



Our vision is to provide a community in which all area youth feel safe and connected; a community in which youth are empowered to be healthy, resilient, and compassionate members of society; and, a community in which young people positively contribute and impact future generations.

Community Assessment Report Marinette & Menominee Counties

June 2018 Update

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Communities That Care of Marinette & Menominee Counties

Risk & Protective Factors Assessment Workgroup

Sponsored by:

Tri-City Area United Way

Menominee County Intermediate School District

Northcare Network

Community Assessment Outline

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Introduction

The Marinette & Menominee Communities That Cares (CTC) prevention model looks to better the lives of our youth and in turn the entire community. This new program to our community will utilize resources that are already in place and will enhance what is proven to be effective within these resources. There are many great organizations and volunteers in the community, but there are no community driven goals for the youth. If there is no community goal or objective, the results are limited to only a select few and they lack staying power. Our CTC, along with community leadership, are tasked with working to improve the key areas indicated in this assessment. By identifying and focusing resources on key risk factors we can make the biggest impact possible on youth development in our community.

What is CTC?

The Marinette/Menominee Communities that Care (CTC) is a community wide prevention-based system that has been implemented in counties throughout the U.S. The program was first introduced to our community in the fall of 2017 through the State of Michigan and through a partnership with the Tri-City Area United Way for the Wisconsin side. This program was developed by the Social Development Research Group in Seattle, Washington. The research-based program provides a way to measure key youth development behaviors and how those problem youth behaviors can be prevented.

The CTC program is tailored to be flexible. The research group that created the CTC model knew that each community would be impacted differently by the risk factors identified and protective factors that could potentially address these factors. The one fundamental requirement of the program is that the community needs to come together to address the risk factors together. Community members and leaders understand their community the best and that change must happen from within. CTC's objective is to work with community members to promote and support positive youth development in order to strengthen our community.

Key accomplishments to date:

- **50+** Community Leaders attended the Key Leader Orientation in August 2017.
- **70+** Community Members attended the two-day training session in October 2017.
- Seven active work groups were created.

- Includes **65+** active community volunteers
- Local data was gathered and this Community Assessment was completed

Community Assessment

The Marinette/Menominee CTC assessment identifies risk factors that can predict problem behaviors in youth and also those that can help protect against the risk factors. It is far easier to point out a community “problem” and try to deal with it after the fact than identify the risk factor that lead up to the problem behavior. The community assessment reviews data to identify the risk or protective factors that will have the greatest impact on our community. By identifying these factors, plans can be developed to prevent those risk factors and barriers can be established to protect problem behaviors in the future.

A data collection group was tasked with reviewing and gathering the CTC Youth Survey and other local public data to identify the key factors. After assessing the data, the key risk and protective factors that would have the greatest impact on the Marinette/Menominee Community were identified. This group also identified community strengths and areas that hold the highest potential for improvement.

Data

As the CTC model is research based, data collection and the type of data collected is critical. There can be no meaningful change if a baseline is not established or a way to measure if the prevention is making an impact. The Communities that Care Youth Survey was administered to all students in Marinette and Menominee Counties in grades 6th, 8th and 10th. The public and state data is gathered to identify other risks not measured in the survey such as local economic conditions, availability of drugs/alcohol and high-school dropout rates.

The top risk and protective factors were narrowed down by identifying those factors that were above national and state peers. The other critical piece of information that was used in identifying the key priorities were increasing trends associated at certain grade levels. By utilizing local trends in comparison to national and state averages, the data clearly pointed to the key community priorities. These priorities will be discussed in depth below.

What are Risk and Protective Factors?

Just as eating a high-fat diet is a risk factor for heart disease and getting regular exercise is a protective factor for heart disease and other health problems, there are characteristics of the community, school, family, peer groups, and individual youth that can help protect youth from, or put them at risk for, drug use and other problem behaviors.

Protective factors, also known as assets, are conditions that buffer children and youth from exposure to risk by either reducing the impact of the risks or changing the way that young people respond to risks. Protective factors identified through research include strong bonding to family, school, community and peers. These groups support the development of healthy behaviors for children by setting and communicating healthy beliefs and clear standards for children's behavior. Young people are more likely to follow the standards for behavior set by these groups if the bonds are strong. Strong bonds are encouraged by providing young people with opportunities to make meaningful contributions, by teaching them the skills they need to be successful in these new opportunities, and by recognizing their contributions.

