Nebraska Risk and Protective Factor Student Survey Results for 2012

Profile Report: Nuckolls County

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NRPFSS is part of the Student Health and Risk Prevention (SHARP) Surveillance System that administers surveys to youth enrolled in Nebraska schools

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Introduction and Overview

This report summarizes the findings from the 2012 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2012 survey represents the fifth implementation of the NRPFSS and the second implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is sponsored by the Nebraska Partners in Prevention (NePiP) and administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit http://bosr.unl.edu/sharp.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the 2010 administration occurred during the fall, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012 administration also occurred during the fall as will future administrations taking place during even calendar years (i.e., every two years).

The NRPFSS targets Nebraska students in grades 6, 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective factors that predict adolescent problem behaviors. The Nebraska survey is adapted from a national, scientifically-validated survey and contains information on the risk and protective factors that are locally actionable. These risk and protective factors are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for Nuckolls County and the state as a whole. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in Nuckolls County. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to your entire student population.

Table 1.1. Survey Participation Rates, 2012

	Nu	ickolls Coun 2012	State 2012							
	Number	Number	Percent	Number	Number	Percent				
	Participated	Enrolled	Participated	Participated	Enrolled	Participated				
Grade										
6th	79	86	91.9%	7741	24611	31.5%				
8th	85	88	96.6%	8433	23683	35.6%				
10th	57	78	73.1%	7377	23158	31.9%				
12th	55	83	66.3%	6558	24605	26.7%				
Total	276	335	82.4%	30109	96057	31.3%				

Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools. For schools that were also selected to participate in the YRBS or YTS, the participation rate may be adjusted if students were only allowed to participate in one survey. In these cases, the number of students who completed the NRPFSS is divided by the total number of students enrolled that were not eligible to participate in the YRBS or YTS.

Again, the goal of the NRPFSS is to collect community-level data and not to collect representative state data; however, state data provides insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2012, 31.3 percent of the eligible Nebraska students in grades 6, 8, 10, and 12 participated in the NRPFSS.

The 2012 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide; therefore, the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas and Sarpy Counties, which combined had a 10.6 percent participation rate in 2012 compared to 47.1 percent for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2012 survey within Nuckolls County and the state overall.

Table 1.2. Participant Characteristics, 2012

	Nuck	colls County	St	tate
		2012	20	012
	n	%	n	%
Total students	276		30614	
Grade				
6th	79	28.6%	7741	25.3%
8th	85	30.8%	8433	27.5%
10th	57	20.7%	7377	24.1%
12th	55	19.9%	6558	21.4%
Unknown	0	0.0%	505	1.6%
Gender				
Male	144	52.2%	15339	50.1%
Female	132	47.8%	15233	49.8%
Unknown	0	0.0%	42	0.1%
Race/Ethnicity				
Hispanic*	11	4.0%	4091	13.4%
African American	2	0.7%	834	2.7%
Asian	2	0.7%	489	1.6%
American Indian	13	4.7%	982	3.2%
Pacific Islander	2	0.7%	80	0.3%
Alaska Native	0	0.0%	32	0.1%
White	243	88.0%	23546	76.9%
Other	2	0.7%	452	1.5%
Unknown	1	0.4%	108	0.4%

Notes. *Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution

Overview of Report Contents

The report is divided into the following four sections: (1) substance use; (2) delinquent behavior and bullying; (3) gambling; and (4) risk and protective factors. Within each section, highlights of the 2012 survey data for Nuckolls County are presented along with state and national estimates, when available.

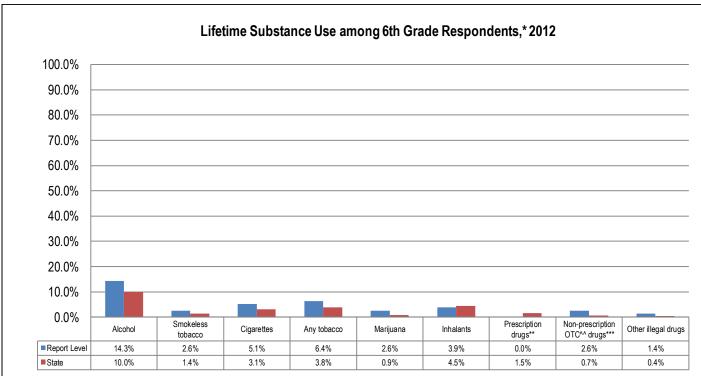
When there are *less than 10* survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has *10* or more respondents but an individual question or sub-group presented in this report has *less than 10* respondents then results for the individual item or sub-group are not reported.

A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a drug more during the past 30 days than in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For Nuckolls County, seven students met these criteria.

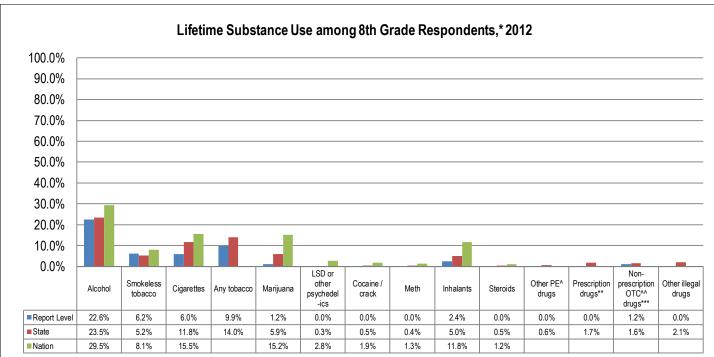
Substance Use

This section contains information on the use of alcohol, tobacco, and other drugs among 6th, 8th, 10th, and 12th grade students in Nebraska. In addition to substance use, this section contains information on the source and place of alcohol and tobacco use as well as attitudes and perceptions related to substance abuse. To provide greater context for the results from Nuckolls County, overall state and national results are presented when available. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health. Monitoring the Future only surveys 8th, 10th, and 12th graders. As a result, national data is not available for 6th grade. For the lifetime and past 30 day substance use figures below, blue bars represent Nuckolls County data, red bars represent overall state estimates, and green bars represent national data.

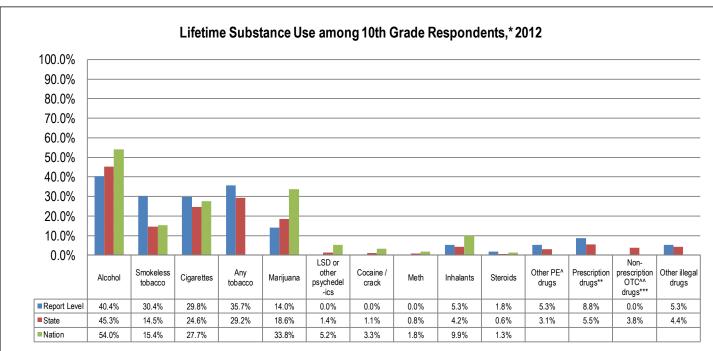
Lifetime Substance Use



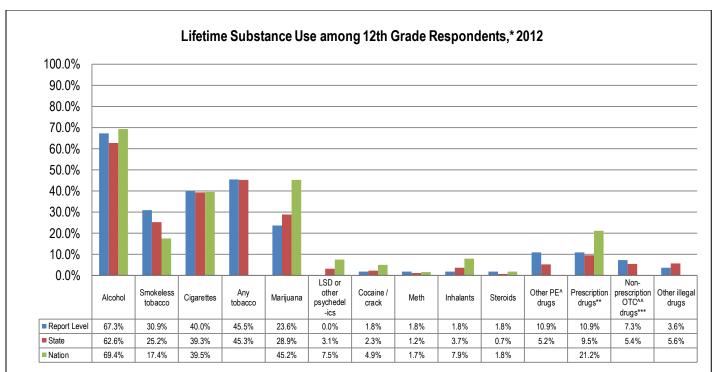
Notes. *Percentage who reported using the named substance at least one time in his or her lifetime. **Refers to the use of prescription drugs without a doctor telling them to. ***Refers to cough and cold medicine taken to get high and not for medical reasons. ^^OTC=over-the-counter, non-prescription drugs.



