

Global School-based Student Health Survey (GSHS)

Data Policy

For more information:

www.cdc.gov/gshs or
www.who.int/chp/gshs/en/



Global School-based Student Health Survey (GSHS)

Data Release and Publication Policies and Procedures

2005

This document presents data release and publication policies and procedures for the Global School-based Student Health Survey (GSHS).

GSHS data release and publication policies and procedures are based on the following guiding principles:

- GSHS data are owned by the official country-level agency (ex. Ministry of Health) conducting or sponsoring the survey.
- Public health and scientific advancement are best served by an open and timely exchange of data and data analyses.
- The privacy of participating schools and students must be protected.
- Data quality must be maintained.

Data Release and Publication Policies and Procedures

Data Coordination Center. CDC serves as the Data Coordination Center. All data processing (scanning, cleaning, editing, and weighting) is conducted at CDC. All finalized (i.e., cleaned, edited, and weighted) GSHS data sets are stored electronically at CDC.

Country approval of final reports. Upon completion of data processing at CDC, each Survey Coordinator receives a final report from CDC. The final report will consist of an electronic copy of the cleaned, edited, and weighted data set; a code book; a detailed report; and a fact sheet. The Survey Coordinator has 2 months to indicate to CDC via email approval of the final report. It will be assumed that Survey Coordinators not responding during this period have no objections to the final report.

Fact sheets. The fact sheet summarizes data for students aged 13-15 years from the core GSHS questionnaire modules. Once the Survey Coordinator has approved the final report or 2 months after receipt of the final report from CDC or which ever comes first, the fact sheet is considered approved and is placed on the GSHS web site.

Country-specific reports. The Survey Coordinator has 2 years after approval of the final report to produce any country-specific reports and other publications they desire. This is called “the two-year window.” It is strongly recommended that each country develop at least one country-specific report during this time. These country-specific reports will be placed on the GSHS website as soon as they are completed and released in-country. GSHS Data Analysis and Reporting Workshops will be conducted to help build the capacity of countries to develop country-specific reports. The Survey Coordinator may share her/his data set or

ask CDC to share her/his data set during the two-year window upon request from others interested in conducting their own analyses or generating their own reports with country-specific data. CDC will not share a data set during the 2-year window without Survey Coordinator approval.

Authorship of country-specific reports. Authorship of country-specific reports during the 2-year window should be determined by the Survey Coordinator. It is strongly recommended that Survey Coordinators use the country-specific report as an opportunity to acknowledge the contributions of all in-country collaborators.

Public access. At the end of the 2-year window, the data set and code book associated with the core GSHS questionnaire modules will be made available to the public on the GSHS website. Data from core-expanded questions and country-specific questions will not be made public. No school or student identifiers will be included in the public use data set. Once data sets are made public, any GSHS Survey Coordinator, WHO Regional Office representative, collaborating agency representative, or anyone else interested in developing cross-country or country-specific publications may do so. It is recommended that lead authors of these publications notify CDC of their intent, to help avoid duplication of analytic ideas.

Cross-country publications. Using the electronic files at CDC, WHO and CDC lead the development of cross-country publications summarizing core questionnaire module data from participating countries during and after the 2-year window. WHO and CDC will consider data available for cross-country publications once the Survey Coordinator has approved the final report or 2 months after the Survey Coordinator has received the final report or which ever comes first.

Authorship of cross-country publications. Cross-country publications are co-authored by WHO, CDC, and any person who has a substantial role in the writing or analysis used in the publication. The authors may choose to write “on behalf of” or “for” the Survey Coordinators, WHO Regional Office representatives, and collaborating agency representatives depending on the standard practice or preferred approach of the intended journal. The GSHS Survey Coordinator from each included country, WHO Regional Office representatives, and collaborating agency representatives will not be listed as co-authors unless they play a substantial role in the writing or analysis of the cross-country publication.

Acknowledgements in cross-country publications. In cross-country reports produced by WHO and CDC, one person per included country, preferably the Survey Coordinator; WHO Regional Office representatives; and collaborating agency representatives will be acknowledged in a table or footnote in the publication so that their contributions can be appropriately recognized.

Review of cross-country publications. All co-authors, the GSHS Survey Coordinator from each included country, WHO Regional Office representatives, and collaborating agency representatives are given an opportunity to review and provide input into the cross-country publications produced by WHO and CDC before they are submitted for publication. This

review period typically will be two weeks in length. It is assumed that persons not responding during this period have no objections to the report as written.