
Nebraska Risk and Protective Factor Student Survey Results for 2014

Profile Report: Dawes County

Sponsored by:

Nebraska Department of Health and Human Services
Division of Behavioral Health

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

This report summarizes the findings from the 2014 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2014 survey represents the sixth implementation of the NRPFSS and the third 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 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 fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012 and 2014 administrations 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 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. Therefore data presented in this report are not to be considered a representative statewide sample. 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 Dawes 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 Dawes 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.

2014 NRPFSS Sponsored by:

The 2014 NRPFSS is sponsored by Grant #1U79SP020162-01 under the Strategic Prevention Framework Partnerships for Success Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.



The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010 and 2012 administrations. As part of BOSR’s commitment to high quality data, BOSR is a member of the American Association of Public Opinion Researchers (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR’s website (www.bosr.unl.edu/sharp).

Table 1.1. Survey Participation Rates, 2014

Grade	Dawes County 2014			State 2014		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
8th	72	88	81.8%	10985	24992	44.0%
10th	71	85	83.5%	8080	23796	34.0%
12th	85	150	56.7%	6773	24194	28.0%
Total	228	323	70.6%	25838	72982	35.4%

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 2014, 35.4 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2014 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 10.8 percent participation rate in 2014 compared to 52.3 percent for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2014 survey within Dawes County and the state overall.

Table 1.2. Participant Characteristics, 2014

	Dawes County 2014		State 2014	
	n	%	n	%
Total students	231		25988	
Grade				
8th	72	31.2%	10985	42.3%
10th	71	30.7%	8080	31.1%
12th	85	36.8%	6773	26.1%
Unknown	3	1.3%	150	0.6%
Gender				
Male	118	51.1%	12962	49.9%
Female	113	48.9%	12981	49.9%
Unknown	0	0.0%	45	0.2%
Race/Ethnicity				
Hispanic*	22	9.5%	4021	15.5%
African American	7	3.0%	814	3.1%
Asian	4	1.7%	515	2.0%
American Indian	8	3.5%	776	3.0%
Pacific Islander	8	3.5%	94	0.4%
Alaska Native	0	0.0%	23	0.1%
White	182	78.8%	19346	74.4%
Other	0	0.0%	330	1.3%
Unknown	0	0.0%	69	0.3%

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 2014 survey data for Dawes County are presented along with state and national estimates, when available.

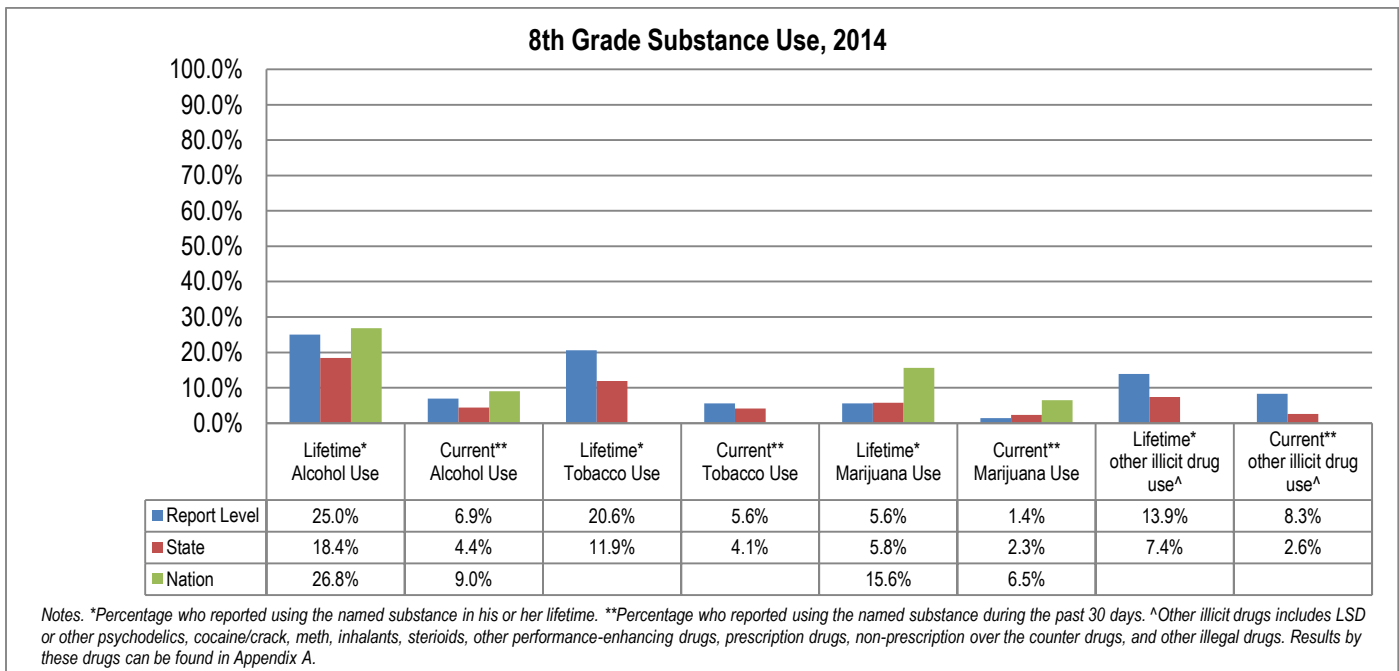
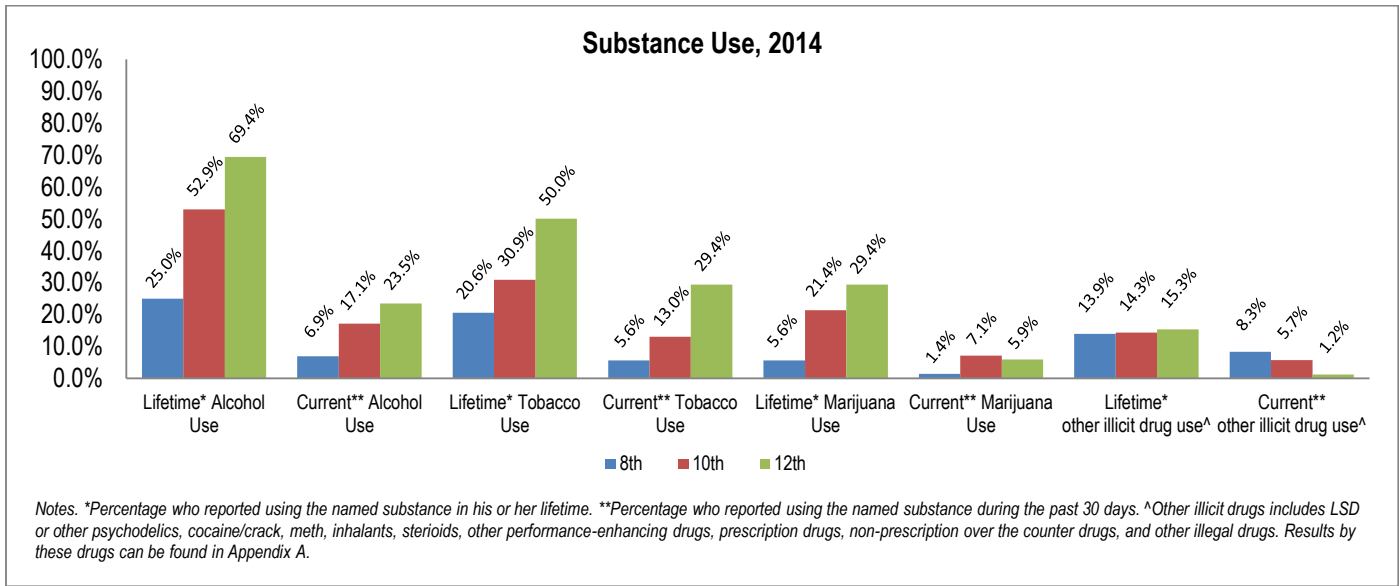
When there are **less than 10** survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or 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 during the past 30 days but not 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 Dawes County, seven students met these criteria.

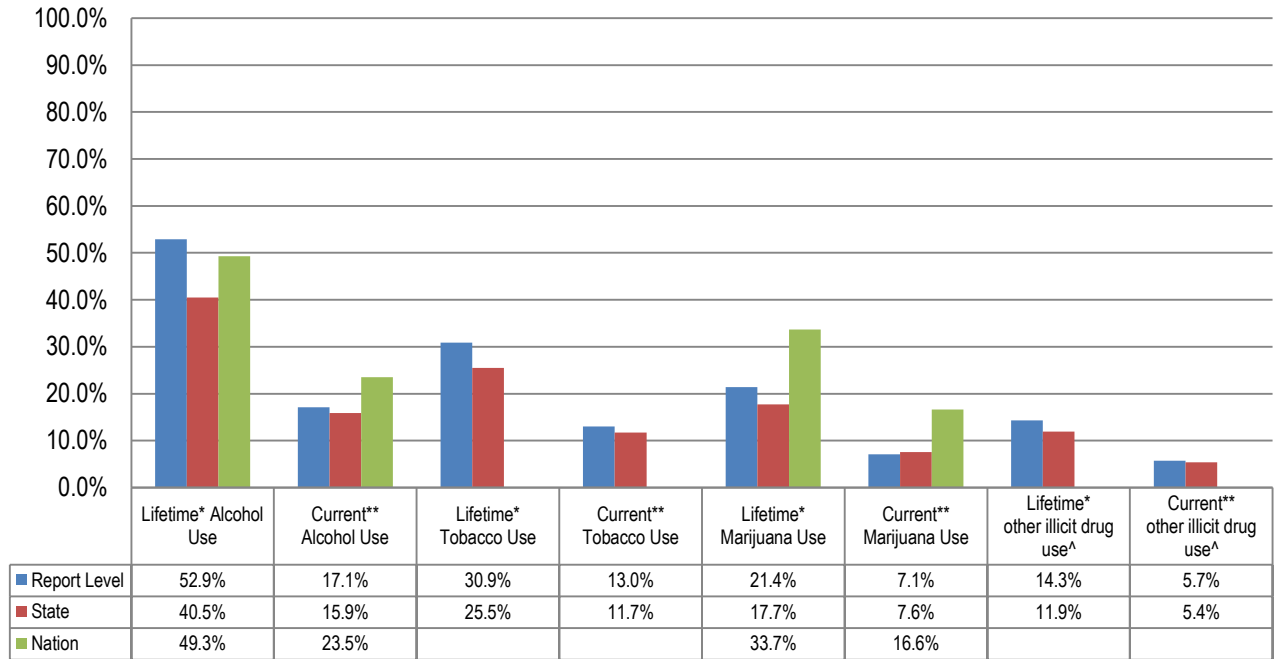
Substance Use

This section contains information on the use of alcohol, tobacco, and other drugs among 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 Dawes County, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. 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.