Notes. *Percentage who reported using the named substance at least one time in his or her lifetime. **Refers to the use of prescription drugs without a doctor telling them to. ***Refers to cough and cold medicine taken to get high and not for medical reasons. *PE=performance-enhancing drugs other than steroids, **OTC=over-the-counter, non-prescription drugs.

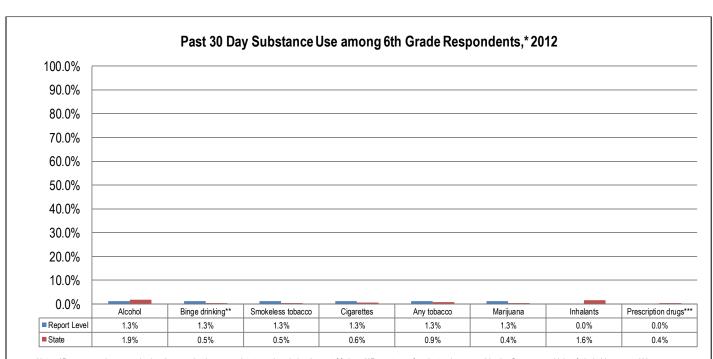


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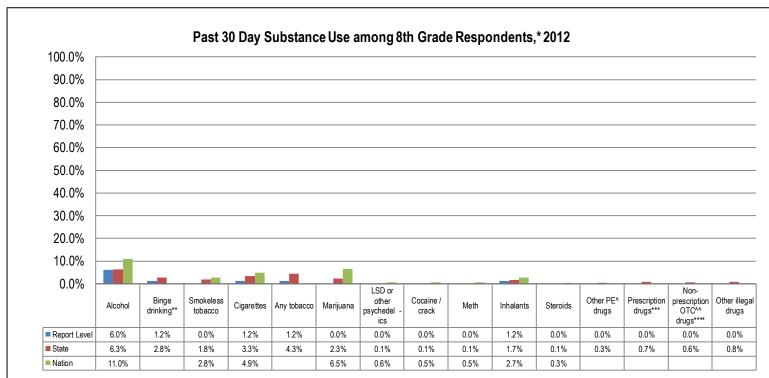


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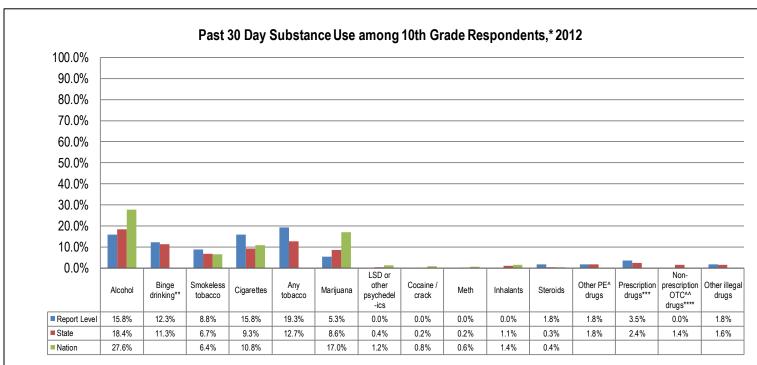
Past 30 Day Substance Use

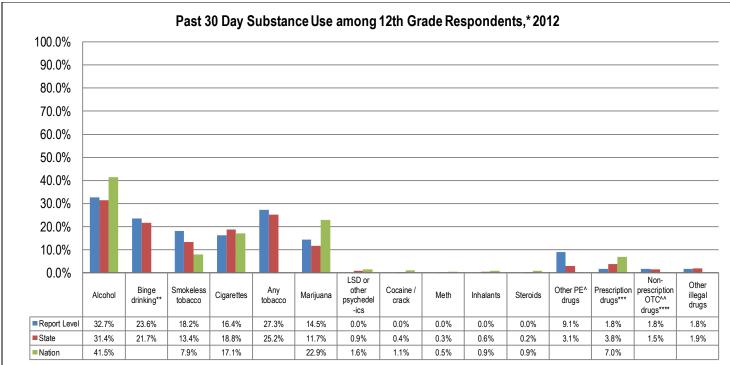


Notes. "Percentage who reported using the named substance at least one time during the past 30 days. **Percentage of students who reported having five or more drinks of alcohol in a row, within a couple of hours, during the past 30 days.***Refers to the use of prescription drugs without a doctor telling them to.



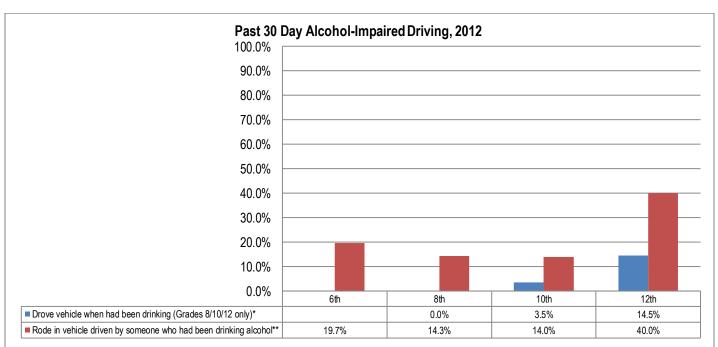
Notes. *Percentage who reported using the named substance at least one time during the past 30 days. **Percentage of students who reported having five or more drinks of alcohol in a row, within a couple of hours, during the past 30 days. ***Refers to the use of prescription drugs without a doctor telling them to. ****Refers to cough and cold medicine taken to get high and not for medical reasons. ^PE=performance-enhancing drugs other than steroids, ^^OTC=over-the-counter, non-prescription drugs.





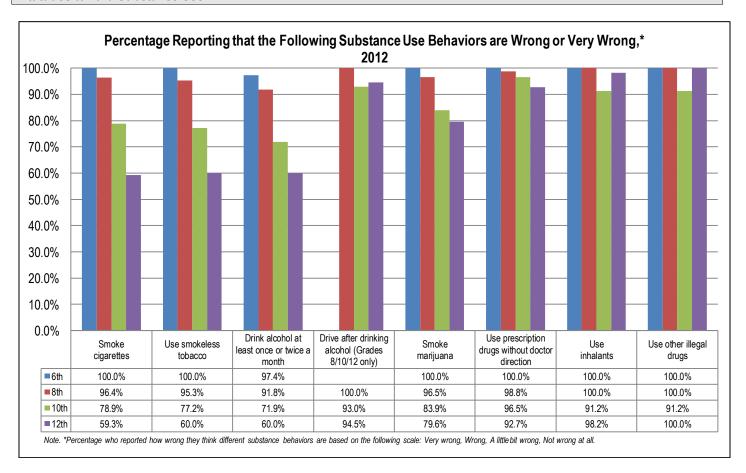
Notes. *Percentage who reported using the named substance at least one time during the past 30 days. **Percentage of students who reported having five or more drinks of alcohol in a row, within a couple of hours, during the past 30 days. ***Refers to the use of prescription drugs without a doctor telling them to. ****Refers to cough and cold medicine taken to get high and not for medical reasons. *PE=performance-enhancing drugs other than steroids, *^OTC=over-the-counter, non-prescription drugs.

