

Nebraska Risk and Protective Factor Student Survey Results for 2021

Profile Report:

East Central District Health Department



Sponsored by:

Nebraska Department of Health and Human Services

Division of Behavioral Health

Administered by:

Bureau of Sociological Research University of Nebraska-Lincoln

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

Table of Contents

Introduction and Overview	1
Substance Use	4
Transportation Safety	16
Violence, Bullying, and Mental Health	18
Nutrition and Physical Activity	
Feelings and Experiences at Home, School, and in the Community	21
Tips for Using the NRPFSS Results	25
APPENDIX A: Trend Data	27
APPENDIX B: Contacts for Prevention	28
APPENDIX B: Contacts for Prevention	28

Introduction and Overview

This report summarizes the findings from the 2021 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2021 survey represents the ninth implementation of the NRPFSS and the sixth 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, 2014, 2016, and 2018 administrations also occurred during the fall. Due to the COVID-19 pandemic, the 2020 administration was postponed to 2021, again leaving a three-year gap. All future administrations take place during the fall of odd 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 measures that predict adolescent problem behaviors. The NRPFSS is adapted from national, scientifically-validated surveys and contains information on risk and protective measures that are locally actionable. These risk and protective measures 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 East Central District Health Department. 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 East Central District Health Department. 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.

2021 NRPFSS Sponsored by:

The 2021 NRPFSS is sponsored by Grant #5U79SP020162-05 and #1H79SP080988-01 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.



SHARP | NRPFSS 2021

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, 2012, 2014, 2016, and 2018 administrations. As part of BOSR's commitment to high quality data, BOSR is a member of the American Association for Public Opinion Research (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, 2021

	East Central D	istrict Health 2021	n Department	State 2021					
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated			
Grade									
8th	239	842	28.4%	4900	26905	18.2%			
10th	75	837	9.0%	4784	26478	18.1%			
12th	102	877	11.6%	4070	27821	14.6%			
Total	416	2556	16.3%	13754	81204	16.9%			

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.

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2021, 16.9 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2021 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so 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 10.7% participation rate in 2021 compared to 29.3% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2021 survey within East Central District Health Department and the state overall.

Table 1.2. Participant Characteristics, 2021

	East Cen Health D	State 2021			
	n	%	n	%	
Total students	419		14005		
Grade					
8th	239	57.0%	4900	35.0%	
10th	75	17.9%	4784	34.2%	
12th	102	24.3%	4070	29.1%	
Unknown	3	0.7%	251	1.8%	
Gender					
Male	213	50.8%	7007	50.0%	
Female	206	49.2%	6890	49.2%	
Unknown	0	0.0%	108	0.8%	
Race/Ethnicity					
Hispanic*	135	32.2%	2622	18.7%	
African American	4	1.0%	606	4.3%	
Asian	1	0.2%	272	1.9%	
American Indian	9	2.1%	370	2.6%	
Pacific Islander	1	0.2%	41	0.3%	
Alaska Native	0	0.0%	30	0.2%	
White	266	63.5%	9869	70.5%	
Other	3	0.7%	128	0.9%	
Unknown	0	0.0%	67	0.5%	

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 five sections: (1) substance use; (2) transportation safety; (3) violence, bullying, and mental health; (4) nutrition and physical activity; and (5) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2021 survey data for East Central District Health Department are presented along with state and national estimates, when available.

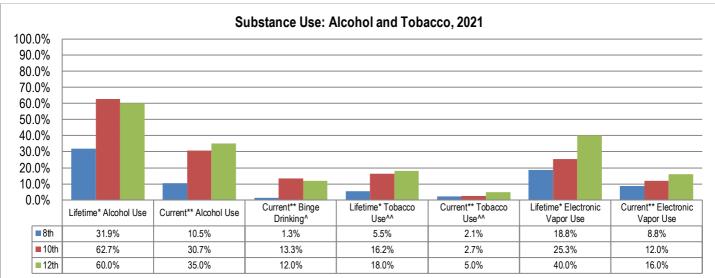
When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more 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 substance during the past 30 days more 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 East Central District Health Department, 16 students met these criteria.

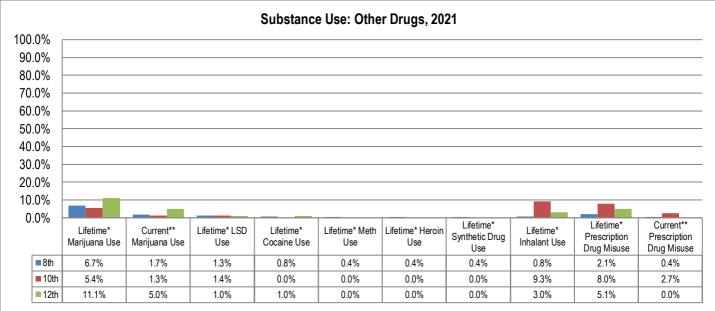
Substance Use

This section contains information on the use of alcohol, tobacco, and other drugs among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on attitudes and perceptions, the sources of substances, and other substance-related topics. To provide greater context for the results from East Central District Health Department, 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.

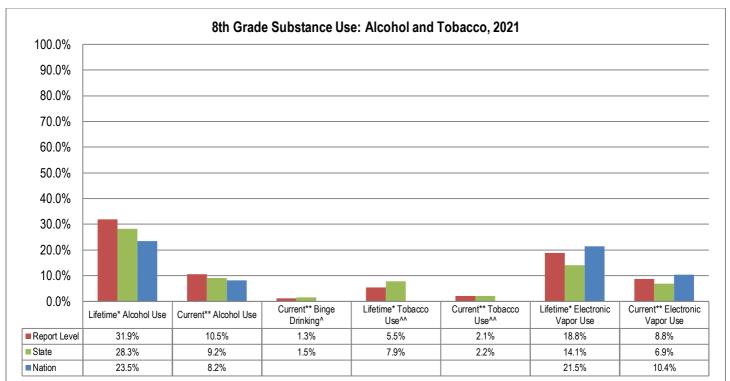
Substance Use



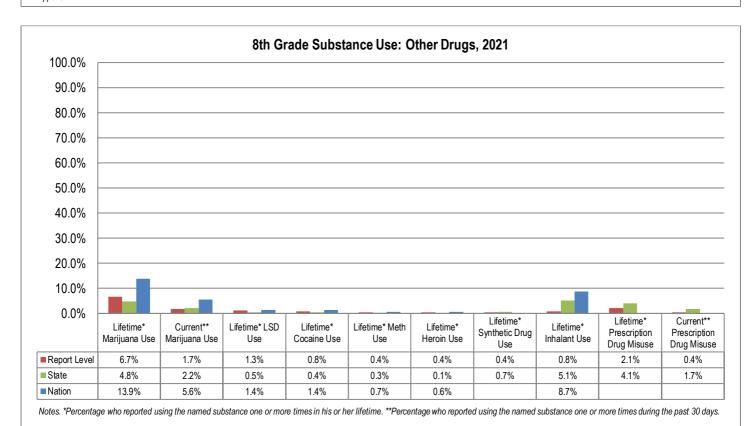
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

