

KEARNS EVIDENCE2SUCCESS



COMMUNITY ASSESSMENT REPORT

August 2016

Kearns Evidence2Success

Community Assessment Report

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EXECUTIVE SUMMARY

Evidence2Success (E2S), an Annie E. Casey Foundation initiative, is a powerful framework for helping public and private systems work together with communities to improve children's outcomes. Coordinated by Salt Lake County, Evidence2Success is currently being implemented in Kearns as part of the larger Future We Choose in Kearns partnership. The E2S Kearns Community Board, made up of residents, local staff, and systems representatives, acts as the primary decision-making body for identifying priority outcomes and selecting programs to support Kearns youth.

An E2S Community Board workgroup reviewed Kearns Student Health & Risk Prevention (SHARP) survey data and other public data to identify priority outcomes. The selection of these priorities are based on an in-depth assessment of the data by the workgroup, which includes Kearns residents, teachers, school district personnel, prevention specialists, researchers and others.

These priority outcomes will be used to select evidence-based programs and policies for the Kearns community.

Community Strengths

Kearns boasts many community strengths. Youth are showing decreased use of narcotics, steroids and heroin and are less likely to buy alcohol from a store or to use a handgun. Rates of school suspension are decreasing. Students in Kearns show high opportunities for prosocial behavior in school and/or with peers. Kearns also maintains a low unemployment rate with a steadily increasing graduation rate.

Evidence2Success Priority Outcomes

The E2S workgroup analyzed risk and protective factors and identified those needing the most immediate action based on the data presented. These include factors that may have been trending in a positive direction, but still needed improvement. Based on these factors, the Kearns Community Board has identified the following priority outcomes:

1. Kearns youth take pride in their community and in their schools.
2. Kearns youth understand and avoid the harmful effects of substance and alcohol abuse.
3. Kearns families are strong and supportive of their children's growth and development.
4. Kearns youth are mentally healthy.

Next Steps

After a thorough review of existing programming related to the selected priority outcomes the E2S Community Board will select evidence-based programs and policies to implement in the Kearns community.

INTRODUCTION

The Kearns Evidence2Success Initiative

In the fall of 2015, Salt Lake County was awarded an Evidence2Success (E2S) grant from the Annie E. Casey Foundation for the Kearns Township. The grant called for an implementation of the Evidence2Success initiative supported by the Communities That Care prevention planning system.



Photo Credit: Kearns Community Council

Evidence2Success helps communities work together with social systems to efficiently and effectively promote positive youth development and prevent problem youth behaviors such as substance use, delinquency, teen pregnancy, violence and dropping out of school.

The vision of Kearns E2S is to work collaboratively to build a unified and welcoming community for all where individuals and families prosper, have opportunities to contribute and take pride in a vibrant and diverse community.

Key accomplishments to date include:

- In the fall of 2015, a Kearns-specific Student Health and Risk Prevention (SHARP) survey profile report was compiled.
- In January 2016, community and systems leaders attended a Key Leader Orientation and committed to Kearns Evidence2Success.
- In March 2016, a Community Board was formed. Members attended the two-day Community Board Orientation and established a structure for the Kearns Evidence2Success effort. The Board formed workgroups to focus on specific steps in the E2S process.
- In April 2016, the Board approved the mission statement that was created through several brainstorming exercises and feedback from Kearns residents and students.
- In May and June 2016, the Risk and Protective Factor Assessment workgroup summarized data and selected priority outcomes and factors. The workgroup solicited feedback and support on the recommended priorities from Key Leaders in Kearns.

This report is the result of that data assessment.

Data Summarization and Priority Selection Process

The Student Health and Risk Prevention (SHARP) survey is administered every two years by the State of Utah through school districts. Students in 6th, 8th, 10th, and 12th grades are surveyed in the spring of odd numbered years. The data is compiled and released in the form of community specific profile reports in the fall of the same calendar year.

