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# Nebraska Risk and Protective Factor Student Survey Results for 2012

## Profile Report: Clay County

**Sponsored by:**

Nebraska Department of Education  
Nebraska Department of Health and Human Services

**Administered by:**

Bureau of Sociological Research  
University of Nebraska-Lincoln



*NRPFS 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

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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 Clay 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 Clay 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

Grade	Clay County 2012			State 2012		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
6th	33	65	50.8%	7741	24611	31.5%
8th	4	61	6.6%	8433	23683	35.6%
10th	4	41	9.8%	7377	23158	31.9%
12th	19	60	31.7%	6558	24605	26.7%
<b>Total</b>	60	227	26.4%	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 Clay County and the state overall.

Table 1.2. Participant Characteristics, 2012

	Clay County 2012		State 2012	
	n	%	n	%
<b>Total students</b>	60		30614	
<b>Grade</b>				
6th	33	55.0%	7741	25.3%
8th	4	6.7%	8433	27.5%
10th	4	6.7%	7377	24.1%
12th	19	31.7%	6558	21.4%
Unknown	0	0.0%	505	1.6%
<b>Gender</b>				
Male	33	55.0%	15339	50.1%
Female	27	45.0%	15233	49.8%
Unknown	0	0.0%	42	0.1%
<b>Race/Ethnicity</b>				
Hispanic*	10	16.7%	4091	13.4%
African American	2	3.3%	834	2.7%
Asian	0	0.0%	489	1.6%
American Indian	0	0.0%	982	3.2%
Pacific Islander	0	0.0%	80	0.3%
Alaska Native	0	0.0%	32	0.1%
White	46	76.7%	23546	76.9%
Other	2	3.3%	452	1.5%
Unknown	0	0.0%	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 Clay 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.

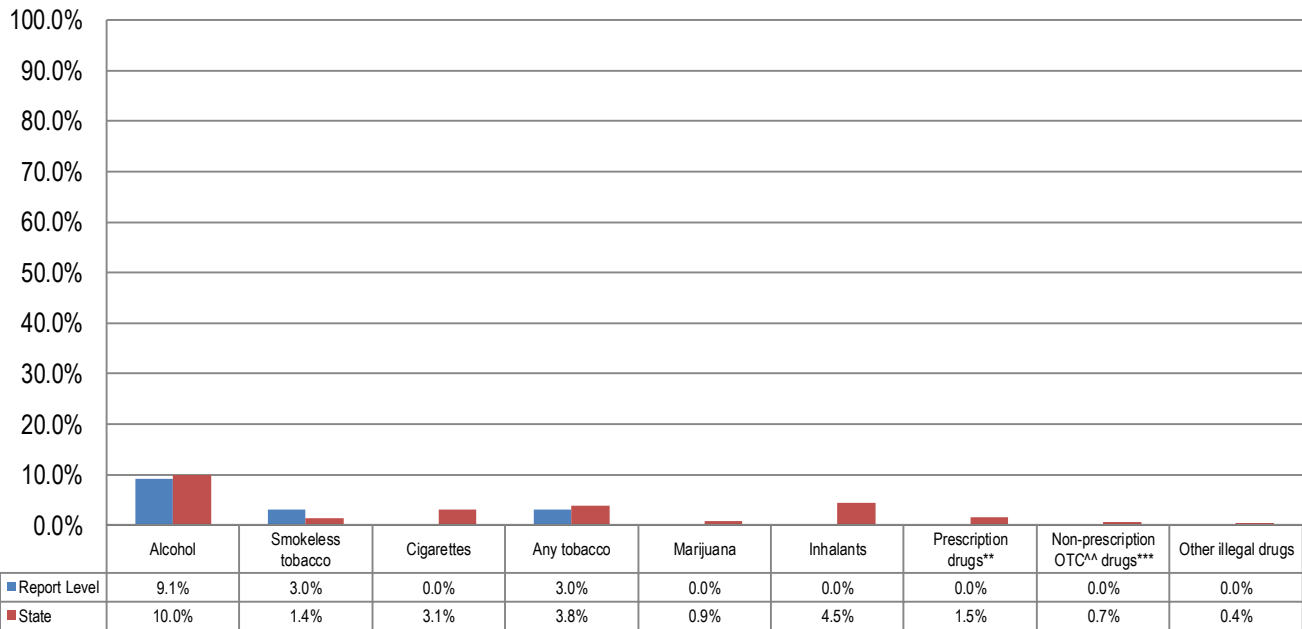
A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a drug more during the past 30 days than in one's lifetime, answering that the student was not at all honest when filling 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 Clay County, zero students met these criteria.

**Substance Use**

This section contains information on the use of alcohol, tobacco, and other drugs among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> 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 Clay 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 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders. As a result, national data is not available for 6<sup>th</sup> grade. For the lifetime and past 30 day substance use figures below, blue bars represent Clay County data, red bars represent overall state estimates, and green bars represent national data.

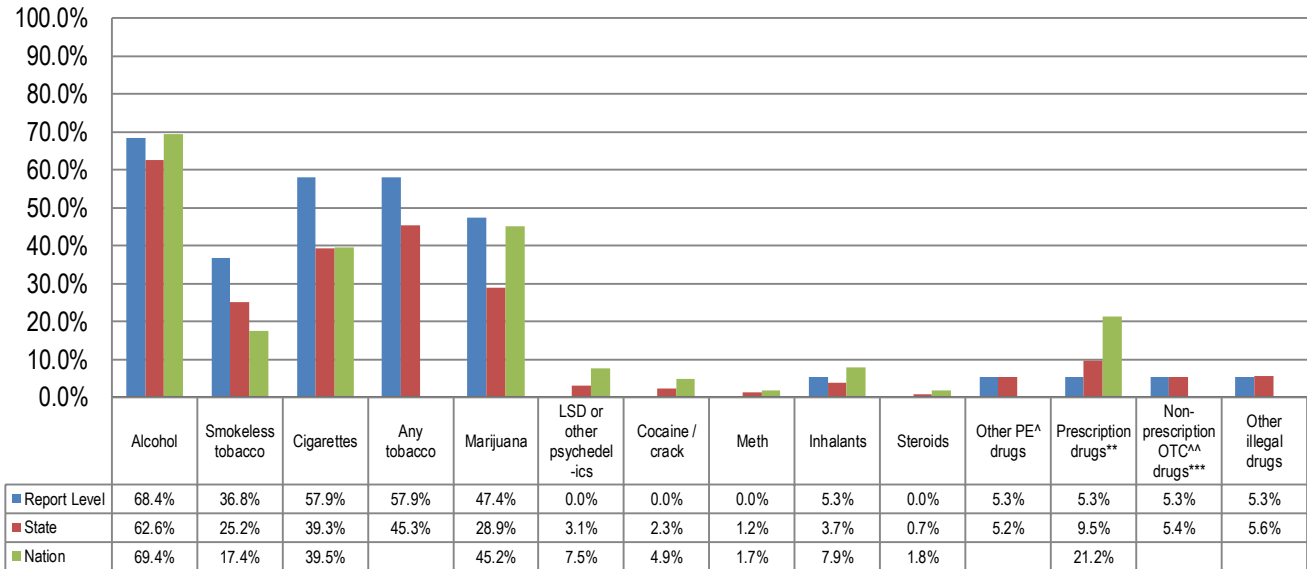
**Lifetime Substance Use**

**Lifetime Substance Use among 6th Grade Respondents,\* 2012**



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.