Substance Use

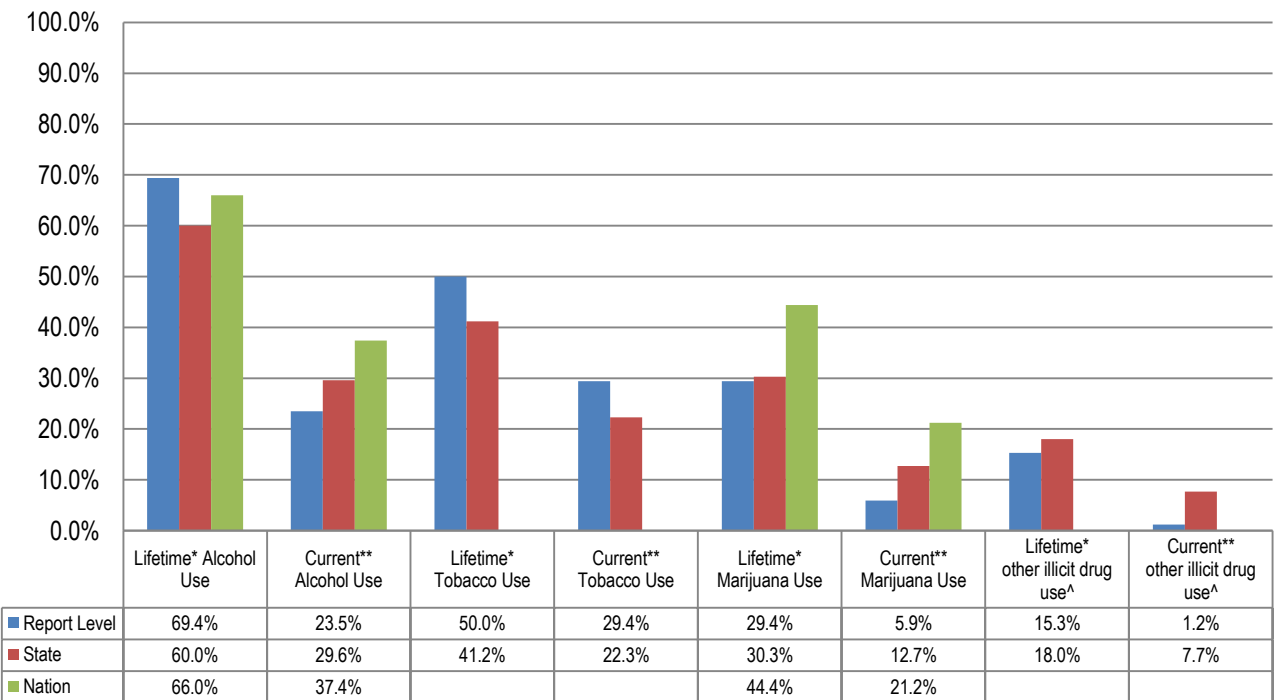


10th Grade Substance Use, 2014



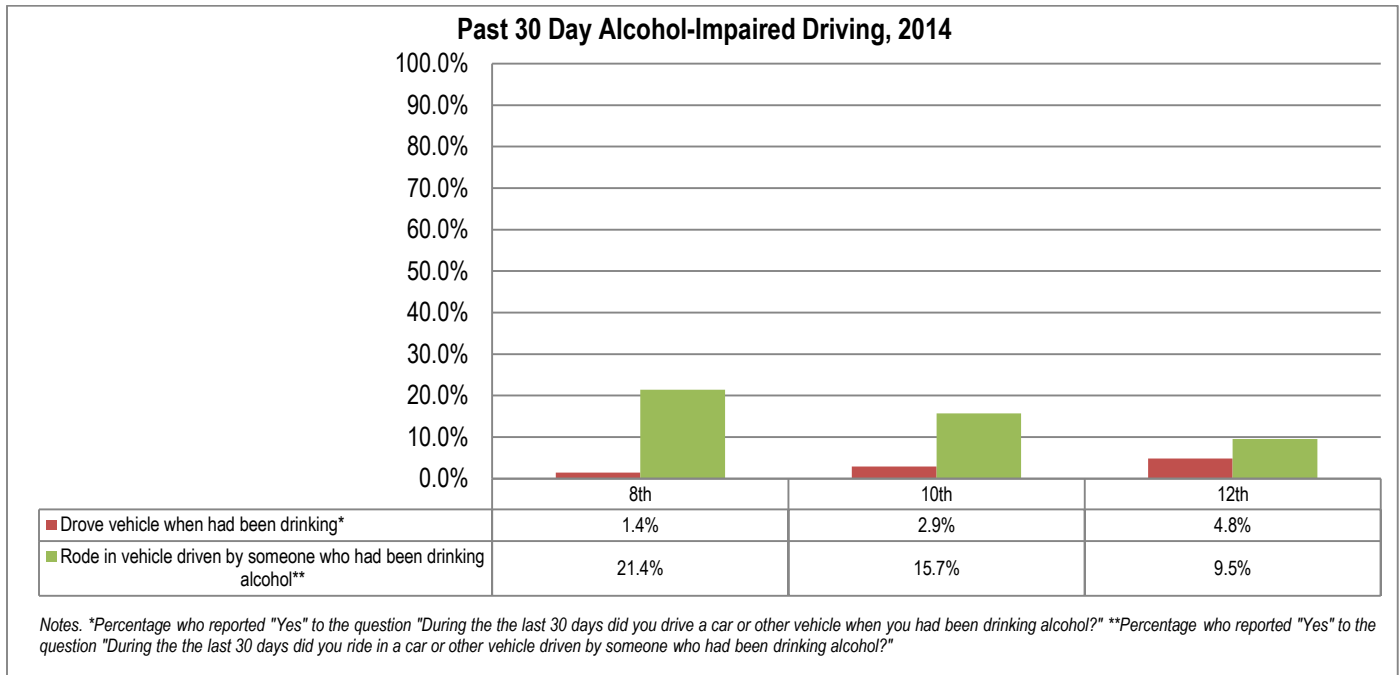
Notes. *Percentage who reported using the named substance in his or her lifetime. **Percentage who reported using the named substance during the past 30 days. ^Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, prescription drugs, non-prescription over the counter drugs, and other illegal drugs. Results by these drugs can be found in Appendix A.

12th Grade Substance Use, 2014

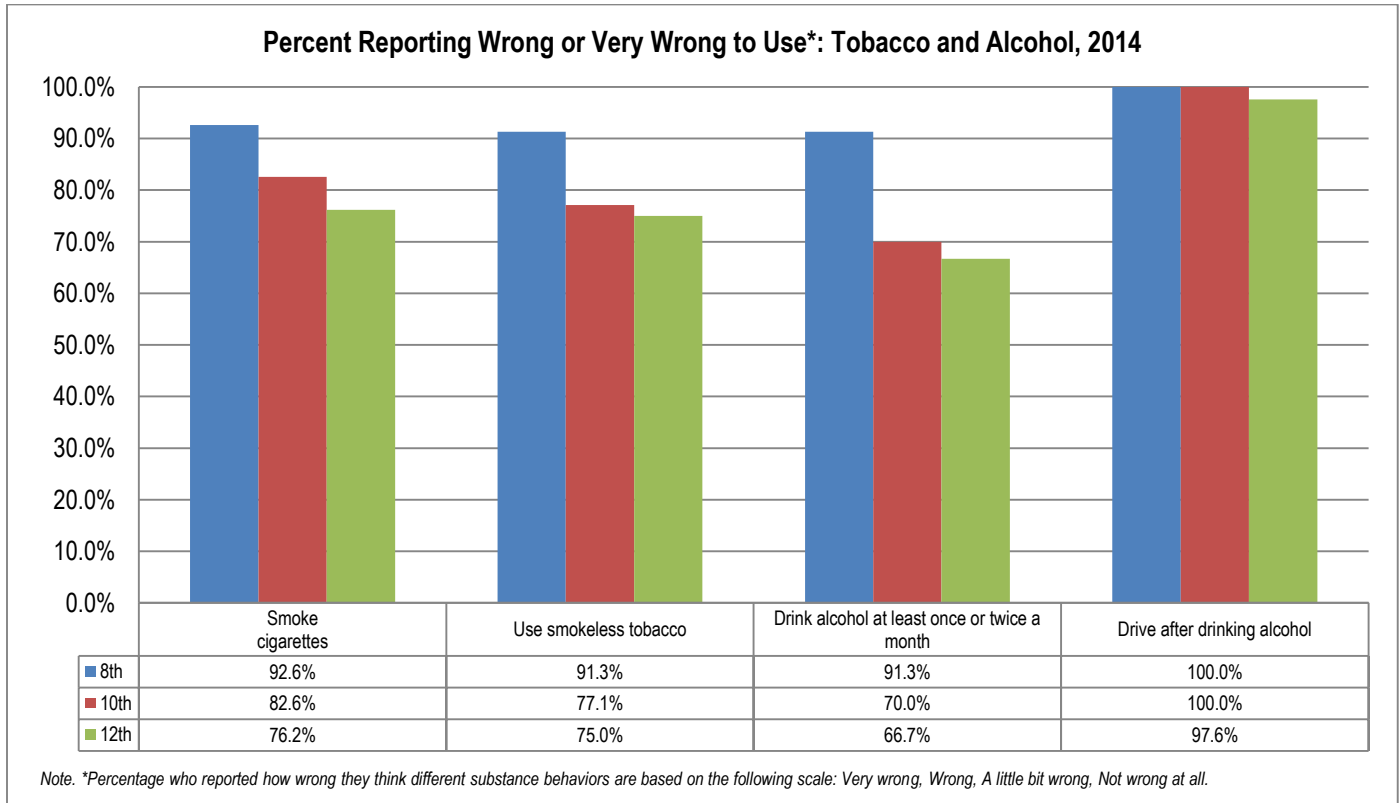


Notes. *Percentage who reported using the named substance in his or her lifetime. **Percentage who reported using the named substance during the past 30 days. ^Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, prescription drugs, non-prescription over the counter drugs, and other illegal drugs. Results by these drugs can be found in Appendix A.