Granite School District gave permission to Kearns E2S to disaggregate survey data specific to the Kearns High School network of feeder schools. These schools include the following: David Gourley Elementary, Oquirrh Hills Elementary, South Kearns Elementary, Western Hills Elementary, Thomas Bacchus Elementary, Beehive Elementary, West Kearns Elementary, Diamond Ridge Elementary, Bridger Elementary, Fox Hills Elementary, Kearns Jr. High, Jefferson Jr. High, and Kearns High School.

The Kearns Community SHARP profile was analyzed by the Risk and Protective Factors Prioritization workgroup, an Evidence2Success workgroup that reports back to the Kearns Community Board. Workgroup members convened for two workshops where the process for data collection was explained and a presentation of SHARP data was given. The workshops also contained training on social indicator data collection and analysis. Collection tasks were divided between members and data were collected and compiled through May 2016.

Through a series of data summarization exercises, the workgroup analyzed both the SHARP survey and social indicator data [see Appendix for example data summarization form]. Focusing on risk reduction and building protective factors the workgroup vetted data trends. Workgroup members weighed comparisons, trends, and feasibility in coming up with priority behaviors and risk factors. These priorities, reframed into outcomes, will target multiple health and behavior outcomes, and will be used to select evidence-based programs and policies for the Kearns community.

The workgroup operated from the common definition of the following:

- *Problem behaviors* cover various forms of harmful activities such as drug and alcohol use and delinquency.
- A *risk factor* is any attribute, characteristic or exposure of an individual that increases the likelihood of engaging in problem behaviors.¹ Some examples of risk factors are family history of tobacco and alcohol use, academic failure or low attachment to school or community. Risk factors are categorized into four domains based on sphere in which they occur: community, family, school and peer/individual.
- *Protective factors* are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.²

By analyzing problem behaviors, risk factors, and protective factors, the E2S workgroup selected the priority outcomes to focus our work.

¹ World Health Organization, www.who.int/topics/risk_factors/en/

² Wikipedia, https://en.wikipedia.org/wiki/Protective_factor

COMMUNITY FEEDBACK

The Risk and Protective Factor Assessment workgroup solicited feedback from various community members about the priority outcomes and risk factors in order to ensure our work reflects the community and provide them the opportunity to vet the process and conclusions. Key points include:

- The Kearns Community Council agreed that the selected outcomes and risk factors reflect the larger environment in Kearns and that they support the identified priorities.
- Utah State Senator Mayne stressed the importance of sustainability and maintaining the work after any individual grant funding ceases.
- Utah State Representative Hutchings commented on domestic abuse rates in Kearns and asked how domestic violence is considered within these priorities. Poor family management, a priority risk factor, can encompass domestic abuse. However, Evidence2Success' emphasis on prevention focuses the work on risk factors, which get to the cause of problems and trickle down to the behaviors caused by them.
- Salt Lake County Mayor McAdams supports the priorities and recommended increasing alignment with other existing initiatives such as Intergenerational Poverty.



Photo Credit: Kearns Community Council

COMMUNITY ASSESSMENT DATA

This section of the report presents an overview of the selected strengths, risk factors and protective factors for Kearns. Altogether, these four strengths, three problem behaviors and five risk factors create a broad picture of Kearns youth and will give the E2S Board the foundation for making decisions about the areas of focus for the preventive programs.

Community Strengths

Community strengths represent areas where the Kearns community excels or is trending in a positive direction. These strengths may present themselves as strong protective factors, as risk factors that rate low or as strong economic or social trends.

Strength #1: Opportunities for Prosocial Involvement (School Domain)

This protective factor measures whether students feel they are offered opportunities to participate in activities, give feedback, and make decisions about their education. This protective factor is high on average for Kearns students, and particularly high for grades 8, 10 and 12.

Strength #2: Rewards for Prosocial Involvement (Peer/Individual Domain)

Students are asked how “cool” it is to work hard in school, stand up for peers, and participate in school activities. In 10th and 12th grades Kearns students report high rates of “coolness” for engaging positively with their peers and with their own work.

Strength #3: Parental Attitude Favorable to Drug Use (Family Domain)

Students in all surveyed grades report lower rates of favorable parental attitude to drug use than six years ago. This risk factor also lies far below the national average across grades.

