

## **Description of Datasets for Influences Group (7. 15. 2010)**

### **Alaska Childhood Understanding Behaviors Survey (CUBS)**

**Description:** Alaska CUBS is administered by the Alaska Division of Public Health, Section of Women's, Children's, and Family Health. CUBS collects information about the health and early childhood experiences of three-year-old children and their mothers in Alaska through a follow-up survey to the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS randomly samples approximately 1/6 of all live births in Alaska 2-6 months after delivery. Mothers who completed the PRAMS survey are sent a CUBS survey when their child turns three years old. CUBS asks questions about both the mother and child. The survey instrument is revised about every three years. Topics covered by questions on the current survey include:

- Child behavior and development (including time spent reading to child, time child watches television, and age-appropriate skills)
- Nutrition and breastfeeding
- Use and type of child care
- Health care, including access, coverage, specialists
- Use of early learning and public health services
- Health conditions of the child
- Beliefs about immunizations and reasons for delaying immunizations
- Life stressors (child and maternal)
- Home environment
- Maternal experience of abuse from a partner (physical and emotional)
- Maternal mental health
- Maternal substance use (smoking and drinking)
- Demographic information (marital status, education, income)

**Population:** CUBS Survey data are weighted annually to represent all mothers of 3-year-old children in Alaska. Alaska-resident mothers who completed the PRAMS survey after their infant was born are sent a CUBS survey. CUBS asks questions about both the mother and her 3-year-old child. Mothers who have moved outside of Alaska are not eligible to participate in CUBS.

**Data Collection Methodology:** Mothers who complete a PRAMS survey are given an opportunity to complete a CUBS survey. When their child turns three years old, women receive a preletter telling them about the CUBS survey. This is followed by up to two survey mailouts. Women who do not respond to the mail survey and who responded to PRAMS by phone are followed up with phone calls and are offered the opportunity to complete the survey over the phone. Women who respond to the survey are sent a small thank you gift.

**Date or Frequency:** CUBS began as an on-going three-year follow-up to PRAMS in January 2008. About 115 mothers are sent a CUBS survey every month. Weighted data for the previous year are typically available in July or August.

**Response Rate:** The 2008 response rate was 49%.

**Strengths and Limitations:** Although 37 states have a PRAMS program, currently only three other states have an on-going follow-up survey of PRAMS respondents. CUBS is the only source of population-level data about the health, behavior, and experiences of young Alaskan children before they enter school. CUBS can also be used to evaluate factors present at birth or early life that increase risk for later adverse childhood outcomes. A limitation is that the initial CUBS sample is dependent on the PRAMS response rate, however in Alaska this has traditionally be very high and has always been above 70%. CUBS data also do not include families who moved to Alaska since the child was born. Like all surveys, CUBS data are subject to limitations related to self-report, sensitivity of questions and recall bias.

**Website:** <http://www.epi.alaska.gov/mchebi/cubs/default.stm>

### **Alaska Department of Education and Early Development (ADEED)**

**Description:**

**Population:** School age children.

**Data Collection Methodology:**

**Date or Frequency:** Ongoing Yearly

**Response Rate:** N/A

**Strengths and Limitations:**

**Website:** <http://www.eed.state.ak.us/>

### **Behavioral Risk Factor Surveillance System (BRFSS)**

**Description:** (From HHS) The objective of the Behavioral Risk Factor Surveillance System (BRFSS) is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. Factors assessed by the BRFSS include tobacco use, health care coverage, HIV/AIDS knowledge and prevention, and physical activity.

**Population:** Non-institutionalized civilian population 18 years of age and older.

**Data Collection Methodology:** BRFSS field operations are managed by state health departments, which follow guidelines provided by the CDC. These health departments participate in developing the survey instrument and conduct the interviews either in-house or through use of contractors. The data are transmitted to the CDC's National Center for Chronic Disease Prevention and Health Promotion's Behavioral Surveillance Branch for editing, processing, weighting, and analysis.

In 2005, all 53 states and territories used computer-assisted telephone interviewing (CATI). The core portion of the questionnaire lasts an average of 10 minutes. Interview time for modules and state-added questions is dependent upon the number of questions asked, but generally extend the interview period by an additional 5 to 10 minutes.

**Date or Frequency:** Data collection has been conducted yearly since 1984.

**Response Rate:** Across the 53 states and territories, the median overall response rate in 2004 was 41.2 percent (minimum was 22.0 percent and maximum was 63.4 percent). The overall response rate assumes that all likely households are households and that 98 percent of known or probable households contain an adult who uses the phone number.

**Strengths and Limitations:** Data are collected on a key policy issue, health. Multiple years of data are available.

**Website:** <http://www.hss.state.ak.us/dph/chronic/hsl/brfss/default.htm>

### **Bureau of Vital Statistics (BVS)**

**Description:** The state of Alaska collects information from all birth, death, marriage and divorce statistics in the state. From this data, BVS can provide information on infant mortality, cancer and chronic disease deaths, other leading causes of death, unintentional injuries, pregnancy rates, as well as marriage and divorce rates.

