Global Youth Tobacco Survey

Data Release Policy

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Introduction

Tobacco is a major preventable cause of premature death and disease worldwide. Tobacco control requires an efficient and systematic surveillance mechanism to monitor trends in its consumption. The Global Tobacco Surveillance System (GTSS) addresses this need through its three components: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professional Survey (GHPS).

The GYTS, a school-based survey of students aged 13-15 years, collects and disseminates information on prevalence of tobacco use and consumption, media and advertising coverage, exposure to secondhand smoke, access and availability of tobacco products, cessation of tobacco use, and school curricula that incorporate issues related to tobacco use. The GYTS was developed in late 1998 and initiated in 1999 to assist countries in planning, developing, implementing, and evaluating their comprehensive tobacco control programs to protect young people from using tobacco.

This data release policy paper has been developed as a series of discussions between the lead agencies—the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). The purpose of this paper is to define the partners' roles formally, state the policies and procedures for data collecting and processing, and state details regarding release of the GYTS data. This paper is to ensure standardization of country-level GYTS development and serve as a reference guide for GYTS implementation and dissemination.

Section 1
Partners and Partners' Roles

The GYTS functions as a multi-partner project representing global, regional, and national associates. Its purpose is to assist countries in assessing and responding to their particular situation and needs. Countries should use the GYTS as a mechanism to guide the development, implementation, and evaluation of their tobacco control programs as part of their national capacity building process. By adopting the WHO Framework Convention on Tobacco Control (FCTC), GYTS can also serve as a primary data source in monitoring many of the FCTC articles.

At the global and regional levels, WHO (headquarters and the six regional offices) and CDC are the lead agencies managing the GYTS. At the national level, the GYTS is managed through the governments, as defined by the countries' policies and procedures and their contracts with global partners. CDC plays a predominantly technical role; WHO is primarily responsible for GYTS management and implementation.

WHO Headquarters

The role of the WHO headquarters (HQ) is to provide a global policy framework for implementing and using GYTS data. In particular, HQ facilitates the GYTS process through coordinating the efforts of the regional offices (ROs) and other programs, developing partnerships, disseminating data, and ensuring capacity building and political commitment.

WHO Regional Offices
The six WHO ROs plan, organize, operate, and manage the GYTS for countries within their respective regions. The ROs serve as the center for disseminating data, promoting political commitment, and urging countries to implement and distributing GYTS results in their respective regions. The ROs work collaboratively with the global partners in selecting the countries, training and analysis workshop plans and management, and administrating the funds for GYTS implementation. ROs collaborate with CDC to train countries in the collecting and analyzing of their country's GYTS data. The ROs cooperate with WHO country representatives in the GYTS process.

CDC
CDC is a WHO collaborating center for the GTSS and has a cooperative agreement with WHO. CDC provides financial and technical support for GYTS, including survey design and sample selection, training research coordinators (RC) for fieldwork implementation procedures, data management and processing, initial tabulation of the data, and training the RC to analyze the data. CDC also serves as the GYTS data-coordinating center.

National Governments
National governments participate in GYTS by committing resources to the project, allying with national sponsors, nominating the RCs, facilitating the survey, making certain that the country's report is completed in a timely manner, ensuring continuity, using GYTS results for development of policy and national tobacco control programs, and monitoring the implementation of national tobacco control programs and FCTC when applicable. National governments cannot use funds received either directly or indirectly (e.g., through a non-tobacco company controlled by a tobacco manufacturing company) from the tobacco industry to finance any aspect of the GYTS. National governments should obtain a commitment from the RCs and the national sponsors selected by them not to use funds received directly or indirectly from the tobacco industry to finance any aspect of their contribution to, or their participation in, the GYTS. National governments should also assure, to the extent possible, that RCs and national sponsors hold no other tobacco industry-related interests that could influence their participation in the GYTS.

