



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

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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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Executive Summary

This Community Assessment Report is the result of a careful examination of data from the Communities that Care Youth Survey. The data analyzed for this report includes the results of valid and reliable surveys administered to almost all 6th, 8th, 10th, and 12th grade students in Marinette and Menominee Counties. The Communities that Care Youth Survey is administered across the country, so comparative national data was also available and considered. Additionally, other reports and public data sources were examined.

The Risk and Protective Factors Assessment Workgroup analyzed the data available and determined which risk factors warrant the communities' greatest attention and focus at this time.

This Community Assessment Report provides a context for the work done to date by the Communities that Care of Marinette & Menominee Counties. Additionally, it explains the data related to the three risk factors identified as warranting the most attention at this time: Low Commitment to School, Depressive Symptoms, and Perceived Risk of Drug Use.

This Community Assessment Report provides a baseline for further prioritization, conversation, and action by other Communities that Care Workgroups, key leaders in Marinette and Menominee Counties, and other community organizations.

Introduction

The Communities That Care (CTC) prevention model seeks to better the lives of our Marinette and Menominee County youth and in turn the entire community. This program is designed to 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 gaps remain when it comes to community-driven goals for youth. When lacking community goals or objectives, 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?

Communities that Care (CTC) is a community wide prevention-based system that has been implemented in counties throughout the U.S. This program, developed by the Social Development Research Group in Seattle, Washington, is a research-based program that provides a way to measure key youth development behaviors and outline how those problem youth behaviors can be prevented. 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.

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 risk factors. The one fundamental requirement of the program is that the community needs to come together to address the risk factors. Community members and leaders understand their community the best and know 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.
 - **50+** active community volunteers have persisted with CTC work.
- Local data was gathered and the first Community Assessment was completed in June 2018 with results released to the community, resulting in a vote of three top priorities to address:
 - Poor Family Management
 - Favorable Attitudes Towards Drug Use
 - Community Opportunities for Pro-Social Involvement
- Based upon these top priorities, CTC's Resource Assessment workgroup, along with key leaders and area organization representatives, developed a Community Action Plan. This

plan included recommended evidence-based programs to be implemented that have been proven to address the risk and protective factors associated with the three priorities chosen. At this time, the Resource Assessment workgroup continues to work on implementation of the programs selected.

- While the past priorities and programs continue to be addressed, Communities that Care of Marinette & Menominee Counties collected new data in 2019 and analyzed it to develop the new findings contained in this Community Assessment Report.

Community Assessment

The Communities that Care of Marinette & Menominee Counties assessment identifies both risk factors that can predict problem behaviors in youth and protective factors that can help guard 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 led 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.

The data collection group was again tasked with reviewing and gathering the CTC Youth Survey and other local public data to identify the key factors. After assessing the data, the current key risk and protective factors that would have the greatest impact on the Marinette and Menominee County communities were identified.

Data Collection

As the CTC model is research based, data collection and the type of data collected is critical. There can be no meaningful change if we do not establish a baseline 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 6, 8, 10, and 12. In 2017, the survey was not administered to grade 12 so there is no comparative data for that grade level. Also, 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 used in identifying key priorities was increasing trends associated at certain grade levels. Viewing 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

E-Cigarettes:

Past data was unavailable for use of e-cigarettes. Previous surveys did not include this information. Current data indicates that there is a rapid increase of e-cigarette usage from 6th until 12th grade. Usage rises from 6.9% of 6th graders reporting lifetime usage of e-cigarettes to 53.8% of 12th graders reporting lifetime usage. Marinette and Menominee Counties have a high number of outlets where vaping products are available for sale, increasing the risk for use because of availability. Additionally, there is very little data available for severity of risk, long term use, and FDA regulations for vaping products.

Binge Drinking:

Although the percentages for students reporting binge drinking are not high, data shows an increase in binge drinking among all grades surveyed. Questions related to binge drinking are specific to the last two weeks, which may lower the percentage of students who answered yes to this question.

	2017 Youth Survey	2019 Youth Survey
6 th Grade	1.4%	2.4%
8 th Grade	5.1%	8.2%
10 th Grade	10.0%	13.8%
12 th Grade	Data Unavailable	23.8%

30- Day Use of Alcohol:

There was a consistent increase in the number of students per grade who reported using alcohol in the last 30 days among each grade level. The percentage of students who reported 30 day use of alcohol increased for each grade surveyed as follows:

	2017 Youth Survey	2019 Youth Survey
6 th Grade	2.8%	5.3%
8 th Grade	11.1%	19.8%
10 th Grade	21.1%	26.3%
12 th Grade	Data Unavailable	43.5%

Furthermore, 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 can also impede the use of more drugs, which in turn means the young brain will have developed enough to make wiser choices. This report recommends that the community give particular attention to the problem behaviors 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 Risk Factor:
Low Commitment to School

