

HC  EXCELL



**Positive Youth Development Initiative:
State Survey Results**

February 2009

HC*EXCELL
P. O. Box 2156
Morristown, TN 37816-2156
throm@usit.net

Preface

HC*EXCELL is an independent foundation governed by a board of directors with a mission of *promoting educational excellence and achievement as a means of sustaining economic prosperity and improving quality of life in Hamblen County*. The foundation solicits and allocates funds and in-kind contributions to award Hamblen County student scholarships, fund innovative student and teacher initiatives, reward exemplary achievement or performance, support professional training, fund other education related projects, and advocate for education.

In 2008, with support from the Public Education Network (PEN), HC*EXCELL designed and conducted a survey of key leaders and stakeholders in Tennessee to explore priority issues that affect student health, learning and behavior and how partnerships can be formed to address these issues. The purpose of the survey was to facilitate a dialogue among public and private sector and civic leaders, educators, community members, youth and others regarding effective programs to ensure that high school graduates are ready for post secondary education, work and life. This report presents the findings from that survey.

HC*EXCELL is grateful to those who contributed to this survey by devoting time to reviewing and commenting on multiple drafts; they were: Carolyn Akers, Mobile Area Education Foundation, Susan Bunch, Tennessee Department of Education, Jill Eatherly, Tennessee P-16 Council, Arnie Fege, Public Education Network, Dr. Matt Murray, University of Tennessee Graduate School of Business, Hazel Palmer, West Virginia Education Foundation, Millie Pierce, Public Education Network, Paula Short, Tennessee Board of Regents, Ellen Thornton, Tennessee Business Roundtable, Debra Vaughn, Public Education Fund Data and Research Center, and Deb Wooley, Tennessee Chamber of Commerce. We would also like to express our appreciation to Dr. Irene Jillson, Professor at Georgetown University for her guidance in design and analysis of the survey and participation in writing the report.

We are particularly grateful to the three students from Morristown, Tennessee who contributed throughout the Positive Youth Development Project, including reviewing on the survey: Crystal Brooks, Tim Woodard, and Christopher Black.

Tish Jones
Executive Director

HC*EXCELL Board

Alexander Alford, Alcoa-Howmet; Max Biery, Retired JTEKT; Robert Bobo, Tuff Torq Corporation; Dr. Lori Campbell, Walters State; Community College; Dr. Ron Christopher, HealthStar Orthopedics; Ann Cranford, Community Activist; Laura Dickerson, Community Activist; Kim Faulkner, Colgate-Palmolive; R. Jack Fishman, Citizen Tribune; Carolyn Holt, Hamblen County; Board of Education, Stephanie Liposky, Community Activist; Dr. Dale Lynch, Hamblen County Department of Education; Anderson L. Smith, Jefferson Federal Bank; Shawn Spoons, Stewart & Wheeler, P.C.; Murrell Weesner, Community Activist; Deb Wilson, JTEKT; Bill Wittenberg, Berkline/Bench Craft, LLC; Roland Zitt, MAHLE Industries

BACKGROUND AND PURPOSE

HC*EXCELL—Hamblen County Foundation for Educational Excellence and Achievement—was one of three education foundations in Tennessee to be awarded a grant for Positive Youth Development by the Public Education Network (PEN). The provision of the grant required HC*EXCELL to develop initiatives to ensure high school graduates are ready for post secondary education, work and life. The 2006 grant focus was to create a local initiative; this was followed by a statewide focus in 2007-2008.

This effort builds on prior activities of HC*EXCELL related to community engagement to address youth and education issues. Through this grant, the HC*EXCELL Board worked with the Hamblen County P-16 Council to engage and empower community youth in a participatory dialogue. During the first year, the focus was on issues faced by local youth in Hamblen County; in year two, HC*EXCELL expanded the project to consider statewide health and behavior issues and opportunities for change. PEN also funded Partners in Public Education (PIPE) of Memphis, Tennessee, to summarize existing data regarding youth in Tennessee and describe state policies and programs designed to address youth issues. HC*EXCELL and PIPE collaborated in many ways to ensure that the information yielded from the respective studies would be most useful for Tennessee. For example, HC*EXCELL sent the draft survey to PIPE to review and included relevant data and information from the PIPE study in this report.