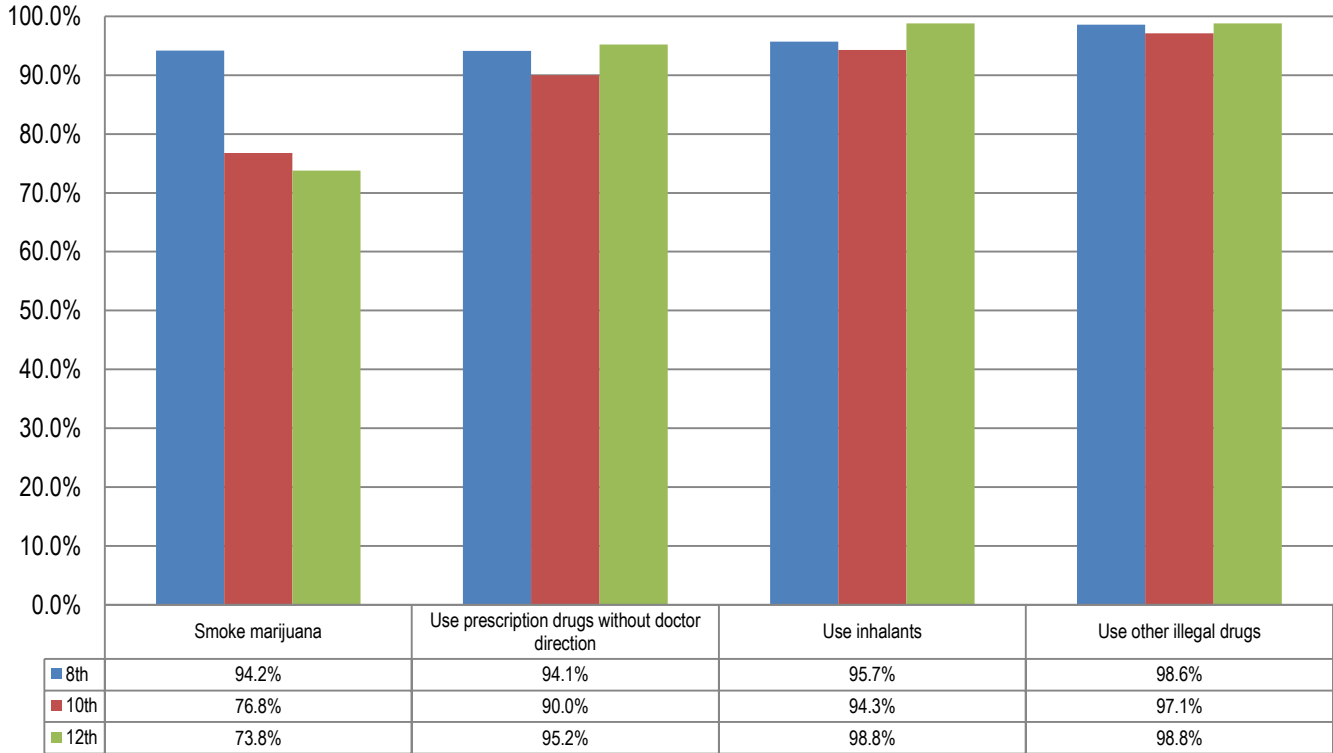
Past 30 Day Alcohol-Impaired Driving



Attitudes toward Substance Use



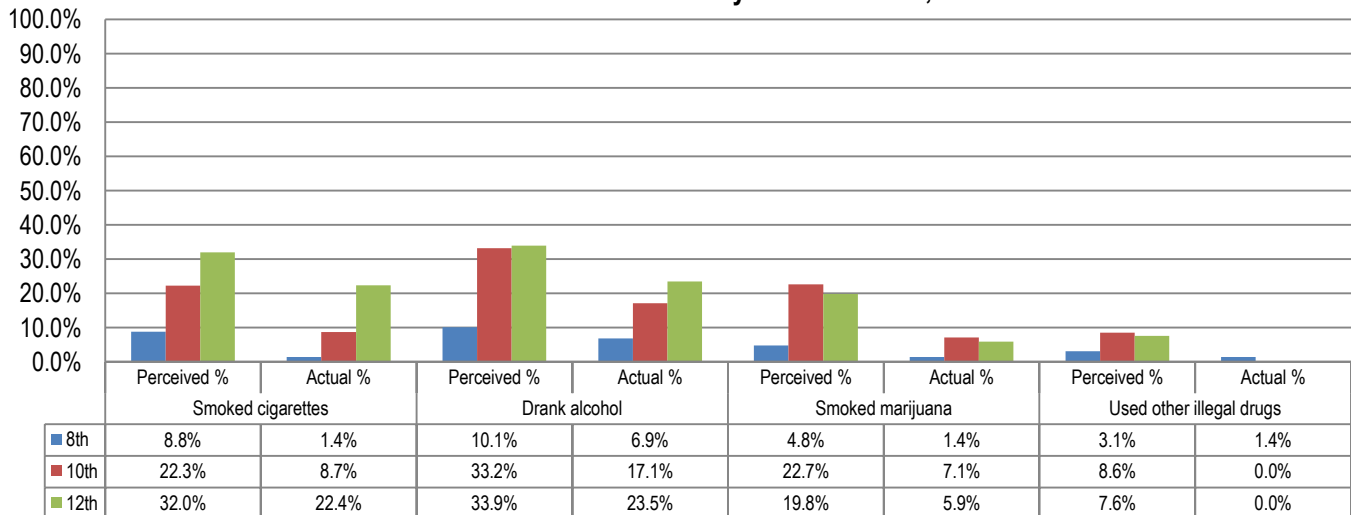
Percent Reporting Wrong or Very Wrong to Use*: Other Drugs, 2014



Note. *Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Perceived and Actual Substance Use during the Past 30 Days

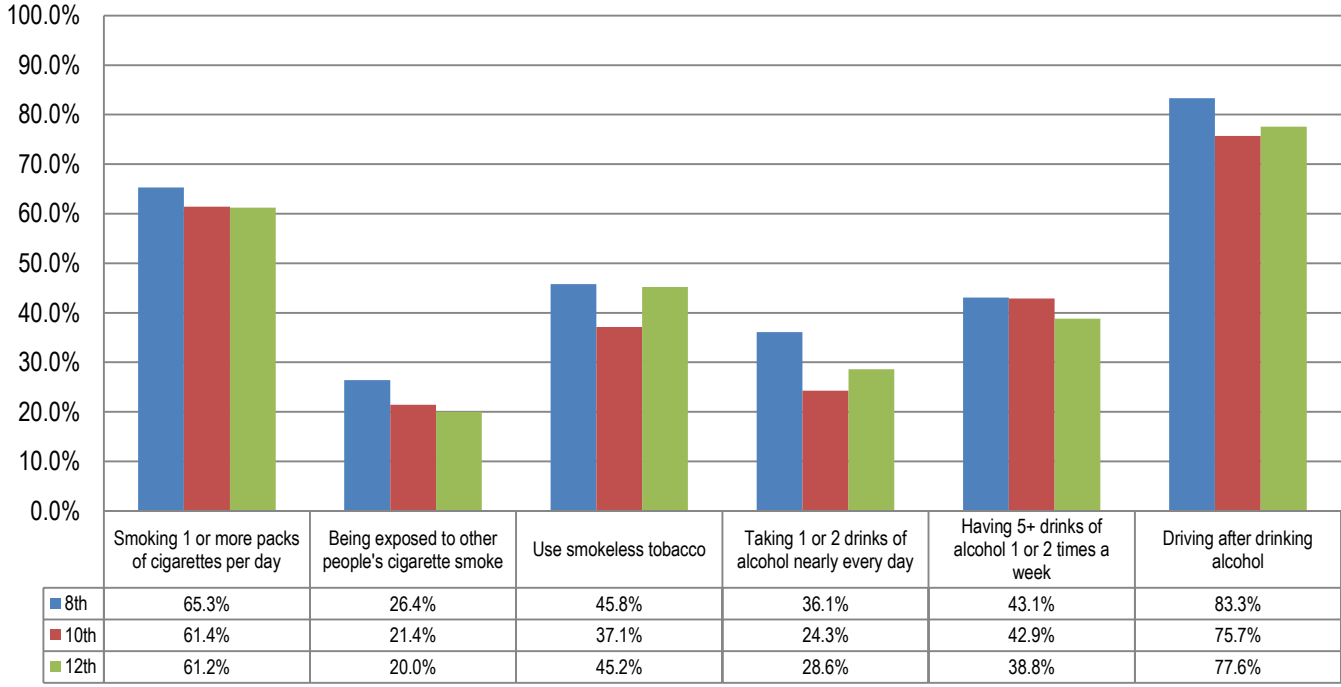
Perceived* and Actual Past 30 Day Substance Use, 2014



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?"

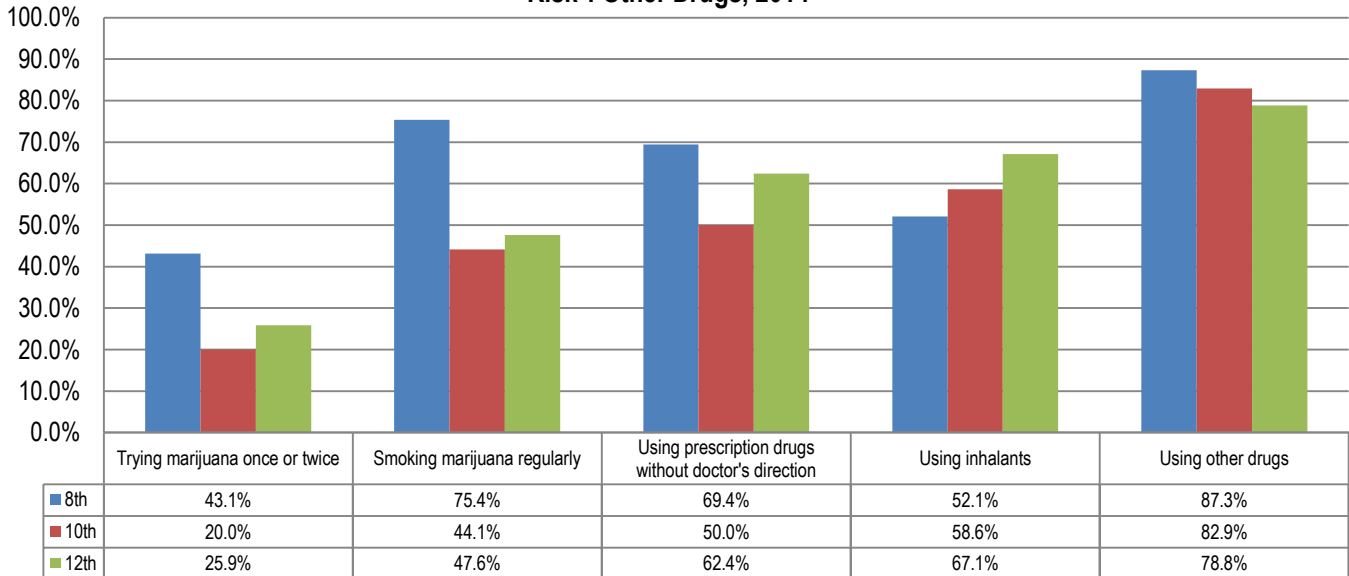
Perceived Risk from Substance Use

Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk*: Tobacco and Alcohol, 2014