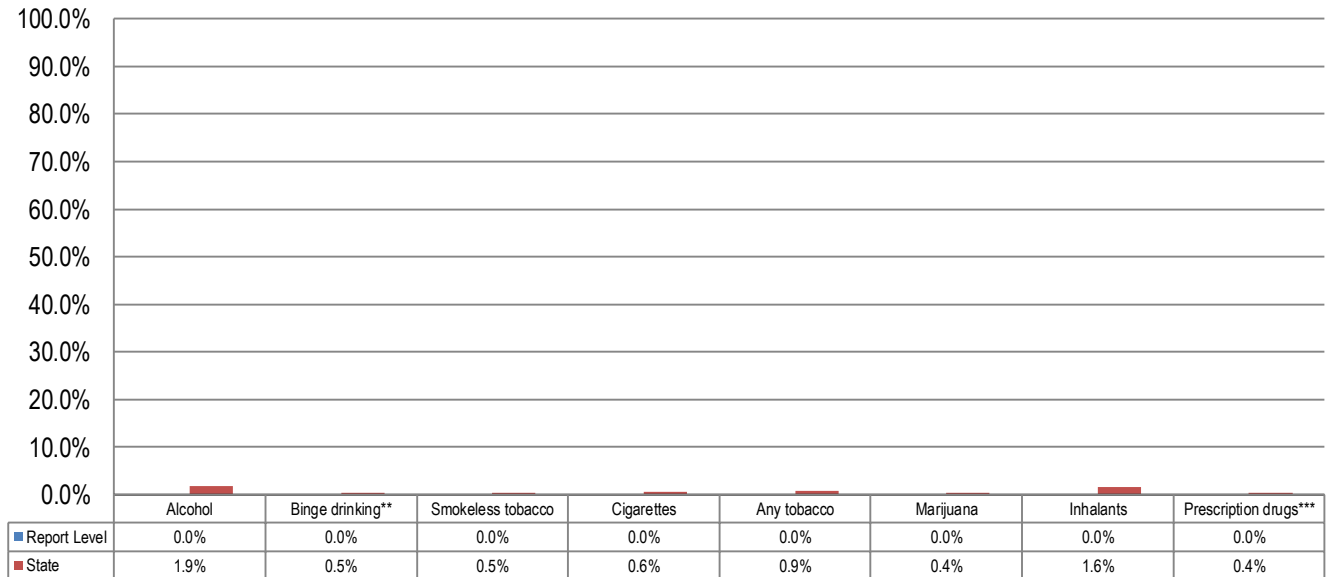
**Lifetime Substance Use among 12th Grade Respondents,\* 2012**



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. <sup>A</sup>PE=performance-enhancing drugs other than steroids. <sup>AA</sup>OTC=over-the-counter, non-prescription drugs.

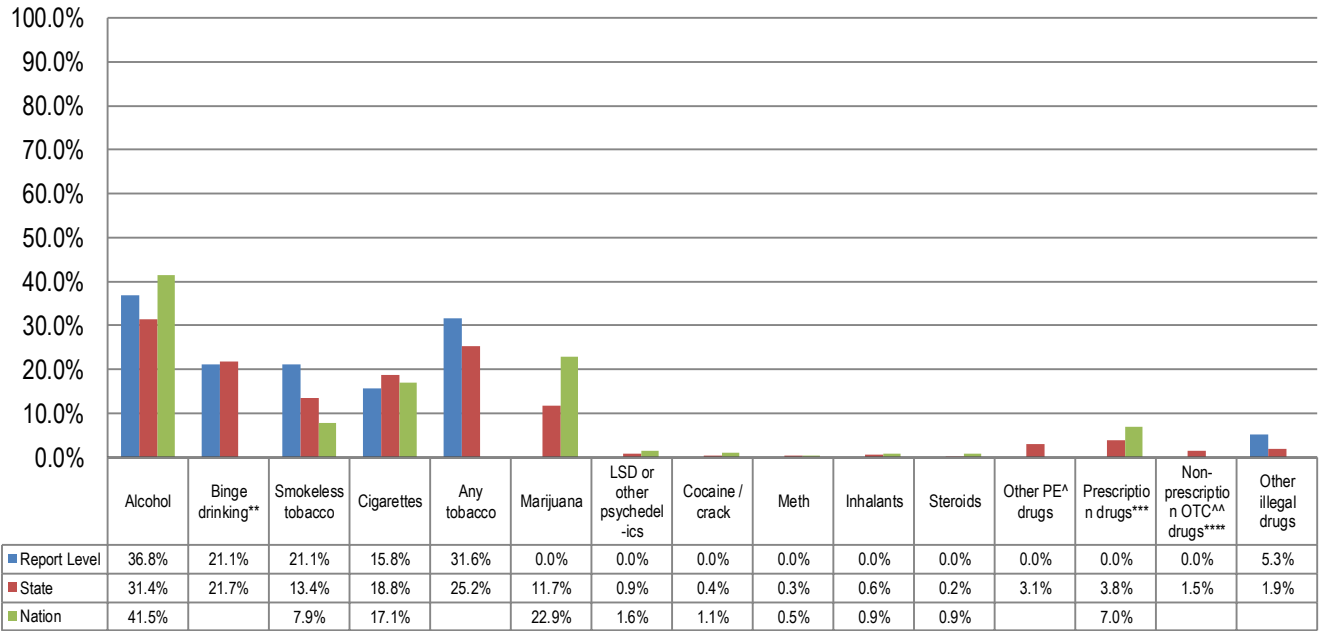
**Past 30 Day Substance Use**

**Past 30 Day Substance Use among 6th Grade Respondents,\* 2012**



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.

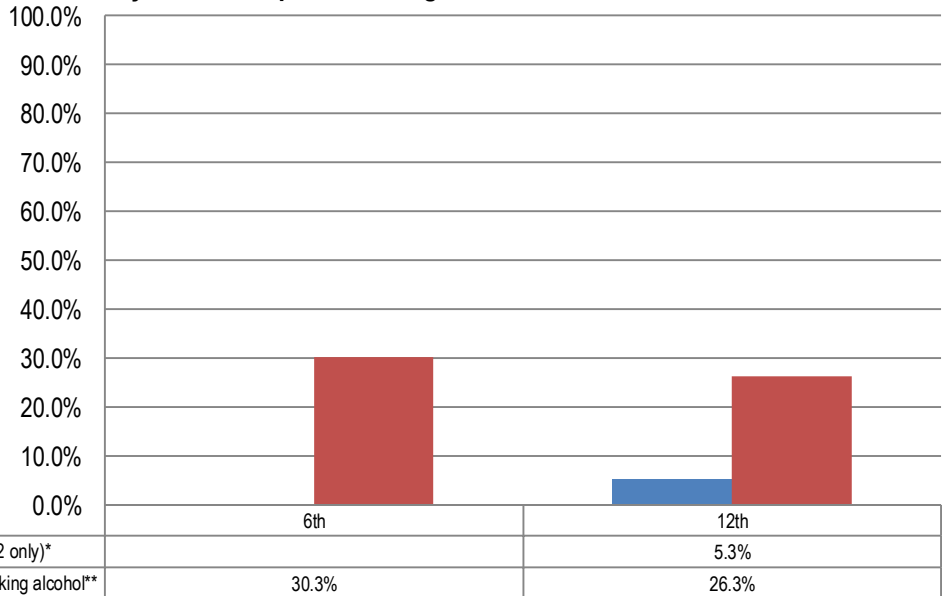
Past 30 Day Substance Use among 12th Grade Respondents,\* 2012