Past 30 Day Alcohol-Impaired Driving



Notes. *Percentage who reported one or more occurrences during the past 30 days to the question "During the the last 30 days how many times did you drive a car or other vehicle when you had been drinking alcohol?" **Percentage who reported one or more occurrences during the past 30 days to the question "During the the last 30 days how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?"

Attitudes toward Substance Use



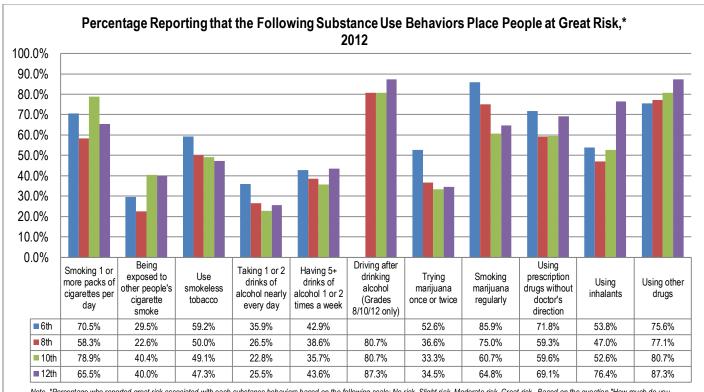
Perceived and Actual Substance Use during the Past 30 Days

Table 2.1. Perceived* and Actual Past 30 Day Substance Use, 2012

			Grade							
		6th	8th	10th	12th					
Smoked cigarettes	Perceived %	1.2%	5.0%	22.4%	26.9%					
	Actual %	1.3%	1.2%	15.8%	16.4%					
Drank alcohol	Perceived %	1.2%	9.8%	28.7%	41.0%					
	Actual %	1.3%	6.0%	15.8%	32.7%					
Smoked marijuana	Perceived %	0.8%	3.8%	16.9%	15.7%					
	Actual %	1.3%	0.0%	5.3%	14.5%					
Used other illegal drugs	Perceived %	Not Collected	2.8%	11.3%	8.7%					
	Actual %	Not Collected	0.0%	1.8%	1.8%					

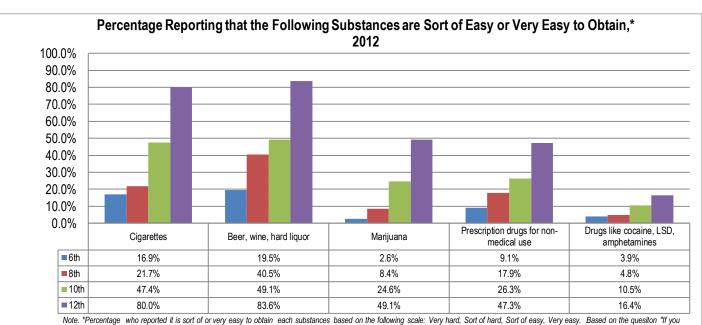
Note. *Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?"

Perceived Risk from Substance Use



Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."

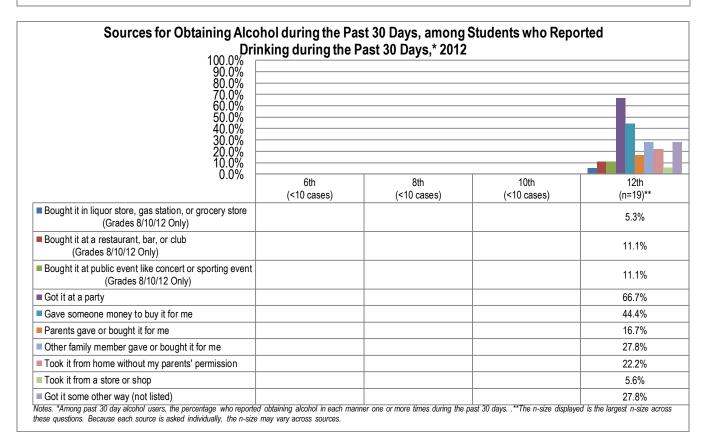
Perceived Availability of Substances

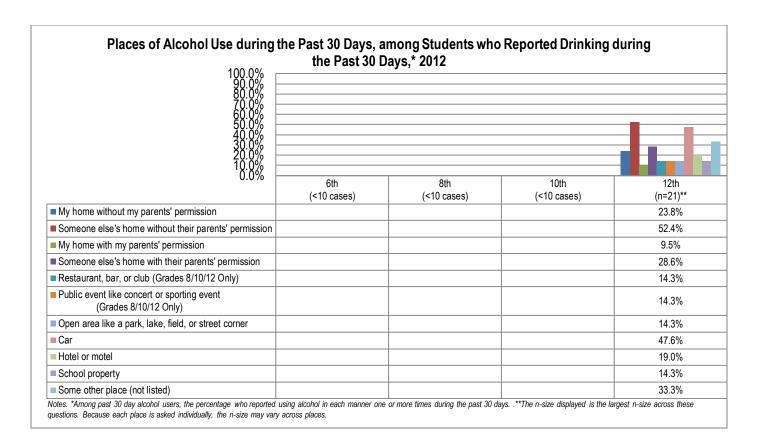


Sources and Places of Substance Use during the Past 30 Days

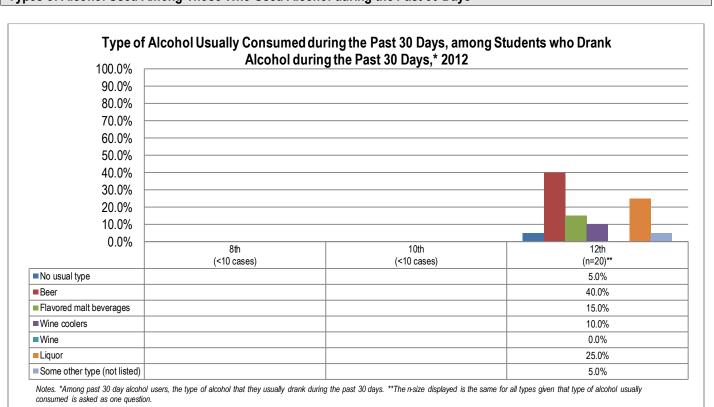
100.0% —	9	Past 30 Days,* 2012		
90.0% 80.0% 70.0% 60.0% 50.0% 40.0% 30.0% 20.0%				
0.0%	6th (<10 cases)	8th (<10 cases)	10th (<10 cases)	12th (<10 cases)
Bought them myself with a fake ID (Grades 8/10/12 Only)				
■ Bought them myself without a fake ID (Grades 8/10/12 Only)				
Gave someone money to buy them for me				
■ Borrowed them from someone else				
My parents gave them to or bought them for me				
Other family member gave them to or bought them for me				
■ Took them from home without my parents' permission				
■ Took them from a store or shop				
Got them some other way (not listed)				

18 and older.**The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.





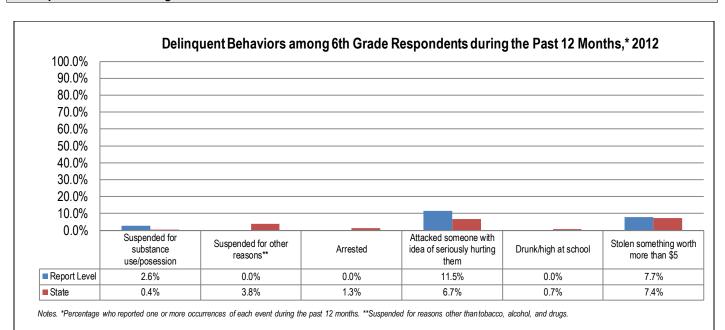
Types of Alcohol Used Among Those Who Used Alcohol during the Past 30 Days

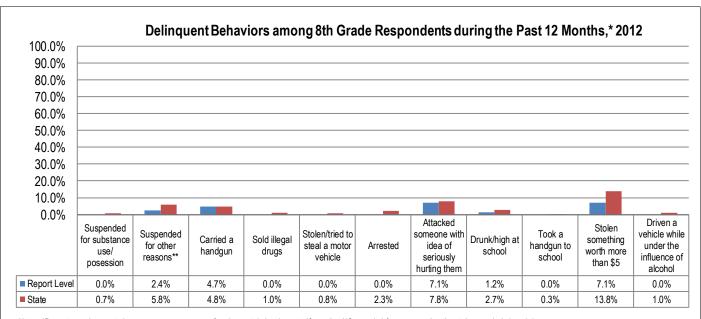


Delinquent Behaviors and Bullying

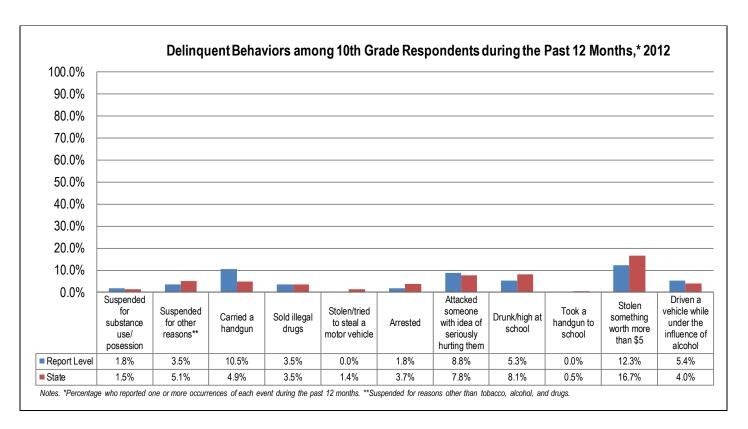
This section contains information on delinquent behaviors (i.e., behaviors that are illegal, violent, and/or highly unacceptable in society) as well as recent bullying behavior among 6th, 8th, 10th, and 12th grade students in Nebraska. There are 11 delinquent behaviors presented in this section, including behaviors that occur both on and off school property. Bullying questions were added to the 2010 surveys in response to interest from school and community leaders.

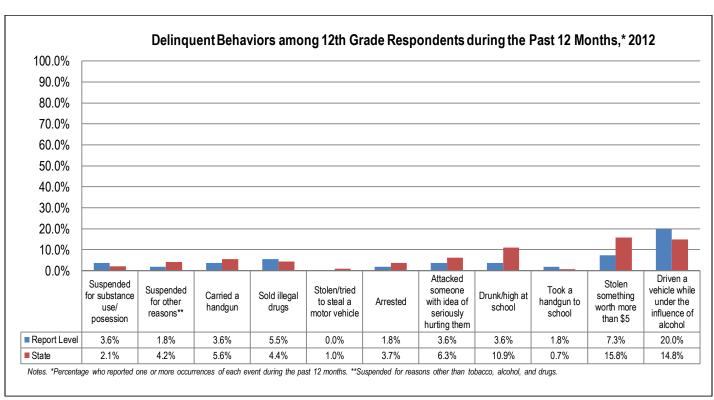
Delinquent Behavior during the Past 12 Months



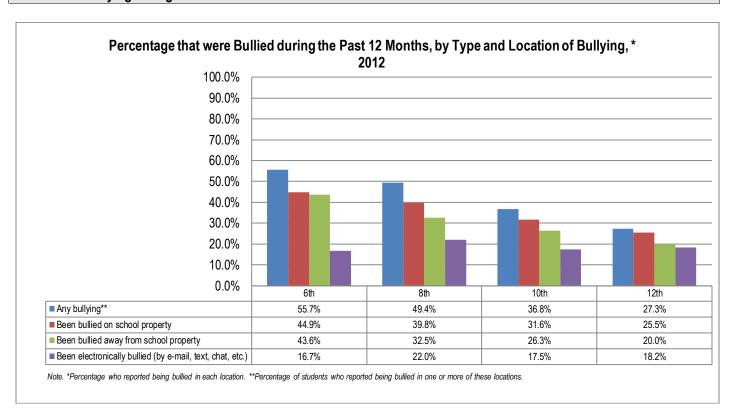


Notes. *Percentage who reported one or more occurrences of each event during the past 12 months. **Suspended for reasons other than tobacco, alcohol, and drugs.



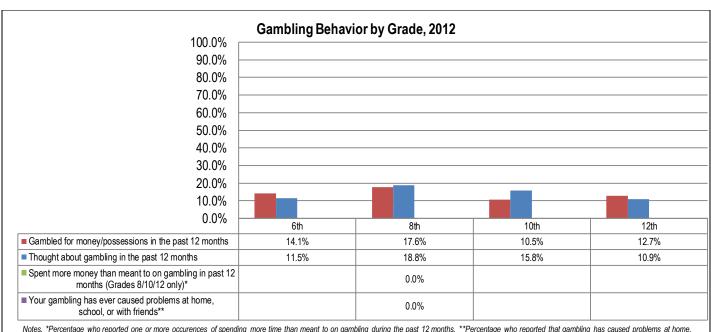


Location of Bullying during the Past 12 Months

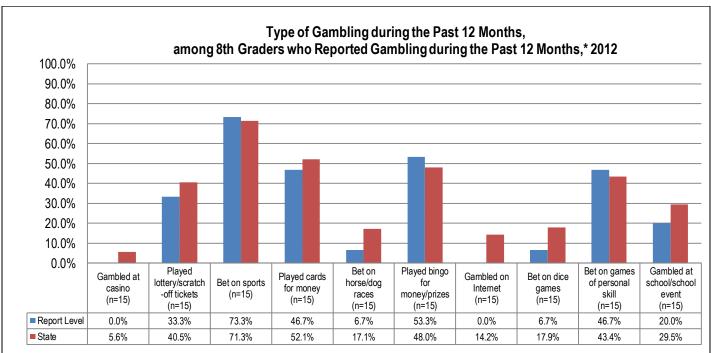


Gambling

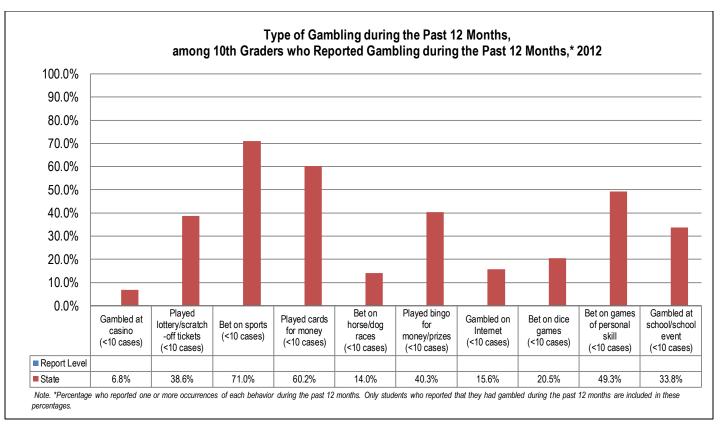
This section contains information on gambling behaviors among 6th, 8th, 10th, and 12th grade students in Nebraska. Four items were asked of 6th graders, while 8th, 10th, and 12th graders were asked additional questions about gambling behavior.