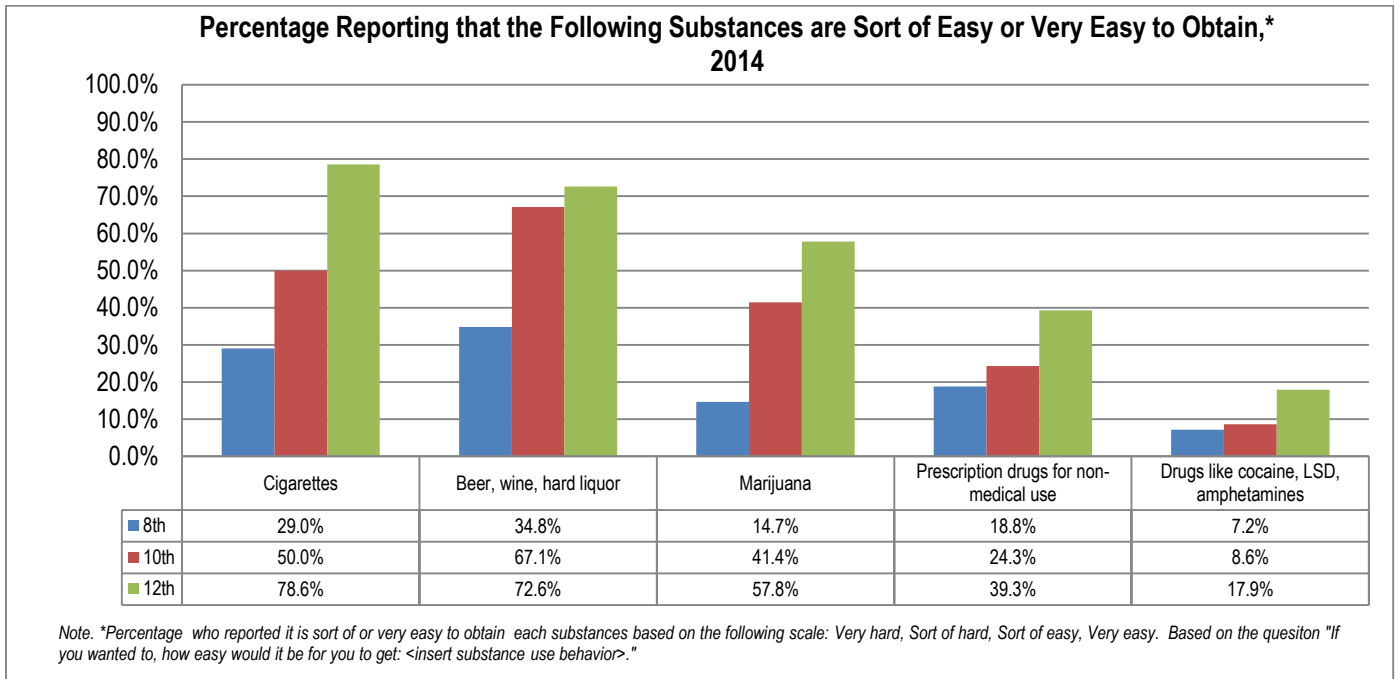
Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."

Percentage Reporting that the Following Substance Use Behaviors Place People at Great Risk*: Other Drugs, 2014

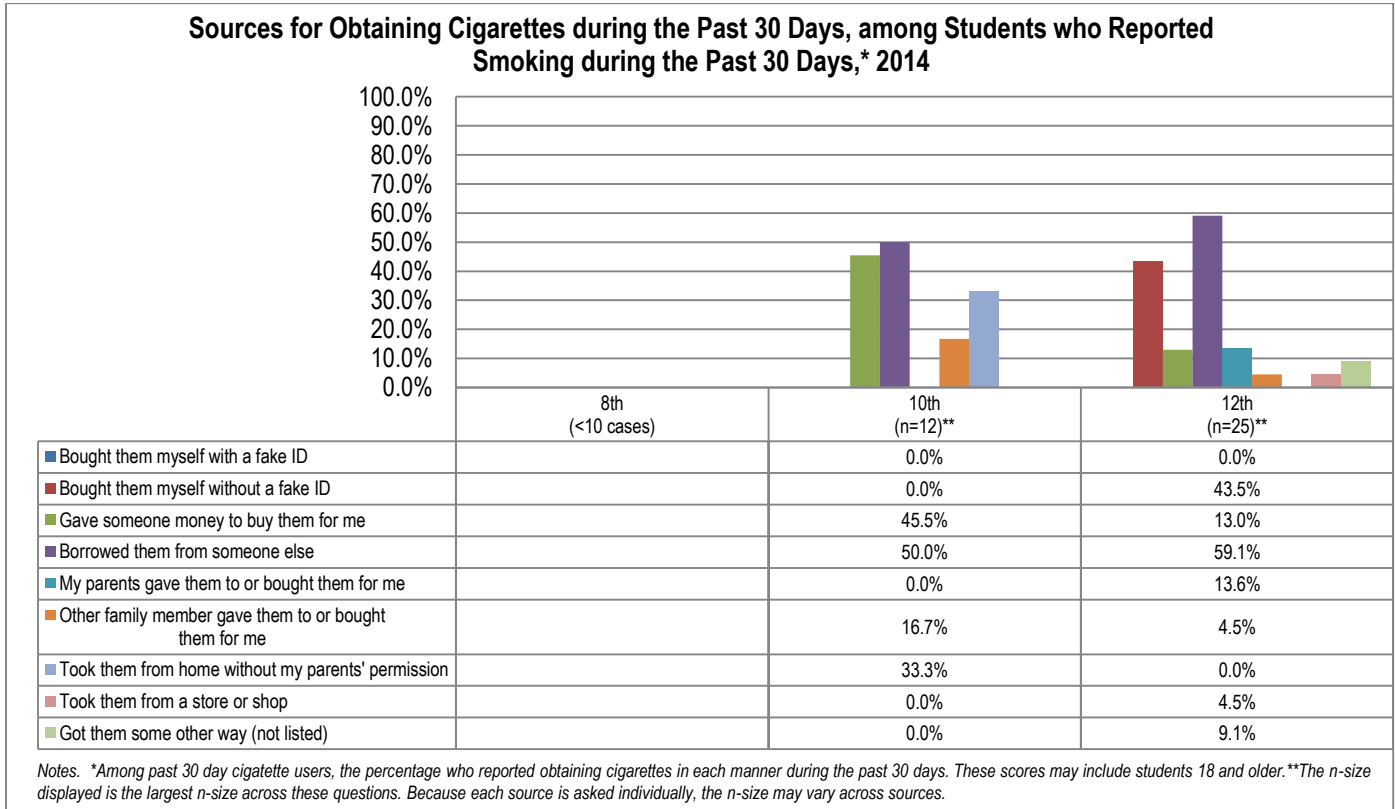


Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."

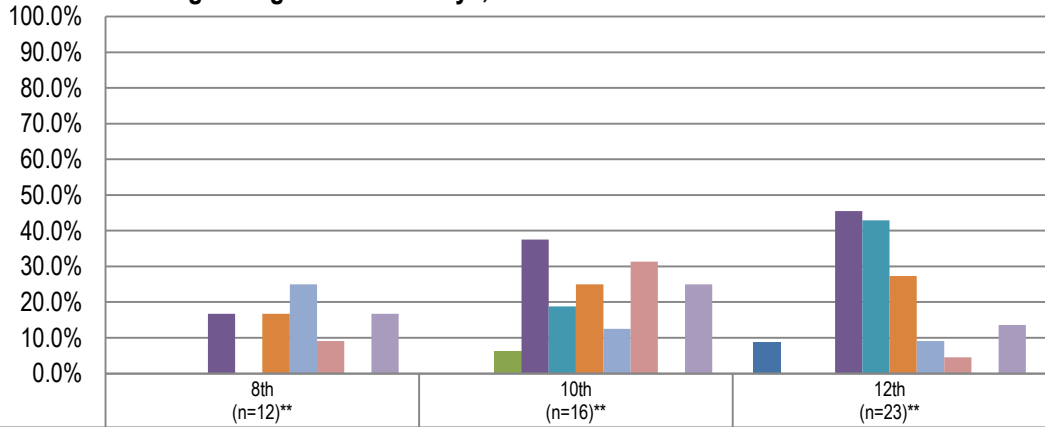
Perceived Availability of Substances



Sources and Places of Substance Use during the Past 30 Days



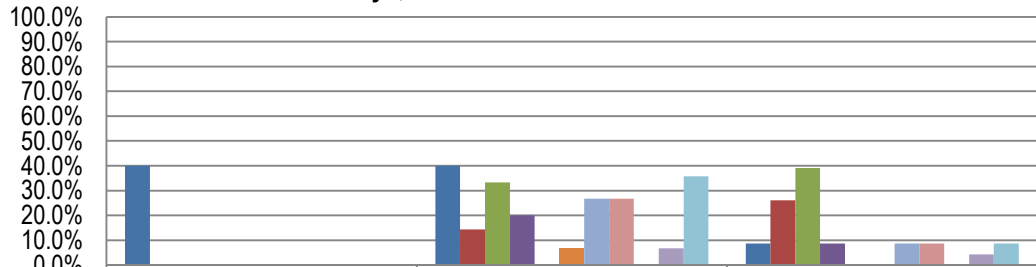
Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2014



■ Bought it in liquor store, gas station, or grocery store	0.0%	0.0%	8.7%
■ Bought it at a restaurant, bar, or club	0.0%	0.0%	0.0%
■ Bought it at public event like concert or sporting event	0.0%	6.3%	0.0%
■ Got it at a party	16.7%	37.5%	45.5%
■ Gave someone money to buy it for me	0.0%	18.8%	42.9%
■ Parents gave or bought it for me	16.7%	25.0%	27.3%
■ Other family member gave or bought it for me	25.0%	12.5%	9.1%
■ Took it from home without my parents' permission	9.1%	31.3%	4.5%
■ Took it from a store or shop	0.0%	0.0%	0.0%
■ Got it some other way (not listed)	16.7%	25.0%	13.6%

Notes. *Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner 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.

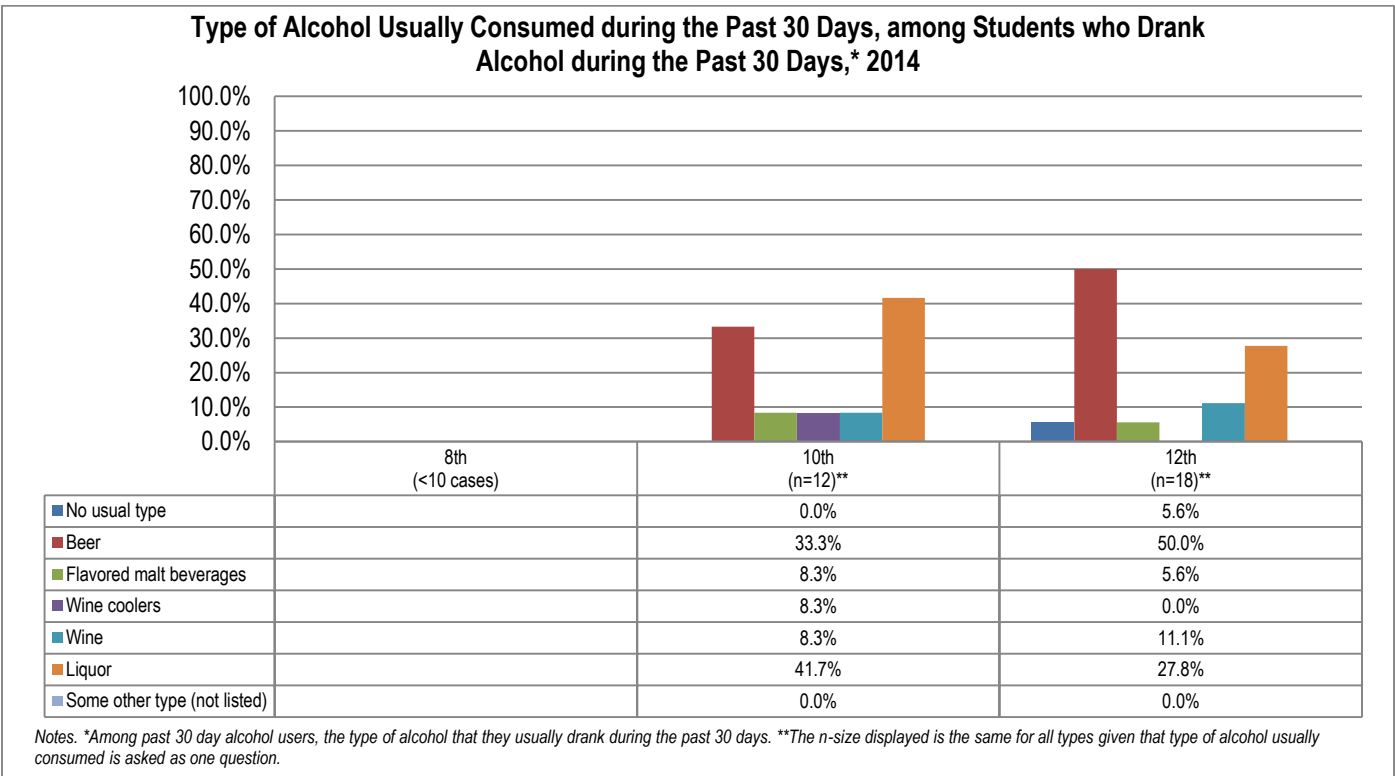
Places of Alcohol Use during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days,* 2014