Strength #4: Interaction with Antisocial Peers (Peer/Individual Domain)

Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves. Although 10th grade trends are stable for this risk factor in Kearns 8th and 12th grades are dramatically trending down.

Additional community strengths in Kearns include:

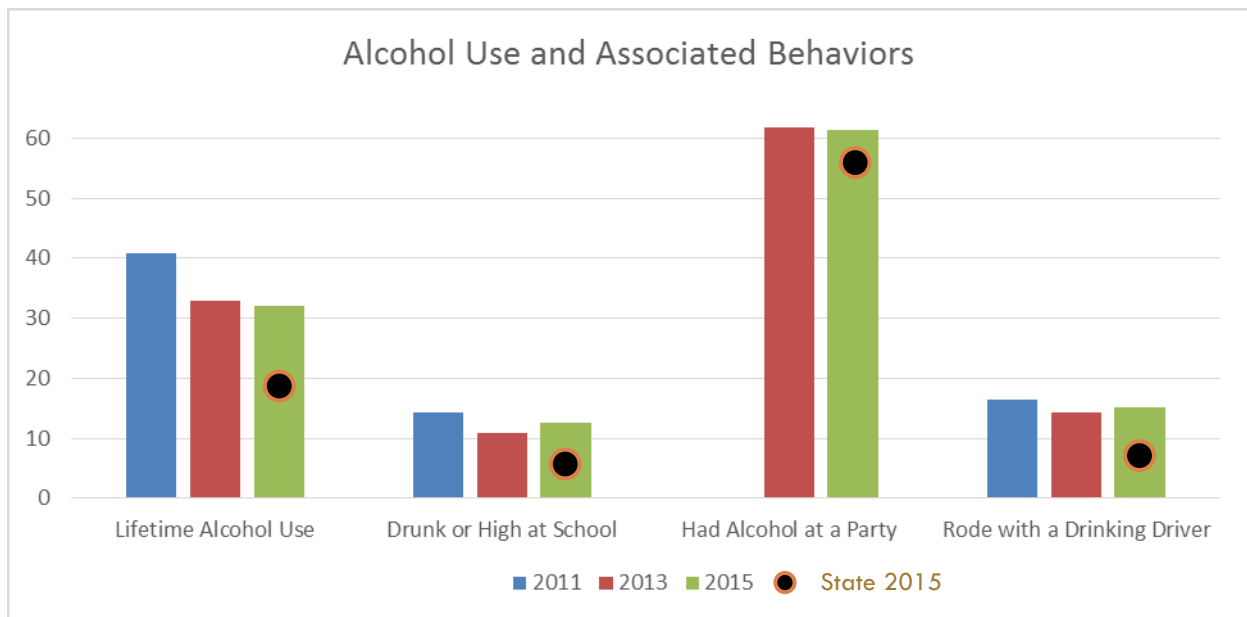
- Youth are showing decreased use of narcotics, steroids and heroin. Overall, youth attitudes in favor of drugs are low.
- Students are not being suspended from school as often.
- 6th graders’ belief in the moral order, a protective factor, has increased over time.
- High school graduation rates have increased over time.
- The percentage of youth arrested in 2015 is fairly low, except for 10th grade youth where over 10 percent report being arrested.
- Kearns maintains a low unemployment rate.

Problem Behaviors

Unless otherwise indicated, these data below are from the SHARP survey that was administered to students in grade 6, 8, 10 and 12 in 2015. The percentages in the tables below refer to the percent of students that indicated participating in a certain behavior. The numbers reported are for all grades surveyed.