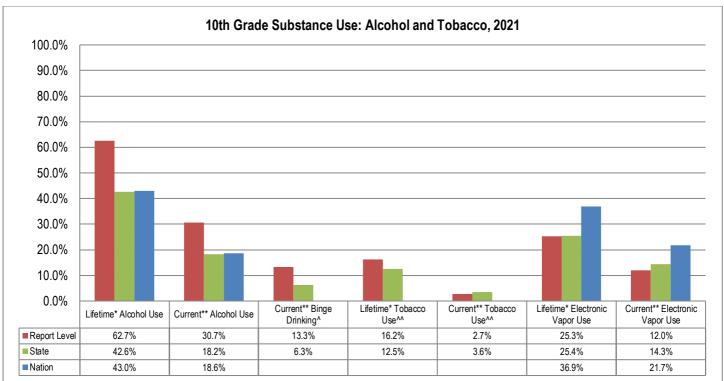


Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.

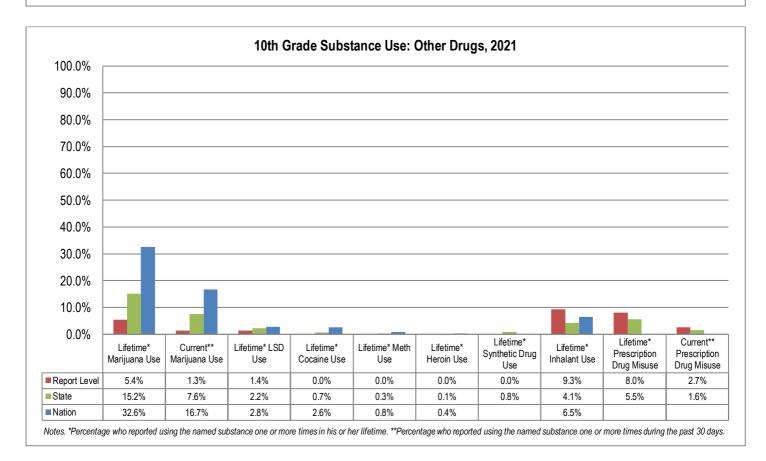


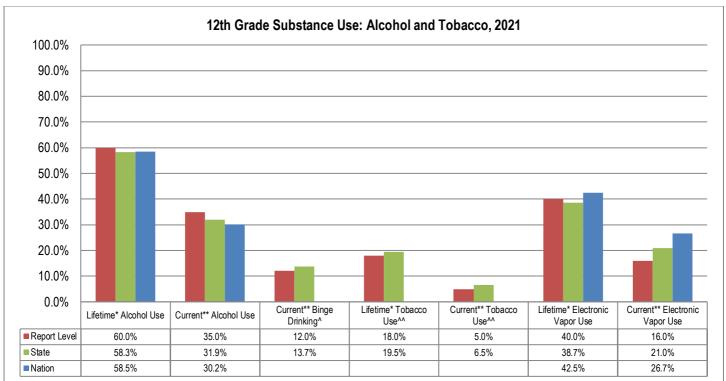
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.
^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours.
^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.



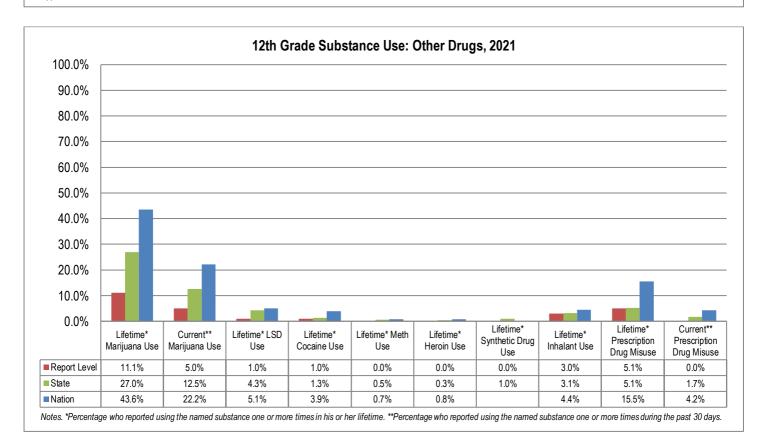


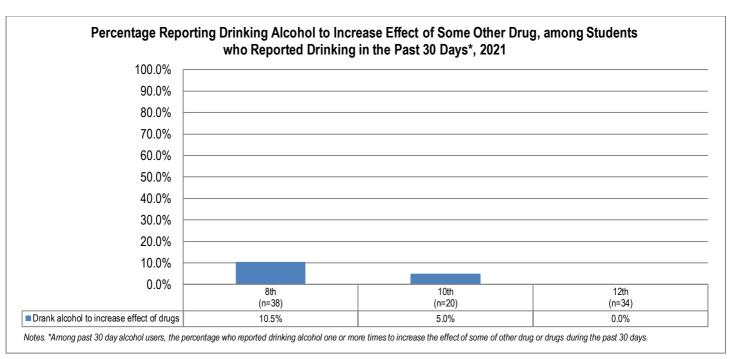
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.
^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours.
^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

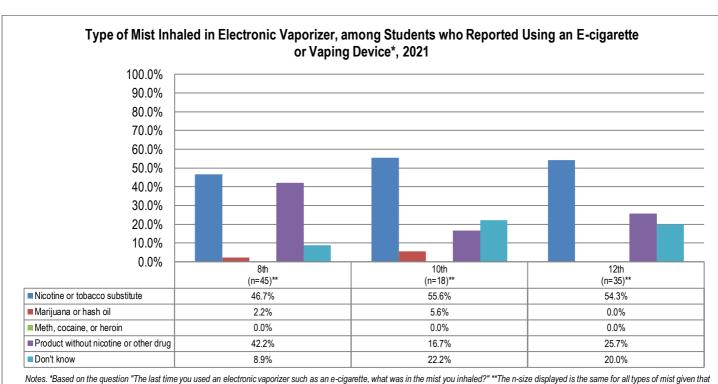




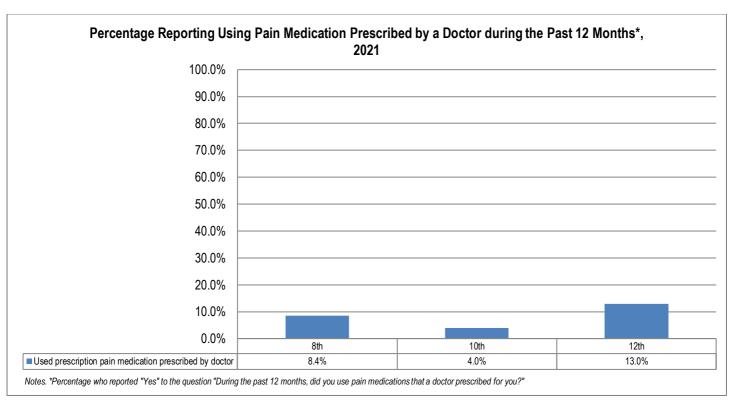
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.
^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours.
^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

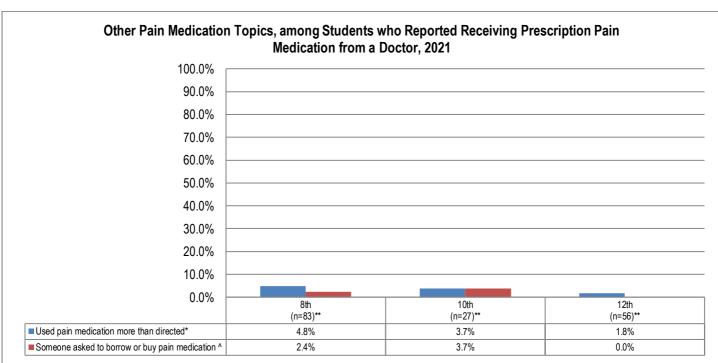




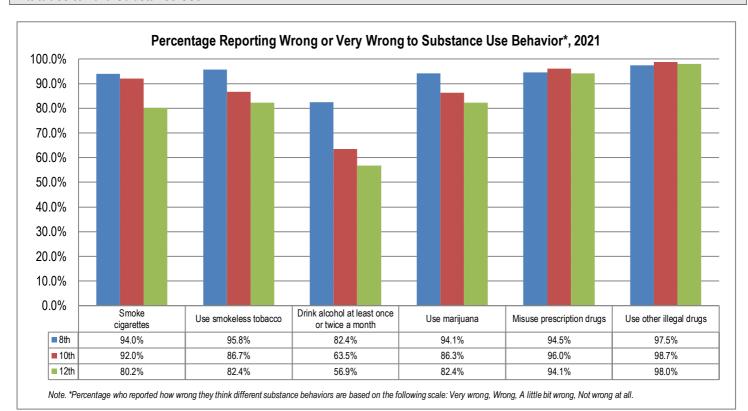


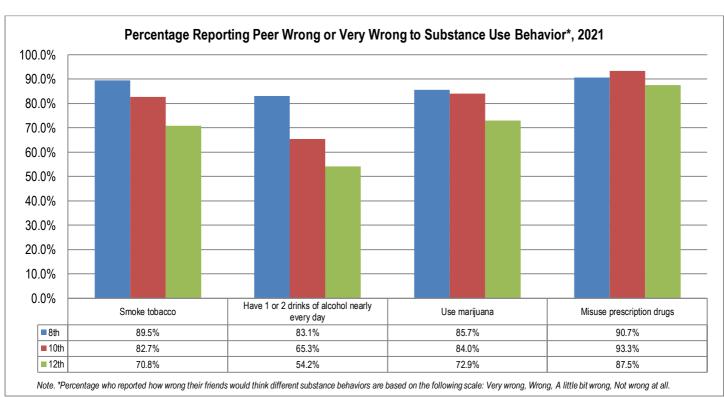
type of mist inhaled in an electronic vaporizer is asked as one question.