■ My home without my parents' permission	40.0%	40.0%	8.7%
■ Someone else's home without their parents' permission	0.0%	14.3%	26.1%
■ My home with my parents' permission	0.0%	33.3%	39.1%
■ Someone else's home with their parents' permission	0.0%	20.0%	8.7%
■ Restaurant, bar, or club	0.0%	0.0%	0.0%
■ Public event like concert or sporting event	0.0%	6.7%	0.0%
■ Open area like a park, lake, field, or street corner	0.0%	26.7%	8.7%
■ Car	0.0%	26.7%	8.7%
■ Hotel or motel	0.0%	0.0%	0.0%
■ School property	0.0%	6.7%	4.3%
■ Some other place (not listed)	0.0%	35.7%	8.7%

Notes. *Among past 30 day alcohol users, the percentage who reported using alcohol in each manner 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

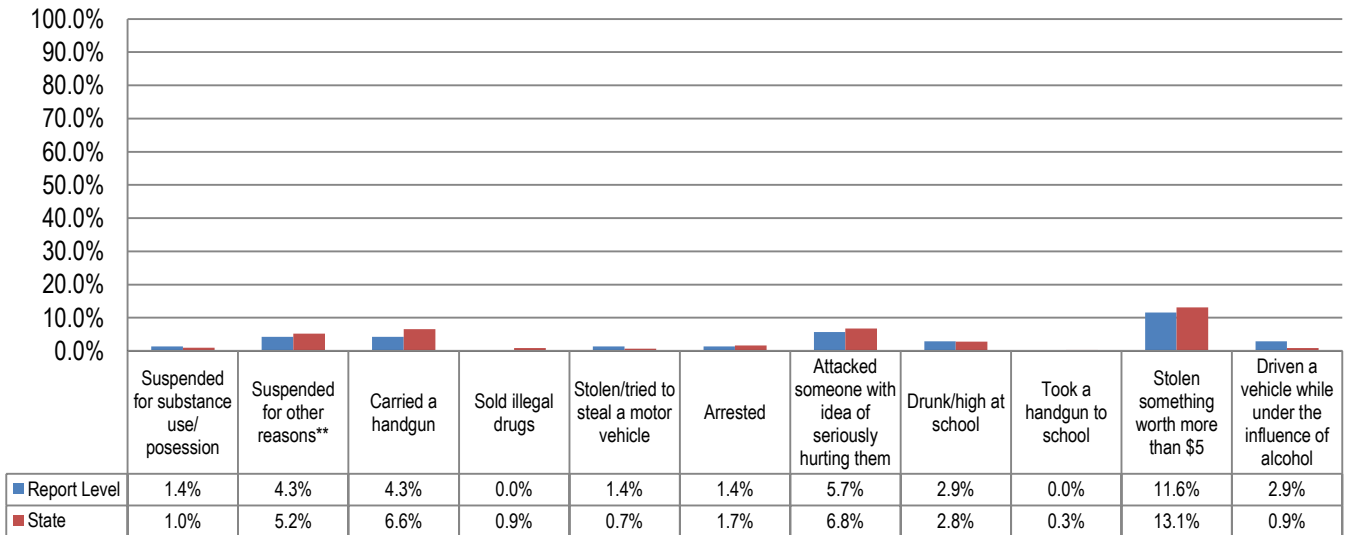


Delinquent Behaviors and Bullying

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 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.

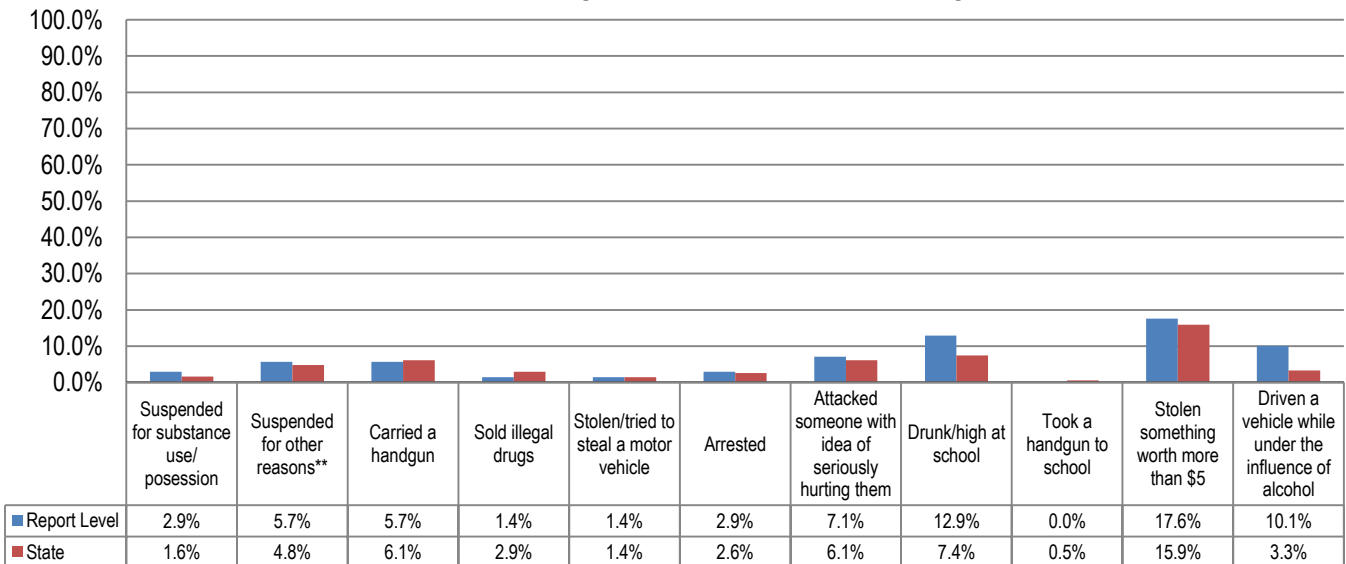
Delinquent Behavior during the Past 12 Months

Delinquent Behaviors among 8th Grade Respondents during the Past 12 Months,* 2014



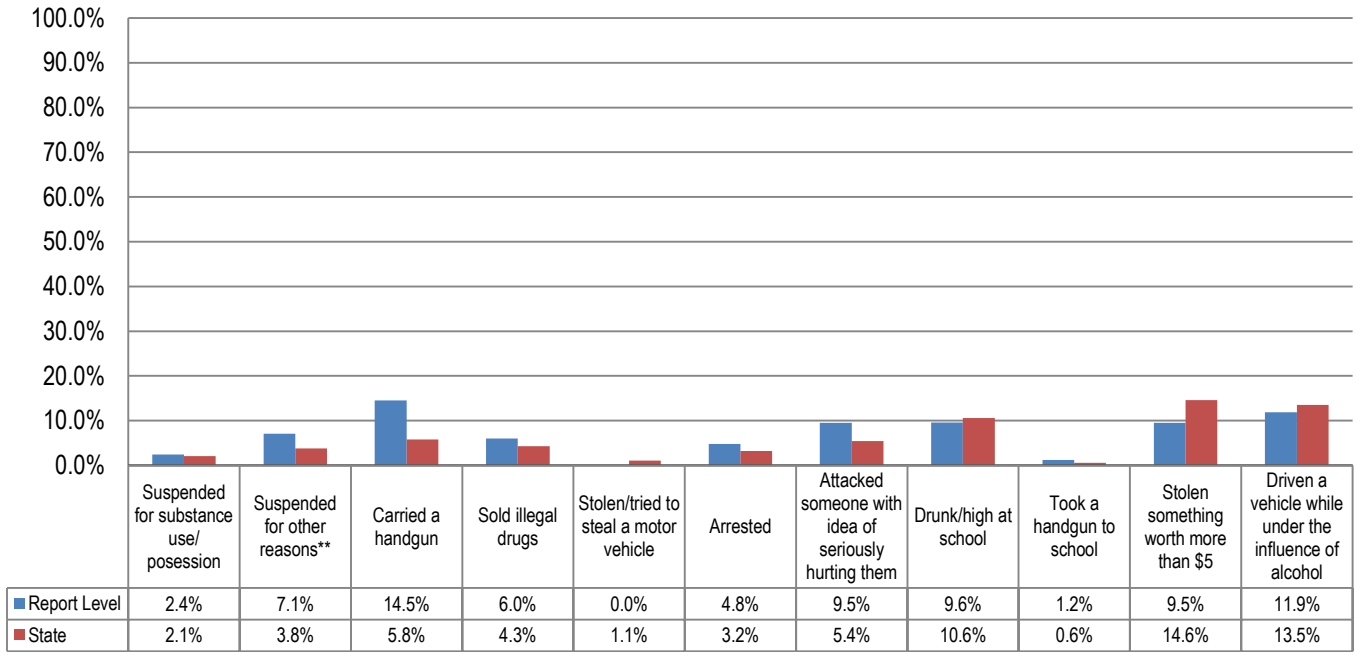
Notes. *Percentage who reported one or more occurrences of each event during the past 12 months. **Suspended for reasons other than tobacco, alcohol, and drugs.

Delinquent Behaviors among 10th Grade Respondents during the Past 12 Months,* 2014



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.