**Population:** The population includes all people who are born or who die in Alaska, as well as those married or divorced.

**Data Collection Methodology:** The data includes all vital statistics records in the state of Alaska.

**Date or Frequency:** Ongoing Yearly

**Response Rate:** 100%

**Strengths and Limitations:** The data is a complete snap-shot of all vital statistic information occurring in the state and the data can be used to assess trends over time.

**Website:** <http://www.hss.state.ak.us/dph/bvs/>

## **National Survey of Children's Health (NSCH)**

**Description:** Examines a wide range of data on the physical and emotional health of children ages 0-17 years of age such as:

- health and functional status,
- health insurance coverage,
- health care access and utilization,
- medical home,
- early childhood,
- middle childhood and adolescence,
- family functioning and parental health,
- neighborhood characteristics, and
- selected demographic characteristics.

**Population:** Children up to age 17

**Data Collection Methodology:** Data are collected over the household landline telephone. Telephone numbers are called at random to identify households with one or more children under 18 years old using the SLAITS model. In each household, one child is randomly selected to be the subject of the interview. The survey results are weighted to represent the population of non-institutionalized children 0-17 nationally.

**Date or Frequency:** The survey is conducted every 4 years. It was completed in 2003 and 2007.

**Response Rate:** 91,642 completed child-level interviews were completed in 2007. Approximately 1,700 surveys are done within each state and the District of Columbia. Multiple call back attempts are made to reach the child if at first they are unavailable.

**Strengths and Limitations:** Information from the survey is collected in a manner that allows for comparisons between states and at the national level.

**Website:** <http://www.nschdata.org/content/LearnAboutTheSurvey.aspx>

or

<http://www.norc.org/projects/national+survey+of+childrens+health.htm>

## **National Survey of Drug Use and Health (NSDUH)**

**Description:** The National Survey on Drug Use and Health (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. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an

agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS). To assess and monitor the nature of drug and alcohol use and the consequences of abuse, NSDUH strives to:

- provide accurate data on the level and patterns of alcohol, tobacco and illicit substance use;
- track trends in the use of alcohol and various types of drugs;
- assess the consequences of substance use and abuse; and
- identify those groups at high risk for substance use and abuse.

**Population:** Randomly selected individuals aged 12 and older.

**Data Collection Methodology:** A scientific random sample of households is selected across the United States, and a professional field interviewer makes a personal visit to each selected household. Once a household is chosen, no other household can be substituted for any reason. This practice is to ensure that NSDUH data represent the many different types of people in the United States.

After answering a few general questions during the in-person visit by the interviewer, one or two residents of the household may be asked to participate in the survey by completing an interview. It is possible that no one will be selected for the interview. If an individual is selected for the interview, their participation is voluntary, but no other person can take their place. Since the survey is based on a random sample, each selected person represents more than 4,500 United States residents.

Participants complete the interview in the privacy of their own home. A professional RTI field interviewer personally visits each selected person to administer the interview using a laptop computer. No prior computer skills are necessary. Individuals answer most of the interview questions in private and enter their responses directly into the computer so even the interviewer does not know the answer entered. For some items, the interviewer reads the question aloud and enters the participant's response into the computer. The interview takes about one hour to complete.

**Date or Frequency:** Since 1990 it has been conducted annually. 1972-1990: Conducted every two or three years.

**Response Rate:** In 2006, the study yielded a weighted screening response rate of 91 percent and a weighted interview response rate for the computer assisted personal interview (CAPI) of 77 percent. 9,000 interviews with people randomly selected from household paper survey. Since 1999, sample size has been around 70,000.

**Strengths and Limitations:** Large, Randomly Sampled National Dataset. Annual collection allows for Trends over Time. Limitations are that it excludes folks without households: homeless, military, living in dorms, living in institutions like jails, prisons, and hospitals.

Website: <http://www.oas.samhsa.gov/nsduh.htm>

### **Office of Children's Services (OCS)**

At this time, no OCS data is available for public use or distribution per attempts by Diane Casto and Deborah Hull-Jilly.

### **Pregnancy Risk Assessment Monitoring System (PRAMS)**

**Description:** The Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) Project is an on-going survey of mothers of newborns initiated by the State of Alaska Division of Public Health, Section of Maternal, Child and Family Health in 1990. PRAMS was developed by the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health and is part of CDC's initiative to reduce infant mortality and low birth weight. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and after pregnancy. PRAMS is currently conducted in approximately 40 states. The core portion of the questionnaire includes questions about the following:

- Attitudes and feelings about the most recent pregnancy
- Barriers to and content of prenatal care
- Use of alcohol and tobacco before and during pregnancy
- Awareness of benefits of folic acid
- Pregnancy-related violence
- Infant health care, sleep position, and breastfeeding
- Psychosocial support and stress

**Population:** The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate file. PRAMS samples nearly 1 of every 6 live births through a stratified random sample of birth certificates, with stratification conducted according to maternal race (Alaska Native and non-Native) and birth weight (<2500 g and  $\geq$  2500 g). Birth records are eligible for sampling when a minimum of two months and a maximum of six months have passed since the date of birth.

