GTSS Global Youth Tobacco Survey (GYTS)

Data Release Policy

World Health Organization

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Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide. Approximately 5.4 million people die each year due to tobacco-related illnesses-- a figure expected to increase to more than eight million a year by 2030. If current trends continue, tobacco use may kill a billion people by the end of this century. It is estimated that more than three quarters of these deaths will be in low- and middle-income countries[1]. An efficient and systematic surveillance mechanism is essential to monitor and manage the epidemic.

The Global Tobacco Surveillance System (GTSS) is a set of globally standardized surveys to monitor tobacco use and key tobacco control policies. It comprises both youth and adult surveys. Launched in 1999, the Global Youth Tobacco Survey (GYTS) is a global standard for systematically monitoring youth tobacco use and tracking key tobacco control indicators. GYTS assists countries to enhance their capacity to design, implement, and evaluate tobacco control interventions. It is an important tool to assist countries in supporting WHO MPOWER, a package of six evidence-based demand reduction measures contained in the WHO's Framework Convention on Tobacco Control (FCTC).

The purpose of this policy paper is to define the partners' roles formally; affirm the policies and procedures for data collection and processing; and state conditions regarding release of the GYTS data. Statement of these policies will also ensure standardization of procedures and serve as a reference guide for the implementation and dissemination of surveys.

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 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. WHO is primarily responsible for GYTS management and implementation while CDC plays a predominantly technical role.

WHO Headquarters

The role of 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 Regional Offices (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 distribute 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 collecting and analyzing their country's GYTS data. The ROs collaborate with WHO country representatives in the GYTS process.

CDC

CDC is a WHO collaborating center for GYTS 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 Data-Coordinating Center (DCC) for GTSS, including GYTS.

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 the 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 organizations 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 organizations 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 the national governments to select the appropriate Research Coordinator (RC) (institution and/or individual) within the country to implement the survey. Some countries may have several survey sites, and separate RCs per site may be selected. The RC is responsible for the survey site or the country level for survey implementation, data collection, analysis, publication, and submit the report to the national government for dissemination.

Associate Partner

An associate partner is an agency or organization that collaborates with the lead agencies (WHO and CDC) 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 GYTS management committee must approve all potential associate partners. In no case should an associate partner directly interact with a country without the involvement of the lead agencies.

Data Coordinating Center

CDC is designated as the Data Coordinating Center and depository for all GTSS data, including GYTS. 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 Collection and Processing

Data Collection

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 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.
2. The RO, CDC and, when applicable, associate partners work with the countries to review their questionnaire.
3. CDC and the RO collaborate with the countries on all issues pertaining to sample selection.
4. CDC provides the countries and survey sites with survey supplies (e.g. answer sheets and header sheets).
5. 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 with 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.

Fig. 1. Example of a row of raw data

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

STRATA and PSU are based on the sample design. These rows of data are considered **raw data**.

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)*							
Responses		Total	Male	Female	Grade 6	Grade 7	Grade 8
	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 report.

Section 3: Data Release

Part 1: Tabulated Data

CDC sends the initial data file, tables, and fact sheet to the RC for review and use. The date at which 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. The lead agencies agree on the following regarding their own use of approved country data:

1. For internal dissemination and presentations (e.g. government officials, ministries) and for policy purposes, 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 lead agencies. 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 and WHO). 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 and WHO). 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, 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.

Country Articles

The country coordinators can initiate the writing of articles on any specific topic with a view to publish 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 GTSS 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, 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 national and global partners and other agencies. 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 and/or CDC. Note that the use of the name and emblem of WHO [and/or CDC] by third parties is strictly regulated and is normally not allowed other than in the case of a joint publication with WHO [and/ or CDC].

Part II: Raw Data or Non-Tabulated Data

Below are three specific issues defining external data release:

1. What products to release
2. What data to release
3. When 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 receives final data from CDC.

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

Websites

http://apps.nccd.cdc.gov/GTSSData/default/default.aspx

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

http://www.euro.who.int/tobaccofree

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

http://www.paho.org/English/AD/SDE/RA/tobdefault.htm

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

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

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

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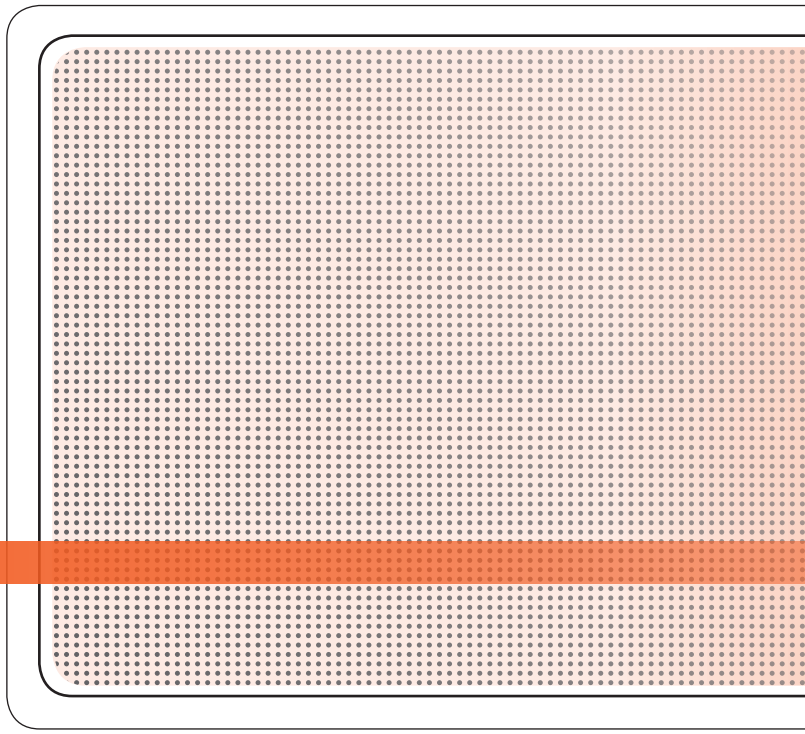

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