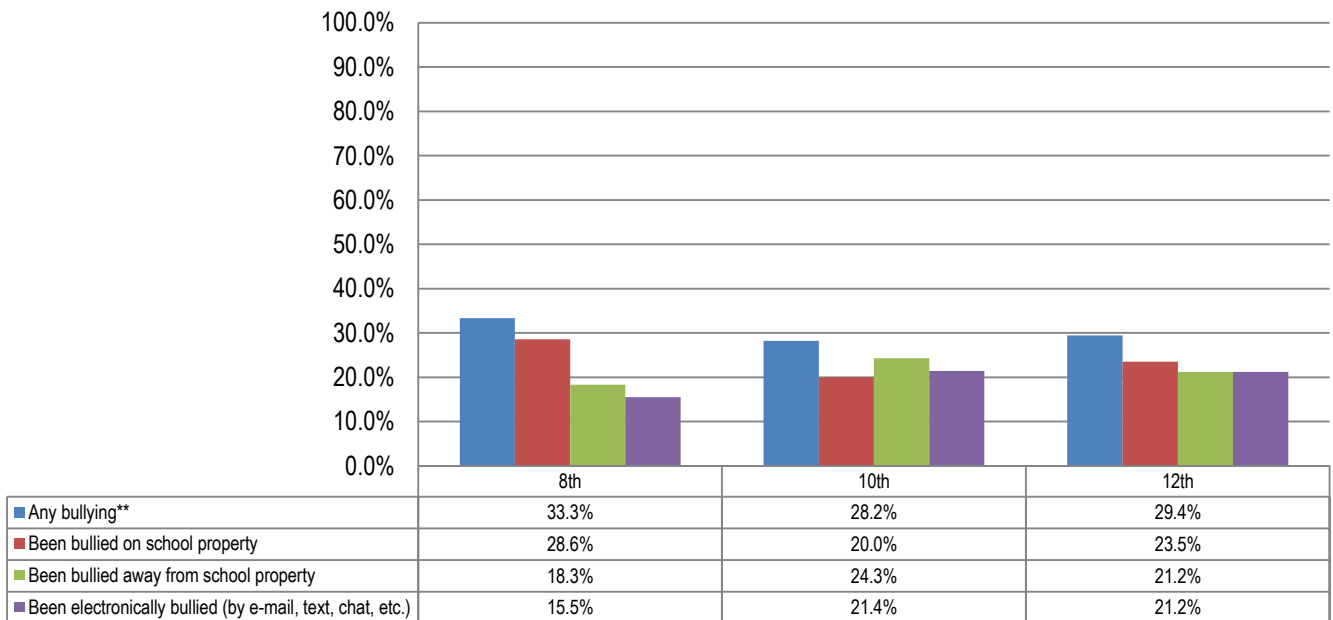
Delinquent Behaviors among 12th Grade Respondents during the Past 12 Months,* 2014



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,* 2014

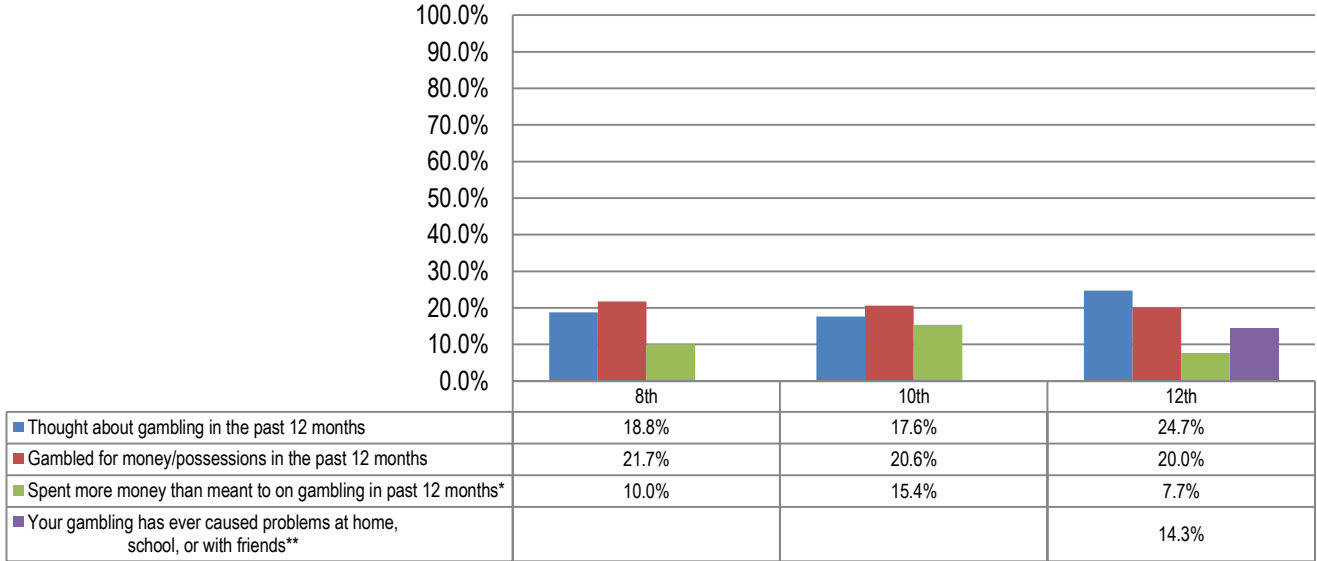


Note. *Percentage who reported being bullied in each location. **Percentage of students who reported being bullied in one or more of these locations.

Gambling

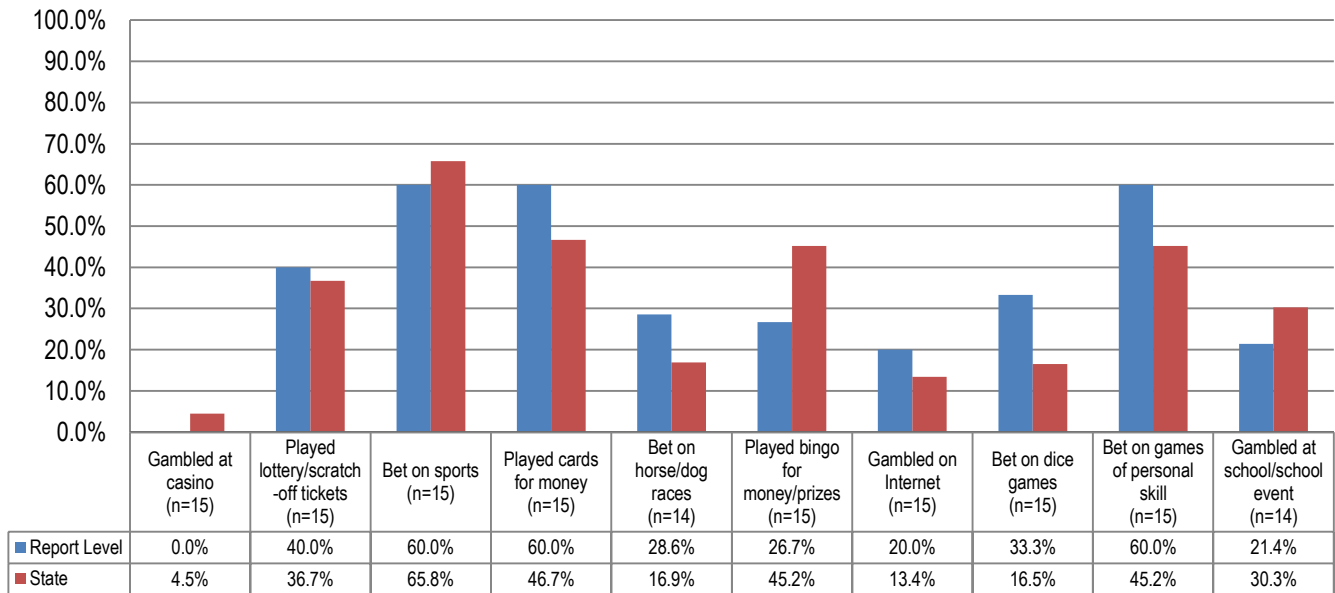
This section contains information on gambling behaviors among 8th, 10th, and 12th grade students in Nebraska.

Gambling Behavior by Grade, 2014



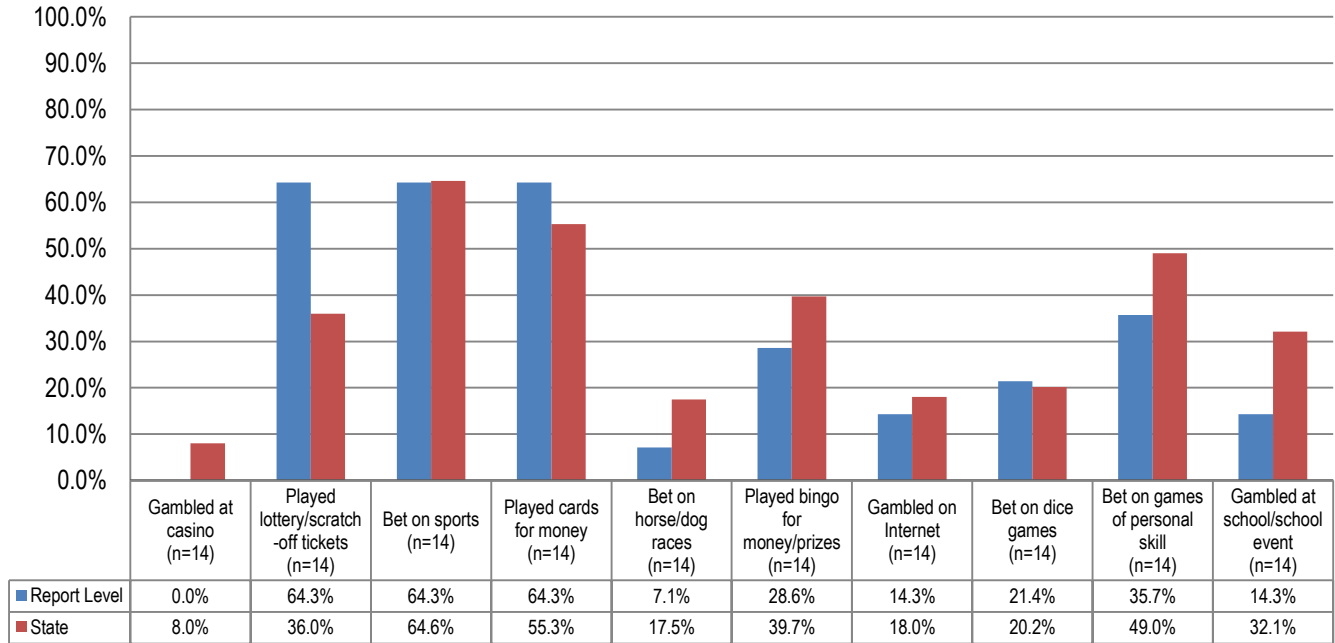
Notes. *Percentage who reported spending more money than meant to on gambling during the past 12 months. **Percentage who reported that gambling has caused problems at home, school, or with friends during his or her lifetime.