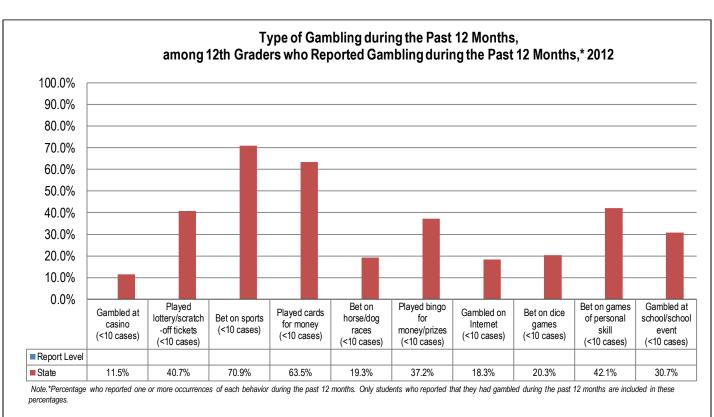


Notes. *Percentage who reported one or more occurrences of spending more time than meant to on gambling during the past 12 months. **Percentage who reported that gambling has caused problems at home, school, or with friends at least once in his or her lifetime.



Note. "Percentage who reported one or more occurrences of each behavior during the past 12 months. Only students who reported that they had gambled during the past 12 months are included in these percentages.





Risk and Protective Factors

Many states, school districts and local agencies have adopted the **Risk and Protective Factor Model** to guide their prevention efforts. This model is based on the simple premise that, in order to prevent a problem from happening, we need to first identify factors that increase the risk of that problem developing and then find ways to reduce the risk. Just as medical researchers have found risk factors for heart disease (e.g., diets high in fat, lack of exercise, smoking), researchers at the University of Washington have identified a set of risk factors for youth problem behaviors.

To capture information on risk and protective factors among youth, researchers at the University of Washington developed a school-based survey called the Communities that Care (CTC) Survey. The CTC Survey, which was first administered in 1995, measures risk and protective factors demonstrated in prior studies to predict adolescent problem behaviors such as drug use, delinquency, and violence. The CTC Survey serves as the foundation for collecting reliable and valid information on risk and protective factors, and continues to be used by many states collecting these data. The most recent CTC Survey captures 25 risk factors and 13 protective factors.

Because risk and protective factors have multiple dimensions, a single factor's score is composed of the responses to several survey questions. Each factor's score is then referenced against data cut points that have been established by the researchers at the University of Washington using the results from a national administration of the CTC Survey. These cut points distinguish youth at higher risk for involvement in problem behaviors from those at lower risk. Bach Harrison, L.L.C., a survey research and evaluation company based in Utah, has made slight modifications to the risk and protective factor cut points originally developed by the University of Washington. For more information on the methodology used to calculate the risk and protective factor cut points, please refer to the following article:

Arthur, M., Briney, J., Hawkins, J., Abbott, R., Brooke-Weiss, B., & Catalano, R. (2007). "Measuring risk and protection in communities using the Communities That Care Youth Survey." *Evaluation and Program Planning* 30(2), 197-211.

The Nebraska Risk and Protective Factor Student Survey (NRPFSS) captures information on 13 risk factors and 7 protective factors from the CTC survey. The risk and protective factors included on the NRPFSS were chosen because they are locally actionable and highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. The risk and protective factors on the Nebraska survey, including the specific survey questions that make up the factors, are presented in Appendix B.

Risk factors include characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict the increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict. **Protective factors** exert a positive influence, or buffer, against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include social bonding to family, school, community, and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to

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serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

By measuring risk and protective factors in a population, prevention programs can be implemented to reduce elevated risk factors and to increase protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. Table 5.1 illustrates associations found between 19 selected risk factors and 5 problem behaviors. Check marks indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior.

Table 5.1. Youth at Risk

	Problem Behaviors						
Risk Indicators	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence		
Community							
Availability of drugs and firearms	✓	✓			✓		
Community laws and norms favorable toward drug use, firearms, and crime	✓	✓			✓		
Media portrayals of violence					✓		
Transitions and mobility	\checkmark	✓		✓			
Low neighborhood attachment and community disorganization	✓	✓			✓		
Extreme economic and social deprivation	✓	✓	✓	✓	✓		
Family							
Family history of the problem behavior	✓	✓	✓	✓	✓		
Family management problems	✓	✓	✓	✓	✓		
Family conflict	✓	✓	✓	✓	✓		
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓		
School							
Academic failure in elementary school	✓	✓	✓	✓	✓		
Lack of commitment to school	✓	✓	✓	✓	✓		
Peer / Individual							
Early and persistent antisocial behavior	✓	✓	✓	✓	✓		
Alienation and rebelliousness	✓	✓		✓			
Friends who use drugs and engage in a problem behavior	✓	✓	✓	\checkmark	✓		
Gang involvement	✓	✓			✓		
Favorable attitudes toward drug use and other problem behaviors	✓	✓	✓	✓			
Early initiation of the problem behavior	✓	✓	✓	✓	✓		
Constitutional factors	✓	✓			✓		

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The 2012 risk and protective scores for Nuckolls County are displayed below by grade with the overall state scores to serve as comparisons. The scores for the risk factors indicate the proportion of students that are at risk in this area. Conversely, the protective factor scores represent the proportion of students that have this protective buffer in their lives.