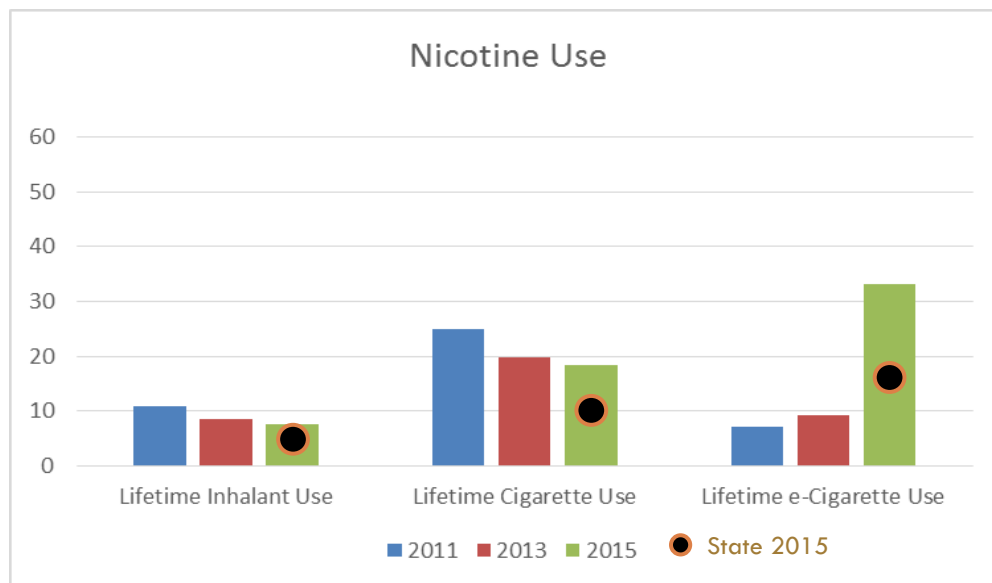
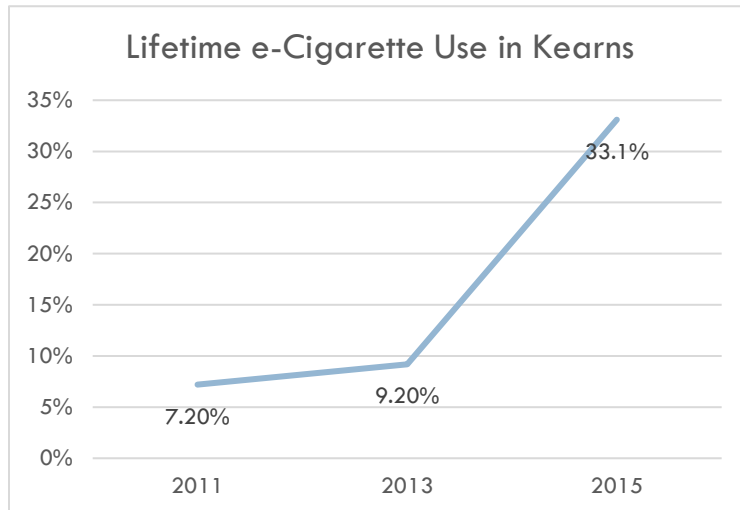
Problem Behavior #1: Alcohol Use and Associated Behaviors

Instances of alcohol use and associated behaviors in Kearns are compared to the state for the year 2015. In all cases the percent of youth in Kearns participating in these activities is higher than the state.



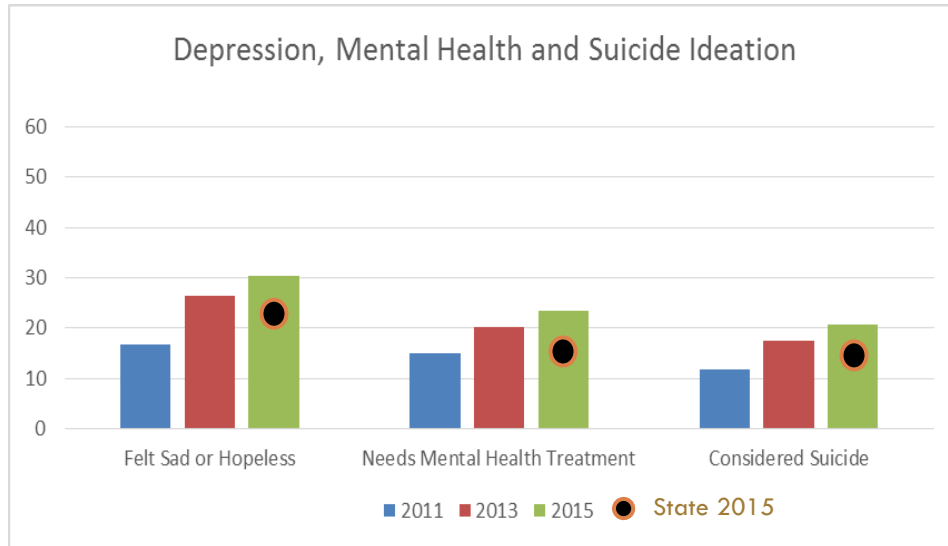
Problem Behavior #2: Nicotine Use (cigarette and e-cigarette use)

Like alcohol, usage of nicotine substances is higher in Kearns than in the state. Additionally, e-cigarette usage is trending upwards at an alarming rate.