Type of Gambling during the Past 12 Months, among 8th Graders who Reported Gambling during the Past 12 Months,* 2014



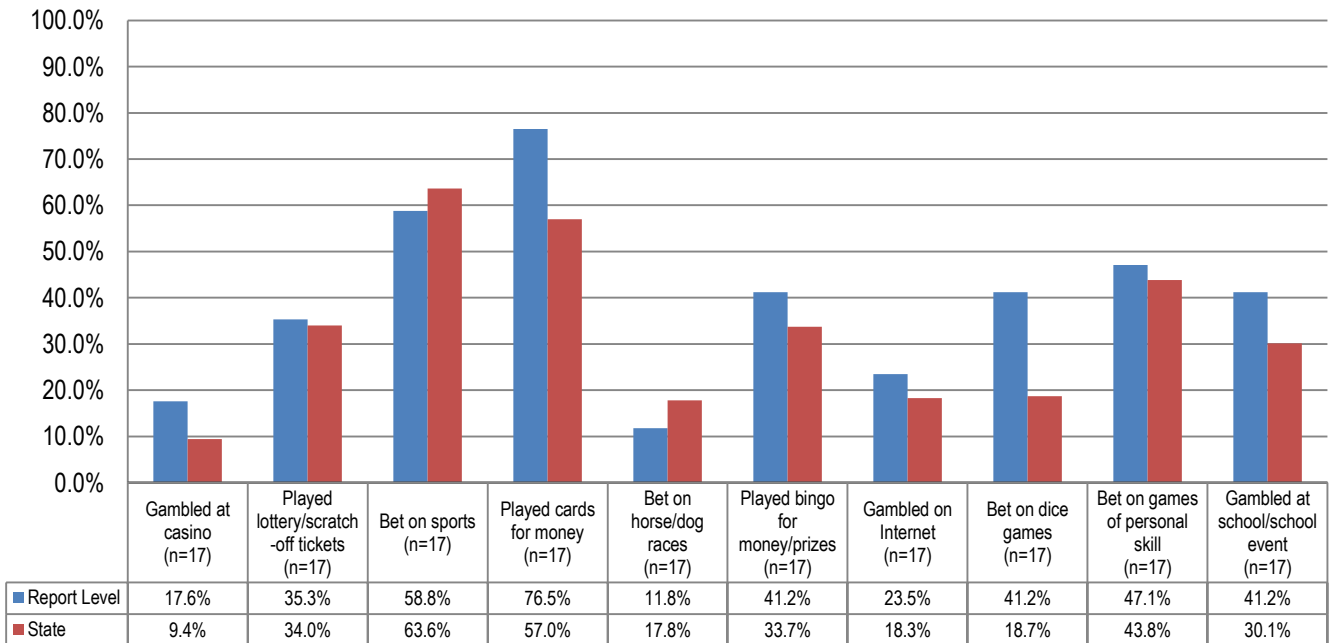
Note. *Percentage who reported each behavior during the past 12 months. Only students who reported that they had gambled during the past 12 months are included in these percentages.

**Type of Gambling during the Past 12 Months,
among 10th Graders who Reported Gambling during the Past 12 Months,* 2014**



Note. *Percentage who reported 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.

**Type of Gambling during the Past 12 Months,
among 12th Graders who Reported Gambling during the Past 12 Months,* 2014**



Note. *Percentage who reported 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 24 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 14 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
Community					
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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓
Gang involvement	✓	✓			✓
Favorable attitudes toward drug use and other problem behaviors	✓	✓	✓	✓	
Early initiation of the problem behavior	✓	✓	✓	✓	✓
Constitutional factors	✓	✓			✓

The 2014 risk and protective scores for Dawes 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		8th Grade		10th Grade		12th Grade	
Risk Factors		Local	State	Local	State	Local	State
	Community Disorganization	50.0%	35.0%	46.4%	42.3%	48.8%	42.9%
	Laws and Norms Favorable to Drug Use	47.1%	35.8%	48.6%	40.0%	60.7%	52.3%
	Perceived Availability of Drugs	21.7%	20.4%	25.7%	22.4%	38.1%	27.6%
	Perceived Availability of Handguns	53.6%	34.5%	30.0%	25.3%	52.4%	29.7%
Protective Factors							
	Opportunities for Prosocial Involvement	94.3%	91.5%	91.4%	90.3%	93.8%	92.1%
Family		8th Grade		10th Grade		12th Grade	
Risk Factors		Local	State	Local	State	Local	State
	Poor Family Management	23.9%	27.4%	32.4%	26.6%	28.6%	27.3%
	Parental Attitudes Favorable Toward Drug Use	34.3%	24.7%	50.7%	39.3%	45.2%	41.4%
Protective Factors							
	Attachment	62.0%	64.8%	61.8%	62.9%	68.7%	61.6%
	Opportunities for Prosocial Involvement	70.4%	74.1%	70.4%	65.8%	71.4%	64.1%
School		8th Grade		10th Grade		12th Grade	
Risk Factors		Local	State	Local	State	Local	State
	Academic Failure	45.7%	30.0%	29.4%	35.0%	45.8%	35.3%
	Low Commitment to School	45.6%	36.4%	28.4%	36.8%	33.3%	37.3%
Protective Factors							
	Opportunities for Prosocial Involvement	72.5%	77.3%	84.3%	73.1%	84.5%	74.8%
	Rewards for Prosocial Involvement	52.9%	61.5%	78.6%	65.6%	75.0%	54.6%
Peer / Individual		8th Grade		10th Grade		12th Grade	
Risk Factors		Local	State	Local	State	Local	State
	Early Initiation of Drug Use	16.2%	16.4%	25.7%	19.6%	41.7%	26.4%
	Early Initiation of Antisocial Behavior	17.6%	21.4%	21.4%	22.9%	36.9%	23.5%
	Favorable Attitudes Toward Antisocial Behavior	29.0%	22.6%	30.0%	31.4%	40.5%	33.6%
	Favorable Attitudes Toward Drug Use	24.6%	20.5%	41.4%	34.2%	35.7%	40.2%
	Perceived Risks of Drug Use	41.7%	37.1%	61.4%	50.8%	44.7%	48.7%
	Gang Involvement	1.5%	3.3%	2.9%	3.5%	6.2%	2.9%
Protective Factors							
	Belief in the Moral Order	78.3%	81.8%	67.1%	70.4%	61.9%	66.0%
	Peer-Individual Prosocial Involvement	72.9%	66.3%	67.1%	72.5%	64.3%	72.6%

Using the 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 are 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 website 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) model to ensure your planning process for prevention is data driven.

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 website at <http://bosr.unl.edu/sharp>.

Sample Tool for Data Interpretation						
Data Measure	Grade	2014 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 six 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 (NRPFS) and is not intended to represent all students statewide.

APPENDIX A: Trend Data

Outcomes	Definition	Grade 8						Grade 10						Grade 12					
		2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014
Lifetime Substance Use	Alcohol	NA**	47.3%	NA**	31.9%	41.5%	25.0%	NA**	66.3%	NA**	43.4%	59.8%	52.9%	NA**	89.5%	NA**	76.5%	67.0%	69.4%
	Cigarettes	NA**	30.1%	NA**	17.4%	13.8%	13.9%	NA**	35.4%	NA**	20.8%	38.3%	23.2%	NA**	48.8%	NA**	47.1%	48.9%	42.4%
	Smokeless tobacco	NA**	13.9%	NA**	17.9%	9.2%	10.4%	NA**	23.5%	NA**	18.9%	27.8%	17.6%	NA**	47.1%	NA**	37.3%	41.9%	30.5%
	Marijuana ¹	NA**	6.8%	NA**	10.1%	3.1%	5.6%	NA**	14.5%	NA**	9.4%	18.3%	21.4%	NA**	38.4%	NA**	26.5%	32.3%	29.4%
	LSD/other psychedelics	NA**	1.4%	NA**	0.0%	0.0%	0.0%	NA**	2.5%	NA**	0.0%	1.2%	2.9%	NA**	4.7%	NA**	5.9%	5.3%	4.7%
	Cocaine/crack	NA**	1.4%	NA**	1.4%	0.0%	0.0%	NA**	1.2%	NA**	1.9%	3.7%	2.9%	NA**	7.2%	NA**	1.5%	6.4%	5.9%
	Meth ²	NA**	1.4%	NA**	1.4%	0.0%	0.0%	NA**	1.3%	NA**	0.0%	2.4%	0.0%	NA**	4.9%	NA**	1.5%	4.3%	3.5%
	Inhalants	NA**	21.1%	NA**	13.0%	3.1%	11.1%	NA**	7.2%	NA**	5.7%	9.8%	5.7%	NA**	12.6%	NA**	4.4%	8.5%	1.2%
	Steroids	NA	2.7%	NA**	1.4%	0.0%	0.0%	NA	0.0%	NA**	0.0%	1.2%	1.4%	NA	2.4%	NA**	1.5%	1.1%	1.2%
	Other performance-enhancing drugs	NA	2.7%	NA**	0.0%	0.0%	1.4%	NA	2.4%	NA**	0.0%	6.1%	0.0%	NA	12.8%	NA**	10.3%	6.4%	4.7%
	Prescription drugs ³	NA	6.8%	NA**	1.4%	0.0%	1.4%	NA	13.9%	NA**	1.9%	6.1%	7.1%	NA	10.3%	NA**	17.6%	14.9%	9.4%
	Non-prescription drugs ⁴	NA	NA	NA**	4.3%	3.1%	0.0%	NA	NA	NA**	0.0%	3.7%	5.7%	NA	NA	NA**	7.4%	9.7%	5.9%
Other illegal drugs	NA**	2.7%	NA**	2.9%	1.5%	1.4%	NA**	6.4%	NA**	1.9%	4.9%	7.1%	NA**	11.1%	NA**	5.9%	8.5%	5.9%	
Past 30 Day Substance Use	Alcohol	NA**	13.7%	NA**	10.1%	15.6%	6.9%	NA**	30.1%	NA**	7.5%	20.7%	17.1%	NA**	48.3%	NA**	33.8%	35.1%	23.5%
	Cigarettes	NA**	8.3%	NA**	10.1%	1.5%	1.4%	NA**	17.1%	NA**	7.5%	16.0%	8.7%	NA**	29.8%	NA**	26.5%	25.5%	22.4%
	Smokeless tobacco	NA**	4.1%	NA**	5.8%	0.0%	4.2%	NA**	4.9%	NA**	9.4%	14.8%	13.0%	NA**	19.5%	NA**	22.1%	25.5%	17.6%
	Marijuana ¹	NA**	2.7%	NA**	2.9%	1.5%	1.4%	NA**	9.5%	NA**	1.9%	7.3%	7.1%	NA**	20.7%	NA**	10.3%	10.6%	5.9%
	LSD/other psychedelics	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	0.0%	NA**	0.0%	1.2%	1.4%	NA**	1.2%	NA**	2.9%	0.0%	0.0%
	Cocaine/crack	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	1.2%	NA**	0.0%	0.0%	0.0%
	Meth ²	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	1.2%	NA**	0.0%	0.0%	0.0%
	Inhalants	NA**	8.3%	NA**	2.9%	0.0%	5.6%	NA**	1.2%	NA**	1.9%	2.4%	1.4%	NA**	0.0%	NA**	0.0%	1.1%	0.0%
	Steroids	NA	1.4%	NA**	1.4%	0.0%	0.0%	NA	0.0%	NA**	0.0%	0.0%	0.0%	NA	0.0%	NA**	0.0%	0.0%	0.0%
	Other performance-enhancing drugs	NA	2.7%	NA**	0.0%	0.0%	1.4%	NA	1.2%	NA**	0.0%	1.2%	0.0%	NA	2.4%	NA**	5.9%	3.2%	1.2%
	Prescription drugs ³	NA	2.7%	NA**	0.0%	0.0%	0.0%	NA	6.2%	NA**	1.9%	4.9%	2.9%	NA	4.7%	NA**	7.4%	4.3%	0.0%
	Non-prescription drugs ⁴	NA	NA	NA**	0.0%	1.5%	0.0%	NA	NA	NA**	0.0%	2.4%	2.9%	NA	NA	NA**	1.5%	3.2%	0.0%
Other illegal drugs	NA**	0.0%	NA**	0.0%	0.0%	1.4%	NA**	1.4%	NA**	0.0%	1.2%	0.0%	NA**	6.1%	NA**	1.5%	0.0%	0.0%	