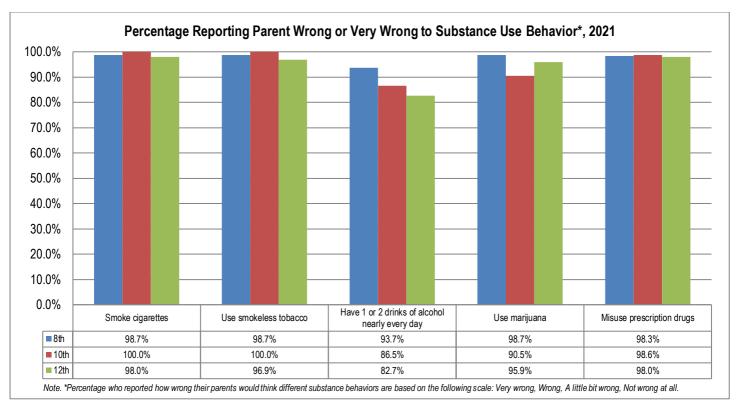


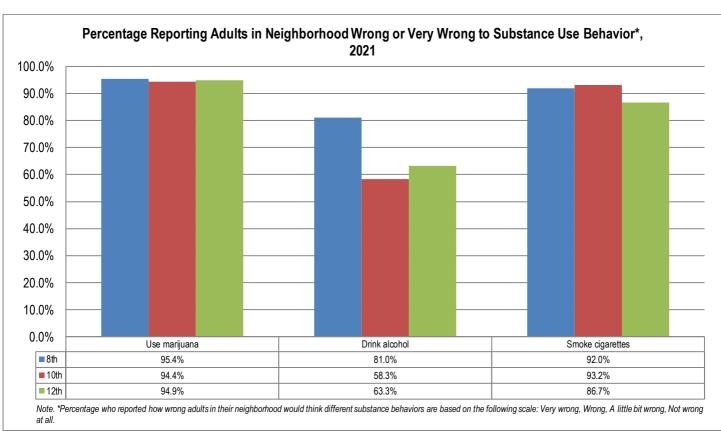


Attitudes toward Substance Use

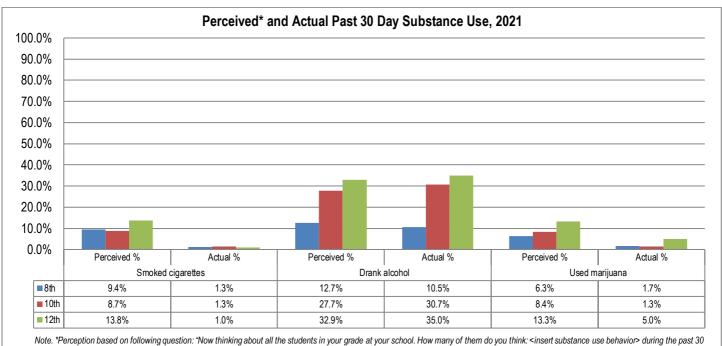


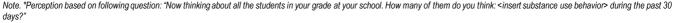


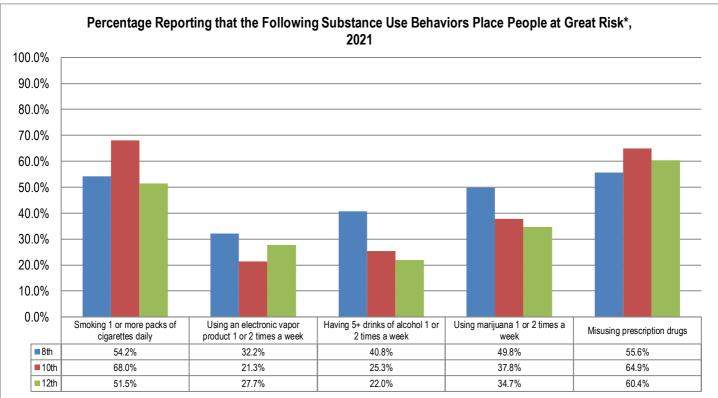




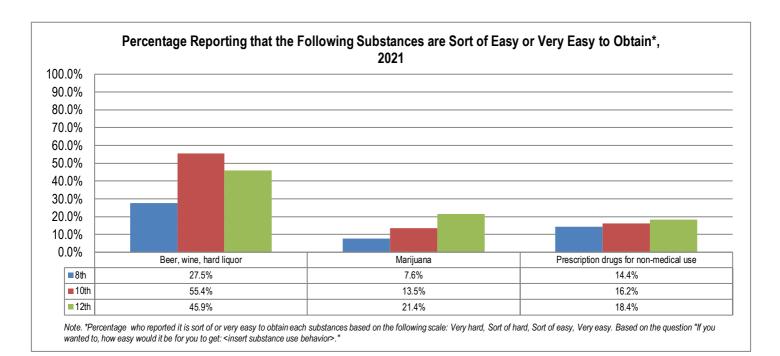
Perceptions of Substance Use



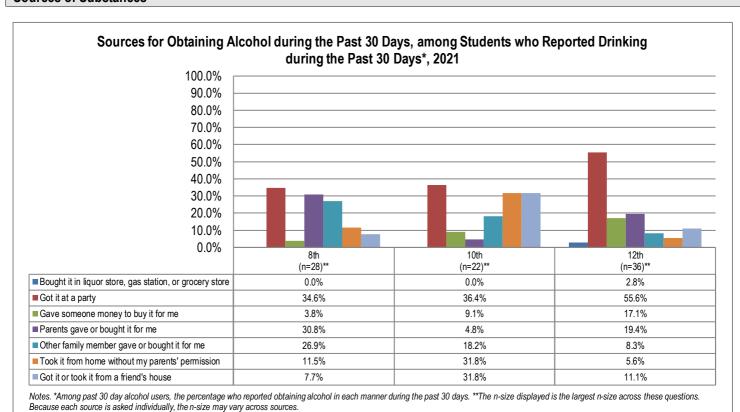


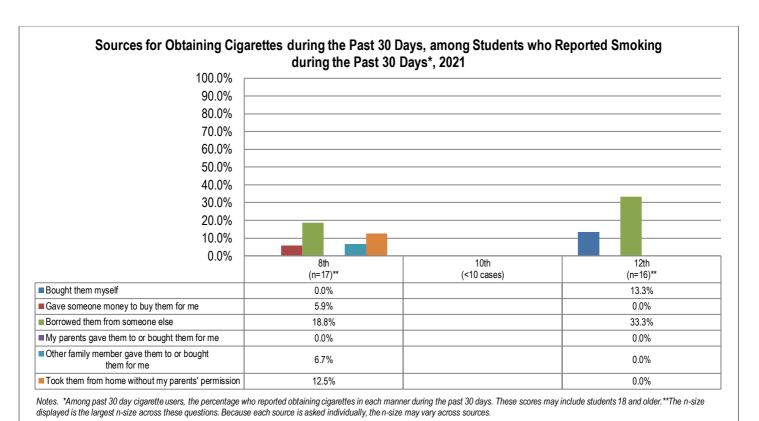


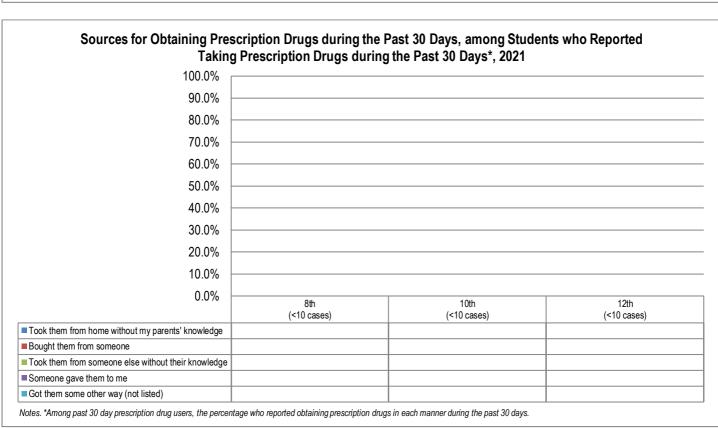
Note. *Percentage who reported great risk associated with each substance behaviors based on the following scale: No risk, Slight risk, Moderate risk, Great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they: <insert substance use behavior>."