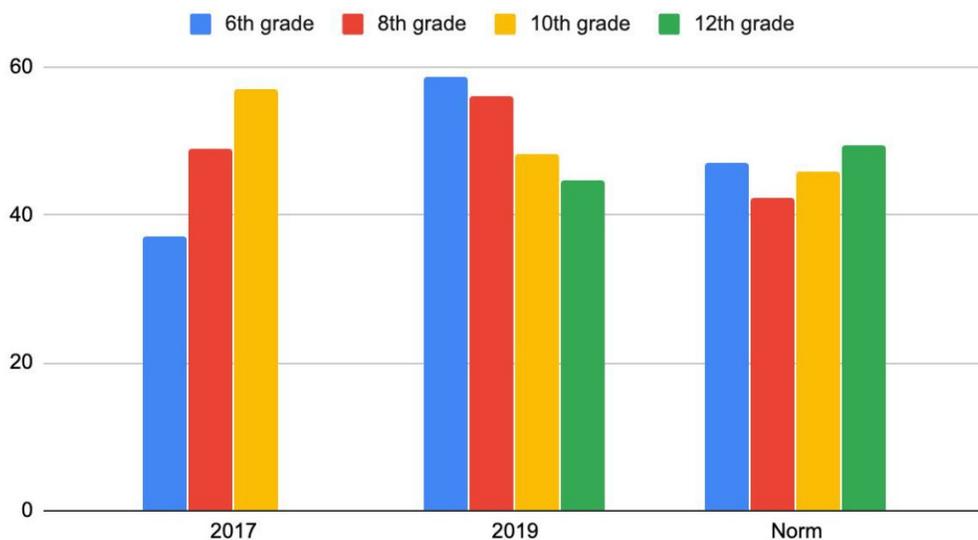
Lack of commitment to school means the child does not see the role of student as meaningful and rewarding. Young people who do not have this commitment to school are at higher risk for five of the six health & behavior problems (substance abuse, delinquency, teen pregnancy, school dropout, and violence).

Survey 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 that 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 last year in school, how often did you enjoy being in school?
- Now, thinking back over the last year in school, how often did you hate being in school?
- Now, thinking back over the last year in school, how often did you try doing your best work in school?

Results: The survey showed an increased lack of commitment to school for both 6th and 8th grade compared to 2017 survey results. There was marginal improvement in 10th grade and no comparative data available for 12th grade. All grades except for 12th exhibited a higher lack of commitment to school than the national average.

Low Commitment to School



Priority Risk Factor:
Depressive Symptoms

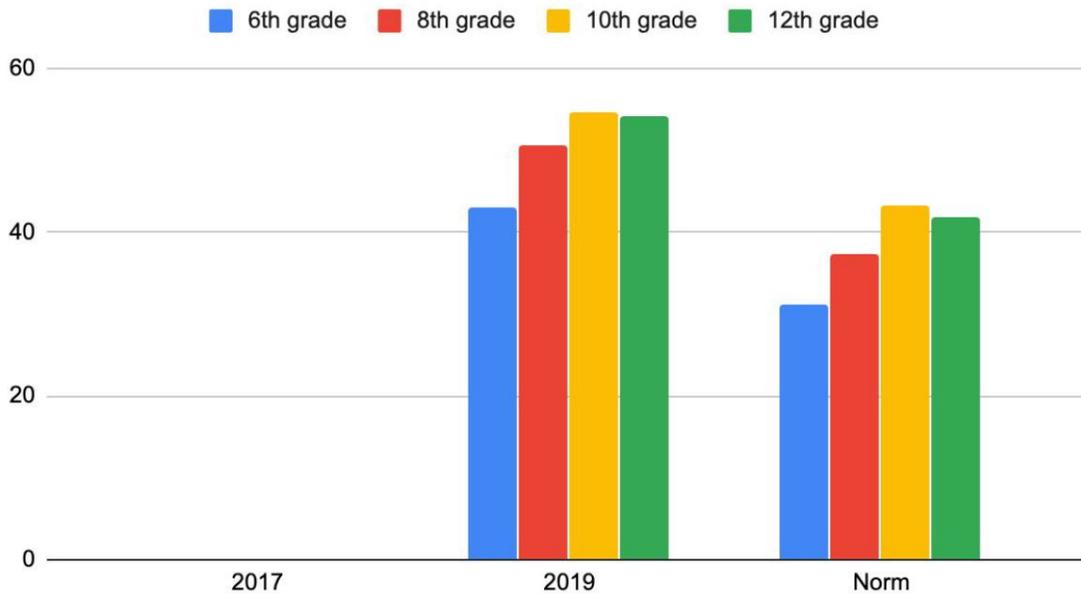
Depressive symptoms can manifest themselves in a variety of ways, including withdrawal, antisocial behaviors, anger, or other problem behaviors. Depressive symptoms relate to other problem behaviors such as low commitment to school, drug use, suicide rates, and self-medicating to suppress symptoms.

Survey items to assess depressive symptoms:

- Sometimes I think that life is not worth it.
- At times I think I'm no good at all.
- All in all, I'm inclined to think I'm a failure.
- In the past year, have you felt depressed or sad most days, even if you felt OK sometimes.

Results: The survey results show that all grade levels are above the national average for depressive symptoms: in 6th grade, 43% versus 31% nationally; in 8th grade, 51% versus 37% nationally; in 10th grade, 55% versus 44% nationally; and in 12th grade, 54% versus 42% nationally.