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout and/or violence. For example, children living in families with poor parental monitoring are more likely to become involved in these problems. Research during the past 30 years supports the view that delinquency; alcohol, tobacco and other drug use; school achievement; and other important outcomes in adolescence are associated with specific characteristics in the students' community, school and family environments, as well as with characteristics of the individual (Hawkins, Catalano and Miller, 1992). In fact, these characteristics have been shown to be more important in understanding these behaviors than ethnicity, income or family structure (Blum et al., 2000). There is a substantial amount of research showing that adolescents' exposure to a greater number of risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors (Bry, McKeon and Pandina, 1982; Newcomb, Maddahian and Skager, 1987; Newcomb and Felix-Ortiz, 1992; Newcomb, 1995; Pollard et al., 1999).

The analysis of risk and protective factors is a powerful tool for understanding both positive and negative adolescent behavior and for helping design successful prevention

programs for young people. To promote positive development and prevent problem behavior, it is necessary to address the factors that predict these outcomes. By measuring these risk and protective factors, prevention efforts can be prioritized in the community.

This process also helps in selecting effective prevention programming shown to address those risk and protective factors and consequently provide the greatest likelihood for success. This system of risk and protective factors is organized into a strategy that families can use to help children develop healthy behaviors, the Social Development Strategy (Hawkins et al., 1992). The Social Development Strategy is a theoretical framework that organizes risk and protective factors for adolescent problem behavior prevention.

Priority Problem Behaviors

Alcohol is by far the biggest concern for our youth as reported on the survey. Our community's statistics increased at an alarming rate.

Breakdown by grade for lifetime alcohol use:

- 6th: 17.3%
- 8th: 32.6%
- 10th: 55.7%

Over half of our tenth grade students have reported using or trying alcohol at least once in their lives. By delaying the initial use of alcohol, we also impede the use of more drugs, which in turn, the young brain will have developed enough to make wiser choices. This report recommends that the community give particular attention to the problem behavior noted above when choosing priority risk and protective factors. These decisions will be used in developing the community's action plan to prevent youth problem behaviors and promote positive youth development.

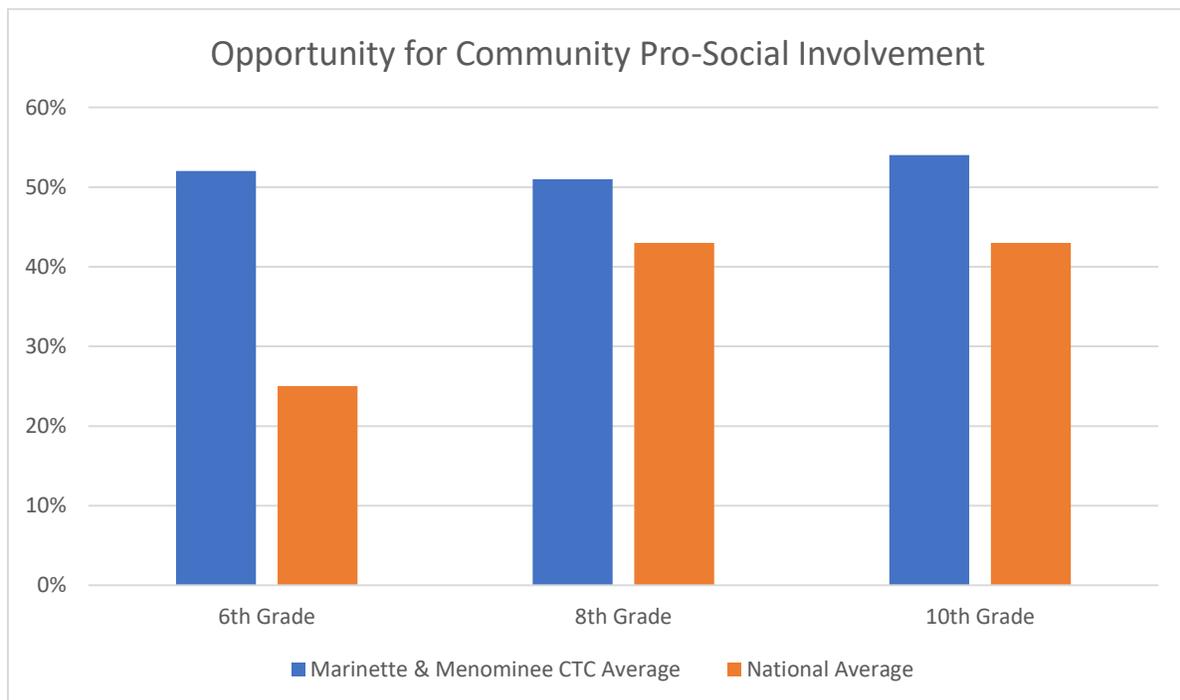
***Priority Community Protective Factor:
Community Opportunities for Pro-Social Involvement***

If youth are involved in community opportunities for pro-social involvement, rewards will go along with their participation and less poor behavior choices will be made. Ensuring that all youth have the opportunity to be involved regardless of money, transportation, family, and creating a system in place to sufficiently inform families of community events and opportunities are goals associated with this factor.