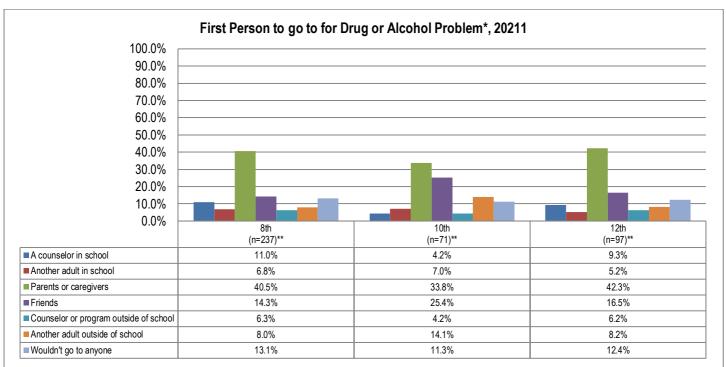
Sources of Substances



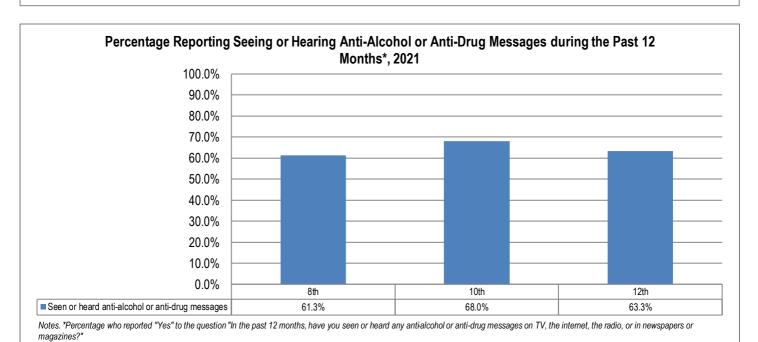




Other Substance-Related Topics



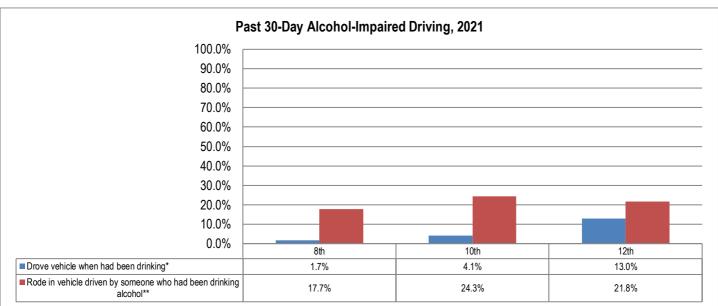
Notes. *Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" **The n-size displayed is the same for all sources given that source of help for a drug or alcohol problem is asked as one question.



Transportation Safety

This section contains information on transportation safety relating to alcohol-impaired and distracted driving among 8th, 10th, and 12th grade students in Nebraska.

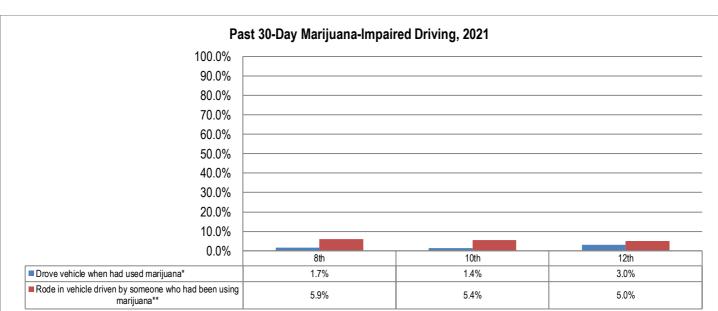
Past 30 Day Alcohol-Impaired Driving



Notes. *Percentage who reported one or more occurences to the question "During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?"

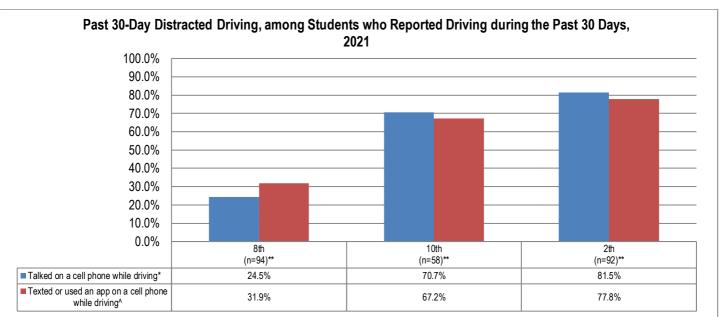
**Percentage who reported one or more occurences to the question "During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?"

Past 30 Day Marijuana-Impaired Driving



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

Past 30 Day Distracted Driving

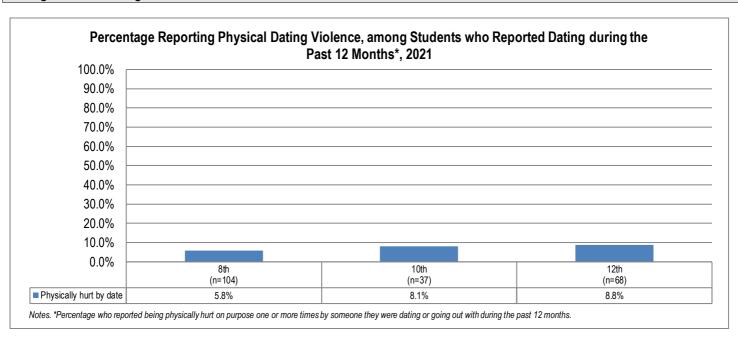


Notes. *Percentage who reported talking on a cell phone while driving a car or other vehicle in the past 30 days. ^Percentage who reported one or more occurences of texting or using an app on a cell phone while driving a car or other vehicle. **The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

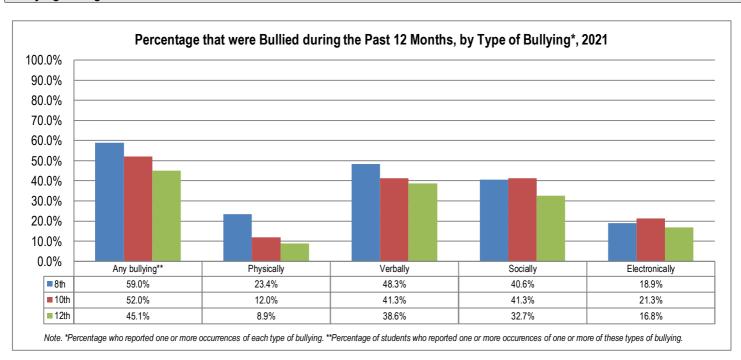
Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, suicide, and attitudes toward the future among 8th, 10th, and 12th grade students in Nebraska.

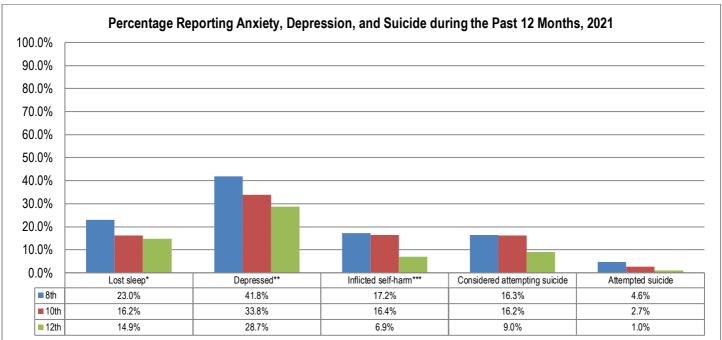
Dating Violence during the Past 12 Months



Bullying during the Past 12 Months

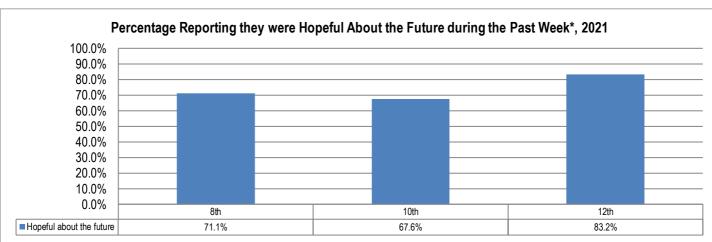


Anxiety, Depression, and Suicide during the Past 12 Months



Notes. *Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. **Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" ***Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"

Attitudes toward the Future

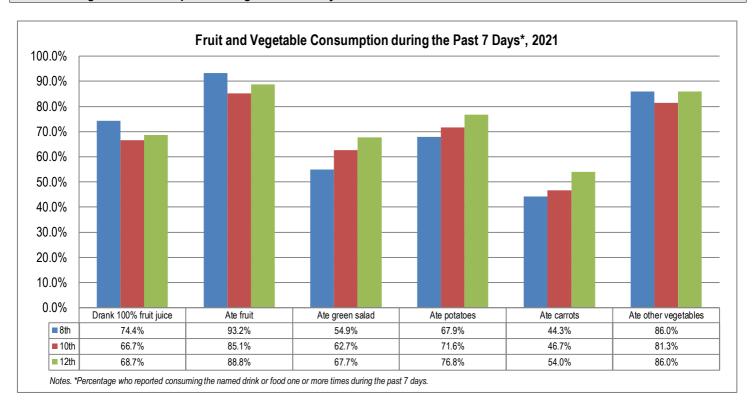


Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

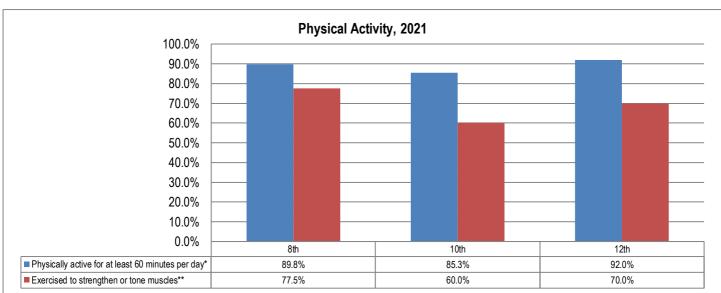
Nutrition and Physical Activity

This section contains information on fruit and vegetable consumption and physical activity among 8th, 10th, and 12th grade students in Nebraska.

Fruit and Vegetable Consumption during the Past 7 Days



Physical Activity

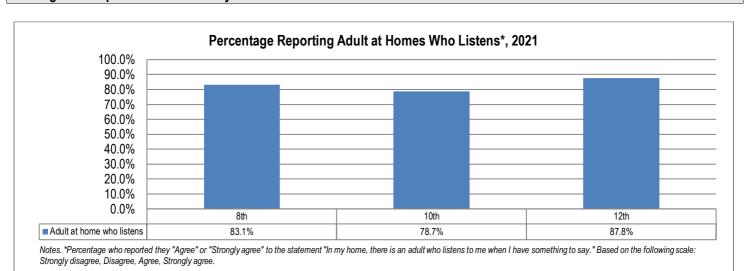


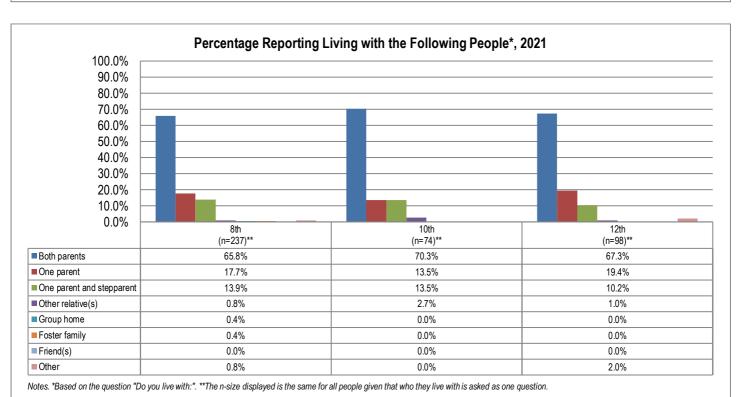
Notes. *Percentage who reported being physically active for a total of at least 60 minutes on one or more days during the past 7 days. **Percentage who reported doing exercises to strengthen or tone muscles, such as push-ups, sit-ups, or weight lifting on one or more days during the past 7 days.

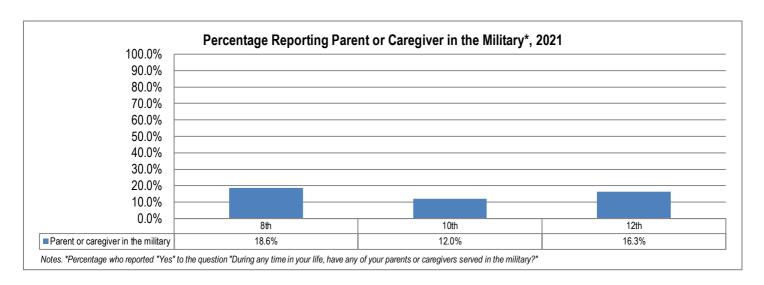
Feelings and Experiences at Home, School, in the Community, and During COVID-19

This section contains information on feelings and experiences with family, at school, and in the community for 8th, 10th, and 12th grade students in Nebraska.

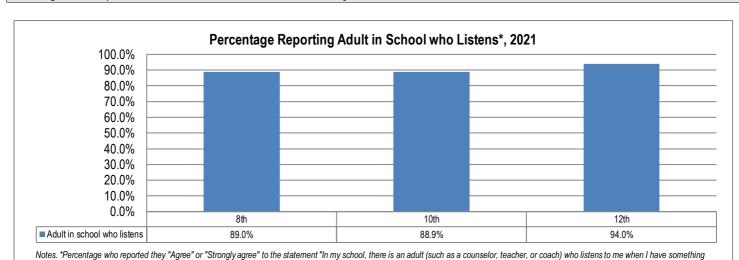
Feelings and Experiences with Family

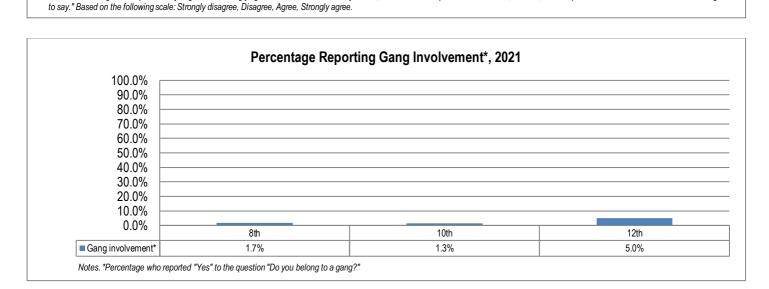






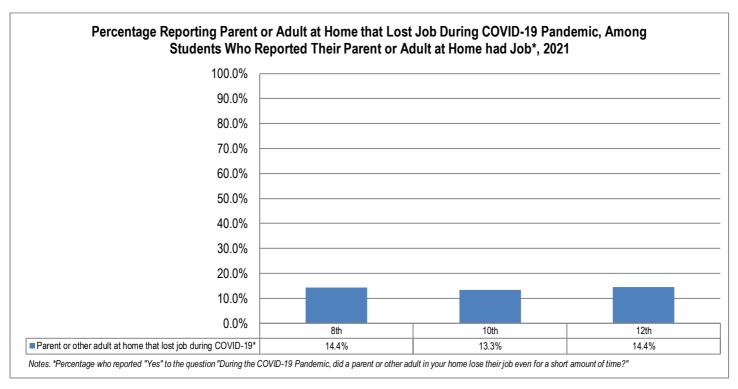
Feelings and Experiences at School and in the Community

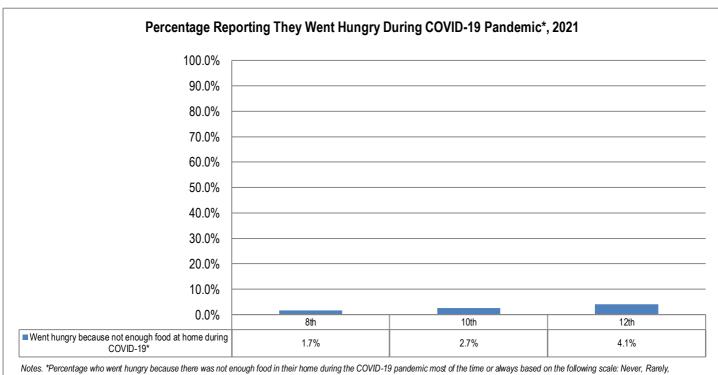


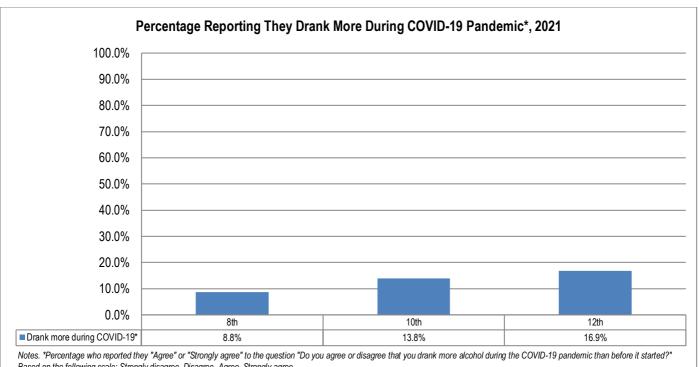


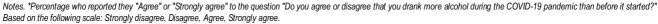
Feelings and Experiences During COVID-19 Pandemic

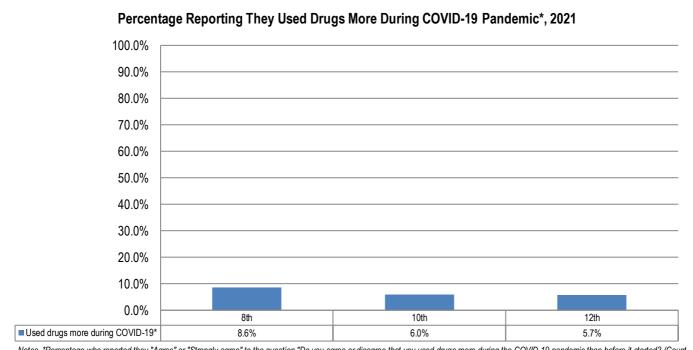
Sometimes, Most of the time, Always.











Notes. "Percentage who reported they "Agree" or "Strongly agree" to the question "Do you agree or disagree that you used drugs more during the COVID-19 pandemic than before it started? (Count using marijuana, synthetic marijuana, cocaine, prescription pain medicine without a doctor's prescription, band other illegal drugs)." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Tips for Using the NRPFSS Results

As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into two categories:

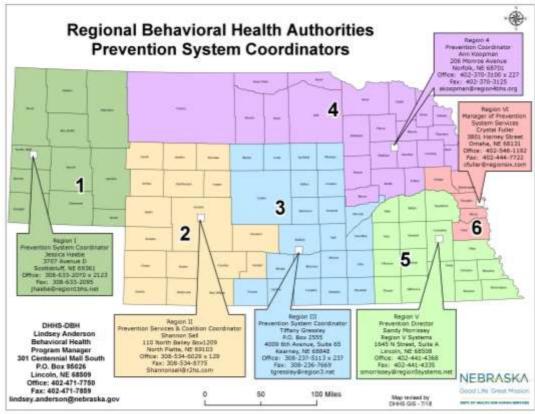
Environmental Strategies

- These strategies effect the entire school environment and the youth within it.
 - An example of an environmental strategy would be changing school policy to not allow athletes to play
 if they are caught using substances.

Individual Strategies

- These strategies target individual youth to help them build knowledge, wellness, and resiliency.
 - An example of an individual strategy would be providing a curriculum as part of a health class about the harms of substances.

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



SHARP | NRPFSS 2021

You may also wish to do your own research. The following websites provide listings of evidence-based practices:

• The Evidence-Based Practices Resource Center

- This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions that are available for implementation.
- Website: https://www.samhsa.gov/ebp-resource-center

• The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)

- This contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
- Website: https://www.ojjdp.gov/mpg/

• The Suicide Prevention Resource Center

- This has a variety of suicide prevention resources available.
- Website: http://www.sprc.org/

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at https://www.education.ne.gov/Safety/index.html. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is https://store.samhsa.gov/.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. **http://www.yourlifeyourvoice.org/Pages/home.aspx**. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

Additional contacts for tips on data use and prevention resources can be found in Appendix B.

APPENDIX A: Trend Data

Outcomes	Definition	8th					10th					12th				
		2012	2014	2016	2018	2021	2012	2014	2016	2018	2021	2012	2014	2016	2018	2021
Lifetime	Alcohol	29.8%	30.0%	26.3%	26.4%	31.9%	42.7%	43.9%	45.8%	45.8%	62.7%	64.0%	62.4%	63.1%	58.9%	60.0%
	Cigarettes	13.3%	14.9%	7.6%	5.0%	5.0%	22.7%	22.0%	23.1%	9.8%	9.3%	50.0%	36.9%	34.8%	25.7%	13.0%
	Electronic vapor product	NA*	NA*	NA*	NA*	1.7%	NA*	NA*	NA*	NA*	25.3%	NA*	NA*	NA*	NA*	40.0%
	Smokeless tobacco	3.1%	7.2%	3.7%	2.7%	1.7%	7.4%	11.4%	12.5%	4.5%	12.2%	26.7%	18.8%	15.2%	12.4%	10.0%
Substance	Marijuana	9.8%	11.2%	5.7%	3.5%	6.7%	13.3%	19.1%	20.0%	15.8%	5.4%	34.0%	31.4%	33.7%	29.1%	11.1%
Use	LSD/other psychedelics	0.0%	0.7%	0.5%	1.2%	1.3%	0.0%	1.3%	3.5%	2.0%	1.4%	1.9%	4.1%	3.0%	7.7%	1.0%
030	Cocaine/crack	0.3%	1.1%	0.5%	0.4%	0.8%	0.0%	1.1%	1.3%	0.8%	0.0%	3.8%	3.9%	3.3%	3.6%	1.0%
	Meth	0.0%	0.9%	0.5%	0.4%	0.4%	0.7%	0.5%	0.8%	0.0%	0.0%	1.3%	1.6%	0.4%	0.9%	0.0%
	Inhalants	8.3%	8.1%	3.5%	3.5%	0.8%	6.7%	2.7%	3.8%	3.6%	9.3%	5.0%	4.2%	1.5%	5.0%	3.0%
	Prescription drugs	1.8%	1.6%	0.7%	1.2%	2.1%	2.7%	3.2%	3.3%	1.5%	8.0%	3.1%	5.2%	7.8%	8.9%	5.1%
	Alcohol	7.7%	8.5%	8.5%	8.0%	10.5%	16.7%	18.5%	26.5%	20.4%	30.7%	31.3%	34.3%	36.7%	33.3%	35.0%
	Binge drinking	3.1%	3.9%	1.2%	0.4%	1.3%	7.4%	11.4%	9.0%	4.7%	13.3%	22.3%	24.7%	13.5%	16.0%	12.0%
Past 30 Day	Cigarettes	2.5%	3.2%	1.8%	0.8%	1.3%	4.7%	8.1%	9.8%	2.8%	1.3%	21.0%	15.6%	14.5%	10.7%	1.0%
Substance	Electronic vapor product	NA*	NA*	NA*	NA*	8.8%	NA*	NA*	NA*	NA*	12.0%	NA*	NA*	NA*	NA*	16.0%
Use	Smokeless tobacco	0.9%	4.3%	2.1%	1.5%	1.7%	3.3%	8.1%	8.3%	3.3%	1.3%	9.9%	12.4%	6.9%	7.6%	4.0%
	Marijuana	4.9%	4.1%	3.0%	1.9%	1.7%	4.7%	7.4%	9.1%	6.6%	1.3%	17.0%	12.4%	16.7%	12.5%	5.0%
	Prescription drugs	0.6%	0.5%	0.0%	1.1%	0.4%	1.3%	1.3%	1.8%	0.5%	2.7%	1.3%	2.4%	2.6%	1.2%	0.0%
Age of First	Smoked cigarettes	7.5%	9.3%	4.6%	5.0%	8.4%	9.6%	6.3%	8.3%	3.9%	8.0%	10.4%	9.4%	6.9%	8.9%	1.0%
Use (12 or	Drank alcohol	18.6%	20.5%	14.0%	18.1%	15.5%	10.9%	9.2%	11.8%	10.1%	21.3%	9.2%	8.2%	9.8%	11.5%	9.0%
Younger)	Smoked marijuana	3.4%	5.0%	2.3%	1.1%	2.5%	1.3%	2.3%	3.7%	2.2%	1.4%	1.9%	1.9%	3.5%	3.2%	1.0%
Experiences	Grades were A's and B's	79.6%	79.3%	88.5%	81.6%	83.5%	75.9%	80.5%	79.0%	86.4%	77.0%	78.0%	78.1%	79.7%	76.4%	86.7%
at School	Felt safe	88.9%	87.2%	85.8%	92.4%	89.0%	92.4%	87.3%	86.3%	87.6%	87.8%	92.6%	90.4%	88.3%	86.9%	93.0%
Experiences	Help for personal problems ¹	77.1%	79.7%	82.5%	86.9%	83.1%	74.1%	81.8%	78.7%	84.0%	78.7%	84.0%	79.2%	76.9%	82.6%	87.8%
with Families	Discussed dangers of alcohol ¹	58.4%	50.9%	43.3%	53.1%	38.0%	50.7%	52.1%	41.7%	41.9%	34.7%	56.4%	49.0%	35.6%	40.7%	42.9%

¹Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".

* Prior to 2021, electronic vapor products were not included. 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 approached with some caution.

APPENDIX B: Contacts for Prevention

Division of Behavioral Health

Nebraska Department of Health and Human Services Danielle Wing, Prevention System Administrator danielle.wing@nebraska.gov 301 Centennial Mall South P.O. Box 95026

Lincoln, NE 68509-5026

(402) 471-7750 phone

(402) 471-7859 fax

http://dhhs.ne.gov/Pages/Behavioral-Health.aspx

Tobacco Free Nebraska

Nebraska Department of Health and Human Services
Amanda Mortensen
Tobacco Free Nebraska Program Manager
amanda.mortensen@nebraska.gov
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-9270 phone

(402) 471-6446 fax www.dhhs.ne.gov/tfn

Nebraska Department of Education

Jessie Coffey, Whole Child Project Coordinator jessie.coffey@nebraska.gov 500 S. 84th St., 2nd Floor Lincoln, NE 68510-2611 (402) 617-5796 phone

Nebraska Department of Highway Safety

Mark C. Segerstrom, Highway Safety Administrator mark.segerstrom@nebraska.gov 5001 S. 14th Street P.O. Box 94612 Lincoln, NE 68509 (402) 471-2515 phone (402) 471-3865 fax https://dot.nebraska.gov/

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 907 Oldfather Hall P.O. Box 880325 Lincoln, NE 68588-0325 http://bosr.unl.edu

For information about SHARP and/or the NRPFSS:

Mekenzie Kerr, Senior Project Manager Bureau of Sociological Research University of Nebraska-Lincoln mkerr4@unl.edu (402) 472-6733 phone (402) 472-4568 fax http://bosr.unl.edu/sharp

Zack Hicks

Behavioral Health Epidemiologist
Division of Behavioral Health
Nebraska Department of Health and Human Services
zack.hicks@nebraska.gov
(402) 471-7820 phone
(402) 471-7859 fax