Depressive Symptoms



Priority Risk Factor:
Perceived Risk of Drug Use

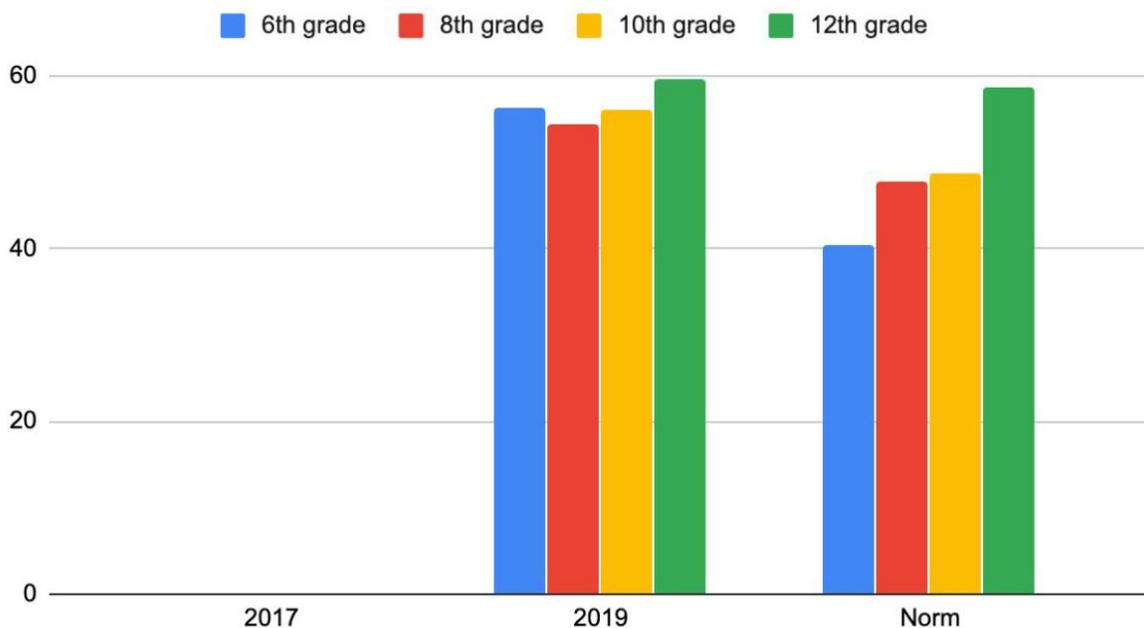
Starting in the elementary years, students are exposed to anti-drug messages at school. In middle school, as others they know participate in such activities, their attitudes may shift toward greater acceptance, placing them at higher risk. If youth believe that there is a low risk associated with drug use, they are more likely to start using, which will increase other risk factors. Perhaps because of a focus on the dangers of addiction to “heavier drugs,” students may be hearing less about the dangers of using cigarettes, e-cigarettes, marijuana, and alcohol in our community.

Survey questions asked to assess perceived risk of drug use:

- How much do you think people risk harming themselves (physically or in other ways) if they do the following:
 - Smoke one or more packs of cigarettes per day
 - Try marijuana once or twice
 - Smoke marijuana regularly
 - Take one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day

Results: Survey results show that students in 6th, 8th, and 10th grade are above the national average in this risk factor. The graphs below show our students are at a higher than average risk when it comes to perceiving the risks that are associated with drug use.

Perceived Risk of Drug Use



Conclusion

Gathering data and compiling a report is not going to solve any of the items listed in this document. The consolidation of the data allowed for a way to identify key concerns that impact the community as a whole. By involving key stakeholders in the community, using data driven models and soliciting feedback from the community, we are able to narrow the focus of the CTC to the three priority risk factors listed above.

The risk factors will be further narrowed by asking the community to rate them based on their perception of severity. All three of the identified risk factors are major concerns for any community and they are not easily addressed. By prioritizing them, resources and expertise can be directed to those issues in a meaningful way.

There are agencies in our community that are already in place to help address some of these issues, but they tend to only work on one aspect of a problem without the support or resources to tackle the entire issue. The CTC can pull together these resources, workgroups, and other agencies to focus on the root causes of the risk factors rather than each group working independently to try to solve community issues.

Many risk factors and protective factors are intertwined closely and improving one area can have a positive impact on others. The CTC and its workgroups understand that it takes more than a few volunteers to address community issues. The involvement and buy-in from the community are crucial to meaningful change.

These risk factors are not new or exclusive to our community. Avoidance of the issues will only expand their impact on our community. Prevention work is about setting up a solid base for our community's youth to build upon. The resources and time we dedicate to addressing these risks will help set up a solid foundation for them to construct something positive. These changes do not happen rapidly. They require guidance and monitoring to verify that good intentions are producing the intended results. The CTC's cycle of surveying area students every other year will continue to provide data to assess the measures implemented in our communities.

If you have specific questions, would like a facilitated conversation with other groups about the data, or would like the workgroup to do additional research on a specific topic or risk, please contact ctcmarinettetmenominee@gmail.com.