GYTS Country Research Coordinator
The WHO ROs are responsible for contacting each country within their region to ascertain the countries' interests for participating in GYTS. The selection of countries is based on mutual agreement between national and global partners and the availability of funds. The WHO ROs work in collaboration with governments to select the appropriate RC (institution and/or individual) within the country to implement the GYTS. Some countries may have several survey sites, and separate RCs per site may be selected. The RC is responsible at the survey site or the country level for survey implementation, data collection, analysis, publication, and dissemination.

Associate Partner
An associate partner is an agency or organization that collaborates with the lead agencies to provide financial and/or technical assistance. The associate partner agencies enter into a

partnership through a memorandum of understanding with lead agencies. This memorandum of understanding contains a clause stating the associate partner guarantees that it will not use funds received either directly or indirectly from the tobacco industry for the purpose of its contribution to the GYTS and that it has no other interests concerning the tobacco industry that could influence its contribution to, or participation in, the GYTS.

The management committee must approve all potential associate partners. In no case should an associate partner directly interact with a country without the involvement of WHO and CDC. The Canadian Public Health Association (CPHA) has been an important associate partner for the GYTS and has sponsored workshops and funding implementation costs for selected countries.

Data Coordinating Center

CDC is designated as the data coordinating center and depository for the GYTS data. CDC provides technical assistance for survey design and sample selection, fieldwork procedures, data management processing (including scanning the forms and editing and weighting the data), and initial data analysis. This coordination function is vital to the continued success of GYTS in three ways:

1. Individual countries can be assured that their data will receive high quality support.
2. As countries begin to repeat the GYTS, they will be assured that their analysis of trends will be grounded in strong and consistent statistical procedures and practices.
3. The standardized process will enable cross-country analyses that will be important to the direction and development of global tobacco programs and policies.

Resources

Funding for the GYTS can come from a variety of sources. When funding is made available through WHO, the appropriate contractual agreement will be issued by the RO to the RC. In cases when funding is made available directly to the country by associate partners, the appropriate contractual agreement from the associate partners will be used; it will be signed by the country and the funding partner; and the RO will be informed. When funding comes from a national sponsor, the RC has to execute the contractual agreement with that entity. Regardless of the funding source, all participating countries must adhere to the standard operating procedures of the GYTS.

Section 2
Data Collecting and Processing

Data Collecting

Agreement for National Data Collection

Before collecting data, all RCs must participate in a training workshop, organized by the WHO RO in collaboration with other partners, to ensure a common methodology and unified procedures. This training assures continuity across the regions; consistency in sample design, selection procedures, and questionnaire development (ensuring the core remains intact); and uniformity in field procedures for data collection.

Organization of the Training Workshop

1. The ROs and CDC jointly set a date and name a place for the training workshop.
2. The ROs in cooperation with CDC, and associate partners when applicable, arrange the logistics and timing for the regional GYTS training workshops.
3. The ROs and CDC prepare all materials for the training, send school enrollment files and data needs to countries, and ask each country to prepare a short presentation for the workshop describing the country's educational system and its efforts to control tobacco use among youth.
4. The ROs in collaboration with CDC, and associate partners when applicable, will conduct the GYTS training workshop.
5. CDC and ROs (and associate partners when applicable) will work with each country to develop the sample frame and design. CDC in collaboration with ROs (and associate partners when applicable) works with countries on all issues concerning the sample design and sample selection.

Collection of National Data

At the end of the training workshop, the RCs for each participating survey site or country will have a clear understanding of all issues concerning the GYTS implementation. The national government ensures that survey data collection is completed within six months after the training workshop. To ensure successful collection of national data, the following steps are taken:

1. The RO and, when applicable, associate partners follow up with the countries on all budget issues.
1. The RO, CDC and, when applicable, associate partners work with the countries to review their questionnaire.
2. CDC and the RO collaborate with the countries on all issues pertaining to sample selection.
3. CDC provides the countries and/or survey sites with survey supplies (e.g., answer sheets and header sheets).
4. CDC provides ongoing technical assistance to the ROs and RCs during the implementation phase.