In 2008, over a 10-month period, HC*EXCELL designed and conducted a survey of key leaders and stakeholders in Tennessee to explore priority issues that affect student health, learning and behavior and how partnerships can be formed to address these issues. The purpose of the survey was to begin a dialogue among public and private sector and civic leaders, educators, community members, youth and others regarding effective programs to ensure that high school graduates are ready for post secondary education, work and life. This report presents the findings from that survey.

SURVEY METHODS

The survey, comprised of 17 items, was designed and pilot tested to be completed in 20 minutes on average. Draft versions of the survey were sent to 14 individuals to review; they included noted educators, civic organization leaders, youth and others. HC*EXCELL decided to use Survey Monkey software in order to ensure anonymity and increase the likelihood of responses. At the end of July, 2008 HC*EXCELL sent a request to participate in the survey to a broad range of stakeholders in Tennessee, including

- elected and appointed representatives of state, county and local government education and health offices and programs;
- educators, including teachers and administrators at the K-12 levels;
- businesses;
- youth and youth-serving organizations;
- health care organizations; and
- the community.

To help ensure a high response rate, the Executive Director of HC*EXCELL also created a letter of invitation that could be used by key leaders in these categories. The letter, which was disseminated by these key leaders to members of their organizations –local and state education funds, P-16 councils and chambers of commerce, including the purpose of the survey, a request to participate, and the URL to access the survey.

The response rate was much higher than expected: initial plans for the survey called for approximately 40 respondents; by the end of September, 2008, 178 individuals had responded. The numeric items are tabulated by Survey Monkey; the open-ended responses were analyzed using standard qualitative research (grounded) methods to identify categories of responses and themes. HC*EXCELL engaged those who reviewed the draft survey, as well as others who represent the categories of respondents, in the development of the survey position paper/report and dissemination of the findings to positively impact the health, behavior and learning of Tennessee youth.

FINDINGS

ABOUT THE RESPONDENTS

Of the 178 survey respondents, 45% are from East Tennessee, 32.6% from Middle Tennessee and 21.9% from West Tennessee. Just over half (52.5%) work for a city or town government agency; 17.5% work in education as a teacher or administrator (9.6% are in post-secondary education and 7.9% are in K-12 education); 15.3% work in business or industry; 6.8%--both adults and youth – work or volunteer for a youth organization; and 4% represent either statewide or county/city civic organizations. The remaining 4% of respondents represent state and county government and health care organizations.

Most respondents (60.6%) are 50 years of age or older, 24% are 36-49 and 10.3% are 22-25. Nine youth (5.2%) responded to the survey. Interestingly, there were approximately the same proportion of male and female respondents – 50.6% male and 49.4% female. By far, most respondents are white, non-Hispanic (94.9%). Just 5.1% are African American/Black. There is one American Indian/Alaska Native respondent and there are no Asian or Hispanic respondents.

PERCEPTION OF PREVALENCE OF CIGARETTE AND ALCOHOL ABUSE AMONG YOUTH YOUNGER THAN 18 IN THE US AND IN TENNESSEE

On average, the 131 respondents who provided an estimate believe that 38% of American youth 18 or under smoke cigarettes. There was a broad range of estimates, from 10% to 80%. Thirty respondents indicated that they do not know the prevalence of cigarette smoking in Tennessee or the US and one indicated that s/he believed that the question is irrelevant. According to the 138 respondents providing an estimate for underage cigarette smoking in Tennessee, a slightly higher proportion of youth do so: 34%. Again, there was a broad range of estimates, from 7% to 80%.

Surprise about youthful smoking

“...I am constantly amazed at the number of young people who still smoke, and start smoking, in spite of all the current information.”

Respondents believe that underage youth abuse of alcohol is at just a slightly lower prevalence than cigarette use but that it is about the same in Tennessee as in the US overall. The mean estimate was 33% for alcohol abuse among youth younger than 18 in the US and 32% for Tennessee. The range of estimates was broad for both the US (7% to 70%) and for Tennessee (5% to 94%). Twenty-eight respondents—21% of those responding to this question – estimated that 50% or more youth under 18 abuse alcohol. The definition of abuse provided was that used by the National Institute for Drug Abuse: “drinking to excess, either on individual occasions (binge drinking) or as a regular practice.”