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Outcomes	Definition	Grade 8						Grade 10						Grade 12						
		2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014	
Delinquent Behaviors during the Past 12 Months	Carried a handgun	NA**	6.8%	NA**	14.5%	12.1%	4.3%	NA**	6.1%	NA**	13.2%	14.5%	5.7%	NA**	5.7%	NA**	26.1%	11.6%	14.5%	
	Sold illegal drugs	NA**	1.4%	NA**	1.4%	0.0%	0.0%	NA**	3.6%	NA**	1.9%	4.9%	1.4%	NA**	8.2%	NA**	1.4%	8.6%	6.0%	
	Stolen-trying to steal a motor vehicle	NA**	5.6%	NA**	1.4%	0.0%	1.4%	NA**	0.0%	NA**	0.0%	3.6%	1.4%	NA**	0.0%	NA**	0.0%	3.2%	0.0%	
	Arrested	NA**	4.3%	NA**	2.9%	0.0%	1.4%	NA**	1.2%	NA**	1.9%	4.8%	2.9%	NA**	3.5%	NA**	0.0%	7.4%	4.8%	
	Attacked someone with idea of seriously hurting them	NA**	4.2%	NA**	13.0%	10.6%	5.7%	NA**	4.9%	NA**	9.4%	7.2%	7.1%	NA**	5.9%	NA**	7.2%	14.7%	9.5%	
	Took a handgun to school	NA**	0.0%	NA**	1.4%	0.0%	0.0%	NA**	0.0%	NA**	0.0%	0.0%	0.0%	NA**	0.0%	NA**	0.0%	2.1%	1.2%	
	Drove vehicle under the influence of alcohol	NA**	5.6%	NA**	2.9%	0.0%	2.9%	NA**	13.8%	NA**	5.7%	9.6%	10.1%	NA**	44.2%	NA**	30.4%	26.3%	11.9%	
Risk Factors	Community																			
	Community Disorganization	NA**	37.1%	NA**	NA ⁵	42.0%	50.0%	NA**	57.0%	NA**	NA ⁵	53.0%	46.4%	NA**	55.6%	NA**	NA ⁵	55.8%	48.8%	
	Law and Norms Favorable to Drug Use	NA**	35.2%	NA**	NA ⁵	28.8%	47.1%	NA**	34.6%	NA**	NA ⁵	50.6%	48.6%	NA**	46.3%	NA**	NA ⁵	57.9%	60.7%	
	Perceived Availability of Drugs	NA**	35.7%	NA**	18.8%	26.3%	21.7%	NA**	36.8%	NA**	11.5%	33.7%	25.7%	NA**	48.8%	NA**	24.6%	26.3%	38.1%	
	Perceived Availability of Handguns	NA**	36.8%	NA**	55.1%	43.9%	53.6%	NA**	29.7%	NA**	40.4%	44.6%	30.0%	NA**	33.3%	NA**	55.1%	40.0%	52.4%	
	Family																			
	Poor Family Management	NA ⁷	NA ⁷	NA ⁷	31.4%	35.5%	23.9%	NA ⁷	NA ⁷	NA ⁷	30.2%	31.3%	32.4%	NA ⁷	NA ⁷	NA ⁷	29.0%	33.7%	28.6%	
	Parental Attitudes Favorable Toward Drug Use	NA**	32.4%	NA**	23.5%	27.9%	34.3%	NA**	45.8%	NA**	39.6%	42.7%	50.7%	NA**	53.5%	NA**	49.3%	41.5%	45.2%	
	School																			
	Academic Failure	NA ⁷	NA ⁷	NA ⁷	38.2%	35.4%	45.7%	NA ⁷	NA ⁷	NA ⁷	34.6%	39.0%	29.4%	NA ⁷	NA ⁷	NA ⁷	27.5%	42.1%	45.8%	
	Low Commitment to School	NA ⁷	NA ⁷	NA ⁷	47.5%	44.3%	45.6%	NA ⁷	NA ⁷	NA ⁷	19.2%	33.8%	28.4%	NA ⁷	NA ⁷	NA ⁷	31.9%	34.8%	33.3%	
	Peer/Individual																			
	Early Initiation of Drug Use	NA**	31.5%	NA**	27.9%	20.0%	16.2%	NA**	30.1%	NA**	17.0%	28.9%	25.7%	NA**	50.6%	NA**	34.8%	33.7%	41.7%	
	Early Initiation of Antisocial Behavior	NA**	12.5%	NA**	29.0%	27.7%	17.6%	NA**	24.7%	NA**	31.4%	30.5%	21.4%	NA**	22.4%	NA**	36.2%	41.1%	36.9%	
	Favorable Attitudes Toward Antisocial Behavior	NA**	21.9%	NA**	31.9%	19.7%	29.0%	NA**	50.0%	NA**	30.2%	39.8%	30.0%	NA**	45.3%	NA**	39.1%	45.3%	40.5%	
	Favorable Attitudes Toward Drug Use	NA**	22.2%	NA**	18.8%	19.7%	24.6%	NA**	50.0%	NA**	22.6%	38.6%	41.4%	NA**	49.4%	NA**	40.6%	44.2%	35.7%	
Perceived Risks of Drug Use	NA**	35.6%	NA**	36.8%	30.8%	41.7%	NA**	58.2%	NA**	32.1%	43.9%	61.4%	NA**	48.2%	NA**	39.7%	41.5%	44.7%		
Gang Involvement	NA**	4.2%	NA**	4.5%	4.8%	1.5%	NA**	8.5%	NA**	3.8%	3.8%	2.9%	NA**	4.6%	NA**	2.9%	9.8%	6.2%		

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Outcomes	Definition	Grade 8						Grade 10						Grade 12					
		2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014	2003	2005	2007	2010	2012	2014
Protective Factors	Community																		
	Opportunities for Prosocial Involvement	NA**	85.9%	NA**	NA ⁵	92.6%	94.3%	NA**	84.0%	NA**	NA ⁵	92.6%	91.4%	NA**	91.4%	NA**	NA ⁵	95.7%	93.8%
	Family																		
	Attachment	NA ⁶	NA ⁶	NA ⁶	63.8%	61.8%	62.0%	NA ⁶	NA ⁶	NA ⁶	70.6%	66.7%	61.8%	NA ⁶	NA ⁶	NA ⁶	69.7%	61.7%	68.7%
	Opportunities for Prosocial Involvement	NA**	73.9%	NA**	72.9%	75.8%	70.4%	NA**	57.8%	NA**	71.2%	66.3%	70.4%	NA**	67.5%	NA**	60.9%	61.1%	71.4%
	School																		
	Opportunities for Prosocial Involvement	NA**	71.2%	NA**	75.4%	77.3%	72.5%	NA**	83.3%	NA**	86.8%	81.9%	84.3%	NA**	86.2%	NA**	81.2%	74.5%	84.5%
	Rewards for Prosocial Involvement	NA ⁷	NA ⁷	NA ⁷	65.7%	62.1%	52.9%	NA ⁷	NA ⁷	NA ⁷	81.1%	83.1%	78.6%	NA ⁷	NA ⁷	NA ⁷	63.8%	71.6%	75.0%
	Peer/Individual																		
	Belief in the Moral Order	NA**	79.5%	NA**	71.0%	74.2%	78.3%	NA**	63.1%	NA**	79.2%	65.1%	67.1%	NA**	42.5%	NA**	72.5%	57.4%	61.9%
Prosocial Involvement	NA ⁷	NA ⁷	NA ⁷	56.5%	66.7%	72.9%	NA ⁷	NA ⁷	NA ⁷	75.5%	73.5%	67.1%	NA ⁷	NA ⁷	NA ⁷	81.2%	67.4%	64.3%	

*This indicates that there were less than 10 cases.

**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, Vicodin, or Percocet) without a doctor telling you to take them."

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."

⁵In 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.

⁶Prior 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.

⁷In 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, 2012, and 2014

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

Table B1. Risk and Protective Factor Indicators by Survey Question		
COMMUNITY		
Risk Factors		
Community Disorganization		89, 93a - 93d
Laws and Norms Favorable to Drug Use		88a, 88b, 88d, 88e, 92a - 92c
Perceived Availability of Drugs		86a - 86c, 86e
Perceived Availability of Handguns		86f
Protective Factors		
Opportunities for Prosocial Involvement		90, 91a - 91e
FAMILY		
Risk Factors		
Poor Family Management		69 - 71, 75, 77 - 80
Parental Attitudes Favorable Toward Drug Use		68a, 68c, 68e
Protective Factors		
Attachment		81 - 84
Opportunities for Prosocial Involvement		72 - 74
SCHOOL		
Risk Factors		
Academic Failure		6, 19
Low Commitment to School		7 - 9, 20, 21a - 21c
Protective Factors		
Opportunities for Prosocial Involvement		10, 11, 13, 14, 18
Rewards for Prosocial Involvement		12, 15 - 17
PEER-INDIVIDUAL		
Risk Factors		
Early Initiation of Drug Use		22a - 22d
Early Initiation of Antisocial Behavior		22e - 22h
Favorable Attitudes Toward Antisocial Behavior		23a - 23e
Favorable Attitudes Toward Drug Use		23f, 23h, 23j, 23m
Perceived Risks of Drug Use		30a, 30d, 30g, 30h
Gang Involvement		24
Protective Factors		
Belief in the Moral Order		27 - 29, 76
Prosocial Involvement		26f, 26h, 26k

APPENDIX C: Contacts for Prevention

Division of Behavioral Health

Nebraska Department of Health and Human Services
Renee Faber, Network Operations Manager
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
Kay Wenzl, Administrator II – Health Promotion Unit
kay.wenzl@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471- 2910 phone
(402) 471- 6446 fax
www.dhhs.ne.gov/tfn

Nebraska Department of Education

Julane Hill, Coordinated School Health Director
julane.hill@nebraska.gov
301 Centennial Mall South-6th Floor
Lincoln, NE 68509
(402) 471-4352 phone
(402) 472-4565 fax

Nebraska Department of Highway Safety

Fred Zwonechek, Administrator
Fred.Zwonechek@nebraska.gov
5001 S. 14th Street
P.O. Box 94612
Lincoln, NE 68509
(402) 471-2515 phone
(402) 471-3865 fax
<http://www.transportation.nebraska.gov/nohs/>

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