Problem Behavior #3: Depression, Mental Health and Suicidal Ideation

Across the board, mental health behaviors are high for Kearns youth indicating a significant need for prioritization. Kearns youth have a higher rate of depressive and mental health symptoms than the state.



Additional Factors and Behaviors to Note

Gang Involvement and Delinquency

In 2015, 5.2 percent of Kearns youth reported gang involvement, which is more than twice the state rate (2.5 percent). This activity is especially concerning for 10th grade students as 7.3 percent of 10th graders reported gang involvement. This is significantly higher than the state rate for 10th graders (2.9 percent). There is also a higher percentage of youth reporting low neighborhood attachment (45.8 percent) and poor family management (46.9 percent), both of which are risk factors for gang involvement.

Protective Factors

As mentioned above, protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.³

All protective factors reported by Kearns students in 2015 are below state rates. This includes all grades across all domains (community, family, school and peer/individual).

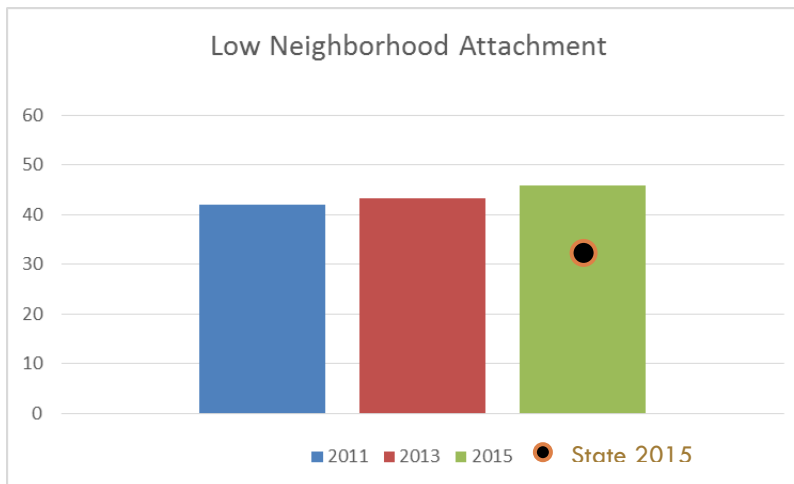
³ Wikipedia, https://en.wikipedia.org/wiki/Protective_factor

Priority Risk Factors

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of engaging in problem behaviors.⁴ Some examples of risk factors are family history of tobacco and alcohol use, academic failure or low attachment to school or community. Risk factors are categorized into four domains based on sphere in which they occur: community, family, school and peer/individual.

Priority Risk Factor #1: Low Neighborhood Attachment (Community Domain)

Low neighborhood attachment refers to youth who do not feel connected or bonded to their community or neighborhood. Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. In Kearns this risk factor is higher than state and national averages⁵ for 6th grade (44.7 percent); it has risen every year from 2011 to 2015 for the 8th grade (28.4 percent to 44.4 percent respectively); it is above the state and national averages in 10th grade (42.4 percent); and has risen in 12th grade (48.2 percent to 59.4 percent).