Perception of Age Differences

“In middle Tennessee I see more young people smoking than older adults.”

In commenting on the question regarding tobacco use, several respondents suggested that there is an association between level of education, income levels and smoking, and that smoking among youth is more prevalent in Tennessee – and specifically in East Tennessee – than in the US because it is a tobacco-producing area. Some respondents also indicated that they observed downward trends among youth in their community and school.

Perceptions and Misconceptions
 “I would think smoking is more prevalent in less educated regions.”

Respondents commented specifically that parents are a key factor in preventing – or facilitating - alcohol abuse and that they believe that this is a problem. There was a difference of opinion with respect to trends in alcohol use among children and youth – several suggested that alcohol abuse among children and youth is prevalent and growing while others believed that it is declining because of more strict laws regarding access to youth.

CONCERN ABOUT YOUTH RISK-TAKING BEHAVIOR

Respondents were asked about their degree of concern about seven types of risk-taking behavior among children and youth, using a 4-point Likert scale (1= not at all concerned to 4 – very concerned). All respondents answered this question and by far most were either very concerned or concerned. Indeed, on this 4-point scale, the lowest mean rating was 3.20, for using tobacco products other than cigarettes. Respondents were most concerned about other drug (that is, other than alcohol) and youth riding in cars with others who have been drinking. In order of respondent concern rating, the risk-taking behaviors about which the respondents are most concerned are:

Table 1: Concern about Risk-taking Behavior

Risk-taking behavior	Mean Degree of Concern (4 = very concerned)
Using other drugs	3.8
Getting in a car with someone who has been drinking	3.8
Being influenced by negative peer pressure	3.6
Bullying and school violence	3.6
Drinking alcohol	3.5
Smoking cigarettes	3.4
Using other tobacco products	3.2

How consistent are these estimates with available data regarding risk-taking behavior among Tennessee youth? In a PEN-funded study of current Tennessee state legislation and programs regarding risk behavior, the authors noted that, according to the most recent Youth Risk Behavior Survey, Tennessee students are at greater risk for current cigarette and other tobacco use and sexual intercourse. They are less at risk for being in a car with someone who has been drinking, in a physical fight, and lifetime and episodic alcohol use. (PIPE, 2008) The YRBS is a study carried out periodically by the U.S. Department of Health and Human Services Centers for Disease Control (CDC) at the national state and local levels. According to the 2007 YRBS

conducted in Tennessee, 32.6% of youth had used any form of tobacco in the previous 30 days and 36.7% had at least one drink of alcohol during that time period. A disturbing 21.7% had engaged in binge drinking (five or more drinks in succession within a few hours) and 24.2% had ridden in a vehicle driven by someone who had been drinking alcohol. Other drug use is less common but substantial: 13.7% of the students had used inhalants to get high, 19.4% had used marijuana, 2.9% had used cocaine and 3.8%, 2.6%, 6%, 2.2% and 5% had used methamphetamines, heroin, ecstasy, injected drugs and steroids, respectively. More than 1 in 10 students (12.4%) had been involved in a physical fight and 7.3% reported that they did not go to school because they felt unsafe. (PIPE, 2008)

EFFECTIVENESS OF RISK-TAKING PREVENTION PROGRAMS TARGETING ADOLESCENTS AND YOUTH AND THEIR CONTRIBUTION TO ENSURING THAT HIGH SCHOOL STUDENTS ARE READY FOR POST-SECONDARY EDUCATION AND WORK

Given the health and socioeconomic impact of risk-taking behavior among youth, and the investments in prevention of such behavior, this survey sought to identify perceptions of key stakeholders in Tennessee with respect to the effectiveness of prevention programs. Specifically, they were asked to address effectiveness regarding risk-taking behavior itself and the degree to which the prevention programs contribute to ensuring that high school students are ready for post-secondary education and work—often a long-term or implicit objective of these programs.

