planning 4-6 hours for the event	Core team at each site
Core team writes Executive Summary and plans and leads Community Dialogue Event	January through February 5-8 hours for preparation, planning, and outreach	Core team at each site
Action Steps (site-specific)	February through May 4-30 hours	Core team at each site

## Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Core team reflection on their work	May 1 hour	Core team at each site
Recruit team for following year	May 2 hours	Core team at each site
Prepare end of year newsletter	May	GTY Initiative Coordinator and Core team at each site



	3 hours for Core Teams 10 hours GTY Initiative Coordinator	
Update materials and outreach	May – August 20 hours	GTY Initiative Coordinator

## 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 2: 16 hours of support 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
Evaluation	Analysis of local impact data (pre- post-surveys, focus group or other qualitative data) and report generation	N/A.	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.	N/A.	These costs will vary depending on the budget and decisions of each local site but should be minimal.
<b>Total Amount:</b>			<b>Year 1: \$48,000-54,000</b> <b>Year 2: \$35,000-42,000</b> <b>Year 3+: \$14,000-20,000</b>

## Budget for Small Regional Replication

Activity/Item	Brief Description	Quantity	Total
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	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.



	specialists, school nurses, youth advocates.		\$3,000
Local Data Analysis Retreat	Materials and printing (if in person); venue costs (if any); food (if any); transportation (if holding DAR off-site); internet access if conducted virtually	N/A.	\$0-200. Costs will vary depending on choices of local team and whether virtual or in-person
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.	N/A.	\$0-200. Costs will vary depending on choices of local team and whether virtual or in-person.
Local action steps	Action steps will vary, and teams may choose to implement no-cost actions	N/A.	\$0-200
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
		<b>Total Amount:</b>	<b>Year 1: \$13,000-14,000</b> <b>Year 2+: \$8,000-9,000</b>



## LESSONS LEARNED

Since GTY was first piloted in 2008, we have witnessed its impact firsthand 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

HSCSN continues to improve its transition efforts of young adults, with a dedicated transition care manager focused on young adults ages 18-25.

## RESOURCES PROVIDED

- 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.
- 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.



# APPENDIX

- Appendix 1: Getting to "Y" Conceptual Model