Questions asked to assess the opportunities in the community for pro-social involvement include:

- There are lots of adults in my neighborhood I could talk to about something important.
- Which of the following activities for people your age is available in your community? (Sports teams, scouting, boys and girls clubs, 4-H clubs, service clubs).

Result: The data shows very consistent percentages across the different grades but this protective factor is very important because a lack of opportunities can foster other high-risk behavior. The community has a variety of opportunities but their exposure, accessibility and utilization vary greatly.



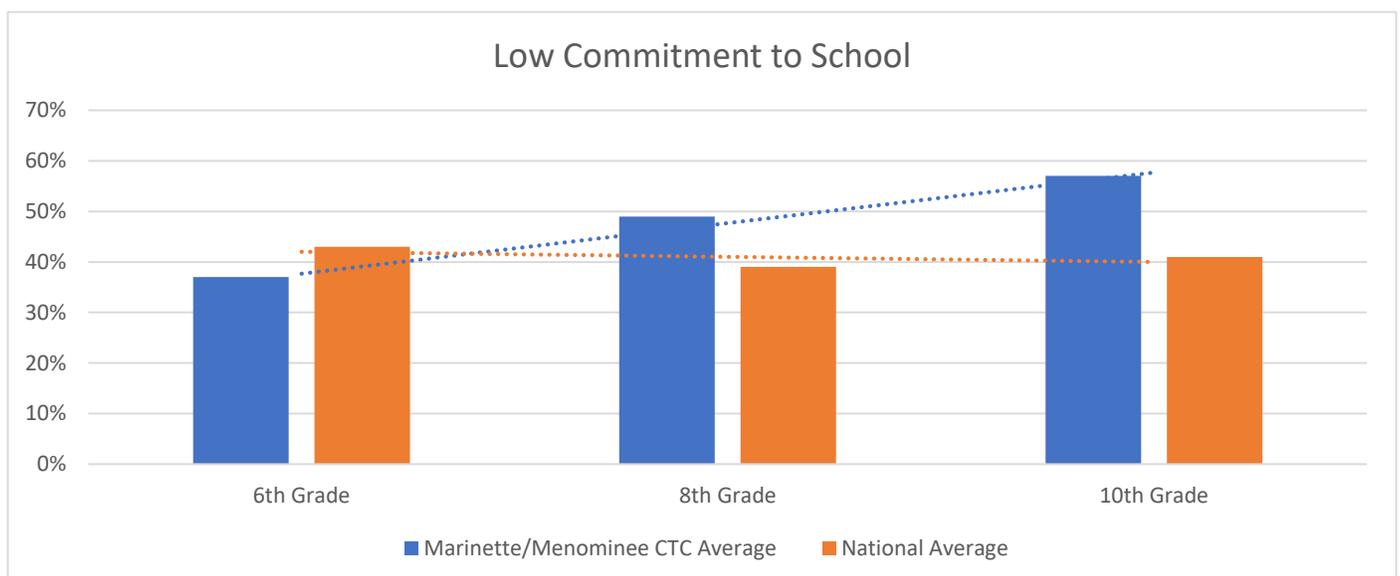
Priority Risk Factor:
Low Commitment to School

Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for five of the six health & behavior problems.

Questions asked to assess low commitment to school:

- During the last four weeks, how many whole days of school have you missed because you skipped or “cut”?
- How often do you feel that the schoolwork you are assigned is meaningful and important?
- How interesting are most of your courses to you?
- How important do you think the things you are learning in school are going to be for your later life?
- Now, thinking back over the past year in school, how often did you...
 - ...enjoy being in school?
 - ...hate being in school?
 - ...try to do your best work in school?

Results: The survey showed a lack of caring in later years, with the largest increase being between 6th and 8th grade. Data showed that students are doing the bare minimum to get by. The chart below shows strong performance against national at the 6th grade level but while national levels off, our committee sees continued lack of commitment to school in the later grades.



