



Manitoba Youth Health Survey Data Access Request Form

Please submit this request form and any attachments electronically to contact@healthincommon.ca. If certain attachments are only available in hard copy, please advise us by email, and forward those attachments by mail to:

YHS - Partners in Planning for Healthy Living, c/o Administrative Assistant, Health in Common, 100-6 Donald Street, Winnipeg, Manitoba R3L 0K6 Phone: 204 -949-2001 / 1-800-731-1792

Instructions:

- This form is to be completed when requesting aggregated¹ and anonymized² Youth Health Survey data held by CancerCare Manitoba for the Manitoba Regional Health Authorities.
- Filling out the form in Adobe Reader: Use the cursor to advance to the next input field, with the document text being protected from inadvertent changes. Checkboxes may be checked by clicking with a mouse. Once completed, save the document and submit electronically, together with any required attachments, to the email address above. A copy may be printed for your records.
- If you have questions or require further information regarding data content, please contact the above individual.

The Manitoba Youth Health survey database

The Manitoba Youth Health Survey (YHS) data is based on surveys conducted with students in grades 9 – 12 in all 11 Manitoba Regional Health Authorities (RHA). The survey is a 51-item multiple choice questionnaire on health behaviours related to tobacco, nutrition, physical activity, self-esteem and school connectedness. The final sample represents a census of Manitoba students in grades 9 to 12 from a total of 265 schools. Participation in the survey was completely voluntary and anonymous. YHS data is collected and owned by each individual RHA.

The YHS database is housed on a secure server at CancerCare Manitoba (CCMB) and CCMB is, therefore, considered to be the trustee of the data. Request for access to the database will only be made through CCMB and not the individual RHA's. **This data is only available at the provincial level. No RHA, school or community specific data will be released.**

The purpose of the YHS is to provide local schools and RHA's with current region-specific information about risk factors for chronic disease in youth. Findings from the survey are intended for use by local area planners for health promotion planning and evaluation activities. The results are not age or sex standardized across regions and are, therefore, not suitable for comparisons between regions.

The YHS provincial database is available for use to community, government and university researchers seeking to carry out activities that will further enhance and advance our understanding of youth health and well-being in Manitoba. The Youth Health Survey applied community-based approaches and principles to data collection, analysis, interpretation and dissemination. To that end, all data access requests will be considered in the spirit of respecting the needs and priorities of the communities that provided their information for study.

¹ Aggregated data presents the total number of occurrences within a defined population (stratified by age, gender, or geographic area) or over a given time period.

² Anonymized data excludes any information that when combined with other information or linked with other databases could allow the individual to be identified.

I. General Information

(For office use) Request # _____

Date of request (YYYY-MM-DD):

Date data is required:

Title of Proposal (if applicable):

Name of Principal Investigator who will be responsible for the data:

List all others who will have access to the data (e.g. co-investigators, collaborators):

Affiliation or Organization:

Address:

Postal Code:

Email:

Phone:

Fax:

Have you engaged with any community partners to conduct this research? Please explain.

II. Planned Use of the Information

Description of the request: (<350 words) Please provide a general description of the planned use of the information, including its purpose and the proposed analytical methodology.

Purpose of the request:

Please check all that apply:

- Research
- Education
- Planning or delivering a program or policy
- Evaluating or monitoring a program or policy
- Lecture, presentation, rounds
- Other Please explain

Is the data going to be published? Yes No

Grant funding:

Have you received grant funding for this project? Yes No Pending

From whom?

For what amount?

Approvals: (Attach copies of all ethics proposals and approvals.)

Please check all that apply:

University of Manitoba Research Ethics Board: Date:

CCMB Research Review Impact Committee: Date:

Other Committee approval: Date:
Name of "other" committee/facility:

Awaiting approvals: Date:

No Committee approval required: (reason)

III. Specific Data Required

- (a) Please list the specific data elements you are requesting and describe in general terms how the information to be collected relates to the study's purpose, hypotheses, and study questions. If the information does not relate directly to these, provide explanation as to why the information is required. (If additional space is required, please submit in attachment).
- (b) Please indicate when you are expecting to begin analyses.

Note: Data extractions by CCMB are performed on a priority basis and meeting your timelines cannot be guaranteed. Once your request is received and the programming time required for the extraction determined, an estimated delivery date will be provided.

IV. Other Information

Please provide any other information relevant to this application.

1. This request will be reviewed to determine if there are cost recovery requirements.
2. The Requester will sign a Manitoba YHS Research Data Sharing Agreement once the Provider has approved the data access request and has agreed to share the requested data with the Requester.
3. Prior to publication(s)/presentation(s) of *Youth Health Survey* data, final copies of presentations/papers or any other type of publication are to be sent to the attention of Administrative Assistant, Health in Common, 100-6 Donald Street, Winnipeg, Manitoba R3L 0K6.

PLEASE NOTE: There may be costs associated with the release of the requested data.

Office Use Only:

Data Request File Number: _____

Received on: _____

Data Access Review Panel Decision? Approved Not Approved

Cost-recovery required? Yes No Estimate: \$ _____

Expected Completion Date: _____

Date

Name

Programmer: _____

Actual Completion Date: _____