Data Processing

After completing the data collection phase of GYTS, the RCs send the survey forms (answer and header sheets and school and classroom level forms) to CDC for data processing. For each survey site, the sheets are optically scanned, a data file is prepared and edited, and survey weight adjustments are applied. CDC staff and the RC and RO interact throughout the cleaning and editing of data files. After the data file is completed, CDC produces 100+ weighted frequency tables and 100+ preferred tables. CDC drafts a one-page fact sheet highlighting the main GYTS findings. The final data file, tables, and fact sheet are sent to the corresponding RC via e-mail and as hard copy.

Data Definitions

Raw Data - Non-Tabulated

The survey is conducted among students in selected schools. Each student completes a questionnaire with responses coded as filled-in bubbles on answer sheets. CDC uses optical

scanning hardware to extract data from these sheets. Scanned data files proceed through a data-cleaning process that includes a match of record length to scanned format, review of faulty response to an item (i.e., out of range or missing), and logic edits. Each data record is weight-adjusted for school, class, and student non-participation. Finally, all records are adjusted for grade and gender stratification. Individual questionnaires are represented by a single row of data, each row containing responses from all questions. Additional identifiers on each row correspond to weight, STRATA, and PSU (primary sampling unit) (Fig. 1). Weight includes all final adjustments for sample selection, non-participation, and post-stratification. STRATA and PSU are based on the sample design. These rows of data are considered **raw data**.

Fig. 1. Example of a row of raw data

Responses from GYTS questionnaire	Weight	STRATA	PSU
abdbcefda...for all questions...	XX	YY	ZZ

Tabulated Data

The raw data are used in calculating **tabulated data**. As part of the data processing for GYTS, CDC prepares two types of tables: (1) weighted frequency tables and (2) preferred tables. The weighted frequency tables are produced as separate tables for each question in the country's questionnaires. Tabulations are reported for total participants, gender, and grade levels (Fig. 2). A codebook specific for each country's questionnaire includes a listing of all questions and all response categories for each question. Unweighted frequency counts are included for each category response, for each question. All GYTS questionnaires contain 56 core questions and any other questions added by the individual country. CDC produces a set of preferred tables. This set translates each core question, according to historical classification and including cross-comparisons, into variables used as indicators to monitor tobacco activity within the country. An example of a preferred table entry is the translation of the question "Have you ever smoked cigarettes, even one or two puffs?" into the variable "ESMOKER." Each country receives documentation describing how each preferred variable is created. Together, the weighted frequency and preferred tables are the **tabulated data.**

Fig. 2. Sample of Weighted Frequency Table (% of current smokers)

Survey Question: Where do you usually smoke? (Select only ONE response)		Total	Male	Female	Grade 6	Grade 7	Grade 8
Responses	At home	27.7	20.9	32.2	43.3	26.6	20.5
	At school	8.0	3.2	10.8	4.9	11.5	1.7
	At friends' houses	26.3	25.2	26.4	21.3	21.4	38.3
	At social events	5.7	4.0	6.7	0.0	1.3	10.2
	In public spaces (e.g., parks, shopping centers, street corners)	17.5	27.1	12.0	7.4	23.9	19.6

Data Analysis

After the data have been collected and processed, RO and CDC, in collaboration with associate partners, conduct data analysis workshops. Their purpose is to provide country coordinators with hands-on training to enable in-depth analysis of their data sets. Workshop

participants include RCs who have completed the survey and have received their data files or those who have implemented the survey. Data analysis workshops provide training in using EpiInfo (free software that includes procedures for analyzing complex survey data) and in writing the country's report.

Section 3
Data Release

Part I
Tabulated Data

CDC sends the initial data file, tables, and fact sheet to the RC for review and use. When these items are sent defines the data's initial release date. After the country approves the fact sheet, the data and tables are sent to the corresponding WHO RO. After the RC has attended a data analysis workshop, the data and tables are sent to WHO HQ. At this point, data are considered final. If changes (e.g., corrections, new tabulations, etc.) are made to the data at any stage, then ALL parties that have previously received the data, tables, and fact sheet must be sent new versions.