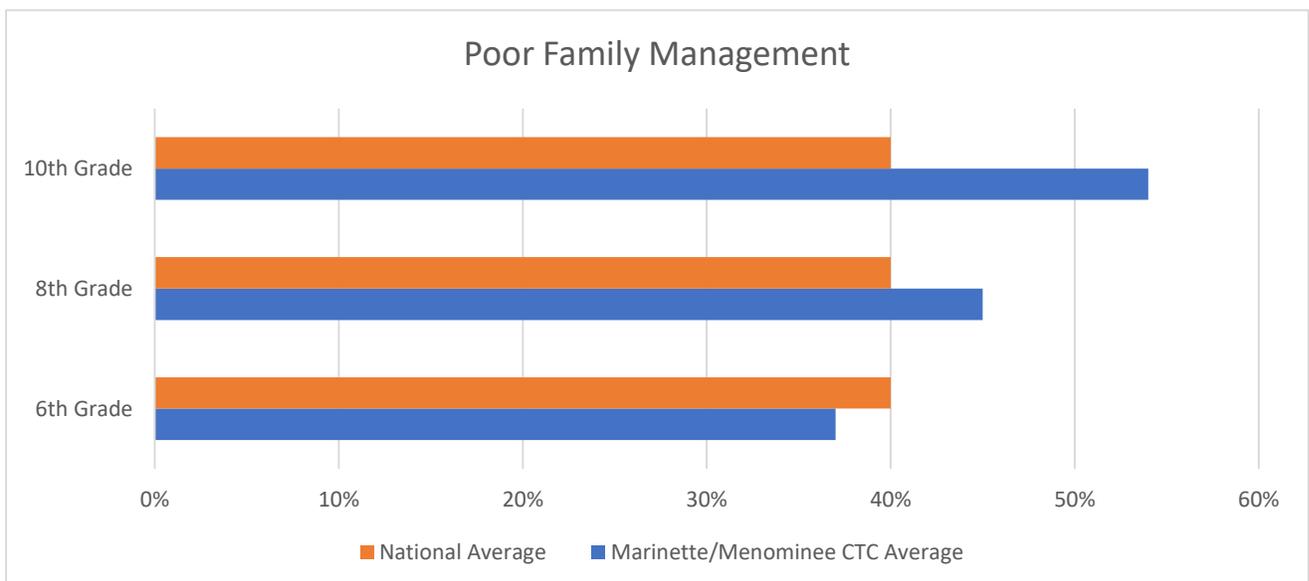
Priority Risk Factor:
Poor Family Management

Poor family management practices include having a lack of clear expectations for behavior; failure of parents to supervise and monitor their children (knowing where they are and who they're with); and excessively severe, harsh or inconsistent punishment. Children exposed to these family management practices are at higher risk for substance abuse, delinquency, teen pregnancy, school dropout and violence.

Questions asked to assess poor family management include:

- The rules in my family are clear.
- My parents ask if I've gotten my homework done.
- When I am not at home, one of my parents knows where I am and who I am with.
- Would your parents know if you did not come home on time?
- My family has clear rules about alcohol and drug use.
- If you drank some beer or wine or hard liquor without your parent's permission, would you be caught by your parents?
- If you carried a handgun without your parent's permission, would you be caught by your parents?
- If you skipped school, would you be caught by your parents?

Results: Based off of the youth survey, there was a continual increase in poor family management as children progressed in age/grade. Poor family supervision could increase other risk factors. It can also influence youth's perception of the importance of behaviors, rules, and outcomes.