Effectiveness in Preventing Risk-taking Behavior

The above-described responses indicate significant concern among respondents with respect to youth risk-taking behavior. How effective do respondents believe current prevention programs are in helping to reduce such behavior among adolescents and youth? Using a 4-point Likert scale (1 = not at all effective and 4 = highly effective), the respondents indicated little confidence that the current programs are effective. The most highly rated prevention programs are extracurricular activities (3.29 mean rating). According to 39.9% of respondents, this is the most effective preventive measure. The least effective is health risk behavior prevention generally (2.55 mean rating), which 10.4% cited as ineffective whereas little over half (54.5%) considered somewhat effective. Notably, school-based counseling and tobacco programs were not highly rated to address risk-taking behavior – both rated 2.7.

Contributing to Ensuring that High School Students are Ready for Post-Secondary Education and Work

Respondents were more positive about the contribution of these programs to ensuring that high school students are ready for post-secondary education and work. A 4-point Likert scale for contribution was devised for this item (1 = no contribution and 4 = significant contribution). As with prevention of risk-taking behavior, extracurricular activities was the most highly rated program, which 50.3% of respondents indicated as having a significant contribution, was extracurricular activities (3.68 mean rating). Respondents were least confident in the utility of tobacco control programs in the schools with regard to their contribution to ensuring that high

school students are ready for post-secondary education and work. For instance, 39.2% indicated that this program had a minimal contribution and 39.2% found it “somewhat” contributive. The respondents’ perception of the effectiveness of all of these programs for preventing risk-taking behavior and contributing to ensuring that high school students are ready for post-secondary education and work are shown, in order of mean effectiveness rating.

Table 2: Respondent Ratings of Effectiveness of Risk-Taking Prevention Programs

Program/activity	Mean effectiveness: risk-taking behavior (4 = highly effective)	Mean effectiveness: post-secondary readiness (4 = highly effective)
Extracurricular activities	3.3	3.7
Business-public education partnerships	2.9	3.3
Other tobacco control programs	2.8	2.8
School-based counseling	2.7	3.2
Tobacco control programs in schools	2.7	2.7
Violence prevention	2.6	3.1
Alcohol and other drug prevention programs	2.6	3.0
Health risk prevention generally	2.5	3.0

Several respondents specifically addressed the effectiveness of school-based programs, suggesting that there are factors that militate against the success of these programs, including for example principals and teachers smoking in front of or even with students and lack of parental guidance to reinforce school-based prevention programs.

Respondents also suggested programs other than those listed and that they rated. Examples of these programs include:

- Community involvement, such as mentoring programs, in athletics, vocational and other settings
- Parental engagement – involving fathers, for example
- Engagement of the faith community.

ACTIONS THAT TENNESSEE CAN TAKE TO REDUCE SMOKING AND ALCOHOL AMONG CHILDREN AND YOUTH

Respondents suggested 131 actions that could be taken by Tennessee to reduce smoking and prevent alcohol use among children and youth. These actions fall broadly into five categories:

- Legal enforcement and legislation, including higher taxes on tobacco, regular but unannounced compliance checks, increasing non-smoking areas in public buildings, enforcement of existing laws, having zero tolerance for offenders in schools and at school events;
- Tobacco cessation and/or prevention programs generally, including programs to prevent early initiation of smoking, arranging for youth to see the health effects of smoking, and increased awareness among community and business leaders;
- Mentoring, including increase in peer-to-peer prevention programs and engagement of role models;
- Keeping youth busy, ranging from requirements for youth to participate in extracurricular activities to expanding the availability of recreational resources;
- Educational programs, including offering summer enrichment classes, development of policies by state and local education board, and business support for prevention classes; initiating alcohol and other drug prevention programs from 3-12th grades; and
- Parental involvement, including holding parents accountable for youth smoking.

Student Leadership
“Find student leaders and develop their skills.”

Invest in Education
“Place priority on funding schools and giving them the resources they need, especially for extra-curricular and guidance counseling. They [youth] have so little support and push from home, schools must help fill that gap if they want a productive future generation.”