Within the first year of approval of the final data, the RCs are encouraged to use their country's data for presentations and publications. CDC, WHO HQ, and WHO ROs agree on the following regarding their own use of approved country data:

1. For internal dissemination and presentations (e.g., government officials, ministries), external dissemination (e.g., for policy intervention purposes or to NGOs), there are no restrictions on data use.
2. For external presentations (e.g., professional audiences, professional conferences, and meetings that require abstract submission), the RC must be informed for the first year after approval of the final data.
3. For publications (e.g., peer-reviewed articles, abstracts, print and web-based reports), the RC must be informed during the first year after approval of the final data

Any other use of a country's data within the first year requires approval by the RC, CDC, and WHO (HQ and RO). After one year, the data are open to everyone as a public-use dataset.

Country Fact Sheet

The following are procedures for release of countries' fact sheets. CDC prepares a draft of the country's fact sheet and sends copies to the corresponding country RC and WHO RO at the time the initial data are sent to the RC. RCs have one month to review and revise the draft fact sheet and to submit the draft to the government. RCs then return the final fact sheet to the corresponding WHO RO. Within one month, the RC should obtain official government agreement to release the fact sheet on applicable Web sites (CDC, HQ, regions). If an RO has not heard from the RC by one month after the initial data release, then the RO may contact the country directly to obtain approval for release of the fact sheet on the Web sites. The maximum time to release on Web sites is two months. Copies of the final fact sheet are sent to WHO HQ and, when applicable, to associate partners. The final version is subsequently uploaded onto the websites of CDC, WHO HQ, the corresponding WHO RO, and the country (when applicable).

Country Report
The draft report of a country should be available, preferably, at the end of the data analysis workshop attended by the RC or, at the latest, within three months after that workshop. The final country report must be completed within four months of the data analysis workshop attended by the RC. When the country report is final, the corresponding WHO RO should obtain official government agreement to release the report on applicable Web sites (CDC, HQ, regions). Copies of the final country report are sent to HQ and, when applicable, to associate partners. The final version is subsequently uploaded onto the Web sites of CDC, WHO HQ, the corresponding WHO RO, and the country (when applicable). If the RC does not complete the draft report within four months of the data analysis workshop, then the RO will contact the government to attempt to obtain the draft. If necessary, a new country RC may have to be selected to complete the draft. If the RC does not complete the final report within four months of the data analysis workshop and if a draft report is available, then the RO will contact the government to obtain its agreement to review and finalize the draft report. If the RC does not grant permission to put the country's report on the Web sites, then the RO will contact the government to obtain its agreement to post that report on the Web sites. If the country does not grant permission, then the country's report will not be posted.

Press Releases
Press releases are issued at the discretion of the country, CDC, and WHO. These entities can generate such publicity at any time after the data files and fact sheets are available. Any organization issuing a press release should inform the country, CDC, and WHO of the event.

Country Articles
The country coordinators can initiate the writing of articles on any specific topic with a view to publication in peer-reviewed or other journals. The country coordinators may seek collaboration with the partnering agencies in preparing articles, and they will decide which individuals to credit and the sequence of authors' names in published articles. Funding and technical support from WHO, the regional and country offices, and CDC should be appropriately acknowledged in any such publication.

Presentations
To facilitate presentations at conferences incorporating the data from GYTS, the fact sheets for each site have been placed on the GYTS Web site. The fact sheets provide extensive information that can be used in any scientific presentation on the condition that appropriate credits are provided. If any new information is included from the data file, then the procedure established for cross-country papers needs to be followed.

Cross-Country Articles
Before data are released, a GYTS collaborative group may write a cross-country article. The composition of the group can vary depending on the topic, the persons taking the lead in performing the analysis, and the countries included in the analysis. The group should include all country coordinators whose data are being included, GYTS coordinating officials from WHO, the regional and country offices, and the technical GYTS-related personnel at CDC, and the associate partners. The group may also add other experts according to the topic and the need. Cross-country articles are those written by the GYTS collaborative group before the

data are released publicly. A draft of the article should be circulated to all members of the GYTS collaborative group and any others deemed appropriate.