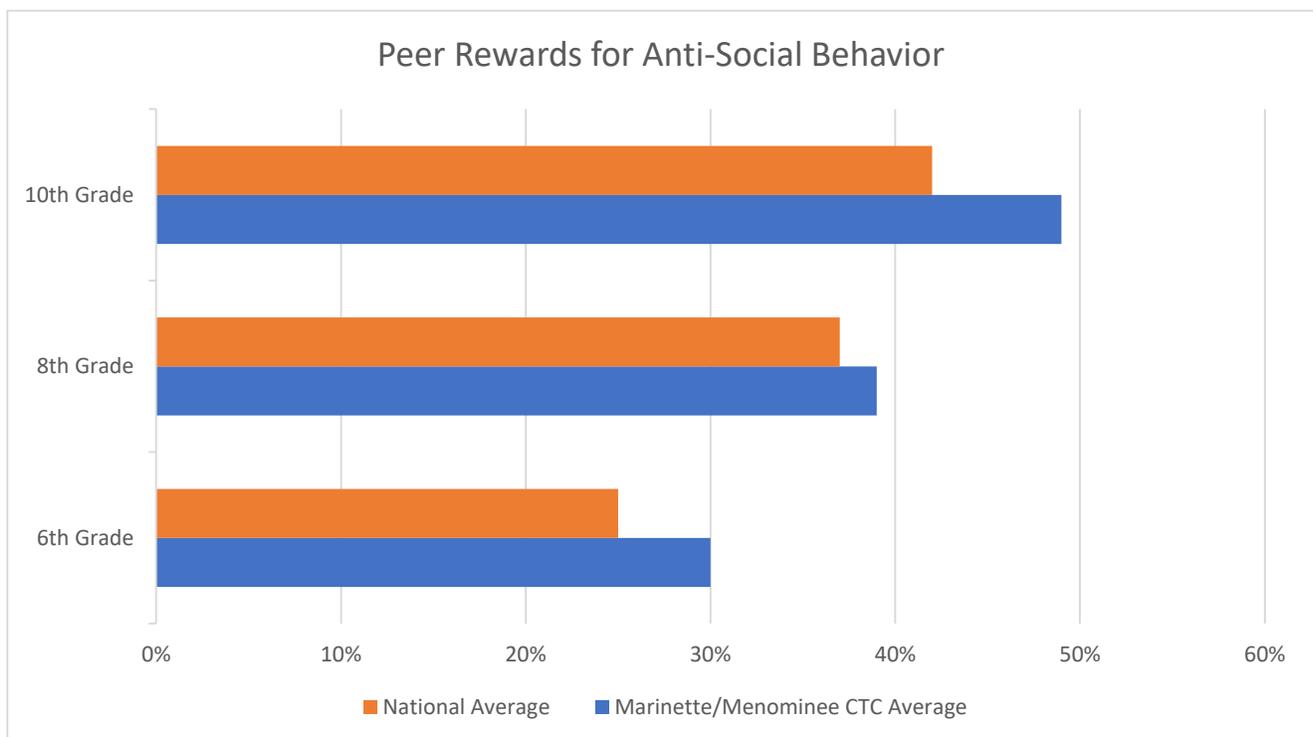
Priority Risk Factor:
Peer Rewards for Anti-Social Behaviors

In addition to students' own attitudes, social norms and the written and unwritten rules and expectations about what constitutes desirable behavior can shape drug use choices. Since drug-related attitudes and behaviors are often acquired through peer group interactions, expectations of how one's peer group might react have an especially strong impact on whether or not young people choose to use drugs.

Questions asked to assess peer rewards for anti-social involvement:

- What are the chances you would be seen as cool if you...
 - ...smoked cigarettes?
 - ...began drinking alcoholic beverages regularly, that is, at least once or twice a month?
 - ...smoked marijuana?
 - ...carried a handgun?

Results: The percentage of surveyed youth who said that there is a pretty good or very good chance that they would be seen as cool if they smoked cigarettes, drank alcohol regularly (once or twice a month), or smoked marijuana. Peers have a huge influence in youth behavior, with large increases between 6th-8th-10th grade.