Table 5.2. Risk and Protective Factor Scores

Community	6th (Grade	8th C	Grade	10th	Grade	12th Grade		
Risk Factors	Local	State	Local	State	Local	State	Local	State	
Community Disorganization	42.9%	30.5%	52.9%	37.1%	49.1%	42.5%	54.5%	42.0%	
Laws and Norms Favorable to Drug Use ¹	NA	NA	24.1%	22.7%	37.5%	40.3%	54.5%	51.5%	
Perceived Availability of Drugs	39.0%	34.8%	19.0%	21.6%	15.8%	24.9%	36.4%	27.5%	
Perceived Availability of Handguns	47.4%	30.5%	42.9%	34.4%	26.3%	26.1%	32.7%	30.6%	
Protective Factors									
Opportunities for Prosocial Involvement	96.2%	94.6%	94.0%	91.9%	96.5%	91.6%	94.5%	93.0%	
Family		Grade		Grade	10th	Grade	12th (Grade	
Risk Factors	Local	State	Local	State	Local	State	Local	State	
Poor Family Management	26.6%	29.0%	31.0%	29.5%	35.1%	29.2%	29.1%	28.9%	
Parental Attitudes Favorable Toward Drug Use	14.3%	12.8%	24.4%	22.9%	35.1%	35.4%	45.5%	38.8%	
Protective Factors									
Attachment	62.0%	65.3%	66.3%	62.4%	50.9%	61.1%	56.4%	60.9%	
Opportunities for Prosocial Involvement	63.6%	72.2%	77.4%	72.5%	68.4%	64.0%	54.5%	62.9%	
School		Grade		Grade		Grade		Grade	
Risk Factors	Local	State	Local	State	Local	State	Local	State	
Academic Failure	60.3%	53.4%	39.3%	31.6%	39.3%	35.4%	25.5%	36.1%	
Low Commitment to School	32.4%	24.9%	49.4%	34.9%	32.1%	33.2%	26.9%	34.3%	
Protective Factors				==		==		=	
Opportunities for Prosocial Involvement	57.1%	62.6%	68.2%	76.4%	63.2%	73.8%	81.8%	74.9%	
Rewards for Prosocial Involvement	67.5%	66.4%	51.8%	64.1%	68.4%	68.8%	43.6%	56.8%	
Peer / Individual		Grade		Grade		Grade		Grade	
Risk Factors	Local	State	Local	State	Local	State	Local	State	
Early Initiation of Drug Use ¹	NA	NA	11.8%	18.4%	21.1%	21.6%	32.7%	27.4%	
Early Initiation of Antisocial Behavior ¹ Favorable Attitudes Toward Antisocial Behavior	NA 20.00/	NA	16.5%	20.9%	21.4%	22.5%	14.5%	24.7%	
	32.9%	29.7%	20.0%	22.3%	38.6%	33.5%	23.6%	33.2%	
Favorable Attitudes Toward Drug Use	14.3%	12.2%	21.2%	19.3%	36.8%	33.4%	38.2%	39.5%	
Perceived Risks of Drug Use	39.7%	34.9%	41.0%	33.4%	42.1%	47.6%	29.1%	44.3%	
Gang Involvement	5.4%	3.4%	6.2%	3.7%	5.6%	4.0%	3.8%	3.3%	
Protective Factors Belief in the Moral Order	00.40/	00 70/	04.70/	04.004	04.00/	07.00/	70 70/	05 50/	
	83.1%	83.7%	84.7%	81.8%	64.9%	67.8%	72.7%	65.5%	
Peer-Individual Prosocial Involvement	76.9%	65.2%	69.4%	65.4%	71.9%	72.6%	76.4%	71.9%	

¹The 6th grade version intentionally does not measure this factor. As a result, this factor is not presented within this report.

Using NRPFSS Results for School and Community Improvement

Why conduct the risk and protective factor survey?

At the present time, the Student Health and Risk Prevention (SHARP) Surveillance System contains the only school-based student health surveys in Nebraska endorsed by both the Nebraska Department of Education and the Nebraska Department of Health and Human Services. Of the three surveys administered under SHARP, the Nebraska Risk and Protective Factor Student Survey (NRPFSS) is the only survey that generates school- and community-level results. Data from the NRPFSS can be used to help schools and communities assess current conditions and identify and prioritize local prevention issues. The risk and protective factor profiles provided by this survey reflect underlying conditions that can be addressed through specific types of interventions proven to be effective in either reducing risk or enhancing protection.

How are the data being used in Nebraska?

At the present time, data from the NRPFSS is being used for:

- Substance abuse and/or risk prevention planning at the school, school district, county, region, and state levels;
- Applying for grants and other funding;
- Fulfilling state and federal grant requirements by community coalitions across Nebraska; and
- Fulfilling federal reporting requirements by the Nebraska Department of Education and Nebraska Department of Health and Human Services.

For additional information about the uses of the NRPFSS, please visit the SHARP Web site at http://bosr.unl.edu/sharp.

Tips for Using this Report for School and Community Improvement

What are the numbers telling you?

Review the data presented in this report, including the appendix tables, and note your findings to the following questions:

- Which risk factors are of the greatest concern to your school/community/region?
 - Which risk factors from the NRPFSS are most prevalent among your students?
 - O How do these factors compare to all students that participated in the NRPFSS?
- Which protective factors are most important to your school/community/region?
 - Which protective factors from the NRPFSS are least prevalent among your students?
 - O How do these factors compare to all students that participated in the NRPFSS?
- Which substances are your students using the most?
 - o In which grades do you see unacceptable usage levels?
 - How does use among your students compare to all students that participated in the NRPFSS and to students nationally?
- Which delinquent behaviors are of greatest concern to your school/community/region?
 - Which delinquent behaviors are your students exhibiting the most?
 - How do these behaviors compare to all students that participated in the NRPFSS?

How do you decide if a rate is "unacceptable"?

Look across the appendix tables in this report—which items stand out as either much higher or much lower than the others?

- Compare your data with statewide and national data—determine a level of difference between your data and the state/national
 data that is unacceptable.
- Determine the standards and values held within your school and community—for example, is it acceptable in your community
 for a percentage of high school students to drink alcohol regularly as long as that percentage is lower than the overall state
 percentage?

How do you use these data for planning?

- Substance use and delinquent behavior data—identify the issues and then begin a dialogue with community stakeholders to raise awareness about the problems.
- Risk and protective factor data—establish realistic and measurable objectives within your school/community/region that will help you measure progress toward achieving your prevention goals.
- Engage in the Strategic Prevention Framework (SPF) planning model—guide your prevention planning process.

Additional Resources

Use the resources listed on the last page of this report (Appendix C: Contacts for Prevention) for ideas about prevention programs proven to be effective in addressing substance use, delinquent behavior, and elevated risk factors while improving the protective factors in your school, community, or region.

Example

The table below provides a quick illustration of how you could organize a comparison of your data with state and/or national data on various measures (i.e., indicators; risk or protective factors). An Excel version of this tool is available for download on the SHARP Web site at http://bosr.unl.edu/sharp/assessment tools.

Sample Tool for	r Data inte		Prevalence	Rates		
		(How	common is	s this?)		
Data Measure	Grade	Your data	State*	Nation (if avail.)	Comparison	Trends (if avail.)
Past 30 Day Alcohol Use	10	35.2%	25.4%	19.0%	More prevalent than both state and nation	Stable across the four survey administrations

Note. Data are for illustration purposes only and do not reflect actual results.

^{*}Represents all students who completed the Nebraska Risk and Protective Factor Student Survey (NRPFSS) and is not intended to represent all students statewide.