WHO or CDC Logo

According to WHO and CDC regulations and policies, the use of the name and emblem of WHO or CDC by national governments, research coordinators, national sponsors, or any other entities when publishing or presenting GYTS data requires explicit permission from WHO or CDC. Note that the use of the name and emblem of WHO [or CDC] by third parties is strictly regulated and is normally not allowed other than in the case of a joint publication with WHO [or CDC].

Part II
Raw Data or Non-Tabulated Data

Below are four specific issues defining external data release:

1. What products to release
2. What data to release
3. When to release the products and data
4. How to release the products and data

1. What products to release

The following will be released:

- Raw data – all data related to tobacco questions; sample design variables (STRATA, PSU, and FWEIGHT)
- Codebook – serves as the questionnaire – showing each question and the response categories

2. What data to release

All tobacco-related data and STRATA, PSU, and FWEIGHT will be released. Countries can ask that specific variables be omitted.

For additional information or country-specific information, the partners will refer requests to the respective ROs.

3. When to release the products and data

Data will be released one year after country RCs receive final data from CDC.

4. How to release the products and data

First, each person requesting GYTS data must complete the GYTS dataset registration form online. This form is meant to track users of the data—it is not intended for approval.

Second, after the form has been submitted online users will have access to the data.

GYTS — Global Youth Tobacco Survey

The GYTS is a collaborative project of the Centers for Disease Control and Prevention (CDC), The World Health Organization (WHO), and the Canadian Public Health Association (CPHA)

The GYTS dataset application requires online registration to view the GYTS datasets. The registration form asks each person to identify the GYTS topic or topics of interest, it also asks for contact details (Institute, Street, State, City, Zip/Postal Code and Country). This data will be stored at CDC. However, ownership of user-supplied data remains with the user. CDC does not own user-supplied data. CDC's purpose in collecting this data is for use by the World Health Organization (WHO) Region tobacco control focal points, as contact information for those in their region who have special interest in specified tobacco topics.

Once the users complete and submit the online registration form, they will have access to the datasets by logging in at www.cdc.gov/tobacco/GYTSDataSets.

Should you have any queries, please e-mail
GTSSInfo@cdc.gov

Acknowledgments

All publications using GYTS data must contain the following acknowledgment and disclaimer:
"The GYTS is a collaborative project of WHO/CDC/participating countries [also include Associate Partners when data are used from countries in which they were involved]. Analyses of GYTS data are not necessarily endorsed by the WHO/CDC/participating countries."

Accuracy

The GYTS partners do not warrant that the information contained in your publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

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Websites

http://www.cdc.gov/tobacco/global/gyts.htm

http://www.euro.who.int/eprise/main/WHO/Progs/TOB/Home

http://www.emro.who.int/TFI/TFI.htm

http://www.paho.org/Project.asp?SEL=TP&LNG=ENG&CD=SMOKE

http://www.wpro.who.int/tfi/default.cfm

http://www.who.int/tobacco/en/

Glossary

AFRO — WHO African Regional Office

CDC — U. S. Centers for Disease Control and Prevention

CPHA — Canadian Public Health Association

EMRO — WHO Eastern Mediterranean Regional Office

EURO — WHO European Regional Office

FCTC — WHO Framework Convention on Tobacco Control

FWEIGHT — statistical sample design element—final weight factor—applied to each record in the GYTS analysis file

GHPS — Global Health Professional Survey

GSPS — Global School Personnel Survey

GTSS — Global Tobacco Surveillance System

GYTS — Global Youth Tobacco Survey

PAHO — Pan American Health Organization

PSU — Statistical sample design element—primary sampling unit—used in the analysis of the GYTS data

RC — Research coordinator

SEARO — WHO South East Asia Regional Office

STRATA — statistical sample design element used in the analysis of GYTS data

WPRO — WHO Western Pacific Regional Office

WHO — World Health Organization

HQ — headquarters, namely, WHO/Tobacco Free Initiative headquarters in Geneva

RO — regional office, namely, the six regional offices of the WHO/Tobacco Free Initiative