**Data Collection Methodology:** PRAMS uses a mixed-mode data collection methodology. Sampled women are given three opportunities to respond to the survey by mail. Telephone follow-up of mail non-respondents is also administered. Currently, a 30-minute phone card is given as an incentive to all mothers sampled.

**Date or Frequency:** Annual Ongoing. Started in Alaska in 1990.

**Response Rate:** Current weighted response rate (2008) is 71%.

**Strengths and Limitations:** PRAMS data is the prime population-based source of maternal and infant data in the state. It has been collecting data in Alaska for 20 years. It uses standardized data collection methodology which allows for comparisons among the other PRAMS states and for optimal use of the data for single-state or multistate analysis and allows for trends over time. Limitations include the fact that pregnancy issues can only be generalized to those resulting in a live birth.

**Website:** <http://www.epi.hss.state.ak.us/mchebi/PRAMS/default.stm>  
And <http://www.cdc.gov/prams/>

## **School Climate and Connectedness Survey (SCCS)**

**Description:** The School Climate and Connectedness Survey is a tool to gauge and improve overall school climate and ultimately raise student achievement. The survey was created for the Association of Alaska School Boards by the American Institutes for Research.

School climate refers to factors that contribute to atmosphere and attitudes in a school. Positive school climate is associated with:

- Well-managed classrooms and common areas
- High and clearly stated expectations
- Feeling safe at school
- Staff that consistently acknowledges all students and fairly addresses their behavior

Connectedness refers to students' school experiences and their perceptions and feelings about school. This includes feeling that:

- they belong and are a part of the school,
- adults in school care about them personally,
- their education is a priority,
- staff treat them with respect, and
- parents and community members are involved in school.

**Population:** There are two separate surveys: a student survey and a staff survey. For the student survey, the district determines the participating grades, usually 5th or 6th grade through 12th grade. All staff who have contact with students at those schools take the staff survey.

**Data Collection Methodology:** The SCCS was administered to staff and students in a small number of Alaska school districts in 2005 and to larger numbers in 2006, 2007, 2008, 2009 and 2010. The participating schools included elementary schools, middle schools, high schools, and a variety of charter and alternative schools. Districts and schools partnering with AASB are expected to participate in SCCS; many other districts

voluntarily opt in to the survey. All school staff serving students in grades 5 and higher were invited to complete the staff version of the SCCS.

**Date or Frequency:** Yearly since 2005.

**Response Rate:** In 2009, valid SCCS surveys were completed by 26,949 students and 5,177 school staff members in 225 schools from 24 school districts across Alaska. In 2010, there were 33,413 valid student responses and 5,931 valid staff responses from 33 participating districts. Most schools and districts have response rates over 60%, and ranging up to 100%.

**Strengths and Limitations:** Data is collected yearly for trend analysis. A large number of schools participate and the sample is growing each year, covering the majority of students in grades 5-12 for the past two years.

**Website:** <http://www.alaskaice.org/material.php?matID=529>

### **Youth Risk Behavior Survey (YRBS)**

**Description:** (From HHS) The Youth Risk Behavior Surveillance System (YRBSS) is an epidemiologic survey system established by CDC to monitor the prevalence of youth behavior that most influences health. The priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States include tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection; and behaviors that contribute to unintentional injuries and violence.

**Population:** The statewide YRBS is administered to students in grades 9 through 12 in public high schools excluding alternative schools, boarding schools, correspondence schools, charter schools and correctional schools.

**Data Collection Methodology:** The statewide YRBS uses a two stage probability sampling proportional to the eligible population. The first stage randomly selects high schools to participate; the second stage randomly selects classrooms within the selected high schools. The YRBS is voluntary and anonymous. In Alaska, it cannot be administered without written parent permission (active parental consent) per law AS 14.03.110, Students complete the self-administered questionnaire in their classrooms during a regular class period, and record their responses directly on a computer-scannable answer sheet. The answer sheet (with no identifiers) is then placed in a sealed envelope to ensure privacy.

**Date or Frequency:** Nationally the YRBS has been implemented since since 1991 on an every other year basis. The National School-based Youth Risk Behavior Survey data are available for public use. Alaska first started implementing the YRBS in 1995 and has had mixed success in implementing the survey on an every other year basis.

**Response Rate:** Overall survey response rate which is calculated from school participation rate, student participation rate and other factors must meet the minimum goal of 60% to be able to weight the data and generalize to the high school population. The national response rates vary from survey to survey, but usually meet the 60% requirement. In Alaska, the response rates have not always met the 60% threshold, in which case the data are not reported.

**Strengths and Limitations:** The YRBS is comprehensive, collecting data on key health issues, including health status, drug and alcohol use, tobacco use, and suicide as well as connectedness (in Alaska). Alaska data is comparable to national data and other state data. Data is self-reported but considered reliable. Multiple years of data are available for trend analysis on request. In Alaska, local school districts are offered the opportunity to conduct local YRBS surveys with support from the state. Local data can be requested from the school districts and is not released from the state without permission from the district

**Website:** <http://www.hss.state.ak.us/dph/chronic/school/YRBS.htm>

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