APPENDIX A: Trend Data

	Grade 6							Grade 8	}			(Grade 10	0		Grade 12					
	Definition	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
	Alcohol	NA**	NA**	NA**	11.4%	14.3%	NA**	NA**	NA**	31.3%	22.6%	NA**	NA**	NA**	42.5%	40.4%	NA**	NA**	NA**	73.3%	67.3%
	Cigarettes	NA**	NA**	NA**	2.3%	5.1%	NA**	NA**	NA**	15.9%	6.0%	NA**	NA**	NA**	28.8%	29.8%	NA**	NA**	NA**	41.3%	40.0%
	Smokeless tobacco	NA**	NA**	NA**	2.3%	2.6%	NA**	NA**	NA**	17.5%	6.2%	NA**	NA**	NA**	23.3%	30.4%	NA**	NA**	NA**	29.3%	30.9%
	Marijuana ¹	NA**	NA**	NA**	0.0%	2.6%	NA**	NA**	NA**	1.6%	1.2%	NA**	NA**	NA**	8.3%	14.0%	NA**	NA**	NA**	17.3%	23.6%
	LSD/other psychedelics	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%
Lifetime	Cocaine/crack	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%
Substance	Meth ²	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%
Use	Inhalants	NA**	NA**	NA**	2.3%	3.9%	NA**	NA**	NA**	6.3%	2.4%	NA**	NA**	NA**	4.1%	5.3%	NA**	NA**	NA**	6.7%	1.8%
	Steroids	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%	NA**	NA**	NA**	1.3%	1.8%
	Other performance-enhancing drugs	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	13.7%	5.3%	NA**	NA**	NA**	9.3%	10.9%
	Prescription drugs ³	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	4.1%	8.8%	NA**	NA**	NA**	14.7%	10.9%
	Non-prescription drugs ⁴	NA**	NA**	NA**	0.0%	2.6%	NA**	NA**	NA**	1.6%	1.2%	NA**	NA**	NA**	2.7%	0.0%	NA**	NA**	NA**	4.0%	7.3%
	Other illegal drugs	NA**	NA**	NA**	0.0%	1.4%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	5.3%	NA**	NA**	NA**	5.3%	3.6%
	Alcohol	NA**	NA**	NA**	2.3%	1.3%	NA**	NA**	NA**	10.9%	6.0%	NA**	NA**	NA**	23.3%	15.8%	NA**	NA**	NA**	40.0%	32.7%
	Cigarettes	NA**	NA**	NA**	0.0%	1.3%	NA**	NA**	NA**	3.2%	1.2%	NA**	NA**	NA**	12.3%	15.8%	NA**	NA**	NA**	13.3%	16.4%
	Smokeless tobacco	NA**	NA**	NA**	0.0%	1.3%	NA**	NA**	NA**	11.1%	0.0%	NA**	NA**	NA**	9.6%	8.8%	NA**	NA**	NA**	12.0%	18.2%
	Marijuana ¹	NA**	NA**	NA**	0.0%	1.3%	NA**	NA**	NA**	1.6%	0.0%	NA**	NA**	NA**	0.0%	5.3%	NA**	NA**	NA**	1.3%	14.5%
	LSD/other psychedelics	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%
Past 30	Cocaine/crack	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%
Day Substance	Meth ²	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%
Use	Inhalants	NA**	NA**	NA**	NA	0.0%	NA**	NA**	NA**	3.1%	1.2%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	1.3%	0.0%
	Steroids	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%	NA**	NA**	NA**	1.3%	0.0%
	Other performance-enhancing drugs	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	11.0%	1.8%	NA**	NA**	NA**	6.7%	9.1%
	Prescription drugs ³	NA**	NA**	NA**	NA	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	2.7%	3.5%	NA**	NA**	NA**	4.0%	1.8%
	Non-prescription drugs ⁴	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	1.6%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	1.3%	1.8%
	Other illegal drugs	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%	NA**	NA**	NA**	0.0%	1.8%

SHARP | NRPFSS 2012

	Definition			Grade 6	6				Grade 8	В				Grade 10)		Grade 12				
	Defillition	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
	Carried a handgun	NA**	NA**	NA**	NA ⁹	NA ⁹	NA**	NA**	NA**	7.8%	4.7%	NA**	NA**	NA**	4.1%	10.5%	NA**	NA**	NA**	2.6%	3.6%
	Sold illegal drugs	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	3.5%	NA**	NA**	NA**	1.3%	5.5%
Delinquent	Stolen-tried to steal a motor vehicle	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%
Behaviors during the	Arrested	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	1.4%	1.8%	NA**	NA**	NA**	0.0%	1.8%
Past 12 Months	Attacked someone with idea of seriously hurting them	NA**	NA**	NA**	2.3%	11.5%	NA**	NA**	NA**	10.9%	7.1%	NA**	NA**	NA**	4.1%	8.8%	NA**	NA**	NA**	2.7%	3.6%
	Took a handgun to school	NA**	NA**	NA**	NA	NA	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	0.0%	NA**	NA**	NA**	0.0%	1.8%
	Drove vehicle under the influence of alcohol	NA**	NA**	NA**	2.3%	NA	NA**	NA**	NA**	3.1%	0.0%	NA**	NA**	NA**	5.5%	5.4%	NA**	NA**	NA**	29.3%	20.0%
	Community																				
	Community Disorganization	NA**	NA**	NA**	43.2%	42.9%	NA**	NA**	NA**	NA ⁶	52.9%	NA**	NA**	NA**	NA ⁶	49.1%	NA**	NA**	NA**	NA ⁶	54.5%
	Law and Norms Favorable to Drug Use	NA**	NA**	NA**	NA ⁵	NA ⁵	NA**	NA**	NA**	NA ⁶	24.1%	NA**	NA**	NA**	NA ⁶	37.5%	NA**	NA**	NA**	NA ⁶	54.5%
	Perceived Availability of Drugs	NA**	NA**	NA**	34.9%	39.0%	NA**	NA**	NA**	17.5%	19.0%	NA**	NA**	NA**	20.0%	15.8%	NA**	NA**	NA**	11.8%	36.4%
	Perceived Availability of Handguns	NA**	NA**	NA**	46.5%	47.4%	NA**	NA**	NA**	50.8%	42.9%	NA**	NA**	NA**	30.0%	26.3%	NA**	NA**	NA**	26.3%	32.7%
	Family																				
	Poor Family Management	NA**	NA**	NA**	20.5%	26.6%	NA**	NA**	NA**	31.7%	31.0%	NA**	NA**	NA**	21.4%	35.1%	NA**	NA**	NA**	17.1%	29.1%
	Parental Attitudes Favorable Toward Drug Use	NA**	NA**	NA**	20.9%	14.3%	NA**	NA**	NA**	31.7%	24.4%	NA**	NA**	NA**	27.1%	35.1%	NA**	NA**	NA**	44.7%	45.5%
Risk	School																				
Factors	Academic Failure	NA**	NA**	NA**	58.1%	60.3%	NA**	NA**	NA**	39.7%	39.3%	NA**	NA**	NA**	34.2%	39.3%	NA**	NA**	NA**	32.9%	25.5%
	Low Commitment to School	NA**	NA**	NA**	28.6%	32.4%	NA**	NA**	NA**	36.7%	49.4%	NA**	NA**	NA**	29.2%	32.1%	NA**	NA**	NA**	37.0%	26.9%
	Peer/Individual																				
	Early Initiation of Drug Use	NA**	NA**	NA**	NA ⁵	NA ⁵	NA**	NA**	NA**	23.4%	11.8%	NA**	NA**	NA**	21.9%	21.1%	NA**	NA**	NA**	26.3%	32.7%
	Early Initiation of Antisocial Behavior	NA**	NA**	NA**	NA ⁵	NA ⁵	NA**	NA**	NA**	26.6%	16.5%	NA**	NA**	NA**	15.1%	21.4%	NA**	NA**	NA**	10.5%	14.5%
	Favorable Attitudes Toward Antisocial Behavior	NA**	NA**	NA**	23.3%	32.9%	NA**	NA**	NA**	29.7%	20.0%	NA**	NA**	NA**	16.4%	38.6%	NA**	NA**	NA**	30.3%	23.6%
	Favorable Attitudes Toward Drug Use	NA**	NA**	NA**	7.0%	14.3%	NA**	NA**	NA**	21.9%	21.2%	NA**	NA**	NA**	17.8%	36.8%	NA**	NA**	NA**	32.9%	38.2%
	Perceived Risks of Drug Use	NA**	NA**	NA**	31.8%	39.7%	NA**	NA**	NA**	29.7%	41.0%	NA**	NA**	NA**	23.3%	42.1%	NA**	NA**	NA**	28.0%	29.1%
	Gang Involvement	NA**	NA**	NA**	2.4%	5.4%	NA**	NA**	NA**	1.7%	6.2%	NA**	NA**	NA**	1.4%	5.6%	NA**	NA**	NA**	2.7%	3.8%