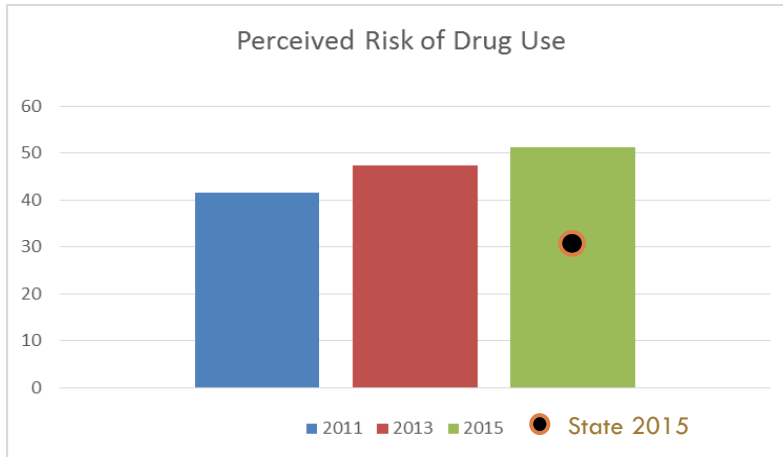


⁴ World Health Organization, www.who.int/topics/risk_factors/en/

⁵ In this report, “national average” is calculated by Bach-Harrison, the company that administers and analyzes the SHARP survey in Utah. Bach Harrison also administers similar surveys in eight other states. Their national average, or “BH norm,” represents the average of all states where the company works.

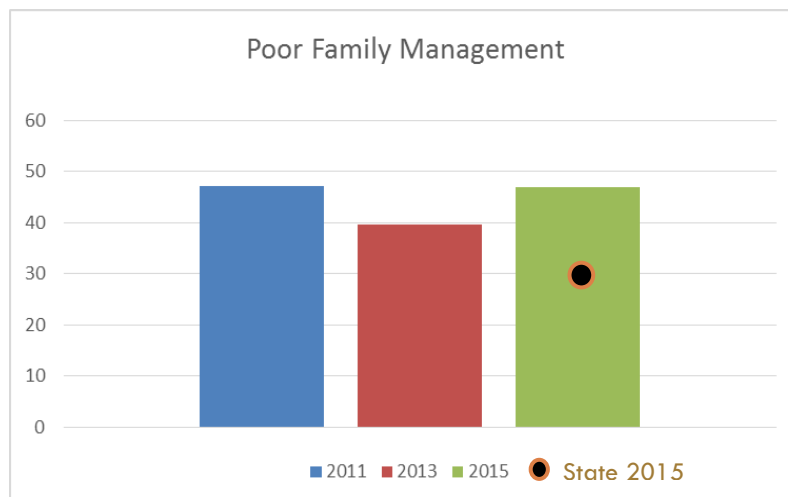
Priority Risk Factor #2: Perceived Risk of Drug Use (Community Domain)

Young people who do not perceive drug use to be risky are far more likely to engage in drug use. For Kearns, this factor is higher than the state average in 6th grade; higher than the state average in 8th grade; higher than the state average for 10th grade and substantially higher than national average (nearing 50 percent for 2015); and higher than the state average for 12th grade. It is also one of the most elevated risk factors for all grades, as well as for 6th and 10th grade individually. This risk factor is also trending up for all grades.



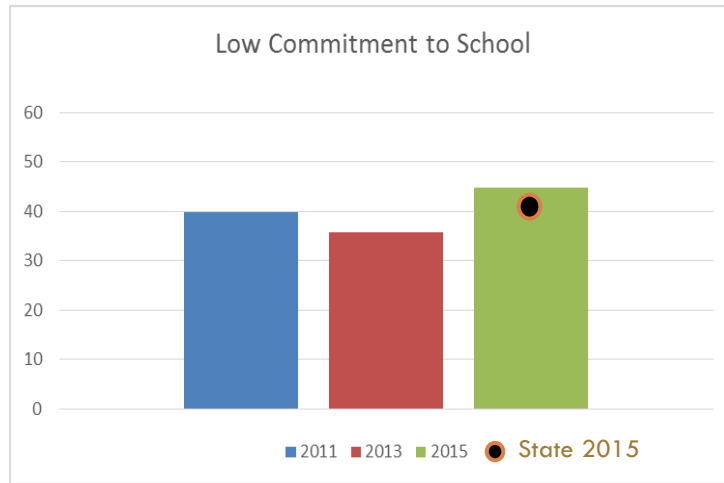
Priority Risk Factor #3: Poor Family Management (Family Domain)

Poor family management is one of the most elevated risk factors for all grades, as well as for 6th and 10th grade individually. Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places the children at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.