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

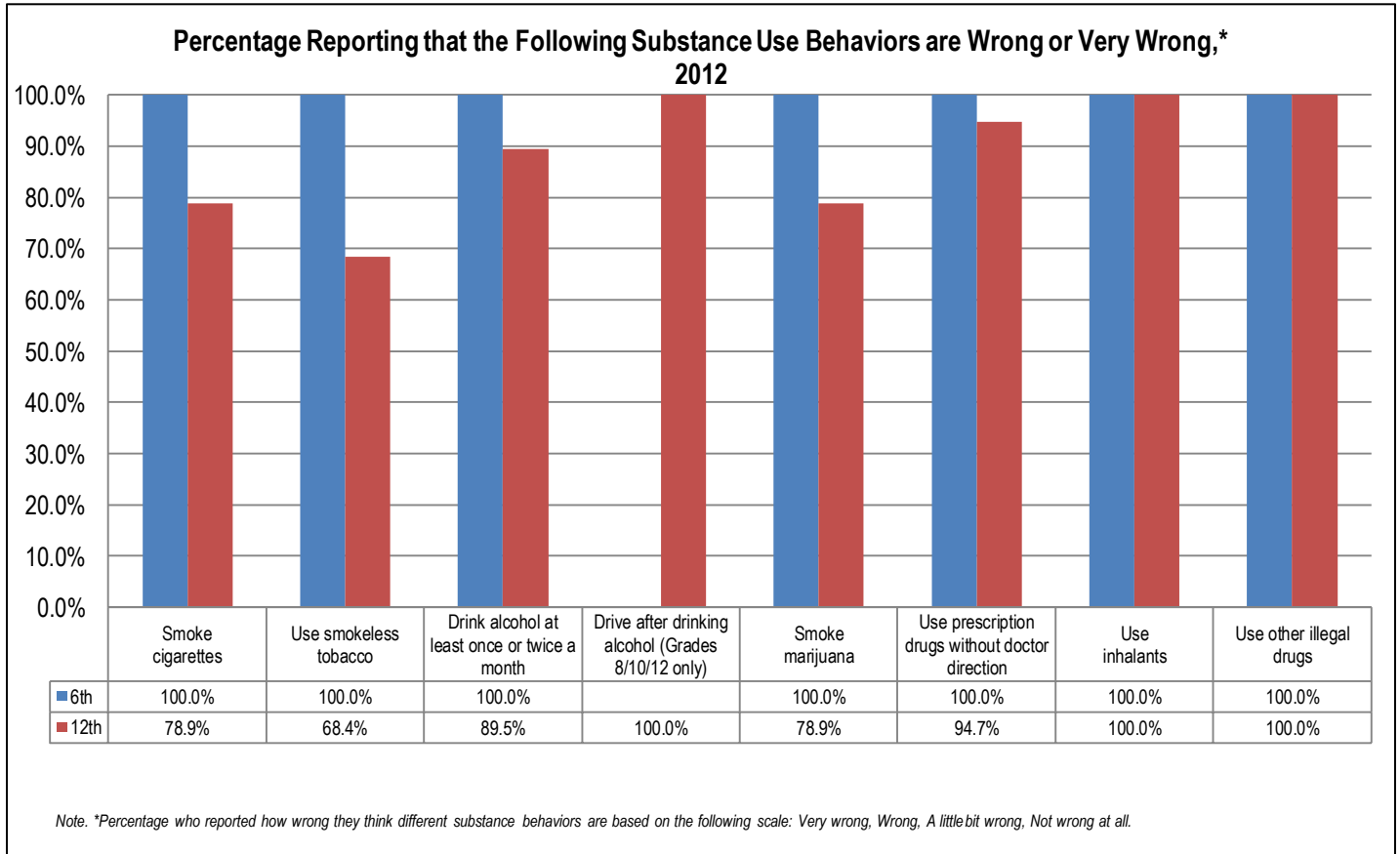
Past 30 Day Alcohol-Impaired Driving, 2012



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



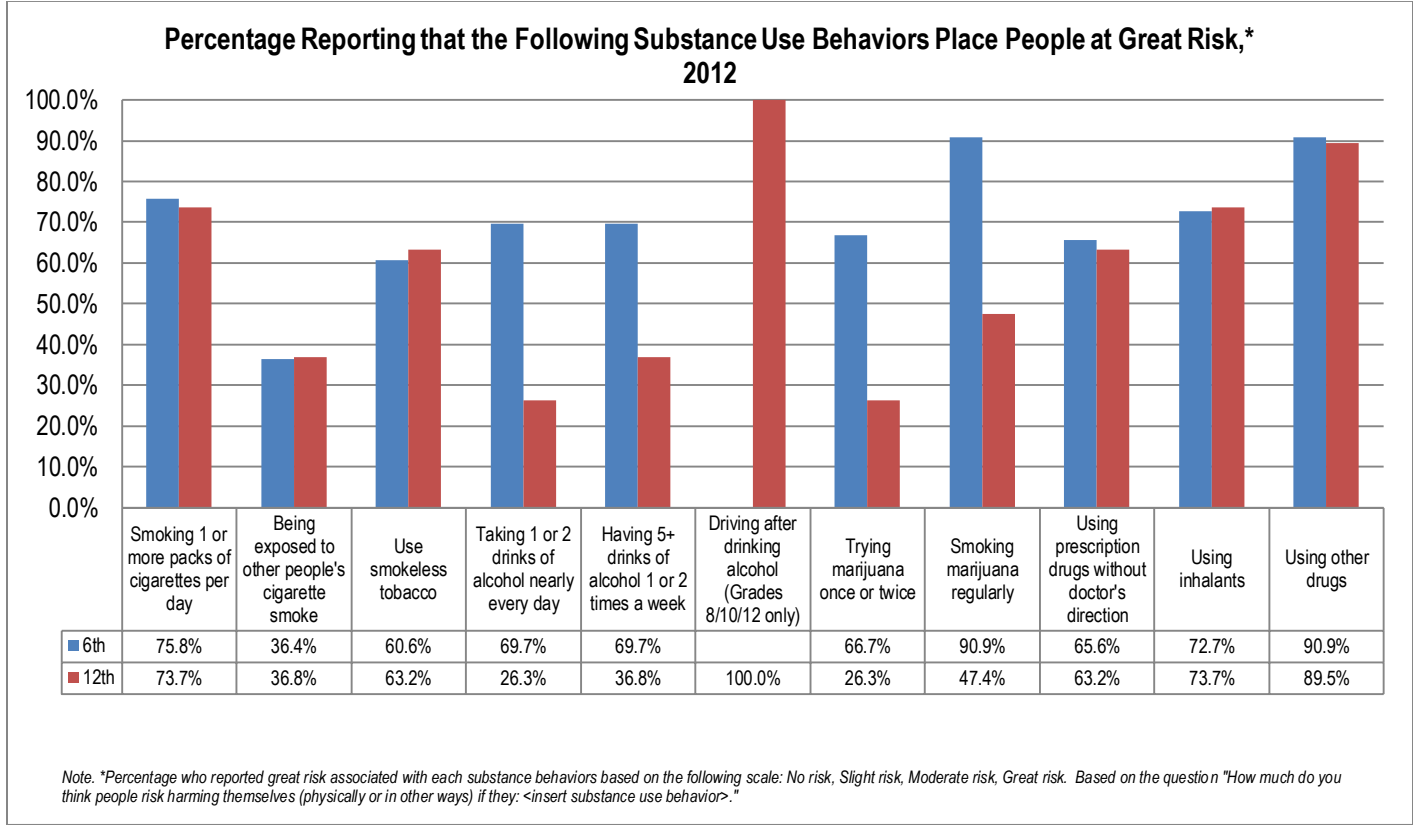
Perceived and Actual Substance Use during the Past 30 Days

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

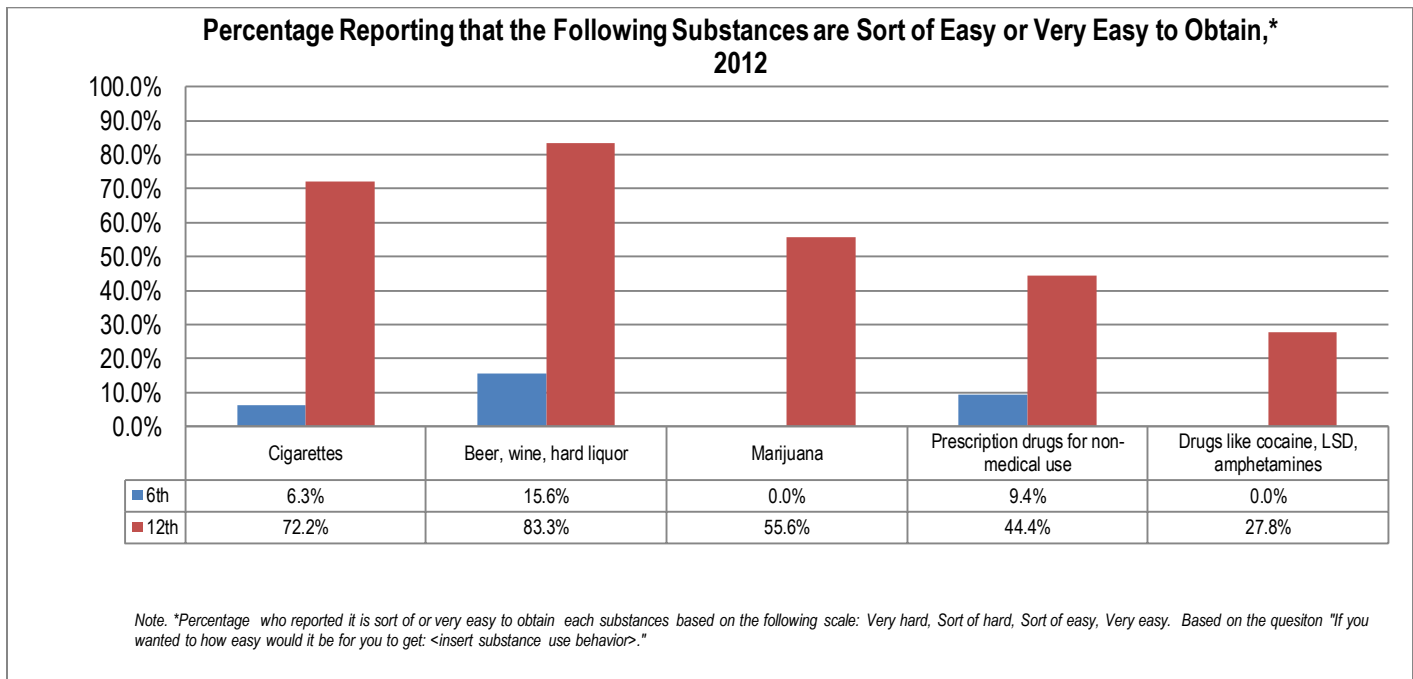
		Grade	
		6th	12th
Smoked cigarettes	Perceived %	0.0%	17.8%
	Actual %	0.0%	15.8%
Drank alcohol	Perceived %	0.0%	45.7%
	Actual %	0.0%	36.8%
Smoked marijuana	Perceived %	0.0%	17.3%
	Actual %	0.0%	0.0%
Used other illegal drugs	Perceived %	Not Collected	5.3%
	Actual %	Not Collected	5.3%

*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

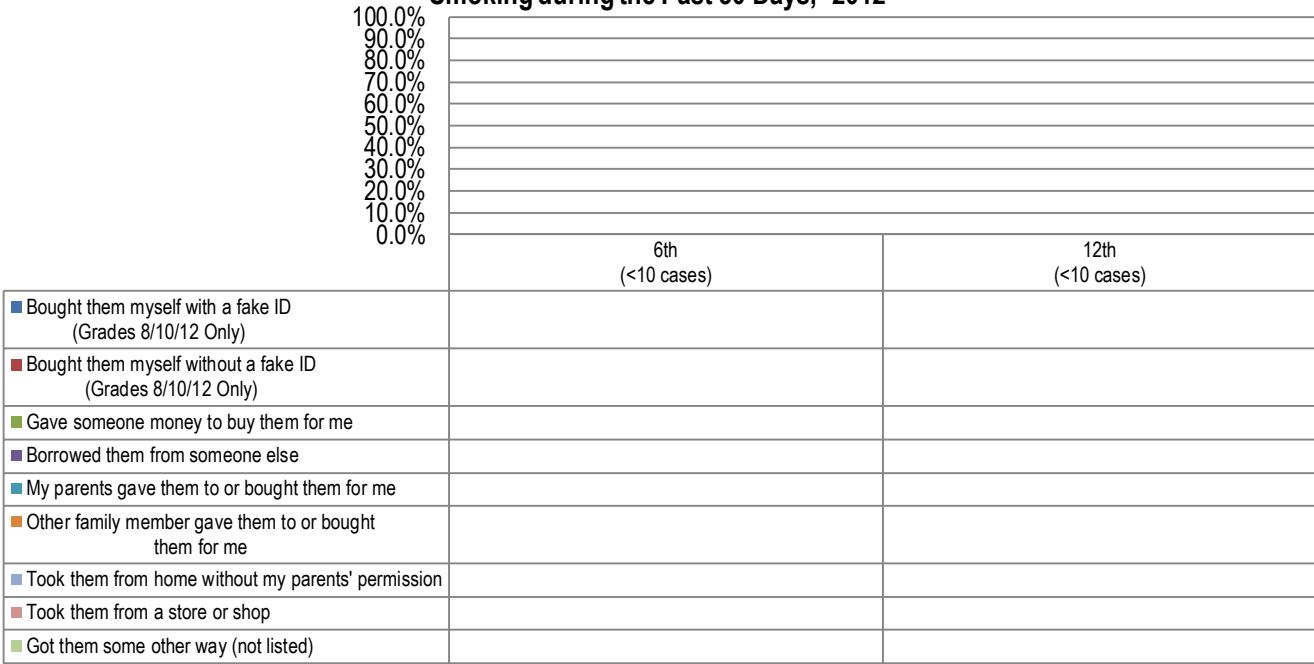


Perceived Availability of Substances



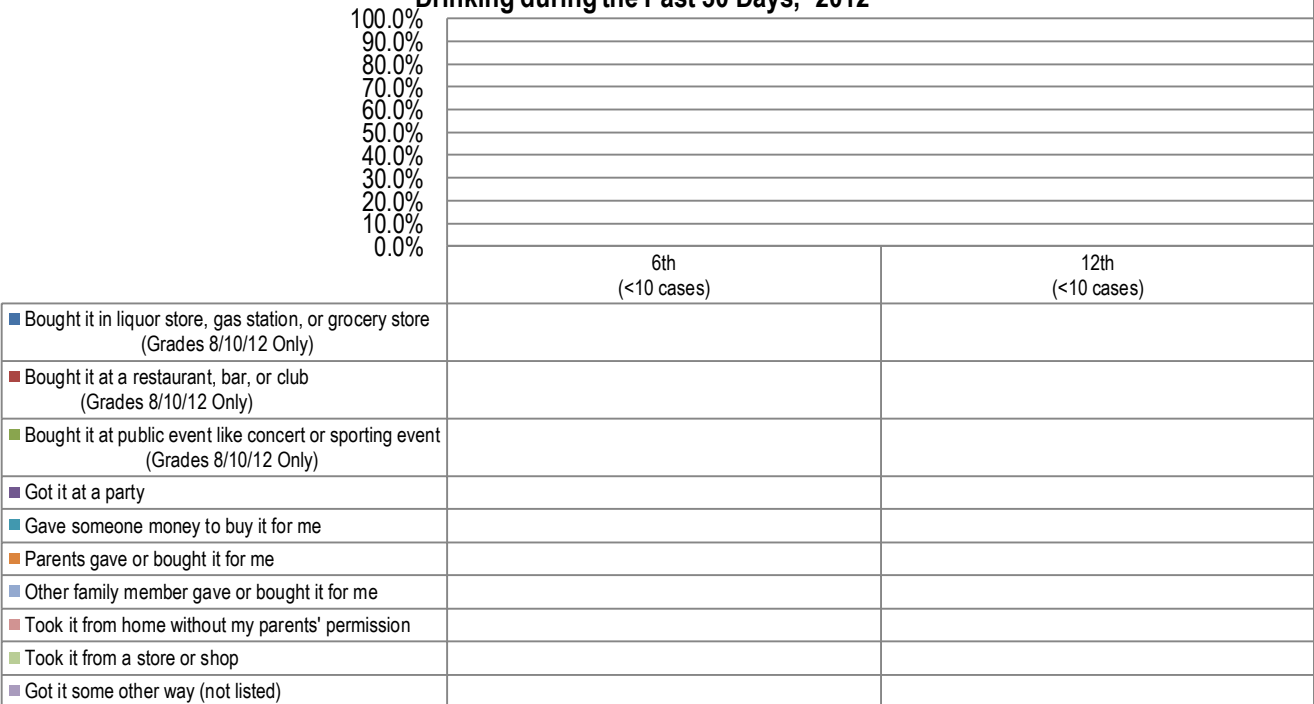
Sources and Places of Substance Use during the Past 30 Days

Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days,\* 2012



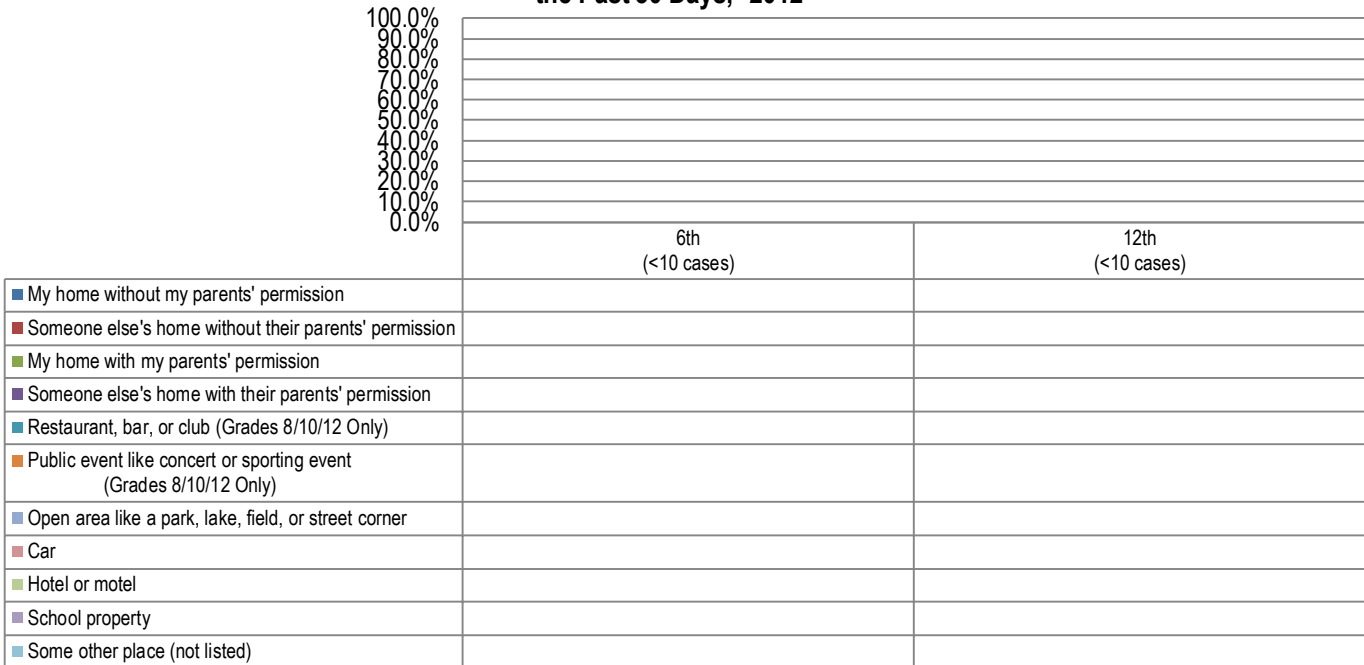
Notes. \*Among past 30 day cigarette users, the percentage who reported obtaining cigarettes in each manner one or more times during the past 30 days. These scores may include students 18 and older.\*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,\* 2012



Notes. \*Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner one or more times during the past 30 days. .\*\*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.

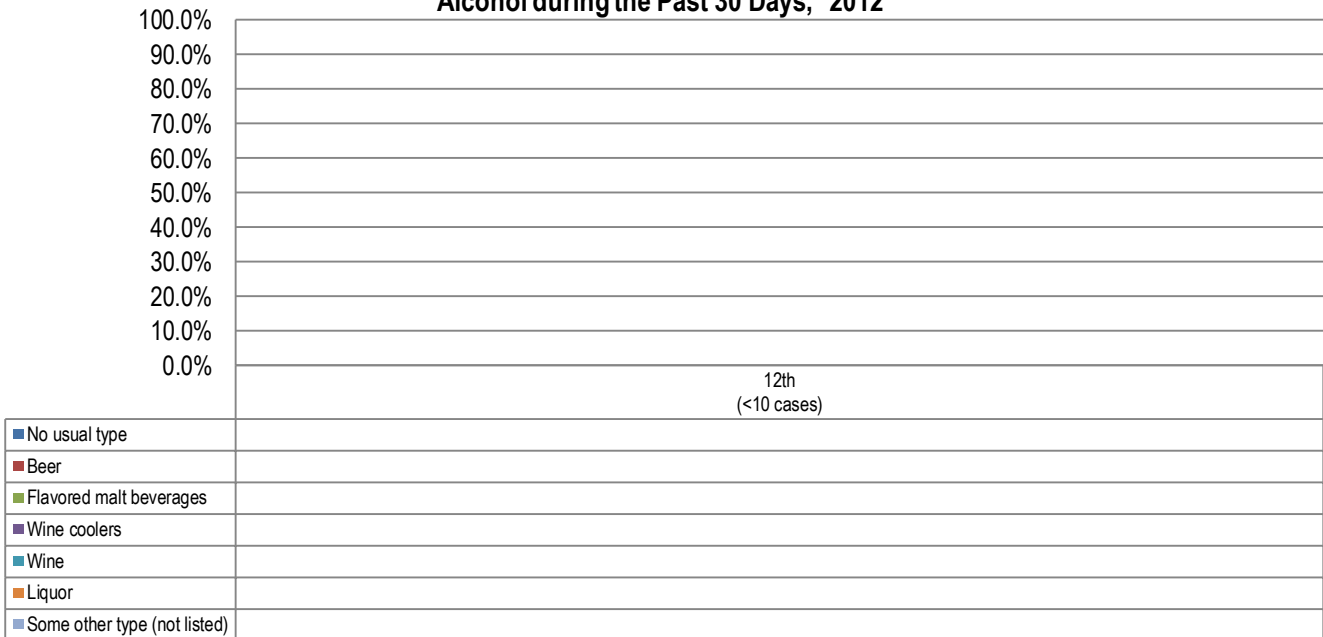
**Places of Alcohol Use during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,\* 2012**



Notes. \*Among past 30 day alcohol users, the percentage who reported using alcohol in each manner one or more times during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each place is asked individually, the n-size may vary across places.

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

**Type of Alcohol Usually Consumed during the Past 30 Days, among Students who Drank Alcohol during the Past 30 Days,\* 2012**



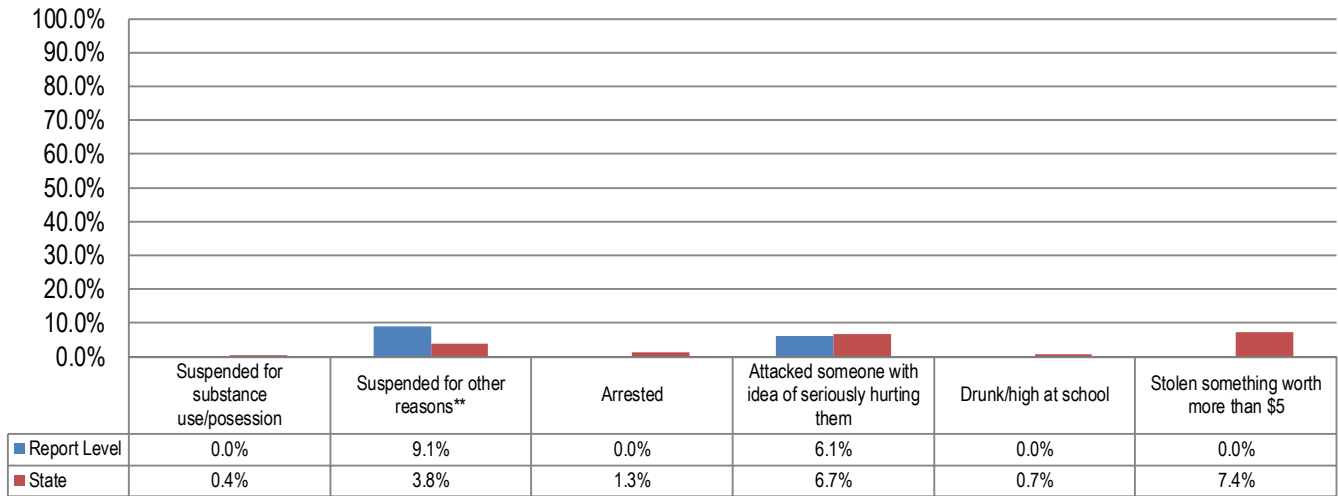
Notes. \*Among past 30 day alcohol users, the type of alcohol that they usually drank during the past 30 days. \*\*The n-size displayed is the same for all types given that type of alcohol usually consumed is asked as one question.

**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 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> 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.

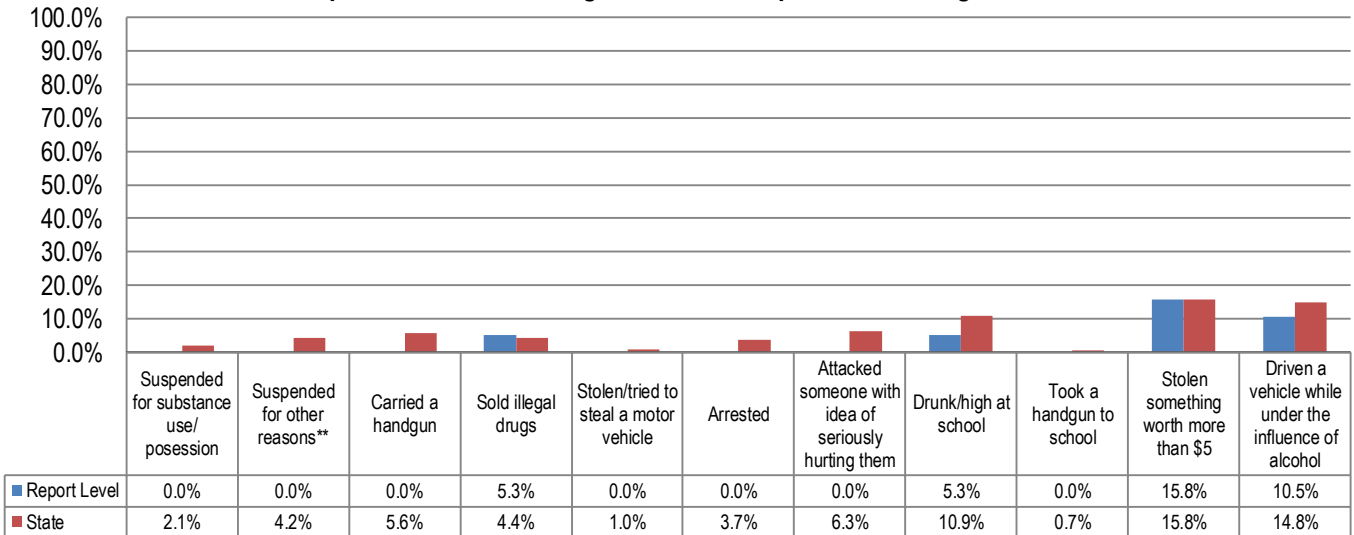
**Delinquent Behavior during the Past 12 Months**

**Delinquent Behaviors among 6th Grade Respondents during the Past 12 Months,\* 2012**



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.

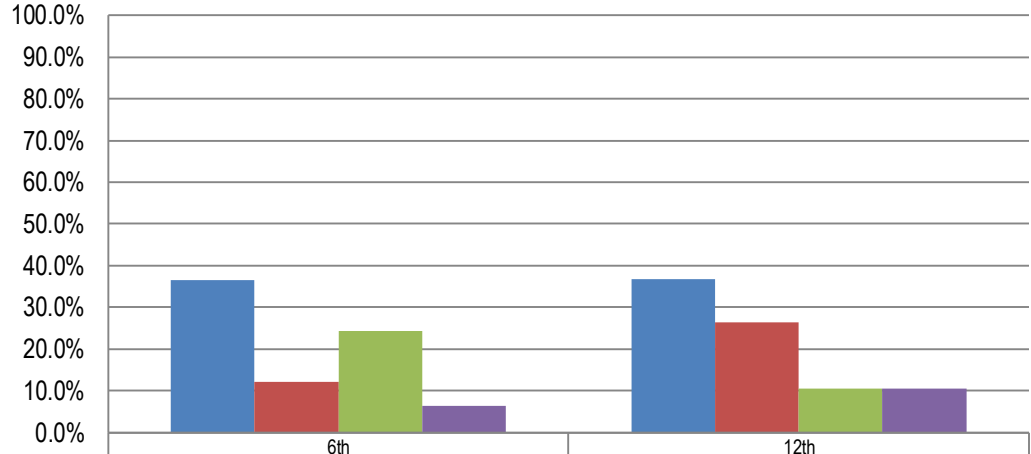
**Delinquent Behaviors among 12th Grade Respondents during the Past 12 Months,\* 2012**



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

Percentage that were Bullied during the Past 12 Months, by Type and Location of Bullying, \*  
2012

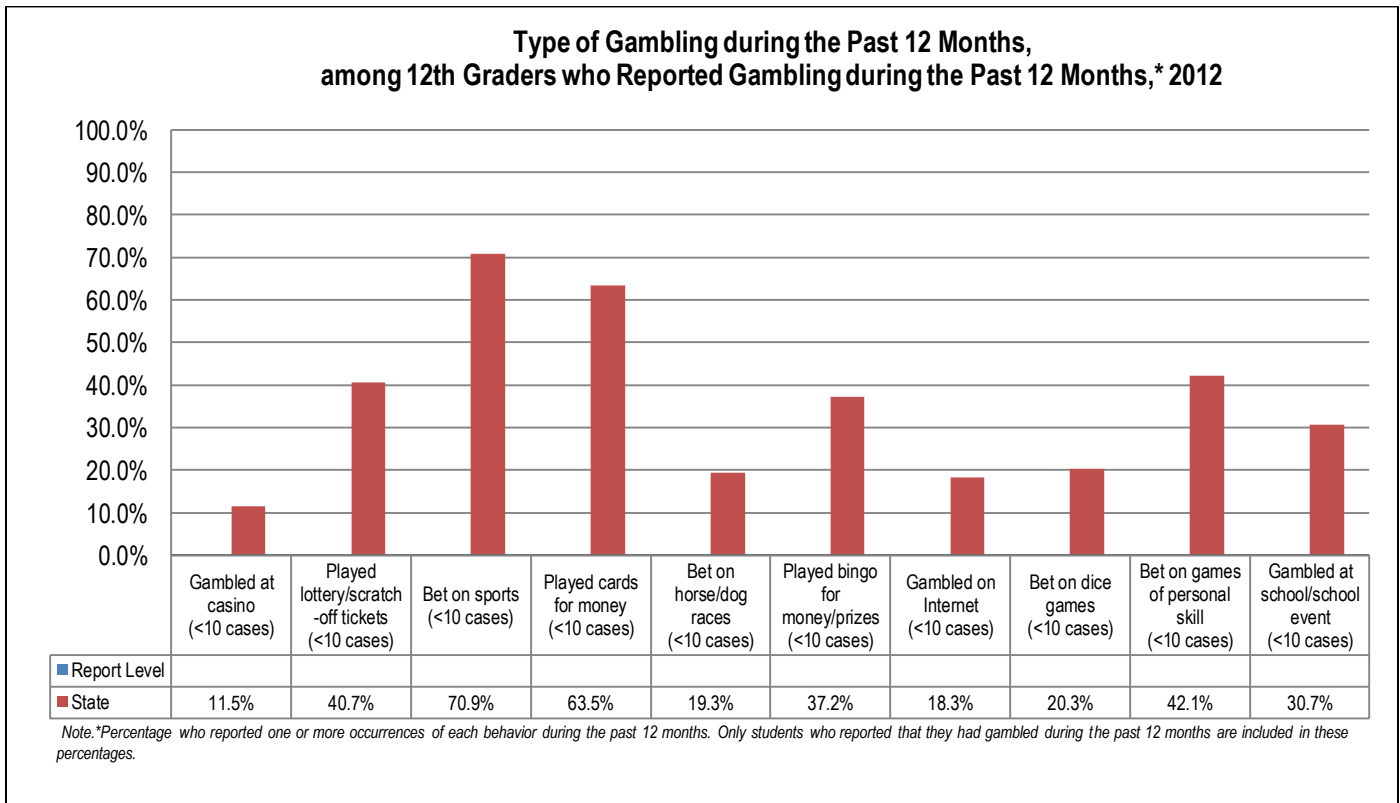
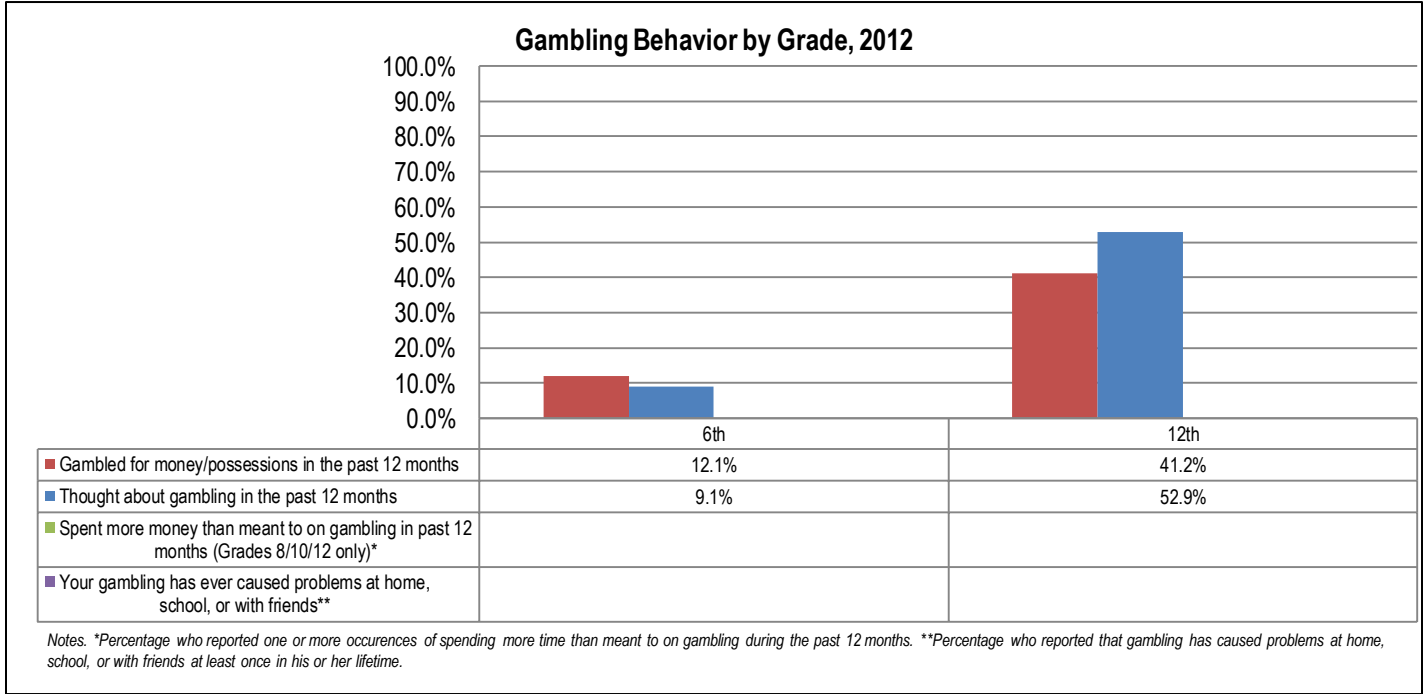


■ Any bullying**	36.4%	36.8%
■ Been bullied on school property	12.1%	26.3%
■ Been bullied away from school property	24.2%	10.5%
■ Been electronically bullied (by e-mail, text, chat, etc.)	6.3%	10.5%

Note. \*Percentage who reported being bullied in each location. \*\*Percentage of students who reported being bullied in one or more of these locations.

**Gambling**

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



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## Risk and Protective Factors

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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



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**

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

The 2012 risk and protective scores for Clay 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**

<b>Community</b>		<b>6th Grade</b>		<b>12th Grade</b>	
<b>Risk Factors</b>		Local	State	Local	State
	Community Disorganization	18.2%	30.5%	47.1%	42.0%
	Laws and Norms Favorable to Drug Use <sup>1</sup>	NA	NA	55.6%	51.5%
	Perceived Availability of Drugs	34.4%	34.8%	44.4%	27.5%
	Perceived Availability of Handguns	37.5%	30.5%	33.3%	30.6%
<b>Protective Factors</b>					
	Opportunities for Prosocial Involvement	100.0%	94.6%	94.4%	93.0%
<b>Family</b>		<b>6th Grade</b>		<b>12th Grade</b>	
<b>Risk Factors</b>		Local	State	Local	State
	Poor Family Management	24.2%	29.0%	31.6%	28.9%
	Parental Attitudes Favorable Toward Drug Use	21.2%	12.8%	26.3%	38.8%
<b>Protective Factors</b>					
	Attachment	72.7%	65.3%	50.0%	60.9%
	Opportunities for Prosocial Involvement	78.8%	72.2%	57.9%	62.9%
<b>School</b>		<b>6th Grade</b>		<b>12th Grade</b>	
<b>Risk Factors</b>		Local	State	Local	State
	Academic Failure	39.4%	53.4%	23.5%	36.1%
	Low Commitment to School	18.2%	24.9%	11.1%	34.3%
<b>Protective Factors</b>					
	Opportunities for Prosocial Involvement	81.8%	62.6%	100.0%	74.9%
	Rewards for Prosocial Involvement	69.7%	66.4%	89.5%	56.8%
<b>Peer / Individual</b>		<b>6th Grade</b>		<b>12th Grade</b>	
<b>Risk Factors</b>		Local	State	Local	State
	Early Initiation of Drug Use <sup>1</sup>	NA	NA	47.4%	27.4%
	Early Initiation of Antisocial Behavior <sup>1</sup>	NA	NA	10.5%	24.7%
	Favorable Attitudes Toward Antisocial Behavior	27.3%	29.7%	21.1%	33.2%
	Favorable Attitudes Toward Drug Use	6.1%	12.2%	36.8%	39.5%
	Perceived Risks of Drug Use	18.2%	34.9%	31.6%	44.3%
	Gang Involvement	0.0%	3.4%	10.5%	3.3%
<b>Protective Factors</b>					
	Belief in the Moral Order	87.9%	83.7%	57.9%	65.5%
	Peer-Individual Prosocial Involvement	81.8%	65.2%	89.5%	71.9%

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

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## Using NRPFSS Results for School and Community Improvement

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### 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?
  - 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?
  - How do these factors compare to all students that participated in the NRPFSS?
- Which substances are your students using the most?
  - 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](http://bosr.unl.edu/sharp/assessment_tools).

<b>Sample Tool for Data Interpretation</b>						
Data Measure	Grade	2012 Prevalence Rates <i>(How common is this?)</i>			Comparison	Trends <i>(if avail.)</i>
		Your data	State*	Nation <i>(if avail.)</i>		
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

	Definition	Grade 6					Grade 12				
		2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
<b>Lifetime Substance Use</b>	Alcohol	30.8%	23.2%	NA**	NA	9.1%	72.2%	81.8%	NA**	NA	68.4%
	Cigarettes	13.6%	13.0%	NA**	NA	0.0%	51.1%	50.0%	NA**	NA	57.9%
	Smokeless tobacco	21.2%	1.8%	NA**	NA	3.0%	30.0%	33.3%	NA**	NA	36.8%
	Marijuana <sup>1</sup>	4.5%	0.0%	NA**	NA	0.0%	27.8%	24.1%	NA**	NA	47.4%
	LSD/other psychedelics	1.5%	0.0%	NA**	NA	NA	3.3%	1.9%	NA**	NA	0.0%
	Cocaine/crack	0.0%	0.0%	NA**	NA	NA	4.4%	1.9%	NA**	NA	0.0%
	Meth <sup>2</sup>	0.0%	0.0%	NA**	NA	NA	2.2%	0.0%	NA**	NA	0.0%
	Inhalants	25.4%	7.3%	NA**	NA	0.0%	8.9%	10.9%	NA**	NA	5.3%
	Steroids	NA	0.0%	NA**	NA	NA	NA	1.8%	NA**	NA	0.0%
	Other performance-enhancing drugs	NA	0.0%	NA**	NA	NA	NA	18.5%	NA**	NA	5.3%
	Prescription drugs <sup>3</sup>	NA	3.6%	NA**	NA	0.0%	NA	12.7%	NA**	NA	5.3%
	Non-prescription drugs <sup>4</sup>	NA	NA	NA**	NA	0.0%	NA	NA	NA**	NA	5.3%
Other illegal drugs	9.0%	3.7%	NA**	NA	0.0%	6.7%	3.8%	NA**	NA	5.3%	
<b>Past 30 Day Substance Use</b>	Alcohol	15.6%	3.7%	NA**	NA	0.0%	40.4%	45.5%	NA**	NA	36.8%
	Cigarettes	3.0%	1.9%	NA**	NA	0.0%	25.6%	27.8%	NA**	NA	15.8%
	Smokeless tobacco	4.5%	1.8%	NA**	NA	0.0%	13.3%	14.5%	NA**	NA	21.1%
	Marijuana <sup>1</sup>	0.0%	0.0%	NA**	NA	0.0%	16.7%	9.3%	NA**	NA	0.0%
	LSD/other psychedelics	0.0%	0.0%	NA**	NA	NA	0.0%	0.0%	NA**	NA	0.0%
	Cocaine/crack	0.0%	0.0%	NA**	NA	NA	0.0%	1.8%	NA**	NA	0.0%
	Meth <sup>2</sup>	0.0%	0.0%	NA**	NA	NA	0.0%	0.0%	NA**	NA	0.0%
	Inhalants	10.4%	5.5%	NA**	NA	0.0%	2.2%	9.4%	NA**	NA	0.0%
	Steroids	NA	0.0%	NA**	NA	NA	NA	1.9%	NA**	NA	0.0%
	Other performance-enhancing drugs	NA	0.0%	NA**	NA	NA	NA	7.4%	NA**	NA	0.0%
	Prescription drugs <sup>3</sup>	NA	1.8%	NA**	NA	0.0%	NA	9.4%	NA**	NA	0.0%
	Non-prescription drugs <sup>4</sup>	NA	NA	NA**	NA	NA	NA	NA	NA**	NA	0.0%
Other illegal drugs	1.5%	0.0%	NA**	NA	NA	5.6%	1.9%	NA**	NA	5.3%	

SHARP | NRPFS 2012

	Definition	Grade 6					Grade 12				
		2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
<b>Delinquent Behaviors during the Past 12 Months</b>	Carried a handgun	NA <sup>9</sup>	NA <sup>9</sup>	NA**	NA <sup>9</sup>	NA <sup>9</sup>	5.6%	9.3%	NA**	NA	0.0%
	Sold illegal drugs	0.0%	0.0%	NA**	NA	NA	5.6%	1.9%	NA**	NA	5.3%
	Stolen-trying to steal a motor vehicle	1.5%	1.9%	NA**	NA	NA	1.1%	0.0%	NA**	NA	0.0%
	Arrested	0.0%	1.9%	NA**	NA	0.0%	3.3%	0.0%	NA**	NA	0.0%
	Attacked someone with idea of seriously hurting them	10.6%	7.3%	NA**	NA	6.1%	5.6%	5.7%	NA**	NA	0.0%
	Took a handgun to school	0.0%	0.0%	NA**	NA	NA	1.1%	1.9%	NA**	NA	0.0%
	Drove vehicle under the influence of alcohol	7.6%	0.0%	NA**	NA	NA	39.3%	48.1%	NA**	NA	10.5%
<b>Risk Factors</b>	<b>Community</b>										
	Community Disorganization	44.3%	28.8%	NA**	NA	18.2%	33.3%	40.7%	NA**	NA <sup>6</sup>	47.1%
	Law and Norms Favorable to Drug Use	25.8%	34.0%	NA**	NA <sup>5</sup>	NA <sup>5</sup>	33.3%	30.2%	NA**	NA <sup>6</sup>	55.6%
	Perceived Availability of Drugs	48.2%	46.2%	NA**	NA	34.4%	25.8%	22.6%	NA**	NA	44.4%
	Perceived Availability of Handguns	36.8%	32.1%	NA**	NA	37.5%	31.5%	39.6%	NA**	NA	33.3%
	<b>Family</b>										
	Poor Family Management	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	24.2%	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	31.6%
	Parental Attitudes Favorable Toward Drug Use	27.0%	20.8%	NA**	NA	21.2%	40.0%	38.9%	NA**	NA	26.3%
	<b>School</b>										
	Academic Failure	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	39.4%	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	23.5%
	Low Commitment to School	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	18.2%	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	11.1%
	<b>Peer/Individual</b>										
	Early Initiation of Drug Use	36.5%	32.1%	NA**	NA <sup>5</sup>	NA <sup>5</sup>	36.7%	52.7%	NA**	NA	47.4%
	Early Initiation of Antisocial Behavior	18.8%	12.7%	NA**	NA <sup>5</sup>	NA <sup>5</sup>	19.1%	23.6%	NA**	NA	10.5%
	Favorable Attitudes Toward Antisocial Behavior	40.0%	40.0%	NA**	NA	27.3%	37.8%	50.0%	NA**	NA	21.1%
Favorable Attitudes Toward Drug Use	26.2%	35.2%	NA**	NA	6.1%	36.7%	36.4%	NA**	NA	36.8%	
Perceived Risks of Drug Use	43.9%	50.0%	NA**	NA	18.2%	34.8%	24.0%	NA**	NA	31.6%	
Gang Involvement	7.6%	3.7%	NA**	NA	0.0%	3.3%	7.3%	NA**	NA	10.5%	

**SHARP | NRPFSS 2012**

	Definition	Grade 6					Grade 12				
		2003	2005	2007	2010	2012	2003	2005	2007	2010	2012
<b>Protective Factors</b>	<b>Community</b>										
	Opportunities for Prosocial Involvement	86.4%	85.7%	NA**	NA	100.0%	85.6%	94.2%	NA**	NA <sup>6</sup>	94.4%
	<b>Family</b>										
	Attachment	NA <sup>7</sup>	NA <sup>7</sup>	NA**	NA	72.7%	NA <sup>7</sup>	NA <sup>7</sup>	NA**	NA	50.0%
	Opportunities for Prosocial Involvement	67.7%	60.4%	NA**	NA	78.8%	60.7%	70.4%	NA**	NA	57.9%
	<b>School</b>										
	Opportunities for Prosocial Involvement	74.2%	58.9%	NA**	NA	81.8%	88.9%	85.5%	NA**	NA	100.0%
	Rewards for Prosocial Involvement	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	69.7%	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	89.5%
	<b>Peer/Individual</b>										
	Belief in the Moral Order	75.8%	84.9%	NA**	NA	87.9%	57.8%	56.4%	NA**	NA	57.9%
Prosocial Involvement	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	81.8%	NA <sup>8</sup>	NA <sup>8</sup>	NA**	NA	89.5%	

\*This indicates that there were less than 10 cases.

\*\*This indicates that the criteria for a report were not met.

<sup>1</sup>Prior 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."

<sup>2</sup>Prior 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)."

<sup>3</sup>Prior 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, Vicodin, or Percocet) without a doctor telling you to take them."

<sup>4</sup>Prior 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."

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

<sup>6</sup>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.

<sup>7</sup>Prior 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.

<sup>8</sup>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.

<sup>9</sup>Pretesting of the 2012 questionnaire indicated measurement issues among 6<sup>th</sup> 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.

**APPENDIX B: Risk and Protective Factors Information**

<b>Table B1. Risk and Protective Factor Indicators by Survey Question</b>		
	<b>6<sup>th</sup> grade (Form B)</b>	<b>8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> grade (Form A)</b>
<b>COMMUNITY</b>		
<b>Risk Factors</b>		
Community Disorganization	59, 61a - 61d	89, 93a - 93d
Laws and Norms Favorable to Drug Use	n/a <sup>1</sup>	88a, 88b, 88d, 88e, 92a - 92c
Perceived Availability of Drugs	57a - 57c, 57e	86a - 86c, 86e
Perceived Availability of Handguns	57f	86f
<b>Protective Factors</b>		
Opportunities for Prosocial Involvement	58a - 58e, 60	90, 91a - 91e
<b>FAMILY</b>		
<b>Risk Factors</b>		
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
<b>Protective Factors</b>		
Attachment	53 - 56	81 - 84
Opportunities for Prosocial Involvement	44 - 46	72 - 74
<b>SCHOOL</b>		
<b>Risk Factors</b>		
Academic Failure	6, 19	6, 19
Low Commitment to School	7 - 9, 20, 21a - 21c	7 - 9, 20, 21a - 21c
<b>Protective Factors</b>		
Opportunities for Prosocial Involvement	10, 11, 13, 14, 18	10, 11, 13, 14, 18
Rewards for Prosocial Involvement	12, 15 - 17	12, 15 - 17
<b>PEER-INDIVIDUAL</b>		
<b>Risk Factors</b>		
Early Initiation of Drug Use	n/a <sup>1</sup>	22a, 22c - 22e
Early Initiation of Antisocial Behavior	n/a <sup>1</sup>	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	23	24
<b>Protective Factors</b>		
Belief in the Moral Order	25 - 27, 48	27 - 29, 76
Prosocial Involvement	24c, 24e, 24h	26f, 26h, 26k

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



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**APPENDIX C: Contacts for Prevention**

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**Division of Behavioral Health**

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(402) 471-7859 fax  
[http://www.dhhs.ne.gov/Behavioral\\_Health/](http://www.dhhs.ne.gov/Behavioral_Health/)

**Tobacco Free Nebraska**

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**Nebraska Office of Highway Safety**

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