SHARP | NRPFSS 2012

	Definition	Grade 6						Grade 8	}			(Grade 10			Grade 12					
	Defillition	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
	Community																				
	Opportunities for Prosocial Involvement	NA**	NA**	NA**	83.3%	96.2%	NA**	NA**	NA**	NA ⁶	94.0%	NA**	NA**	NA**	NA ⁶	96.5%	NA**	NA**	NA**	NA ⁶	94.5%
	Family																				
	Attachment	NA**	NA**	NA**	63.6%	62.0%	NA**	NA**	NA**	60.3%	66.3%	NA**	NA**	NA**	60.0%	50.9%	NA**	NA**	NA**	61.3%	56.4%
Protective	Opportunities for Prosocial Involvement	NA**	NA**	NA**	69.8%	63.6%	NA**	NA**	NA**	68.3%	77.4%	NA**	NA**	NA**	75.7%	68.4%	NA**	NA**	NA**	47.4%	54.5%
Factors	School																				
	Opportunities for Prosocial Involvement	NA**	NA**	NA**	55.6%	57.1%	NA**	NA**	NA**	75.0%	68.2%	NA**	NA**	NA**	78.1%	63.2%	NA**	NA**	NA**	82.9%	81.8%
	Rewards for Prosocial Involvement	NA**	NA**	NA**	60.0%	67.5%	NA**	NA**	NA**	70.3%	51.8%	NA**	NA**	NA**	71.2%	68.4%	NA**	NA**	NA**	65.8%	43.6%
	Peer/Individual						-	•	•	•						•	c				
	Belief in the Moral Order	NA**	NA**	NA**	90.9%	83.1%	NA**	NA**	NA**	78.1%	84.7%	NA**	NA**	NA**	80.8%	64.9%	NA**	NA**	NA**	71.1%	72.7%
	Prosocial Involvement	NA**	NA**	NA**	68.2%	76.9%	NA**	NA**	NA**	75.0%	69.4%	NA**	NA**	NA**	76.7%	71.9%	NA**	NA**	NA**	82.7%	76.4%

^{*}This indicates that there were less than 10 cases.

4Prior to 2010, the question asked students if they had "used a non-prescription cough or cold medicine (robos, DMX, etc.) to get high and not for medical reasons." In 2010, the wording was changed to "used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons."

7Prior to 2010, the questions included in this factor asked students about "one or more of your parents." In 2010, these questions were split into questions referencing each parent individually to return to their original, intended format. Because of these differences, trend data are not available prior to 2010.

In 2010, several factors were added. As a result, factors not measured prior to 2010 are not included in the trend data for years other than 2010 and 2012.

9Pretesting of the 2012 questionnaire indicated measurement issues among 6th grade students when asked about guns. Consequently, trend data are not displayed for this grade.

Note. Questions solely asked in 2010 or with significant changes from past administrations are not included in this report. These questions include any tobacco use, binge drinking, riding with a drinking driver, and gambling questions.

Note. The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approach with some caution.

^{**}This indicates that the criteria for a report were not met.

¹Prior to 2010, the question asked students if they had "used marijuana (grass, pot) or hashish (hash, hash oil)." In 2010, the wording was changed to "used marijuana."

²Prior to 2010, the question asked students if they had "taken 'meth' (also known as 'crank', 'crystal', or 'ice')." In 2010, the wording was changed to "used methamphetamines (meth, speed, crank, crystal meth, or ice)."

³Prior to 2010, the question asked students if they had "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, or sleeping pills without a doctor telling you to take them)." In 2010, the wording was changed to "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, or Percocet) without a doctor telling you to take them."

⁵The 6th grade version intentionally does not measure this factor. As a result, this factor is not presented within this report.

⁶ In 2010, several questions that were included in these risk and protective factors were unintentionally removed from the questionnaire. As a result, these factors were not calculated in 2010 causing their exclusion from the trend data.

APPENDIX B: Risk and Protective Factors Information

Table B1. Risk and Protective Factor Indicators by Survey	6th grade	8th, 10th, 12th grade
	(Form B)	(Form A)
COMMUNITY	, ,	
Risk Factors		
Community Disorganization	59, 61a - 61d	89, 93a - 93d
Laws and Norms Favorable to Drug Use	n/a¹	88a, 88b, 88d, 88e, 92a - 92
Perceived Availability of Drugs	57a - 57c, 57e	86a - 86c, 86e
Perceived Availability of Handguns	57f	86f
Protective Factors		•••
Opportunities for Prosocial Involvement	58a - 58e, 60	90, 91a - 91e
FAMILY	333, 333, 33	00,0.0
Risk Factors		
Poor Family Management	41 - 43, 47, 49 - 52	69 - 71, 75, 77 - 80
Parental Attitudes Favorable Toward Drug Use	39a , 39c, 39d	68a, 68c, 68e
Protective Factors		
Attachment	53 - 56	81 - 84
Opportunities for Prosocial Involvement	44 - 46	72 - 74
SCHOOL		
Risk Factors		
Academic Failure	6, 19	6, 19
Low Commitment to School	7 - 9, 20, 21a - 21c	7 - 9, 20, 21a - 21c
Protective Factors	40 44 40 44 40	40 44 40 44 40
Opportunities for Prosocial Involvement	10, 11, 13, 14, 18	10, 11, 13, 14, 18
Rewards for Prosocial Involvement	12, 15 - 17	12, 15 - 17
PEER-INDIVIDUAL		
Risk Factors	n/a¹	22- 22- 22-
Early Initiation of Drug Use Early Initiation of Antisocial Behavior	n/a¹	22a, 22c - 22e 22h - 22k
Favorable Attitudes Toward Antisocial Behavior	22a - 22e	23a - 23e
Favorable Attitudes Toward Drug Use	22f , 22h, 22i, 22l	23f, 23h, 23j, 23m
Perceived Risks of Drug Use	29a, 29d, 29f, 29g	30a , 30d, 30g, 30h
Gang Involvement	230, 230, 231, 239	24
Protective Factors		
Belief in the Moral Order	25 - 27, 48	27 - 29, 76
Prosocial Involvement	24c, 24e, 24h	26f, 26h, 26k

¹The 6th grade version intentionally does not measure this factor. As a result, this factor is not presented within this report.

APPENDIX C: Contacts for Prevention

Division of Behavioral Health

Nebraska Department of Health and Human Services Renee Faber, Prevention System Coordinator renee.faber@nebraska.gov 301 Centennial Mall South P.O. Box 95026 Lincoln, NE 68509-5026 (402) 471-7772 phone (402) 471-7859 fax http://www.dhhs.ne.gov/Behavioral_Health/

Tobacco Free Nebraska

Nebraska Department of Health and Human Services
Jeff Soukup, Program Manager
Jeff.Soukup@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln NE 68509-5026
(402) 471- 1807 phone
(402) 471- 6446 fax
www.dhhs.ne.gov/tfn

Nebraska Office of Highway Safety

Fred E. Zwonechek, Administrator fred.zwonechek@nebraska.gov 5001 So. 14th Street P.O. Box 94612 Lincoln, NE 68509 402-471-2515 phone 402-471-3865 fax http://www.transportation.nebraska.gov/nohs/

This report was prepared for the State of Nebraska by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln.

bosr@unl.edu 301 Benton Hall P.O. Box 886102 Lincoln, NE 68588-6102 http://bosr.unl.edu

For information about SHARP and/or NRPFSS:

- Bureau of Sociological Research, SHARP Web page, http://bosr.unl.edu/sharp
- Nebraska Department of Health and Human Services, Division of Public Health 402-471-2353