The previously-referenced PIPE report synthesizes information regarding Tennessee legislative action addressing youth as well as current relevant state policies and programs. The report identifies 173 legislation items that met two criteria defined for the study: 1) they addressed key issues of concern to the Tennessee Commission on Children and Youth; and 2) they had a high potential to become law. The report also identifies and describes several prevention programs that are currently active, at least one of which has been selected as exemplary. Examples of these programs include: Life Skills Training, Aspire—Youth Outreach for a Safe and Drug-free Tennessee, Tennessee Teen Institute, and No Bullying Implementation Training. (PIPE 2008)

Collaboration as an Overarching Theme

There were a number of themes throughout the questions regarding ways that policy makers, educators, business and community leaders, and youth can collaborate to reduce tobacco use among children and youth in Tennessee and ensure that they are ready for work or post-secondary education. These included:

- Engaging youth in decision-making and

Policy/Educator Dialogue
“Policy makers need to initiate continuing dialogue with educators throughout the state.”

- planning/implementing prevention programs;
- Utilizing in a positive way peer pressure/mentoring;
- Strengthening local community collaboration among employers and the school system;
- Reforming the education system, for example to address 21st century job skills;
- Strengthening legislative efforts;
- Creating/strengthening partnership programs throughout the state – opening up the discussion to the entire community;
- Supporting and encouraging parental involvement; and
- Ensuring that educators have the support of various stakeholders to prepare students for work and post-secondary education.

LESSONS LEARNED FROM THE PROCESS

This was a unique effort to engage key stakeholders in a process to inform a dialogue among public and private sector and civic leaders, educators, community members, youth and others regarding effective programs to ensure that high school graduates are ready for post secondary education, work and life. There were several methodological lessons learned from this process that can be considered in future comparable engagement activities.

1. The timing of the survey—from design to analysis and report preparation – needs to be consistent with the schedule of the state legislative calendar. This is not consistent across states and may not be consistent with funder requirements.
2. The involvement of a broad range of stakeholders was an important part of this process. Identification of potential respondents representing these broad categories was time-consuming and ensuring their participation was not within the control of HC*EXCELL. For example, severe budget cuts resulted in reduction in staff of state and county agencies, and Tennessee Department of Health personnel were called upon to assist with Hurricane Gustav in Texas at the of the survey.
3. The willingness of the organizations to both comment on the draft surveys and to disseminate the request to participate to their members was both impressive and emblematic of the Tennessee spirit of volunteerism.

NEXT STEPS

The results derived from this survey yield important information regarding the opinions of a wide range of elected and appointed officials, service providers, business leaders and the community. The respondents are concerned about tobacco use and other high-risk behavior among Tennessee youth and are less than sanguine about the effectiveness of current prevention programs. They do, however, see opportunities for public and private sector action, and are keenly interested in seeing collaboration among all key stakeholders. Notably—in particular during difficult national and global economic times – many of the actions suggested, including collaboration, bear no financial cost. The actions do require political will on the part of both elected officials and the body politic, including individual family members, teachers and school administrators, health providers, business leaders and others.

HC*EXCEL will disseminate this report to state and local elected and appointed officials engaged with youth issues and programs. We also believe it is important to disseminate it to all those who responded to the survey. Because it was anonymous, we invited respondents to separately provide contact information if they were interested in the report; many did so. To ensure as wide a dissemination as possible, we will also send the report to all those to whom the survey was sent as well as to those who specifically requested the report.

If policy-makers in all sectors consider the findings of both the previously-cited PEN-funded study of current Tennessee state legislation and programs regarding risk behavior, and those of this survey of key stakeholders in Tennessee, HC*EXCELL contends that the health and wellbeing of children and youth in Tennessee can be improved, that their communities will benefit, and that the State of Tennessee will ultimately be strengthened.

**TOGETHER WE CAN,
TOGETHER WE WILL,
TOGETHER WE MUST
BUILD A STRONG SCHOOL SYSTEM FOR ALL
OUR CHILDREN AND ADULTS, AND AN ECONOMICALLY STRONG
AND SOCIALLY EQUITABLE HAMBLEN COUNTY COMMUNITY**

Reference

PhilipMorrisUSA (2008) The Teenage Attitudes and Behavior Study (TABS).
http://www2.pmus.com/en/ysp/tabs/downloads/pdf/2007_TABS_Questionnaire.pdf

Department of Health and Human Services Centers for Disease Control (2008) Youth Risk Behavior Surveillance — United States, 2007
http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

PIPE (2008) Tennessee's Approach to Positive Youth Development: Creating an Advocacy Agenda that Matters <http://www.publiceducation.org/mem>