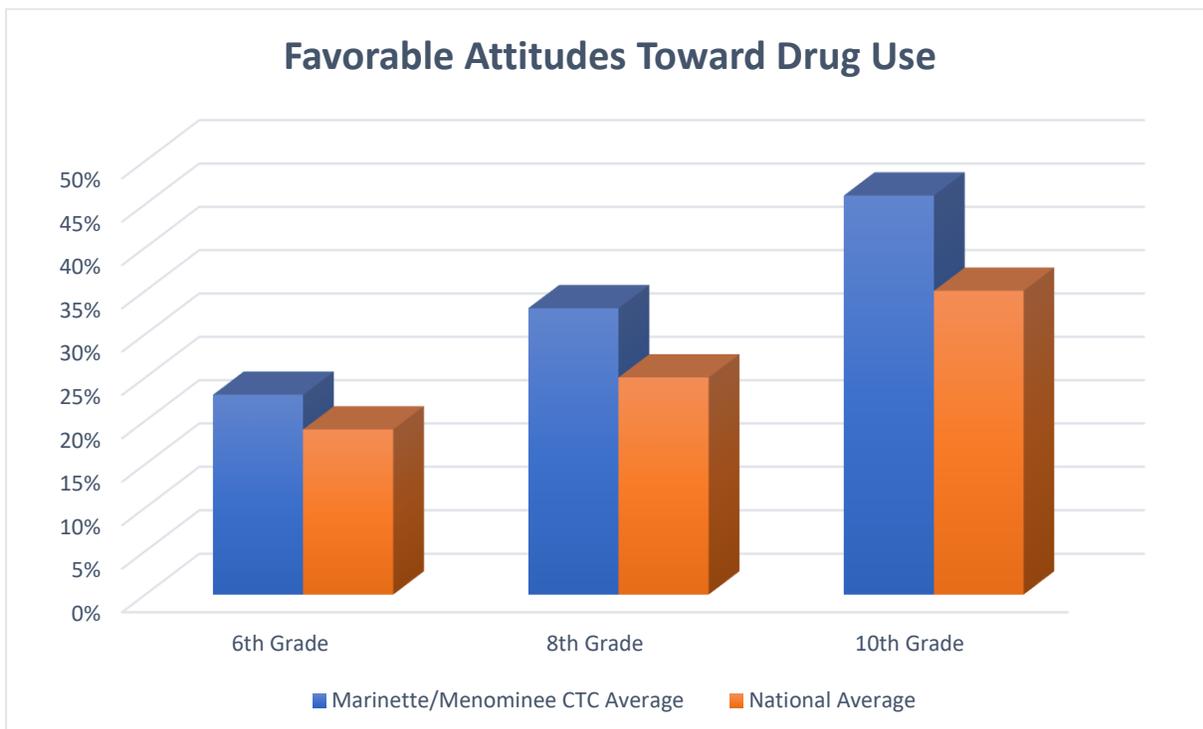
Priority Risk Factor:
Favorable Attitudes towards Drug Use

During the elementary years, children usually express anti-drug views. In middle school, as others they know participate in such activities, their attitudes may shift toward greater acceptance, placing them at higher risk. If youth believe that there is a favorable attitude toward drug use, they are more likely to start using which will increase other risk factors.

Questions asked to assess favorable attitudes toward drug use:

- (Peer) How wrong do you think it is for someone your age to...
 - ...Drink beer, wine, or hard liquor regularly (at least once or twice a month)?
 - ...Smoke cigarettes?
 - ...Smoke marijuana?
 - ...use LSD, cocaine, amphetamines, or another illegal drug?

Results: We found there is high accessibility and exposure to alcohol and other drug use in the community, especially as youth get older. Our results show we are above the national average in all three age categories which represents our youth are showing favorable attitudes toward drug use. If peers and families are participating in the behaviors, it presents a form of approval for the youth that witness the behavior.



Conclusion

The data presented in this report has focused on risk and protective factors that our CTC has noted as potential areas of improvement. The assessment is meant to focus on areas that will require action from the community instead of the strengths of the community. That does not mean our community is lacking strengths. Our community performs well overall, compared to the national averages in many areas. A few of those areas include; a strong belief in the moral order (knowing what is right and doing it) and family attachment. These protective factors can be built on to improve other protective factors and potentially reduce risky behavior in the future.

In order to determine where the CTC's efforts should be focused, the community was asked to vote and over 1100 community members submitted their ballot to determine which protective or risk factors they believed were critical. Although all of the noted risk and protective factors are important, it is necessary to narrow the scope in order to have the greatest impact. The survey results indicated that the primary focus should be on the risk factor of Poor Family Management. Community Involvement for Pro-Social Behavior was a protective factor that ties in closely to this risk factor. Between the two categories, 50% of the survey respondents believed this is the primary focus. The second highest category at 23% was Favorable Attitudes Toward Drug Abuse. Now that the key priorities have been identified the CTC and the community can focus their attention on these areas and make sure resources are allocated appropriately to make meaningful change.

The Marinette and Menominee Community and counties have committed community members that want to see continued improvement in our youth's development. These community members, along with the communities' support, are looking to tackle these risk and protective factors to reduce risky behavior. The factors that were identified above show significant increases between grade level and are higher than national average. The Marinette & Menominee CTC along with the community will be tasked with creating a plan to reduce these risk factors through prevention. Prevention techniques take a long-term approach compared to reacting to a problem after it has occurred. There are many local organizations and programs that have prevention aspects, but our CTC can help direct these resources toward a measurable goal. Over time, our CTC will focus these efforts to tackle risk factors one at a time to improve the lives of our youth in the Marinette and Menominee Community.