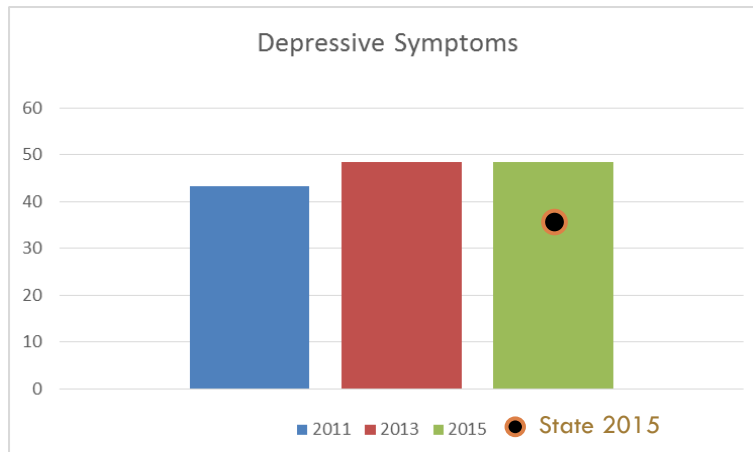
Priority Risk Factor #4: Low Commitment to School (School Domain)

Lack of commitment to school means that a child no longer sees school as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, school dropout and violence. This factor is moderately high for all grades and is equal or greater to state average across grades. Low academic proficiency data for Kearns increased the importance of including an academic-related risk factor.



Priority Risk Factor #5: Depressive Symptoms (Peer/Individual Domain)

Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors. Depressive symptoms are higher for Kearns youth in the 6th, 8th, 10th and 12th grade each year of the survey (2011, 2013, and 2015). In 8th, 10th and 12th grade, depressive symptoms have increased each survey year and are over 50 percent for every grade in the 2015 survey. Kearns is not alone in battling depressive symptoms for its youth: Across both the State of Utah and Salt Lake County, mental health and suicide indicators are trending up over the past six years, and depressive symptoms ranks one of the highest risk factors averaged across all grades.



Priority Outcomes

Based on these prioritized problem behaviors and risk factors, the E2S Kearns Community Board identified five priority outcomes to focus their work:

1. Kearns youth take pride in their community and in their schools.
2. Kearns youth understand and avoid the harmful effects of substance and alcohol abuse.
3. Kearns families are strong and supportive of their children's growth and development.
4. Kearns youth are mentally healthy.

CONCLUSION

On July 27, 2016, the Evidence2Success Kearns Community Board voted to approve these outcomes and risk factors. The Board then approved the priority outcomes, which represent the selected problem behaviors and risk factors.

In fall and winter 2016, the Board will finalize their list of existing evidence-based programs in Kearns and use that list to identify program gaps. Based on these gaps, the Board will select existing and new programs to expand and initiate. Program implementation is scheduled to begin at the beginning of 2017.



Photo Credit: Salt Lake County Parks & Recreation

APPENDIX: SAMPLE DATA ASSESSMENT FORM

Communities That Care Sample Data Summarization Worksheet



Completing Survey Summary Worksheet

Directions

Based on the findings presented in the previous activity, compile a summary of the survey results by filling in this worksheet as a group. Comment on trends if you have multiple years of survey results.

Community Strengths

1. What health and behavior problems have the lowest overall prevalence rates? How do these compare with data from the *Monitoring the Future* study (where available) or with state comparison data?
2. What health and behavior problems are trending down?
3. Which protective factors are most elevated?
4. Which protective factors are trending up?
5. Which risk factors are most suppressed?
6. Which risk factors are trending down?

Community Challenges

1. What health and behavior problems have the highest overall prevalence rates? How do these compare with data from the *Monitoring the Future* study (where available) or with state comparison data?
2. What health and behavior problems are trending up?
3. Which protective factors are most suppressed?
4. Which protective factors are trending down?
5. Which risk factors are most elevated?
6. Which risk factors are trending up?

Questions about the survey results:

Follow-up actions: