BROOME COUNTY YOUTH PREVENTION PARTNERSHIP IS KEEPING YOUTH DRUG-FREE AND SAFE (KYDS COALITION)

Comprising the School Districts of:
Broome-Tioga BOCES
Chenango Forks
Johnson City
Maine-Endwell
Newark Valley
Susquehanna Valley
Union-Endicott
Vestal
Whitney Point
and
The Children's Home of Wyoming Conference

Broome County Comprehensive Risk Profile

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I. INTRODUCTION

Children are shaped by the environments in which they live. These environments include the characteristics of communities and the individuals who reside in them. Communities in close proximity may vary widely in terms of their demographic characteristics, educational and economic levels, cultural values, nature of schools, agencies, religious organizations, available services, as well as in future prospects and opportunities for the neighborhood children. Community characteristics may place children at greater risk for acquisition of problem behavior or protect against poor outcomes. Those community characteristics associated with the subsequent development of problem behaviors such as early substance use, teen pregnancy, and other antisocial or delinquent behavior are referred to as risk factors (Hawkins, Catalano, & Miller, 1992). Risk factors may be present across multiple domains, including community, school, family and peer/individual characteristics. The greater number of risk factors to which individuals are exposed across these domains, the greater their liability to abuse substances (Bry, McKeon, & Pandina, 1982). The accessibility of protection in the presence of risk has been associated with fewer experiences of these problems. Prevention research has suggested that a risk-focused approach, targeting reduction of risk factors and augmentation of protective factors is the most effective way to thwart the development of problem behaviors.

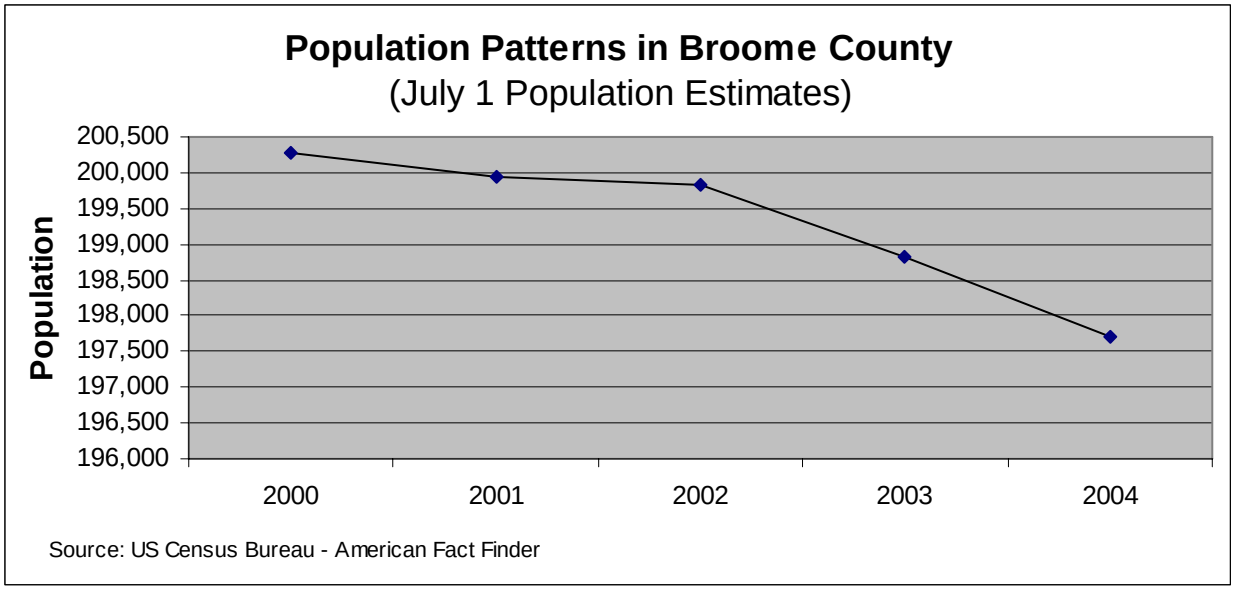
The Broome County Youth Prevention Partnership is Keeping Youth Drug-free and Safe (KYDS Coalition) is a community partnership composed of local organizations, agencies, school districts and community members. The goals of the KYDS Coalition are to strengthen and expand the capacity for systemic change by increasing community involvement and to continue gathering information regarding youth substance use. It is anticipated that accomplishment of these goals will create change in factors that have been demonstrated by research to influence alcohol and other drug use among youth. The KYDS Coalition utilizes the Communities That Care (CTC) model as a means to guide prevention strategies. As part of the CTC model, the KYDS Coalition utilizes the concept of Social Developmental Strategy, which pinpoints the critical elements and processes leading to positive youth development through risk and protective factors.

This Comprehensive Risk Profile Report is part of the KYDS Coalition's ongoing multifaceted needs assessment of the community. The purpose of this report is to provide a summary of the risk factors present in Broome County for the purposes of identifying weaknesses that may be targeted through prevention and other intervention programming.

II. BROOME COUNTY OVERVIEW

Broome County is located in the Southern Tier of New York State and consists of urban industrial, suburban as well as rural communities. Binghamton, the county's most densely populated city, is located in the confluence of the Chenango and Susquehanna Rivers. The city and surrounding communities have served as the industrial center for the Southern Tier for most of the twentieth century. During most of this period, the major employers for the community were the tanneries of Endicott-Johnson Corporation, a major shoe producer, and International Business Machines (IBM). A population and economic peak occurred during the 1950's, followed by downsizing and subsequent closing of the Endicott-Johnson plant and, later, massive job loss at IBM due to fewer military-based government contracts. Many of the job losses have occurred in the manufacturing sector at a rate of 13.4%, which is twice the rate of New York State (6.7%) and the nation (7%). According to the United States Department of Labor, the Broome County unemployment rate in 2004 was 5.3%. This percentage was slightly below the national unemployment rate of 5.5% in 2004. Overall, the unemployment rate in Broome County has decreased from 6.2% in 2002 to 5.3% in 2004.

As a result of industry loss, the Broome County population has steadily declined, accompanied by an array of demographic changes. According to the US Census, between 1990 and 1998, Binghamton ranked second (to Utica-Rome, NY) as the fastest decreasing metropolitan area in the nation. Census data indicated that Broome County's population diminished by 5.5% between 1990 and 1998. There was a turn in the opposite direction with an increase of nearly 4,000 persons to 200,263 in 2000, since the degree of the increase in Broome County's 2000 population has been slightly declining, with a 1.3% decrease from 2000 to 2004. The following figure presents changes in Broome County's population over the past few years.



III. KYDS COALITION TARGET DISTRICTS: Chenango Forks, Johnson City, Maine-Endwell, Vestal, Susquehanna Valley, Union-Endicott, Whitney Point, and Newark Valley

This report focuses on the communities comprising seven of the eight school districts that are a part of the KYDS Coalition: Chenango Forks, Johnson City, Maine-Endwell, Vestal, Susquehanna Valley, Union-Endicott, Whitney Point, and Newark Valley. With Broome/Tioga BOCES being a member, the Coalition has opened its membership to the three Tioga County schools that are part of this BOCES and only Newark Valley has joined to date. Although Newark Valley, a Tioga County school district, is currently a part of the KYDS Coalition, they had not joined at the time data were being collected. Therefore, the Newark Valley community data is not reflected in this report, but will be included in future reports.

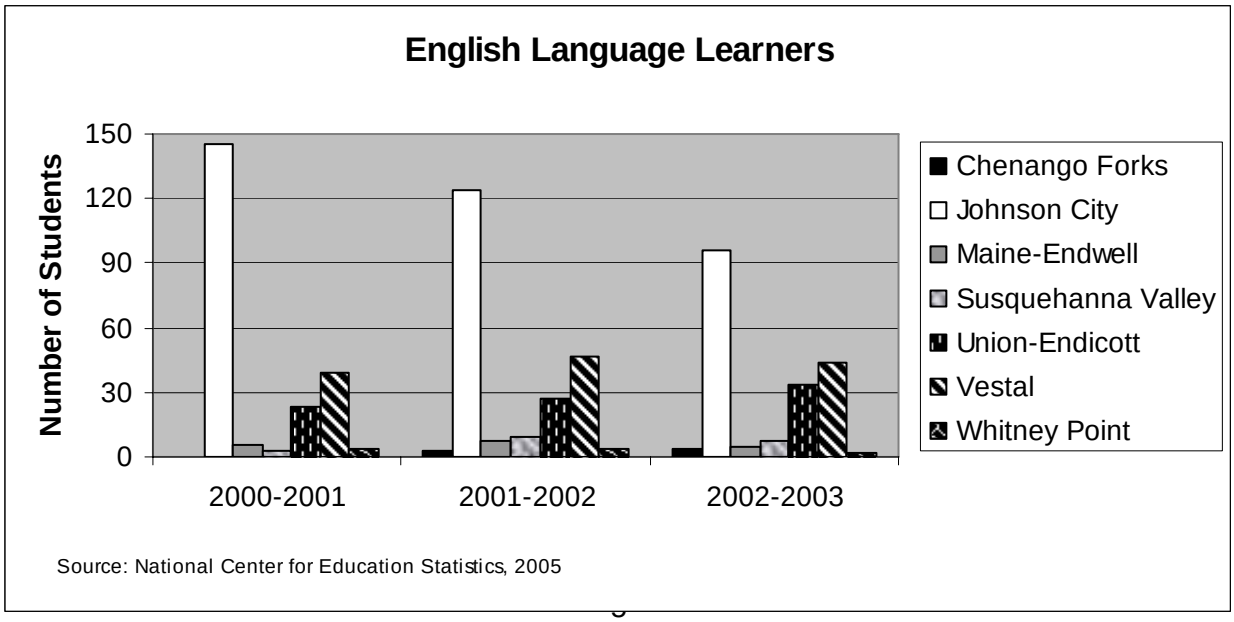
Maps of the county and school districts are provided in Appendix A. The following table presents Broome County and target area demographics by total population and households. In some cases several villages or towns, although listed separately, are subsumed under a greater area. For example, Endwell is part of the greater Town of Union. Shading was used to highlight data from the KYDS Coalition target areas.

Broome County Population and Households by Geographic Location		
Geographic Location	**Total Population**	**Total Households**
Barker Town	2,738	993
Chenango Town	11,454	4,519
Colesville Town	5,441	1,944
Conklin Town	5,940	2,249
Deposit Village	835	345
Dickenson Town	5,335	1,980
Endicott Village	13,038	5,996
Endwell CDP	11,708	5,187
Fenton Town	6,909	2,763
Johnson City Village	15,535	6,981
Kirkwood Town	5,651	2,247
Lisle Village	302	116
Lisle Town	2,707	971
Maine Town	5,459	2,036
Nanticoke Town	1,790	629
Port Dickinson Village	1,697	734
Sanford Town	2,477	983
Triangle Town	3,032	1,131
Union Town	56,298	24,538
Vestal Town	26,535	8,525
Whitney Point Village	965	397
Windsor Village	901	369
Windsor Town	6,421	2,339
Source: US Census 2000- American Fact Finder		

The majority of students across the target school districts were reported as White, with modest variation among districts. A greater percentage of Black or African American, Hispanic/Latino, and American Indian, Alaskan, Asian, or Pacific Islander individuals live in the Johnson City School District compared to the other school districts.

Student Racial/ Ethnic Origin (2003-2004 School Year)							
	Chenango Forks	**Johnson City**	**Maine-Endwell**	**Susquehanna Valley**	**Union-Endicott**	**Vestal**	**Whitney Point**
Total Enrollment							
Students	1,799	2,581	2,675	2,135	4,536	4,266	1,828
Percent of Enrollment							
White	97.8	81.1	96.4	96.0	89.5	90.6	98.1
Black	0.7	8.6	1.6	2.2	5.8	2.9	1.2
Hispanic/ Latino	0.9	3.3	0.6	1.0	1.7	1.1	0.4
American Indian, Alaskan, Asian or Pacific Islander	0.5	7.1	1.3	0.8	3.0	5.4	0.3
Source: NYS District Report Cards- Comprehensive Information Report							

Reports of race/ethnicity do not fully capture the cultural diversity within a community. For example, as of 2006, the four most commonly spoken languages besides English in the target school districts are Spanish, Vietnamese, Chinese, and Russian (Target School Districts). Approximately 5% of youth in the target school districts speak a language other than English at home (Channing Bete Company). In particular, Johnson City has reported a greater proportion of English Language Learners than other districts.



IV. RISK FACTORS

Risk factors refer to characteristics across the community, family, school and peer/individual domains that place an individual at increased risk for problem behavior initiation. Risk factors have been derived from research that examined multiple variables which are indicators associated with the problem behaviors in question. Risk factors cannot be measured directly. For example, the extent to which a community has elevated levels of the risk factor “Low School Commitment” cannot be determined from an individual assessment instrument. Specific indicators of risk factors are objective measures that together constitute the indices of risk factors. For, example, attendance rates and school dropout rates provide objective measures of “Low School Commitment.” The remainder of this report presents risk indicators that comprise each risk factor for the target communities within Broome County.

1. RISK FACTOR: AVAILABILITY OF DRUGS

The presence of substances within a community is determined by the physical, legal, social, and economic availability of drugs. Physical availability refers to whether a substance is actually present and how easily an individual might gain access to that substance. The likelihood of youth obtaining alcohol or tobacco would increase as the density of retail establishments that sell these items increases. Therefore, the density of retail establishments is a relevant indicator of physical availability. Laws, regulations, and policies on the sale, purchase and consumption of alcohol, tobacco, and other drugs are indicators of the legal availability of these substances. Enforcement of laws that prohibit and punish the sale of substances to minors or that discourage and punish substance use can decrease the risk of youth substance use in communities with a high density of alcohol retail establishments. Social availability refers to how social indicators affect levels of alcohol and other drug use. Indicators of social availability include perceptions stemming from social activities incorporating drug use and positive attitudes of a community toward drug use.

Risk Indicator: National Youth Drug Use

National estimates of youth drug use may be helpful in better conceptualizing this potential problem (drug use) among Broome County youth. In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) published a press release entitled *Youth Drug Use Continues to Decline* with youth drug use estimates for the nation. These findings presented by SAMHSA were derived from the 2004 National Survey on Drug Use and Health (NSDUH). According to this press release, there was a 9% decline in illicit drug use among youth between the ages of 12 and 17 from 2002 to 2004 across America. A decline in marijuana use was also observed among youth and adults between the ages of 18 and 25 during these years. The press release noted, however, that marijuana still appears to be the most commonly used illicit drug. The rate reported for marijuana use was 6.1% for the nation's population ages 12 and above (14.6 million users). Interestingly, across years 2002 through 2004, the past 30-day marijuana use for male youths (ages 12-17) declined from 9.1% to 8.1% across years 2002 through 2004. No such significant declines were noted for female youths (ages 12–17). From the 2004 NSDUH, SAMHSA also reported that 7.9% of the population ages 12 and above were current illicit drug users (i.e. past 30-day use). This percentage translates into approximately 19.1 million Americans. Similar rates were observed in 2002 and 2003 (approximately 8%).

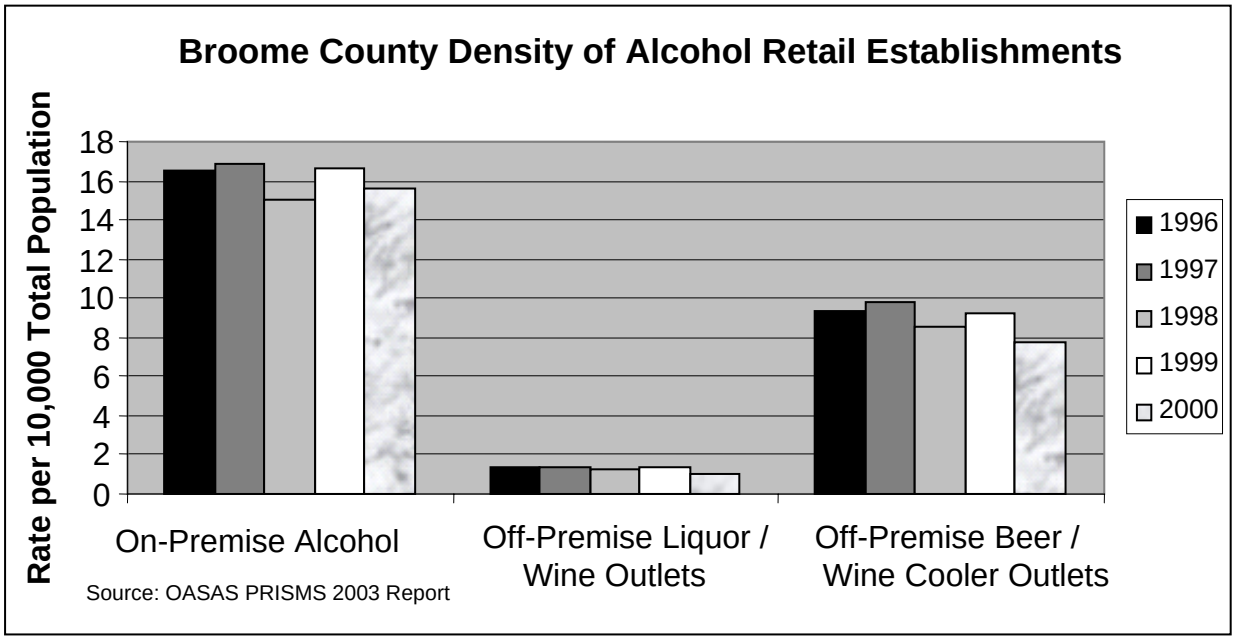
SAMHSA reported that a growing area of concern is the use of non-prescribed medications among young adults across the nation. Reported in the 2004 NSDUH survey was that approximately 6% of young adults use medications that were not prescribed to them ("non-medically") in the past 30 days. Estimates for lifetime use were about 29%. An increase in non-prescribed narcotic pain relievers from 22% to

24% was observed across years 2002 through 2004 in the 18–25 age cohort. Within the same age group, use of specific drugs such as Hydrocodone and Oxycodone appeared to be on the rise.

Emerging trends seen in youth drug use across the nation may have particular significance for Broome County youth awareness and prevention efforts. Information about such trends can be used to inform efforts to address and reduce drug use among youth in Broome County. As illustrated throughout the remainder of this report, several of the drug use concerns outlined in the SAMHSA press release mirrors those for Broome County. The following sections present Broome County data pertaining to substance availability.

Risk Indicator: Density of Alcohol Retail Establishments

Alcohol is both the most readily available drug and the most often selected for consumption by adolescents. One index of physical availability is the density of retail establishments that sell alcohol including liquor stores, restaurants, bars, and beer outlets. The figure below presents Broome County rates (per 10,000 total population) of establishments (e.g. restaurants, bars, convenience stores, etc.) that sold beer and liquor for off-site consumption and on-site consumption across years 1996 through 2000. Individual rates for the target school district communities of the KYDS Coalition were not available. As shown, rates for both on-premise and off-premise alcohol outlets have remained relatively stable across years 1996 through 2000. Also of note is that the rates for on-premise alcohol outlets exceed those for off-premise outlets (liquor and wine as well as beer and wine cooler).



Risk Indicator: Density of Tobacco Sales Establishments

The number of tobacco retailers in the community is associated with availability of this substance. Laws regarding the sale of tobacco products to certain populations may serve to reduce the actual availability of this substance in the community even if it is still physically present. According to the We Card State Law Summaries, it is unlawful to sell tobacco products to minors (youth under the age of 18), and valid photo identification (e.g. valid driver's/non-driver's license, valid passport, etc.) is required for all individuals that can reasonably be judged to be less than 25 years of age.

Currently, there are approximately 191 tobacco retail establishments within Broome County (Alcohol and Tobacco Use Prevention Act). The Broome County Health Department regularly conducts compliance checks in tobacco retail establishments to determine if such vendors are requesting valid photo identification from youth before completing tobacco sales transactions. As indicated in the Broome County Community Health Assessment Report (2005-2010), the Youth Tobacco Sales Reduction Program reported a compliance rate of 95% for Broome County tobacco retailers. This percentage fell within the range of compliance reported by a representative of the Broome County Health Department (i.e. compliance rates are between 80% and 100%).

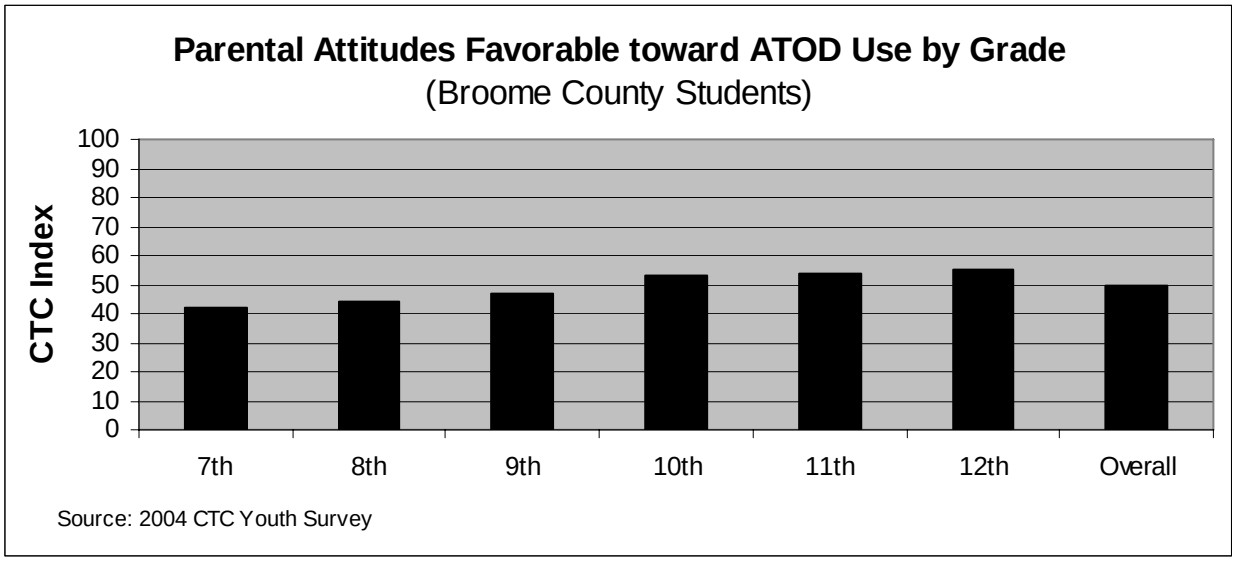
Risk Indicator: Parental Attitudes Favorable toward ATOD Use

According to the 2004 CTC Youth Survey, students' perceptions of their parents' opinions about alcohol, tobacco, and other drug use (ATOD) serves as an important risk indicator for the availability of substances. It is believed that in families where parents engage in illegal drug use, are tolerant of drug use by their children, or are heavy users of alcohol, children are more likely to be exposed to such substances. Relating to increased exposure to ATODs, children in these types of environments are more likely to consume substances in adolescence; and perhaps in adulthood as well.

In order to tap into youth perceptions regarding substance use, and related concepts (e.g. perceived availability of substances and antisocial behaviors) the KYDS Coalition administered the Communities That Care (CTC) Youth Survey in 2000, 2002 and 2004 (see Appendix B). The 2004 CTC Youth Survey was administered to 5,662 (of which 5,478 were valid) Broome County youth across seven school districts (Chenango Forks, Johnson City, Maine-Endwell, Susquehanna Valley, Union-Endicott, Vestal, and Whitney Point) and two alternative schools (Broome-Tioga BOCES and Children's Home of Wyoming Conference). The CTC Youth Survey assesses risk and protective factors associated with early substance use and the prevalence of problem behaviors across grades seven through twelve. Scores on the CTC Youth Survey are presented in percentile ranks (CTC Index) with a normative average of 50. A score of 50 means that students scored at or above 50% of all youth who were administered the CTC Youth Survey. It is important to note that these are cross-sectional data that do not reflect change in any one particular adolescent over time; thus, the differences that

emerged may be reflective of the variation between classes than change across grade levels. The charts in this report present 2004 data.

The 2004 CTC Youth Survey included a scale to measure a component of a risk factor identified as "Favorable Parental Attitudes and Involvement in the Problem Behavior," which is related to the risk indicator Parental Attitudes Favorable toward ATOD Use. This scale included survey items like "How wrong do your parents feel it would be for you to smoke marijuana?" The figure below represents the student responses to this scale. Note that the scores range from a low of 42 in grade 7 to a high of 55 in grade 12. It appears that students in grade 10, 11 and 12 report above average perceptions of parents' opinions about ATOD use compared to the CTC normative sample. The overall average of scores on this scale is 50, which is equivalent to the CTC normative sample.



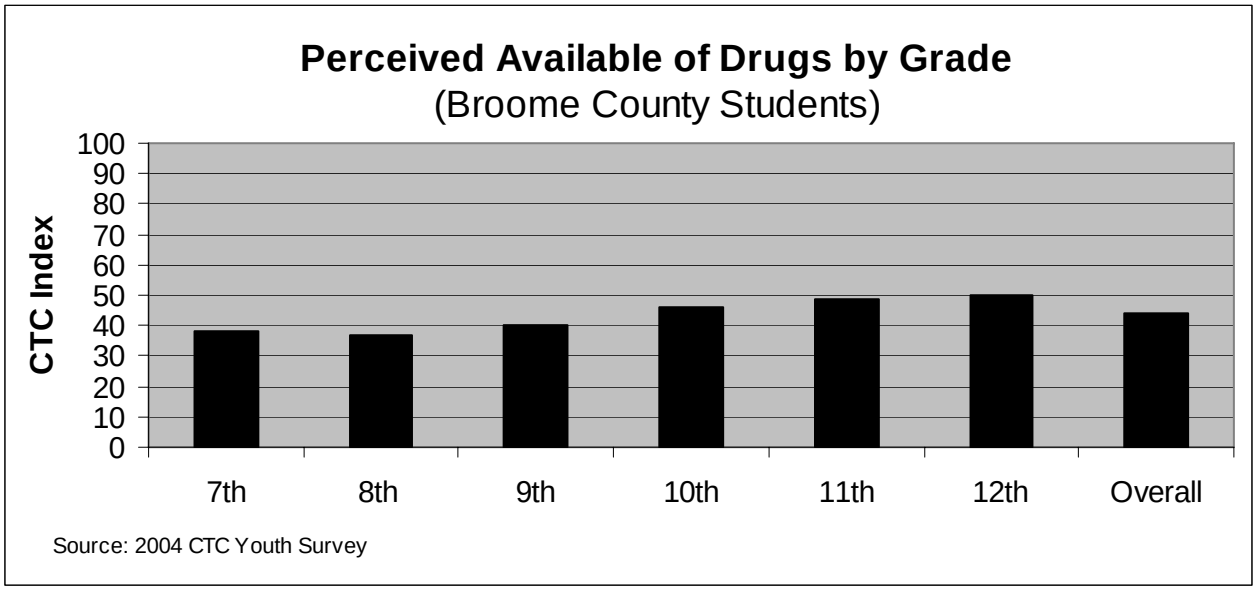
Risk Indicator: Perceived Availability

The perceived availability of alcohol, tobacco, and other drugs in a community is directly related to the incidence of delinquent behavior. Adolescents must use illegal means in order to obtain alcohol, tobacco and other drugs (e.g. completing illegal purchases or using an illegal supplier), whereas adults typically have ready and legal access to alcohol and tobacco through retail establishments. Youth access to alcohol and tobacco is to a large extent influenced by parental supervision and behavior. Although some parents may not keep alcohol or cigarettes in the home, these substances may be present in other's homes. The extent to which youth may partake in usage of these substances is influenced by parental expectation, how closely the substances are monitored, and/or the frequency of parental use.

Youth perceptions of availability are affected by multiple factors including availability of retail stores, prior experience in obtaining these substances, and peer

use. Perceptions of availability are obtained through self-report instruments, such as surveys and youth self-report of perceptions.

The scale/index of the 2004 CTC Youth Survey used to measure the risk factor "Perceived Availability of Drugs" asks questions such as "If you wanted to get some marijuana, how easy would it be for you to get some?" The following chart shows self-reports of local youth. When looking at risk factor scores, the normative average is always a score of 50. Broome County students show scores lower than the normative average for grades 7 though 11 and the same score in grade 12. Looking across grades going from a low of 38 in grade 7 to a high of 50 in grade 12, it could be suggested that perceived availability increases across different grade levels.



Summary for Availability of Drugs:

- Despite the observance of a decline in usage over recent years, marijuana still appears to be the most commonly used illicit drug.
- Broome County's density of retail establishments that sell alcohol has remained relatively stable across years.
- Broome County has a much higher rate of on-premise alcohol outlets than it does off-premise liquor and wine outlets and off-premise beer and wine cooler outlets.
- The reported compliance rate for Broome County tobacco retailers is 95%.
- Students in grades 10, 11 and 12 report above average perceptions of parents' opinions about ATOD use compared to the CTC normative sample.
- Youth in Broome County perceive substances to be less available than the normative average, overall and across almost all grade levels.
- Youth perceptions of availability of drugs increase across grade levels.

2. RISK FACTOR: COMMUNITY LAWS AND NORMS FAVORABLE TO USE

Community laws and norms concerning substance abuse have played an important role in substance use. Since the early 1980's the per capita consumption of alcohol in the United States has declined by 20% (Williams et al., 1996). During this time period, many states passed legislation referred to as "general deterrence laws," such as raising the legal drinking age to 21, and "specific deterrence laws," such as mandatory license suspension for drivers convicted of driving over the Blood Alcohol Content (BAC) limit. Although such laws appear to have influenced a reduction in alcohol consumption and drunk driving at the national level, the enactment of such laws do not guarantee that they will have an effect at the local level (NIAAA, 2000).

Community norms, attitudes and policies regarding drug use and other antisocial behaviors are communicated to youth and other community members directly through local laws, law enforcement, and school policies, as well as indirectly through social practices and familial expectations. The likelihood for youth initiation of problem behaviors increases in communities where standards are either favorable or unclear towards substance use and antisocial behavior.

Risk Indicator: School Policies Regarding Substances

Polices regarding substance use and possession are provided by the school districts (contact target school for guidelines). Parents and students receive copies of the policies in the school manual and in some cases sign a form that certifies that they have read and understood the school policies. Across school districts the procedures for handling policy violations (e.g. substance use) appear similar.

Risk Indicator: School Policies Regarding Violence and the Presence of Weapons

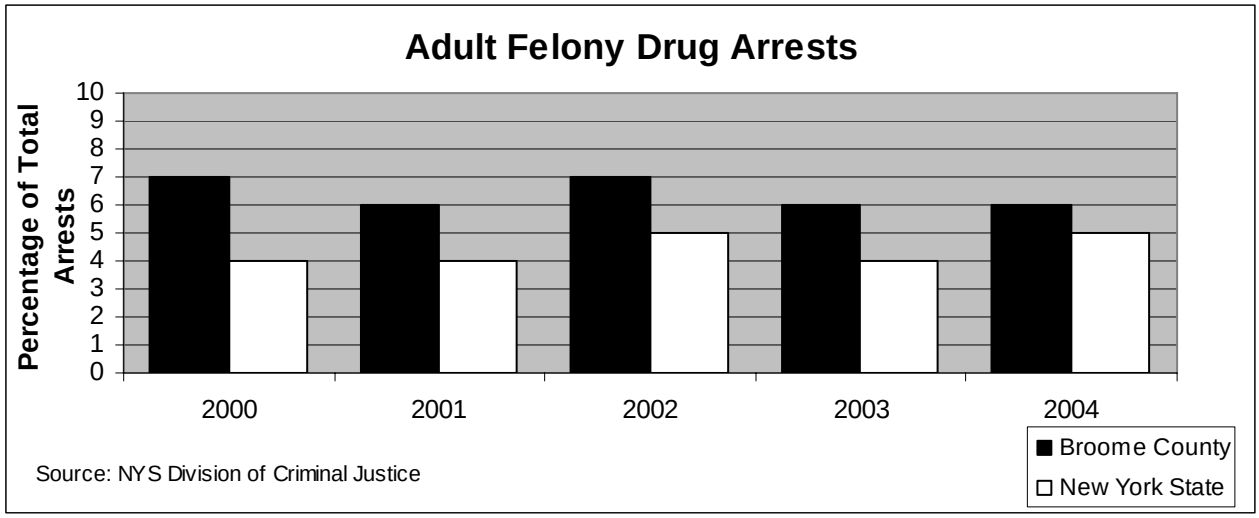
Antisocial behaviors frequently co-occur with substance use (e.g. interpersonal violence). Similar to school policies regarding substance use, each school district has a specific policy regarding other antisocial behaviors. Each school provides clear methods for dealing with violence and weapons in each school district (contact target school for guidelines).

Risk Indicator: Arrests for Drug-related Crimes

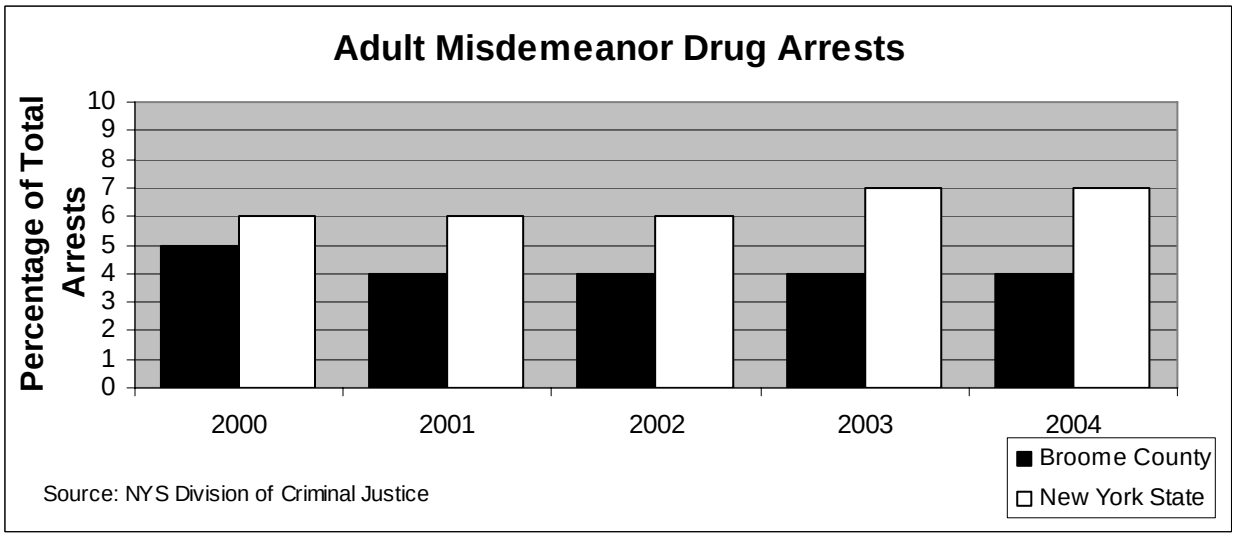
Problem behavior in adults may be related to problem behavior in youth. The number of adult arrests for drug-related crimes may indicate community norms that are favorable to drug use and other antisocial behaviors and also reflects neighborhood disorganization. The figure below represents the percentage of adult arrests that were for drug-related crimes during the years 2000 through 2004 for Broome County and New York State (excluding NYC). Felony drug arrests (e.g. crack, heroin, etc.) refers to those drug crimes for which the punishment in federal law may be death or

imprisonment for more than one year; whereas, the figure for misdemeanor drug arrests (e.g. marijuana) refers to those crimes that are less serious than a felony and typically carry prison terms for less than a year.

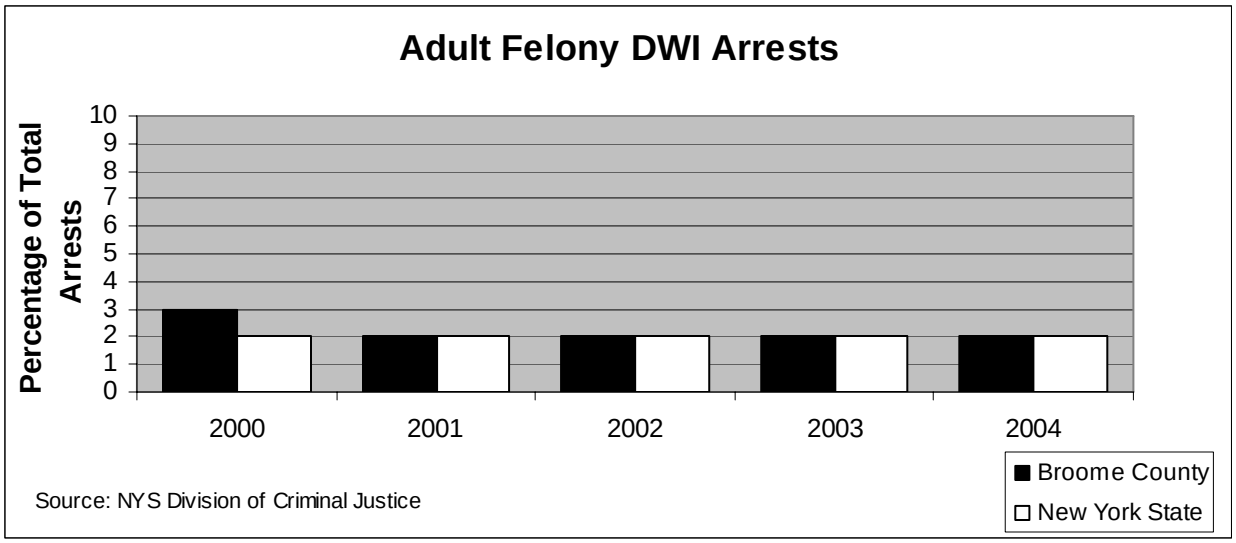
Broome County and New York State (excluding NYC) showed roughly similar trends in felony drug arrests across years, although the percent of felony drug arrests for Broome County was higher than New York State (excluding NYC) across all years.



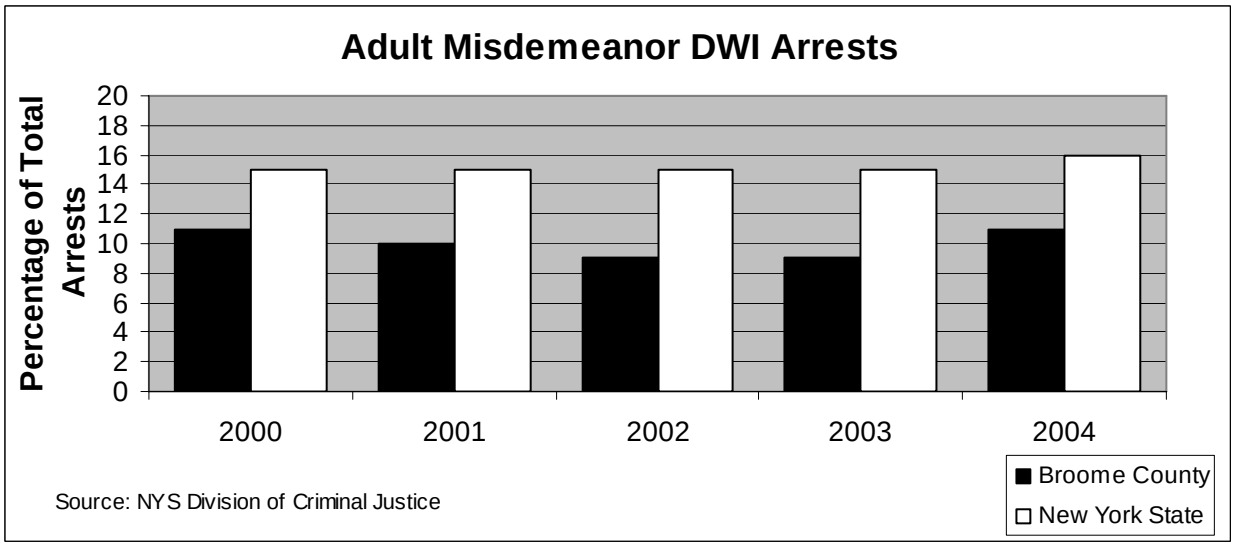
The following graph depicts the rates of misdemeanor drug arrests for Broome County and New York State (excluding NYC). The percentages of misdemeanor drug arrests in Broome County are below the New York State (excluding NYC) rates across the years presented. The difference between Broome County and New York State (excluding NYC) percentages for misdemeanor drug arrests increased across years 2000 through 2004. This may be due to less stringent enforcement in Broome County, or to real differences in the number of drug misdemeanors being committed.



Broome County mirrors New York State (excluding NYC) for felony Driving While Intoxicated (DWI) percentages. The rates of arrests increased from 1995 through 1999 (Broome County Comprehensive Risk Profile, 2002), most likely indicating policy changes at the local level. The extent to which the increasing number of DWI arrests reflects decreased drunk driving is unknown. Over recent years, as shown in the figure below, felony DWI arrests in Broome County have experienced a sharp decrease from 2000 to 2001 and have remained relatively stable through 2004.



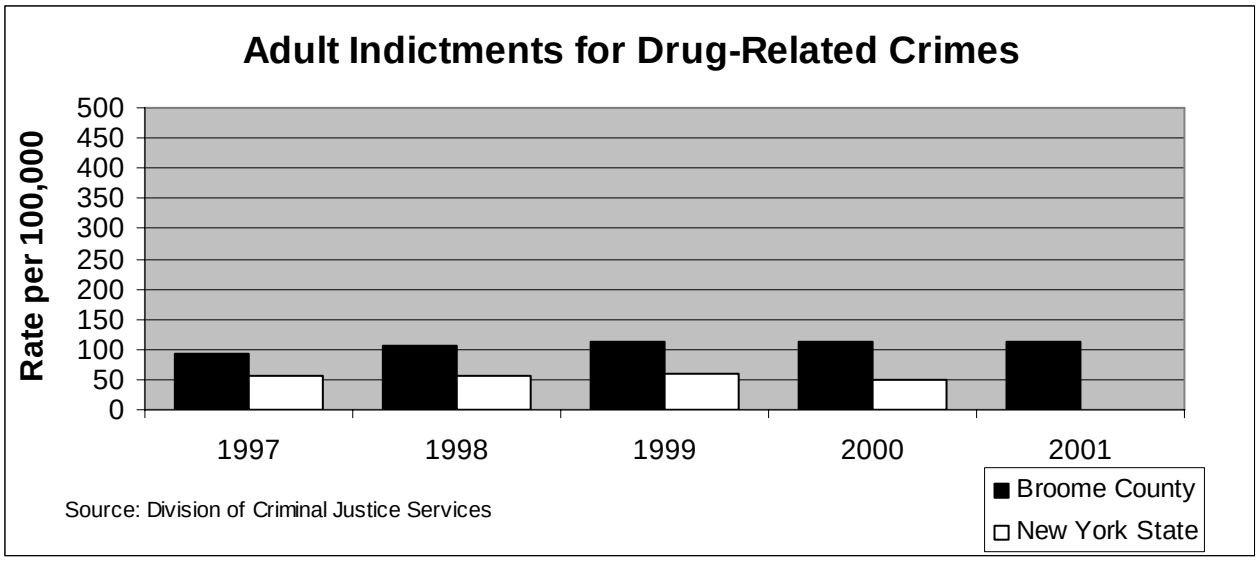
The graph below represents the percentages for misdemeanor DWI arrests during the years 2000 through 2004 for Broome County and New York State (excluding NYC). Although below the percentage of misdemeanor DWI arrests for New York State (excluding NYC), the pattern of Broome County arrests overtime follow a similar pattern as New York State (excluding NYC).



Risk Indicator: Indictments

The rate of drug arrests in a given community may represent the extent to which local norms are favorable to drug use. For example, high rates of drug arrests in one community versus another may indicate that the community with higher rates had more inhabitants using drugs, or it may indicate stricter enforcement of local laws. Likewise, it is possible that low rates of indictments reflect a disinclination to enforce existing laws or that fewer individuals within the respective community sell, use, or possess drugs.

The figure below presents the rate of felony indictments from 1997 to 2001 in Broome County compared to New York State (excluding NYC). Higher rates of indictment for drug crimes were seen in Broome County compared to New York State (excluding NYC), with both showing an increase in indictment rates from 1995 to 2000 (Broome County Comprehensive Risk Profile, 2002). By year 2000, Broome County had more than twice the indictment rates of New York State (excluding NYC). Rates for New York State (excluding NYC) were unavailable at the time data was collected for 2001. These data may indicate that there was an increase in drug-related crimes in Broome County or more effective prosecution of these crimes.



Summary for Community Laws and Norms Favorable to Use:

- School districts have published policies regarding substance use and violence that are provided to parents and students.
- The percentages of felony drug arrests in Broome County are higher than New York State (excluding NYC) and lower than New York State (excluding NYC) for misdemeanor drug arrests.

- Broome County percentages of felony DWI arrests are largely the same as New York State (excluding NYC) and are lower than New York State (excluding NYC) for misdemeanor DWI arrests.
- Indictment rates for drug-related crime in Broome County have remained relatively stable over the past three years; although a slight increase since 1997 has been observed. These data indicate a positive trend for drug-related law enforcement.

3. RISK FACTOR: TRANSITIONS AND MOBILITY

Transitions to new environments (e.g., moving from one neighborhood to the next) are potentially related to the development of problem behaviors. One possible contributor to this relationship could be that individuals do not have established bonds in the new environment compared to the old. Even normal transitions (e.g. from elementary school to middle school or from middle school to high school, etc.) are associated with a significant increase in problem behaviors such as drug use, school dropout and antisocial tendencies. Other types of transitions include changing school districts and, on a more massive scale, migration.

Risk Indicator: Net Migration

Population increases and decreases can be indirect indicators of net migration for a community. Broome County, since 1990, has experienced the second largest population decline of the 62 counties in New York State. The US Census estimated a decrease of 5.5% in Broome County's population between 1990 and 1999, whereas Empire State Development estimated a 7.9% decline. According to the US census, Broome County's population continues to decline. Broome County's population dropped 1.4% over the years 2000 through 2004 (US Census Bureau). With the continued loss of manufacturing jobs and unemployment, a reversal in the near future is unlikely.

Risk Indicator: School Transitions

The degree to which school transitions and mobility served as a risk factor was assessed in the 2004 Communities That Care (CTC) Youth Survey. This risk factor was measured with questions such as "How many times have you changed schools since kindergarten?" and "How many times have you changed homes since kindergarten?" Overall, students (grades 7 through 12 combined) received a percentile score of 50. Thus, the degree of transitions and mobility reported by Broome County youth (in the schools and grade levels presented) was the same as the normative average.

Although not a direct indicator of net migration, the total number of students enrolled in school across recent years may provide a rough estimate of the amount of transitioning occurring within the school. The table below shows the total number of students enrolled in target school districts across years 2001 through 2004. As shown, there were only modest differences in overall number of students enrolled in the target school districts across years 2001 through 2004. On average, the schools with the most fluctuations across years were Vestal and Whitney Point school districts. Perhaps looking at the actual number of students enrolled in each school district across years 2001 through 2004 may provide a better picture of school transitioning.

Total Number of Students Enrolled in Target School Districts				
	2001	**2002**	**2003**	**2004**
Chenango Forks	2,005	1,935	1,901	1,874
Johnson City	2,593	2,555	2,556	2,597
Maine-Endwell	2,720	2,686	2,694	2,597
Susquehanna Valley	2,196	2,219	2,159	2,135
Union-Endicott	4,568	4,546	4,563	4,536
Vestal	4,301	4,427	4,372	4,266
Whitney Point	2,080	2,059	1,933	1,858
Source: National Priorities Project Database				

Another method for gauging school transitions may be to look at the relative transitioning among local school districts. For example, a family in Johnson City might relocate to lower or higher cost housing in another district. The table below presents data regarding the students entering and leaving several of the KYDS Target School Districts across years 2002-2003 through 2004-2005. Large differences in numbers of students may be noted across districts and even across school years as a result of different district approaches for collecting such data and/or changes in collection strategies across school years. Data for Maine-Endwell and Susquehanna Valley school districts were not available.

Although data were not available describing movement from one target school district to the next, the data below shows the approximate number of students entering and leaving each district. It is important to note that in three (Johnson City, Union-Endicott, and Vestal) out of the five target school districts (with information presented), on average, had more students entering than leaving the district each year. While the reasons for entering and leaving the districts are unclear, the mobility across school districts is evident. We are unable to ascertain the extent to which this phenomenon applies to other districts.

Students Entering and Leaving KYDS Target School Districts						
	Students Entering			Students Leaving		
	2002-2003	2003-2004	2004-2005	2002-2003	2003-2004	2004-2005
Chenango Forks	16	18	37	23	34	27
Johnson City	287	417	398	238	398	381
Maine-Endwell	N/A	N/A	N/A	N/A	N/A	N/A
Susquehanna Valley	N/A	N/A	N/A	N/A	N/A	N/A
Union-Endicott	40	35	301	42	58	199
Vestal	396	348	355	206	253	226
Whitney Point	101	98	65	150	140	101
Source: KYDS Target Schools						

Summary for Transitions and Mobility:

- Broome County has shown a decline in population each year since 2000.
- Broome County students did not report less transitions and mobility than the normative average.
- The schools with the most fluctuations in students entering and leaving across years were Vestal and Whitney Point school districts.
- On average, more students entered the school district than left in three (Johnson City, Union-Endicott, and Vestal) out of the five target school districts that presented data.

4. RISK FACTOR: LOW NEIGHBORHOOD ATTACHMENT AND COMMUNITY DISORGANIZATION

When individuals perceive little or no connection to their community or when a community, in general, is disorganized, higher rates of substance abuse and other antisocial behaviors may be present. Typically, if the members of a community do not believe that they can change the state of their neighborhood, they are more likely to feel less attached to it and, thus, less likely to make investments in their surrounding environment. In contrast, high neighborhood attachment is related to greater levels of participation and investment in the community.

Indicators of community disorganization include the low voting numbers in local elections, community exposure to ATODs, and members of the community living in separation (e.g. incarcerated individuals, etc.), among others. A greater level of neighborhood disorganization contributes to substance use among youth. According to the Office of Alcohol and Substance Abuse Services (OASAS) Prevention Risk Indicator Services Monitoring System (PRISMS) 2003 Report, community disorganization is higher in Broome County than New York State (excluding NYC).

Risk Indicator: Registered Voters

One measure of neighborhood attachment is the number of individuals within a community who register to vote. The tables below present the number and percentage of adults registered to vote, and those adults who actually voted in Local and County elections. Please note that the adult population estimates for Broome County included only those individuals above 20 years of age (specific counts for ages 18-19 were not available). Also, comparing population rates prior to and after 2000 should be done with caution since the method for obtaining county estimates changed in 2000.

Over the past several years, the percentage of registered voters has varied according to election year. Although high percentages of Broome County adults were registered to vote, few actually voted during Local and County elections across the years presented (see figure below). In comparison to the overall adult population, significantly low percentages of voting-aged adults actually voted during Local and County elections. For example, in 1999 approximately 16% of the voting-age population actually voted; although 80% were registered to vote.

Local and County Voter Turnout					
	1995	**1997**	**1999**	**2001**	**2003**
Adults (Ages 20+)	150,411	146,531	145,273	147,161	147,891
Registered Adults	106,657	117,675	115,899	112,060	109,538
Percent of Adults Registered	71%	80%	80%	76%	74%
Number Voting	37,049	46,983	23,454	40,105	34,383
Percent of Registered Voters	35%	40%	20%	36%	31%
Percent of Adults Who Voted	25%	32%	16%	27%	23%
Source: Broome County Board of Elections					

The following table presents voter registration and turnout for Local and County within the KYDS Coalition target school areas. Voter registration and turnout data is not available from the Broome County Board of Elections for the Chenango Forks, Maine-Endwell, or Susquehanna Valley school district communities.

Across the target areas, the numbers of residents registered to vote appeared relatively stable; although some slight declines and increases were noticed. Overall, areas with the highest voter turnout percentages of those registered were Endicott and Vestal for the Local and County elections. The school district community with the lowest overall turnout percentages of those presented was Whitney Point.

Local and County Voter Turnout by KYDS Coalition Target Areas				
	1997	**1999**	**2001**	**2003**
Johnson City				
Registered	8,803	8,393	8,398	7,822
Voted	4,114	1,000	3,020	1,838
Percent of Registered Voters	47%	12%	36%	23%
Endicott				
Registered	6,943	6,681	6,623	6,090
Voted	2,743	2,000	2,651	2,997
Percent of Registered Voters	40%	30%	40%	49%
Vestal				
Registered	16,231	17,003	18,024	14,967
Voted	7,630	6,026	7,435	7,255
Percent of Registered Voters	47%	35%	42%	48%
Whitney Point				
Registered	638	616	629	597
Voted	201	74	144	132
Percent of Registered Voters	32%	12%	23%	22%
Source: Broome County Board of Elections				

Risk Indicator: Community Alcohol and Drug Abuse Exposure

The number of adults within a community who engage in substance use, who seek treatment for substance abuse problems and/or who are ordered to treatment by the courts may serve as an indicator of drug use activity within the community and, in some instances, within the immediate environments of children. The OASAS PRISMS 2003 Report also indicates that community alcohol and other substance abuse activity was higher in Broome County than in New York State (excluding NYC).

The following tables present indicators of adult substance abuse for Broome County and New York State (excluding NYC). As shown, Broome County has higher rates of adult alcohol abuse behaviors compared to New York State (excluding NYC). Alcohol-related hospital diagnoses rates in Broome County experienced a sharp decline in 1997 from the previous year. These rates were higher in Broome County than in New York State (excluding NYC) across years 1996 through 2000.

Indicators of Adult Drug Problems in Broome County and New York State*					
Adult Alcohol-Related Hospital Diagnoses (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	29.6	12.9	14.5	16.7	14.8
New York State*	17.8	11.9	12.1	12.7	12.4
* excluding NYC Source: OASAS PRISMS 2003 Report					

Rates for those individuals seeking intervention through OASAS Alcohol treatment were lower in Broome County compared to New York State (excluding NYC) from 1997 through 2000. The Broome County rates experienced a sharp decline in 1997 from the previous year. Broome County alcohol-related death rates have remained fairly stable between years 1996 and 2000 and were comparable to those in New York State (excluding NYC).

Indicators of Adult Drug Problems in Broome County and New York State*					
Adult OASAS Alcohol Treatment (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	56.3	39.3	48.6	46.5	43.3
New York State*	52.4	49.1	50.6	48.1	46.5
Adult Alcohol-Related Deaths (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	1.7	1.5	1.1	1.4	1.5
New York State*	1.4	1.3	1.2	1.2	1.1
* excluding NYC Source: OASAS PRISMS 2003 Report					

Similar to alcohol-related behaviors, Broome County has higher rates of adult drug-related arrests and drug-related hospital diagnoses than New York State (excluding NYC), which may expose youth to a greater level of antisocial behaviors in their local communities. Adult Driving Under the Influence (DUI) arrests in Broome County have been relatively low in comparison to New York State (excluding NYC) since 1998 (higher than New York State in 1996 and 1997). Broome County has higher adult probation cases (drug use at offense and drug-related court mandates) than New York State (excluding NYC) across all years. The probation cases (drug use at time of offense) have remained relatively stable with a slight peek in 2000 for Broome County,

whereas the drug-related court mandate probation cases have steadily increased since 1996.

Indicators of Adult Drug Problems in Broome County and New York State*					
Adult Drug Arrests (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	51.4	48.2	51.9	56.3	62.9
New York State*	38.9	41.4	42.4	43.8	41.9
Adult Drug-Related Hospital Diagnoses (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	65.4	55.9	54.8	54.8	53.8
New York State*	48	43.8	46.4	42.2	42.9
Adult DUI Drug Arrests (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	2.2	3.0	1.1	0.4	0.8
New York State*	1.6	1.7	2.0	1.8	2.1
Adult Probation Cases: Use at Offense- Drugs (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	14.4	13.2	13.3	14.1	15.0
New York State*	10.0	10.9	11.1	11.0	10.8
Adult Probation Cases: Court Mandates- Drugs (Rate per 10,000 Population, Ages 21 and Over)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	50.6	59.5	64.8	70.8	77.6
New York State*	37.3	41.5	45.9	45.2	48.4
* excluding NYC Source: OASAS PRISMS 2003 Report					

Risk Indicator: Persons Living in Institutionalized Housing

Individuals living in institutionalized settings are often separated from the communities in which they reside. This situation is especially true for incarcerated individuals (e.g. living in correctional facilities and/or juvenile institutions) who not only experience separation from home communities, but also stigmatization for violation of societal norms. These institutionalized people are very rarely allowed to contribute fruitfully to or be a part of their respective communities, and thus, could be considered to have low neighborhood attachment. According to the 2000 Census and the 2003 Broome County Profile, there are 458 individuals housed in the Broome County jail,

which is located in the Town of Dickenson. In addition, there are 91 youngsters living in juvenile institutions within Broome County.

Other types of institutionalized housing in which members of the community may reside include nursing homes, hospitals/wards, hospices, and schools for the "handicapped." Individuals living in these types of institutionalized housing may not experience the degree of separation and stigmatization commonly associated with incarcerated individuals, though they may still experience a reduced level of community participation (thus, leading to lowered neighborhood attachment). In Broome County, there are about 2,279 individuals residing in nursing homes and approximately 510 individuals living in either hospitals/wards, hospices, or schools for the "handicapped" (Broome County Community Health Assessment Report, 2005-2010).

Risk Indicator: Relative Number of Faith-Based Facilities

Faith-based institutions provide religious guidance and physical structures for collective worship. Often, these organizations also fulfill important roles within the communities in which they are located. Many religious institutions have, in fact, been associated with social, political, and economic movements involving general members of the community as opposed to selectively limiting involvement to members of the faith-based institution. Thus, many religious organizations have historically served as sources for community mobilization and still continue to do so today. Many faith-based communities also perform outreach services for their local communities such as holding and providing clothing drives, learning libraries, and food pantries, hospital/jail ministries, among others.

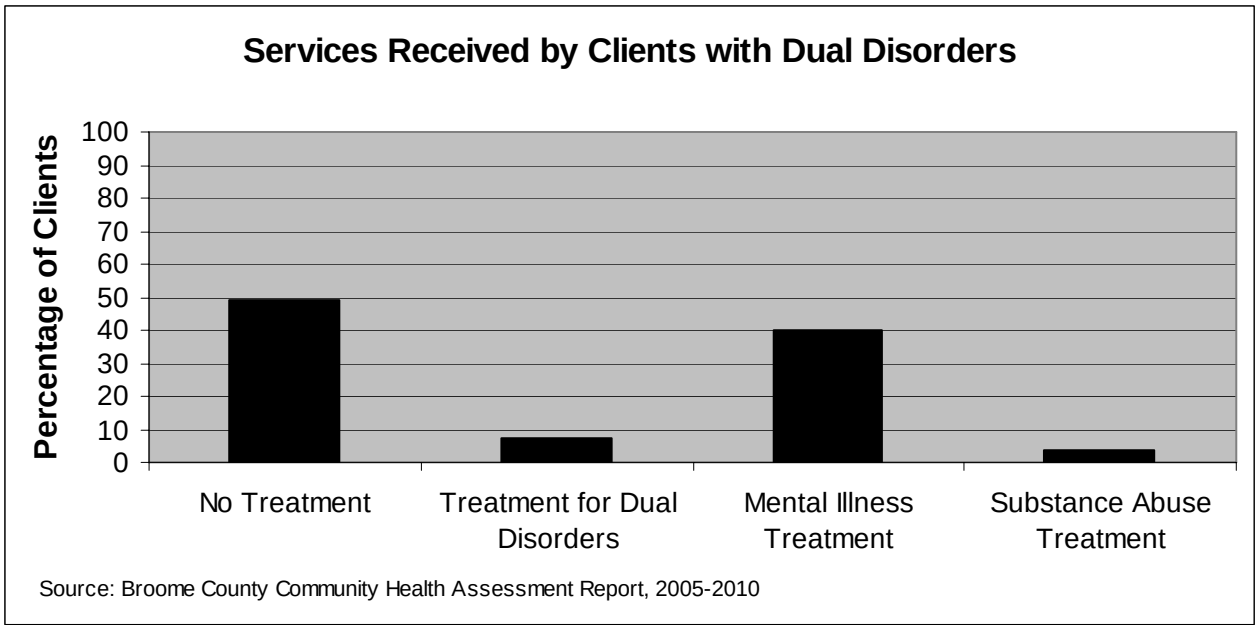
The degree of community outreach performed by faith-based organizations in Broome County is difficult to gauge. However, there are several local religious organizations that are widely known to perform a variety of services for members of the community that are not necessarily affiliated with the organization's host religion. Examples of these types of religious organizations include Broome County Council of Churches and Catholic Charities of the Southern Tier. Housed within Broome County are approximately one mosque, four synagogues/temples, and over 200 churches. On the one hand, the plethora of churches in Broome County may represent a tremendous resource. However, on the other hand, such variety in potential religious affiliation, without sufficient collaboration among these religious institutions, may lead to less efficient provision of services or community outreach (e.g. due to disparate intensions for resources or populations served) and/or disorganization in the community.

Risk Indicator: Low Access to Mental Health Services

Low access to mental health services can be an indicator of community disorganization. According to the Community Health Assessment completed by the Broome County Health Department, Broome County is experiencing a professional shortage in the area of mental health. In particular, there appears to be a dearth of psychiatrists for child, adolescent, and adult services in the county. Having a less than

an optimal amount of psychiatrists in Broome County makes it more difficult for the mental health arena to address the need for psychiatric services.

Another concern for Broome County is the shortage of sufficient numbers of mental health providers qualified to treat individuals suffering with co-occurring mental illness and substance addiction. Although there are still numerous barriers confronted in accessing integrated services for co-occurring disorders, considerable progress is being made in this area by the Broome County Dual Recovery Coordinator in organizing/mobilizing community service providers to address this concern. National findings for services provided to dual disorder clients may roughly mirror the types of treatment received by such clients more locally. As shown in the chart below, approximately half of the individuals suffering from co-occurring mental illness and substance abuse do not receive treatment, whereas, less than 10% receive treatment for both disorders (mental health illness and substance abuse). A large percentage of individuals with co-occurring disorders receive no treatment at all and a small percentage receives treatment appropriate for their diagnoses. Approximately 40% of dual disorder clients receive treatment for mental health illness, whereas less than 5% receive treatment for substance abuse.



<u>Summary for Low Neighborhood Attachment and Community Disorganization:</u>

- Of the districts presented, Vestal had the highest voter turnout percentages of those registered for the Local and County elections over the years included (i.e. 1997, 1999, 2001 and 2003)

- Of the districts presented, Whitney Point had the lowest turnout percentages (Local/County) of those registered to vote during the years included (i.e. 1997, 1999, 2001 and 2003)
- Alcohol-related hospital diagnoses rates in Broome County experienced a sharp decline in 1997 from the previous year. These rates have remained consistent across years 1997 through 2000 and have been higher than New York State (excluding NYC) rates.
- OASAS Alcohol treatment rates in Broome County experienced a sharp decline in 1997. From 1997 through 2000, Broome County rates have remained below those for New York State (excluding NYC).
- Broome County alcohol-related deaths have remained fairly stable between years 1996 and 2000. These rates were comparable to those in New York State (excluding NYC).
- Broome County has higher rates of adult drug-related arrests and hospital diagnoses compared to New York State (excluding NYC), which may be an indicator of youth exposure a greater level of antisocial behaviors in their local communities.
- Broome County has higher adult probation cases (drug use at offense and drug-related court mandates) than New York State (excluding NYC). The probation cases (drug use at offense) have remained relatively stable with a slight peek in 2000 for Broome County, whereas the drug-related court mandate probation cases have steadily increased since 1996.
- There are 458 individuals housed in the Broome County jail and there are 91 youngsters living in juvenile institutions within Broome County. In addition, there are about 2,279 individuals residing in nursing homes and approximately 510 individuals living in either hospitals/wards, hospices, or schools for the “handicapped.”
- Housed within Broome County are approximately one mosque, four synagogues/temples, and over 200 churches, which might represent a tremendous resource for local communities.
- Broome County has a shortage of both psychiatrists and trained dual disorder mental health care providers.

5. RISK FACTOR: EXTREME ECONOMIC DEPRIVATION

Excessive poverty is commonly associated with poor outcomes for youth. Youth who live below the poverty line are at a much greater risk for the development of problem behaviors. These children experience extreme economic deprivation.

Risk Indicator: Low Median Household Income

The median household income for target school district communities, Broome County, and New York State in 1999 is presented in the chart below (Broome County Community Health Assessment Report, 2005-2010). As shown, only four out of nine target school district communities (i.e. Chenango Town, Endwell CDP, Union Town, and Vestal Town) exceeded the median household income for Broome County. Only three of those four target school district communities (i.e. Chenango Town, Endwell CDP, and Vestal Town) exceeded the New York State median. The median household incomes for the remaining target school district communities not meeting/exceeding the Broome County or New York State averages were, on average, $4,324 less than the average median household income for Broome County and $10,573 less than that for New York State.

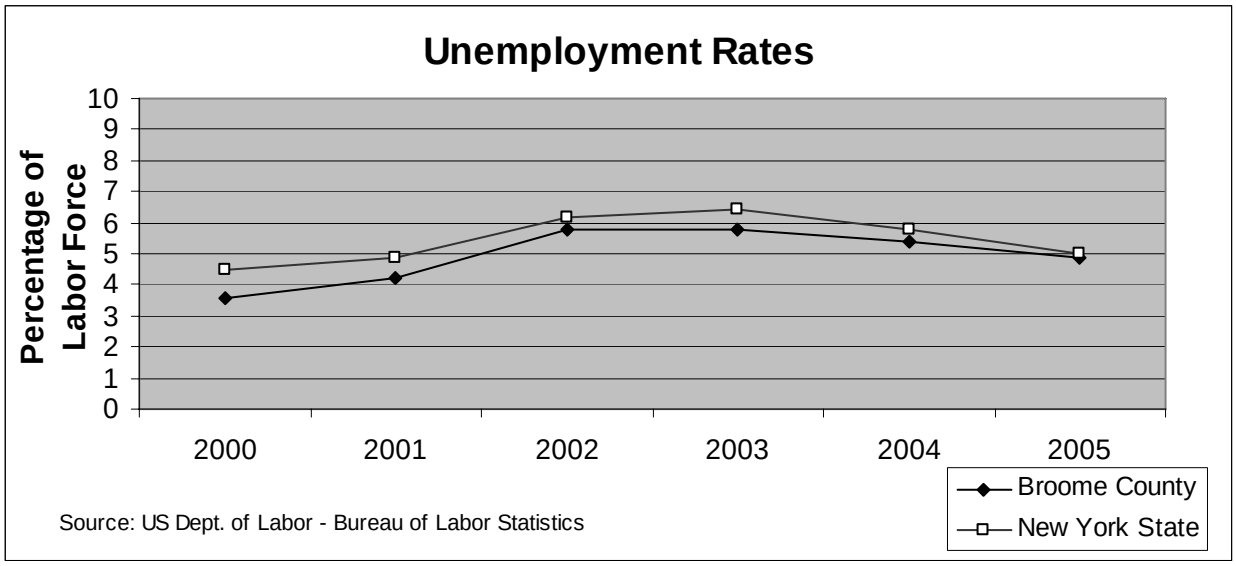
Median Family Income for Target School Districts in 1999	
Chenango Town	$54,381
Conklin Town	$43,309
Endicott Village	$35,858
Endwell CDP	$51,881
Johnson City Village	$39,241
Maine Town	$42,514
Union Town	$46,170
Vestal Town	$60,676
Whitney Point Village	$44,667
Broome County	**$45,442**
New York State	**$51,691**
Source: Broome County Community Health Assessment Report, 2005-2010	

Compared to the data presented for 1999, the median household income for Broome County seemed to experience a significant decline from 1999 to 2001; however, this difference may be representative of source variation since the data were collected from separate sources. In 2001, the median household income in Broome County was $35,687, whereas in 2003 it was $36,134 (National Priorities Project Database). This slight upward shift in median income may correspond with factors such

as decreases in unemployment in Broome County (see graph below), among others. Overall, the median household income in Broome County has remained relatively stable across years 2001 through 2003, although a very slight increase was noted.

Risk Indicator: Unemployment Rates

As seen in the figure below, the unemployment rate for Broome County followed a very similar pattern to that of New York State. The unemployment rate (percentage of the labor force) for Broome County was noticeably below that of New York State during years 2000, 2001, and 2003. In 2005, the unemployment rate for Broome County and New York State was very similar. Both Broome County and New York State showed increases in unemployment rates between 2000 and 2002. A slight decline in the rate of unemployment was noted across years 2003 through 2005.



Corresponding to the increase in unemployment rates between years 2001 and 2002 was an increase in individuals living below the poverty level in Broome County. In 2001, the percentage of Broome County individuals living in poverty was 11.8%. By 2002, this rate had increased to 12% and up to 12.9% in 2003 (National Priorities Project Database).

Risk Indicator: Children Living Below the Poverty Level

The number of children living below the poverty level, receiving food stamps, and public assistance are indirect indices of severe economic deprivation. Recent estimates of Broome County's population suggest that approximately 20% of the population are children (National Priorities Project Database). The following table presents an indicator of economic deprivation for Broome County and New York State (excluding NYC). As shown in the graph below, the percent of children living below the poverty level demonstrated an increase across years 1995 through 1998. A decline in children living

below the poverty level was observed across years 1998 through 2001. However, across years 2001, 2002 and 2003 the percentage of Broome County children categorized as living below the poverty level experienced a gradual increase. Although other unnoted factors may be influencing this relationship, the gradual increase in children living below the poverty level appears interesting given the slight decrease in unemployment and small increase in median household income level across the same 3-year span.

Youth Living Below Poverty (Ages Birth to 17 years)		
	Broome County	**New York State***
1995	19.7%	15.8%
1998	21.8%	17.0%
2001	16.6%	N/A
2002	17.5%	12.9%
2003	18.4%	N/A
* excluding NYS Source: NYS Touchstones/KIDS COUNT 2002 Data Book; NYS Touchstones/KIDS COUNT 2005 Data Book; National Priorities Project Database		

The table below represents the number of youth (ages 5-17) living in poor families (low income) across years 2001 and 2002 (National Priorities Project Database). As shown, the target school districts with the highest numbers of youth living in poor families are Union-Endicott and Johnson City.

Youth Living in Low Income Families Across Target School Districts (Ages 5-17)		
	2001	**2002**
Chenango Forks	131	132
Johnson City	547	552
Maine-Endwell	188	190
Susquehanna Valley	239	241
Union-Endicott	718	723
Vestal	338	339
Whitney Point	331	334
Source: National Priorities Project Database		

As shown in the table below, the percentage of children receiving food stamps and public assistance decreased significantly from 1995 to 2000 in Broome County (and the rest of the state). Although the percentage of children receiving Supplemental

Security Income (SSI) has remained relatively consistent, from these data, it is clear that fewer children are receiving assistance than are living below the poverty level. The decrease in public assistance and food stamps from 1995 to 2000 may be a result of welfare policy changes for state or national levels; however, the reason for the increase in 2003 is unclear. The local implications of these data may be that a greater number and percentage of children in Broome County compared to New York State (excluding NYC) are at risk for development of problem behavior due to severe economic deprivation.

	Receiving Food Stamps (Youth ages birth to 17 years)	**Receiving Public Assistance** (Youth ages birth to 17 years)	**Receiving SSI**** (Youth ages birth to 19 years)
Broome County			
1995	18.3%	12.6%	1.5%
2000	9.7%	5.7%	1.7%
2003	14.7%	6.5%	1.7%
New York State *			
1995	12.8%	9.0%	1.2%
2000	7.9%	4.5%	1.1%
2003	10.4%	4.2%	1.1%

* excluding NYC
** SSI = Supplemental Security Income
Source: NYS Touchstones/KIDS COUNT 2002 Data Book; NYS Touchstones/KIDS COUNT 2005 Data Book

Risk Indicator: Families Living Below Poverty

One way to measure extreme economic deprivation for a given community is to examine the number of families living below the poverty line, which is an income threshold that is created by the federal government based on family size. The following table presents the percentage of families living below the poverty level in target school district communities, Broome County, New York State, and the nation. According to the table, rates of poverty for related children were elevated in Endicott Village and Johnson City Village. Conversely, Maine Town, Chenango Town, Endwell CDP, and Vestal Town had a much smaller proportion of individuals living below the poverty line than the other target communities, New York State, as well as the nation.

Families Below Poverty Level (Poverty Status in 1999)			
	Families	Families with related children under 18 years	Families with related children under 5 years
Chenango Town	4.6%	6.6%	6.4%
Conklin Town	9.7%	15.7%	18.1%
Endicott Village	15.4%	23.3%	22.8%
Endwell CDP	3.9%	6.4%	5.5%
Johnson City Village	11.6%	20.7%	30.2%
Maine Town	4.5%	7.0%	24.2%
Union Town	8.3%	14.1%	19.4%
Vestal Town	4.3%	7.0%	9.7%
Whitney Point Village	10.9%	17.0%	20.0%
Broome County	8.8%	14.4%	19.8%
New York State	11.5%	16.9%	20.2%
United States	9.2%	13.6%	17.0%
Source: US Bureau of Census, Census 2000			

The number of families with children living below the poverty line and families with a female as the single head of household are presented in the table below. As shown, the percentage of Broome County families with related children under eighteen years old below the poverty line is lower than New York State and higher than the nation. In addition, percentages for target areas such as Endicott Village and Johnson City Village were elevated compared to rates for the county, state, and nation.

Families With Female Householder, No Husband Present (Poverty Status in 1999, Below Poverty Level)			
	Families	Families with related children under 18 years	Families with related children under 5 years
Chenango Town	19.0%	26.8%	49.2%
Conklin Town	42.1%	51.6%	54.0%
Endicott Village	30.3%	38.3%	53.4%
Endwell CDP	19.8%	30.5%	28.4%
Johnson City Village	30.2%	40.9%	56.2%
Maine Town	19.9%	27.4%	100.0%
Union Town	24.8%	33.8%	51.1%
Vestal Town	12.6%	22.7%	42.2%
Whitney Point Village	42.6%	44.7%	33.3%
Broome County	26.5%	36.5%	52.5%
New York State	29.2%	38.8%	49.8%
United States	26.5%	34.3%	46.4%
Source: US Bureau of Census, Census 2000			

Risk Indicator: Section 8 Expenditures

The amount of funds being allocated to public housing is an indirect indicator of insufficient financial resources within a community. The Section 8 Housing Program is a form of public housing that is reserved for eligible low-income families. This program attempts to provide decent and secure rental units for families, the elderly, handicapped, and persons with disabilities that cannot afford unassisted housing. The Section 8 expenditures for Broome County across years 2000 through 2004 are presented in the table below. There was a substantial drop in Section 8 expenditures from 2000 to 2001. This trend continued, though less dramatic, from 2001 through 2002. The Section 8 expenditures increased in 2003 and continued to do so through 2004.

Section 8 Housing Expenditures (Broome County)	
2000	$23,756,000
2001	$13,661,000
2002	$9,728,000
2003	$11,000,000
2004	$12,163,000
Source: National Priorities Project Database	

Risk Indicator: Medicaid Expenditures

Medicaid is a program for individuals living in New York State who are unable to pay for medical care and often unable to afford medical insurance. Individuals may qualify for Medicaid if they have high medical bills, receive SSI, or meet income, resource, age, or disability requirements (NYS Department of Health). Individuals requiring the services of Medicaid are those with limited financial resources. Many, though not all, of the individuals requiring the services of Medicaid have families with small children. There were 30,093 Broome County residents eligible for Medicaid services in 2004 and 27,341 in the previous year (NYS Department of Health). The table below represents the Medicaid expenditures for Broome County across years 2000 through 2004. Across these years, the amount of Medicaid expenditures increased from a low of $104,705,000 to a high of $153,042,000, which is a $48,337,000 boost. A steadily increasing trend is noted for each year in which data were collected. This trend may be related to factors such as more individuals requiring medical care assistance or more funds being allotted to medical care costs, among other issues.

Medicaid Expenditures (Broome County)	
2000	$104,705,000
2001	$108,143,000
2002	$120,076,000
2003	$144,523,000
2004	$153,042,000
Source: National Priorities Project Database	

Risk Indicator: WIC Recipients and Expenditures

The Women, Infants, and Children (WIC) Program provides services for a low-income, nutritionally at risk target population. This target population may consist of pregnant women, breastfeeding women (up to one year after birth), non-breastfeeding women (up to six months after birth), infants (up to one year after birth), and children (up to five years after birth). The WIC Program reportedly serves 45% of all infants born within the United States (US Department of Agriculture, Food and Nutrition Service). WIC Program participants are provided with benefits such as supplemental nutritious foods, nutrition education and counseling, among other services. WIC Program recipients are often individuals living within low-income situations and may be at higher risk for social, behavioral, emotional, and/or health problems.

According to the Broome County Community Health Assessment Report (2005-2010), 19,891 WIC Program participants have been served. At the time of the report, the current active caseload for WIC participants was 4,704. There are a total of seven

WIC clinic sites in Broome County. The WIC expenditures for Broome County are displayed in the table below. As with the Medicaid expenditures outlined in the previous section, the expenditures for the WIC Program have almost steadily increased across years 2000 through 2004. A small decrement in expenditures is noted in 2001 from the previous year. Again, this steady increase in expenditures may be related to factors such as more individuals requiring supplemental nutrition or more funds being allotted to the program in general, among others.

WIC Expenditures (Broome County)	
2000	$2,585,000
2001	$2,532,000
2002	$2,647,000
2003	$2,863,000
2004	$3,187,000
Source: National Priorities Project Database	

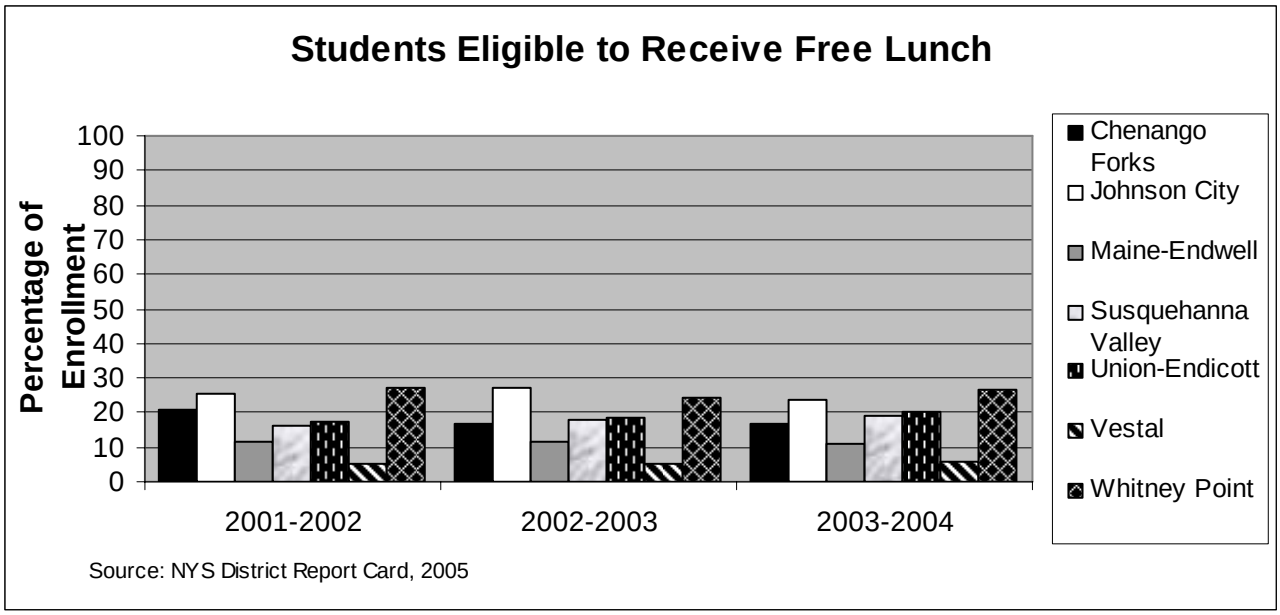
Risk Indicator: Food Stamp Recipients and Expenditures

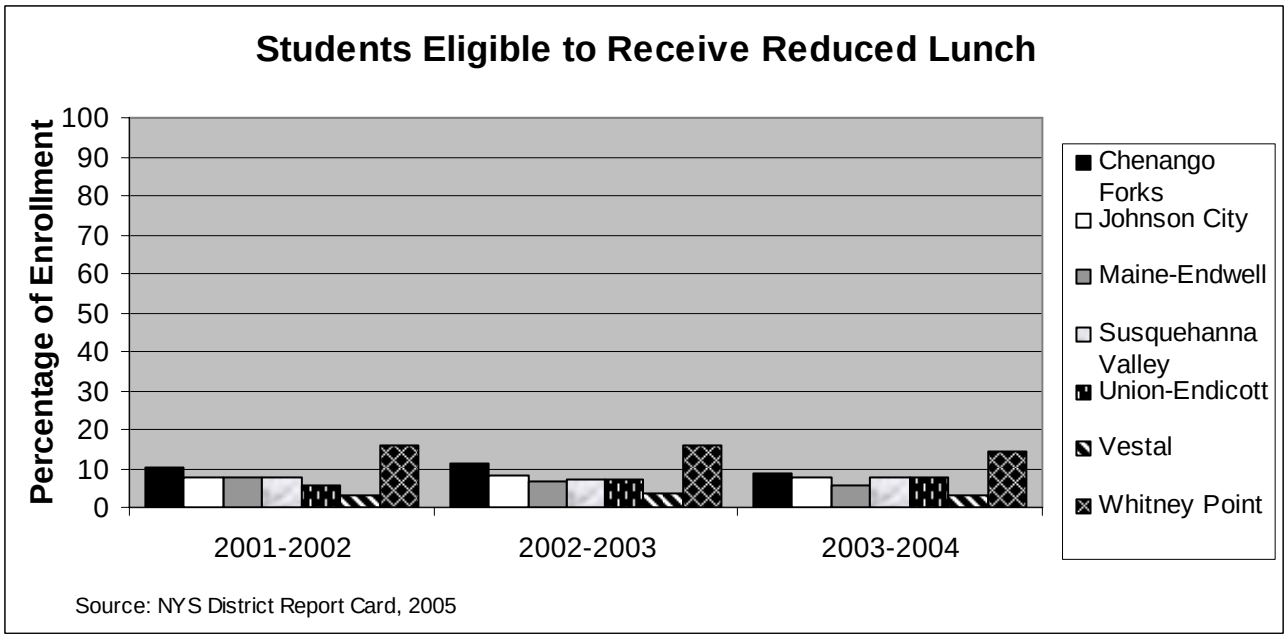
Another important indicator of economic deprivation is the amount of individuals participating in food stamp programs. The Food Stamp Program allows low-income families to purchase nutritious foods from authorized retail food stores. The amount of Broome County individuals participating in the Food Stamp Program is shown in the graph below along with the total expenditures for this program. The number of Broome County Food Stamp Program participants has increased across years 2001 through 2003. Participant information for 2004 was unavailable. The amount of Food Stamp expenditures has increased, as well, from a low of $11,779,000 in 2000 to a high of $16,231,000 (a $4,452,000 increase) in 2004. The increase in Food Stamp Program participants and expenditures may be reflective of increases in economic deprivation within Broome County.

Food Stamp Program (Broome County)		
	Food Stamp Participants	**Food Stamp Expenditures**
2000	10,835	$11,779,000
2001	10,428	$11,812,000
2002	13,305	$12,793,000
2003	14,615	$14,504,000
2004	N/A	$16,231,000
Source: National Priorities Project Database		

Risk Indicator: Students Eligible for Free or Reduced Lunch

The following graphs show the percentage of students enrolled in each school district who are eligible for either free or reduced lunch at school. A smaller proportion of students from the Maine-Endwell and Vestal school districts are eligible for free lunches compared to the other school districts. The percentage of students qualifying for reduced lunch rates was relatively stable across years for most of the school districts. Whitney Point had the highest percentage of students qualifying for reduced lunch across years compared to the other school districts.





Summary for Extreme Economic Deprivation:

- Chenango Town, Endwell CDP, Union Town, and Vestal Town exceeded the median household income for Broome County, whereas only Chenango Town, Endwell CDP, and Vestal Town exceeded the New York State median.
- Unemployment rates for Broome County follow a similar pattern to New York State.
- Percentages for Broome County youth living below the poverty level were relatively higher than New York State (excluding NYC).
- The target school districts with the highest numbers of youth living in low income families are Union-Endicott and Johnson City.
- Percentages for Broome County youth receiving food stamps and receiving public assistance decreased from 1995 to 2000, then showed an increase from 2000 to 2003.
- The percentage of families living below the poverty line is higher in Johnson City Village and Endicott Village compared to Broome County, New York State and the Nation.
- There was a large decrease in Section 8 expenditures from 2000 to 2001; however, in more recent years an increase in expenditures has been observed.
- The amount of Medicaid expenditures increased significantly across years 2000 through 2004.
- The expenditures for the WIC Program have steadily increased across years 2001 through 2004.
- The number of Broome County Food Stamp Program participants has increased as did the amount of expenditures for this program.
- Consistent with other economic deprivation indicators, Whitney Point and Johnson City have the highest percent of students who are eligible for the free lunch program.
- Whitney Point has the highest percentage of students eligible to receive reduced lunch amongst target school districts and Vestal has the lowest.

6. RISK FACTOR: FAMILY HISTORY OF PROBLEM BEHAVIOR

The extent to which children are at risk for early initiation of problem behavior is partly determined by the family environment in which they are raised. For example, children in families with a history of addiction and/or antisocial behavior are at risk for developing these problems.

Risk Indicator: Educational Attainment

Substance use problems may contribute to and/or result from low educational attainment. Failure to complete high school may be a risk indicator for or a consequence of problem behavior. Generally, compared to individuals who drop out of school, those who stay in school have better outcomes. The table below presents levels of educational attainment for adults in Broome County compared to New York State and the nation. Compared to New York State and the nation, Broome County residents are less likely to drop out of school prior to high school graduation as well as more likely to graduate from high school, receive some college instruction, and earn an Associate Degree. Broome County has a lower percentage of residents receiving Bachelor's Degrees compared to the state and nation.

Educational Attainment (Population 25 Years and Over)			
	United States	**New York State**	**Broome County**
Less than 9th grade	7.5%	8.0%	5.1%
9th-12th grade, no diploma	12.1%	12.9%	11.1%
High school graduate	28.6%	27.8%	32.7%
Some college, no degree	21.0%	16.8%	18.3%
Associate Degree	6.3%	7.2%	10.1%
Bachelor's Degree	15.5%	15.6%	12.6%
Professional Degree	8.9%	11.8%	10.1%
Source: US Census American Fact Finder – Profile of Selected Social Characteristics			

The following table presents educational attainment for individuals residing in the KYDS Coalition target communities. Conklin Town, Endicott Village and Whitney Point Village had higher rates of individuals who did not get a high school diploma compared to the other communities comprising the target districts. Vestal Town, Endwell, and

Chenango Town had the highest percentages of individuals getting higher-education degrees (an Associate, Bachelor, Graduate or Professional degree), whereas Conklin Town and Endicott Village had the lowest. Educational attainment for the communities comprising the target areas roughly mirrors the poverty statistics for these areas. For example, Endicott Village had the highest percentage of families living below the poverty level (see Risk Factor 5, page 33) and the highest percentage of adults with less than a 9th grade education among the target school districts. Endicott Village was also among those districts with the lowest percentages of adults with a college degree.

Educational Attainment – KYDS Coalition Target Areas (Population 25 Years and Over)							
	< 9th grade	9th -12th grade	HS graduate	Some college	Associate Degree	Bachelor Degree	Professional degree
Chenango Town	1.8%	8.5%	29.5%	18.0%	14.8%	14.8%	12.6%
Conklin Town	2.9%	13.5%	41.4%	18.2%	8.9%	8.8%	6.3%
Endicott Village	7.4%	12.9%	34.9%	18.9%	9.0%	10.0%	6.9%
Endwell CDP	2.9%	5.9%	29.7%	19.1%	11.2%	18.2%	13.0%
Johnson City Village	6.1%	12.2%	34.2%	18.8%	8.6%	11.6%	8.6%
Maine Town	5.4%	12.3%	35.1%	17.5%	11.4%	12.5%	5.9%
Union Town	5.0%	10.2%	32.0%	18.8%	10.5%	13.7%	9.8%
Vestal Town	2.4%	5.0%	28.4%	16.8%	8.9%	19.5%	19.1%
Whitney Point Village	3.7%	12.8%	38.3%	16.8%	8.9%	10.8%	8.7%
Source: US Census American Fact Finder- Profile of Selected Social Characteristics							

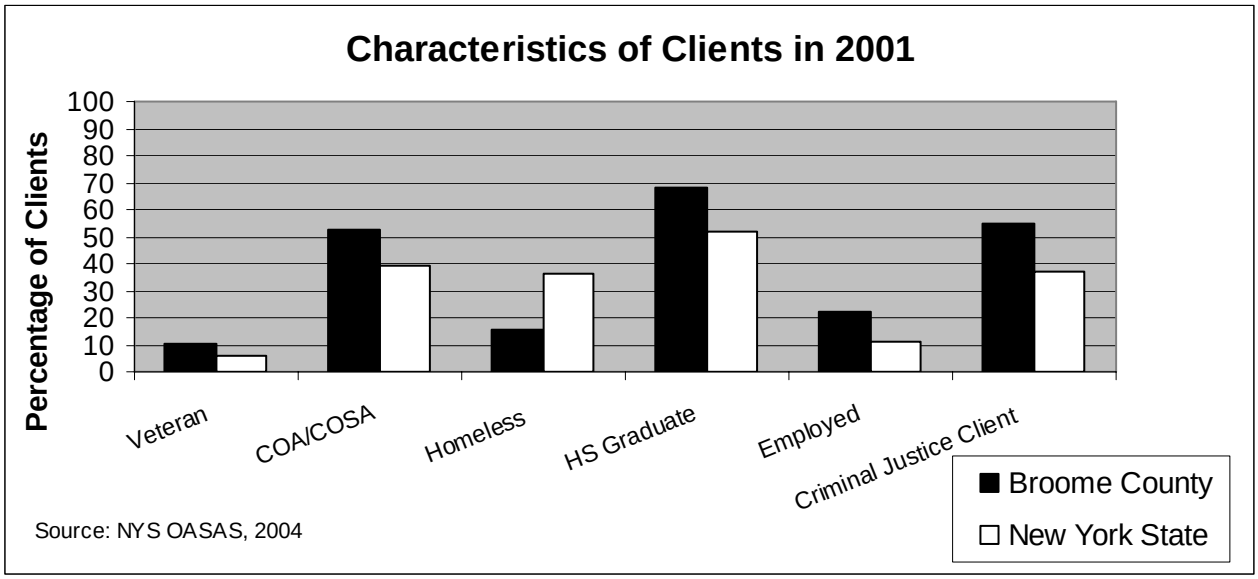
Risk Indicator: Adults in Alcohol or Other Drug Treatment

Children with family histories of substance abuse are at a greater risk of developing this problem behavior. The number of adults within a community who seek treatment for substance abuse may be an indicator of family history problems. The table below depicts the Broome County 2005 OASAS estimates for the number of individuals in need of treatment (prevalence) and the number of those who would seek treatment if it were available (demand) presented by substance type. As shown, estimates suggest that over 10% of the Broome County population have chemical

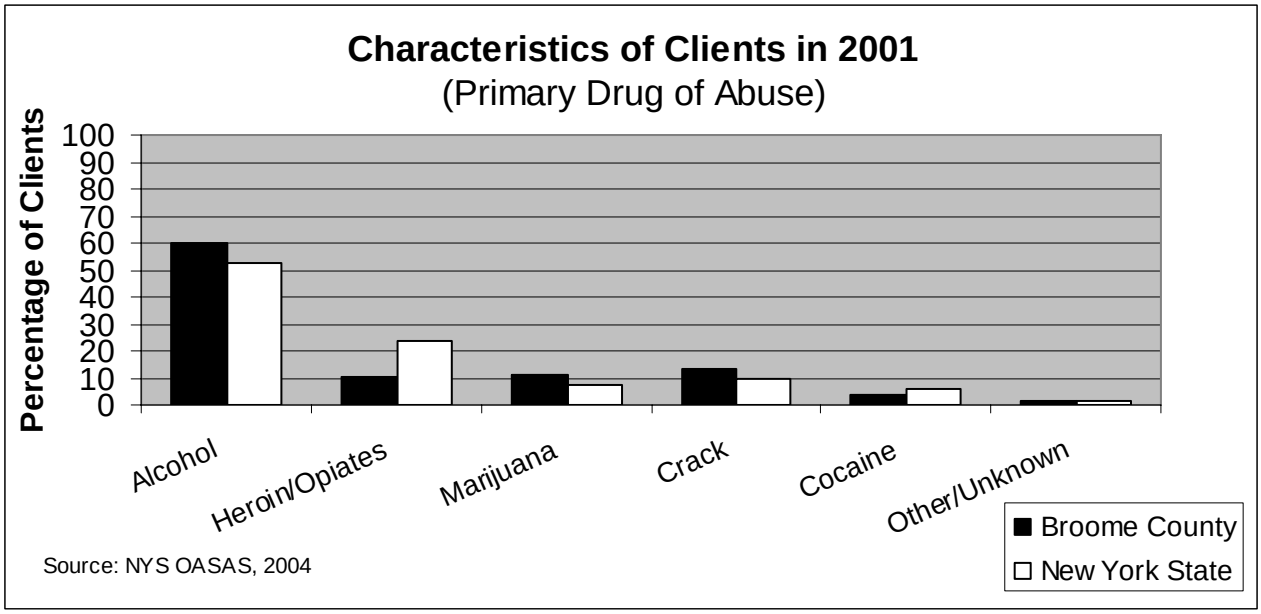
dependence problems. More surprisingly, it is estimated that 15.6% of Broome County youth, ages 12 through 17 are experiencing chemical dependence problems. For each of the categories presented in the table below, less than 50% of the individuals will seek treatment for their chemical dependence problem.

Prevalence of Chemical Dependence Problems (Broome County)						
	Aged > 12 All Substances	Alcohol and Non-Opiate Drugs Adults Aged > 18			Aged 12 - 17 Chemical Dependence	Aged > 16 Opiates
		Alcohol	Drug	Alcohol and Drug		
Prevalence of Problem	20,237	13,567	1,297	1,880	2,677	816
Percent of Total Pop.	11.7%	8.7%	0.8%	1.2%	15.6%	0.5%
Treatment Demand	5,740	3,392	519	752	669	408
Percent of Prevalence	28.4%	25.0%	40.0%	40.0%	25.0%	50.0%
Source: OASAS Service Need Profile, 2005						

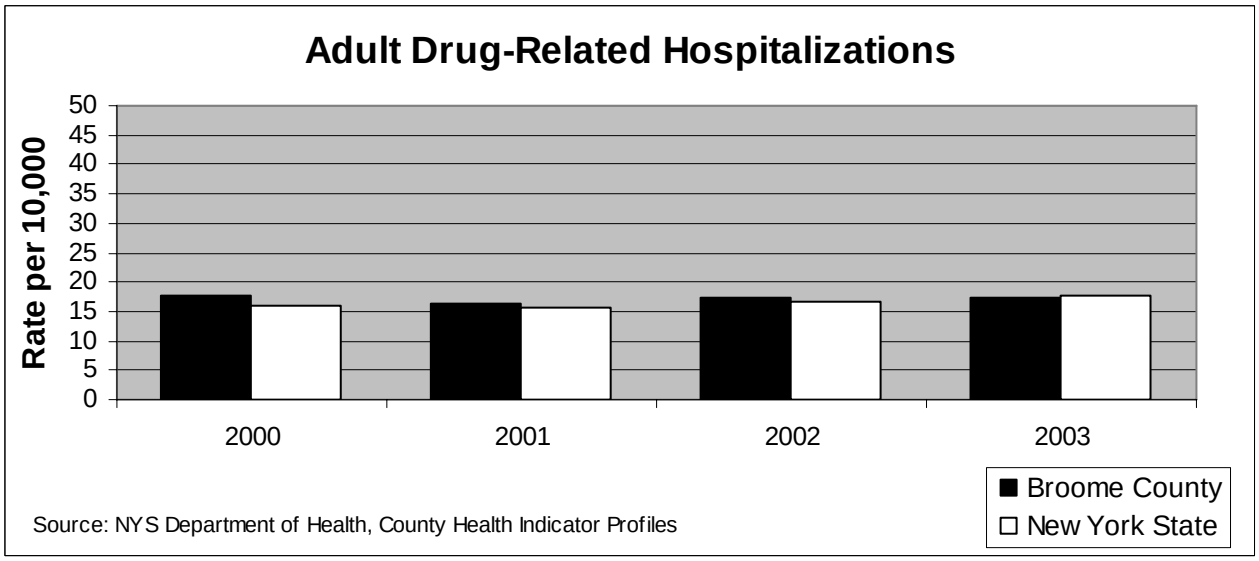
According to report by OASAS (2004), of all the clients (youth and adult) seeking alcohol and substance abuse treatment, over 50% were children of alcoholics/children of substance abusers (COA/COSA), which demonstrates the significance of family history of problem behavior (e.g. substance abuse) in subsequent problem behavior of children. The percentage of clients seeking alcohol and substance abuse treatment who were in the COA/COSA category was much higher for Broome County than for New York State (excluding NYC).



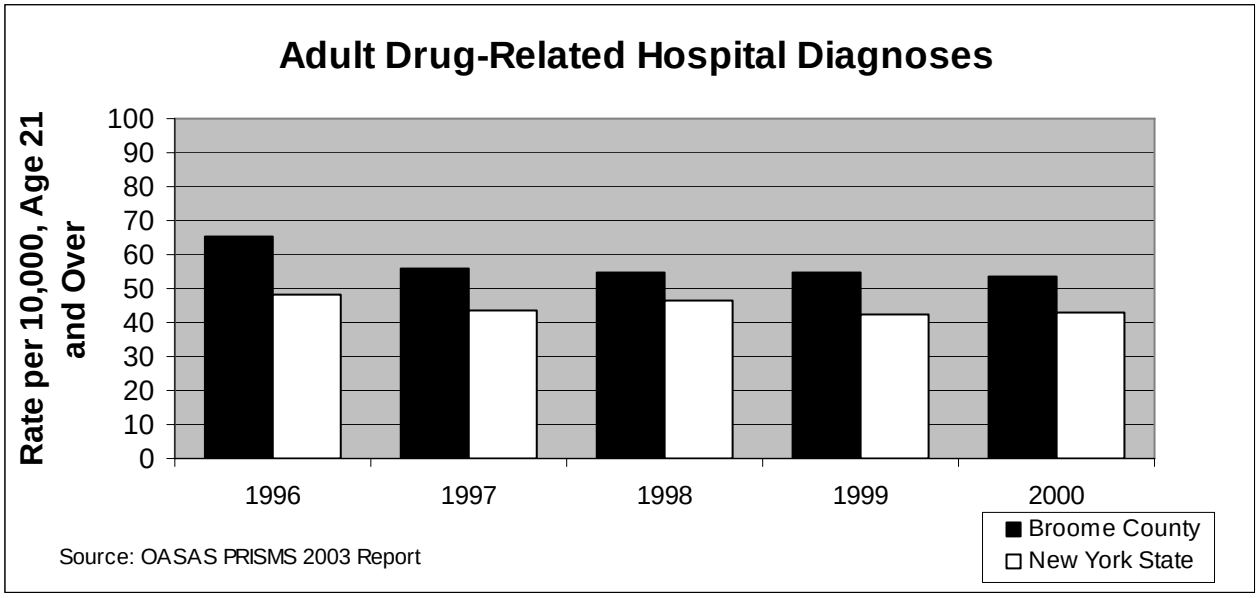
As shown in the chart below, of those clients seeking alcohol and substance abuse treatment, 60% use alcohol as their primary drug of abuse. This percentage is higher than that of New York State (excluding NYC).

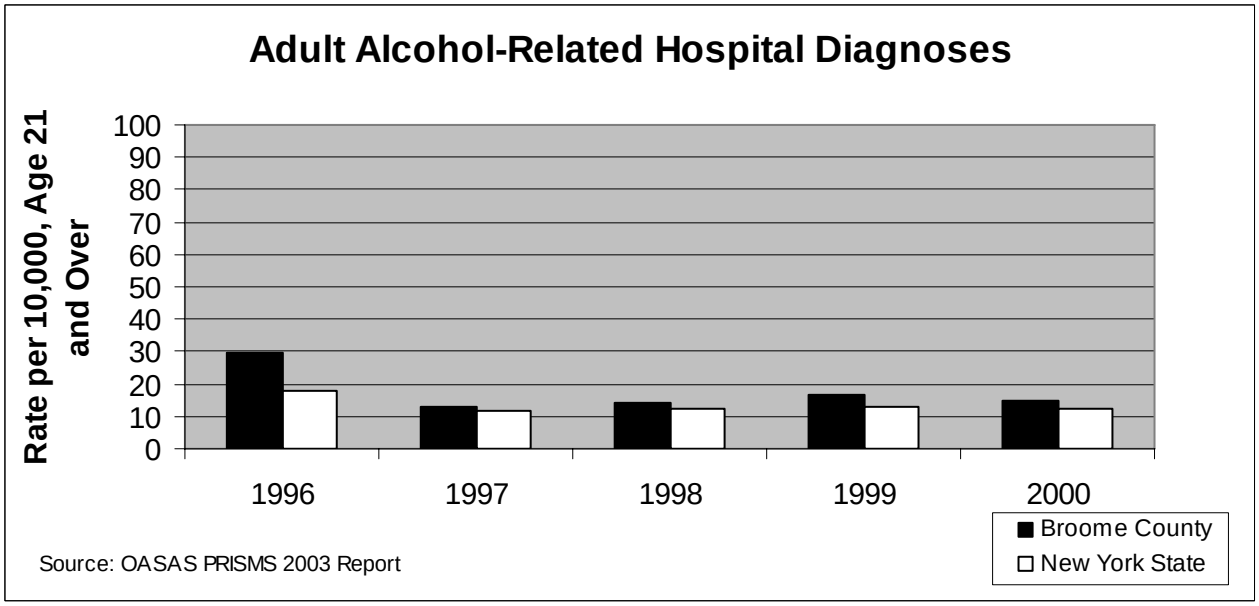


Drug-related hospitalizations provide an additional index of adult substance abuse treatment. The following figure illustrates Broome County and New York State (excluding NYC) drug-related hospitalizations from 2000 through 2003. Broome County rates of drug-related hospitalizations were relatively similar to those for New York State (excluding NYC).



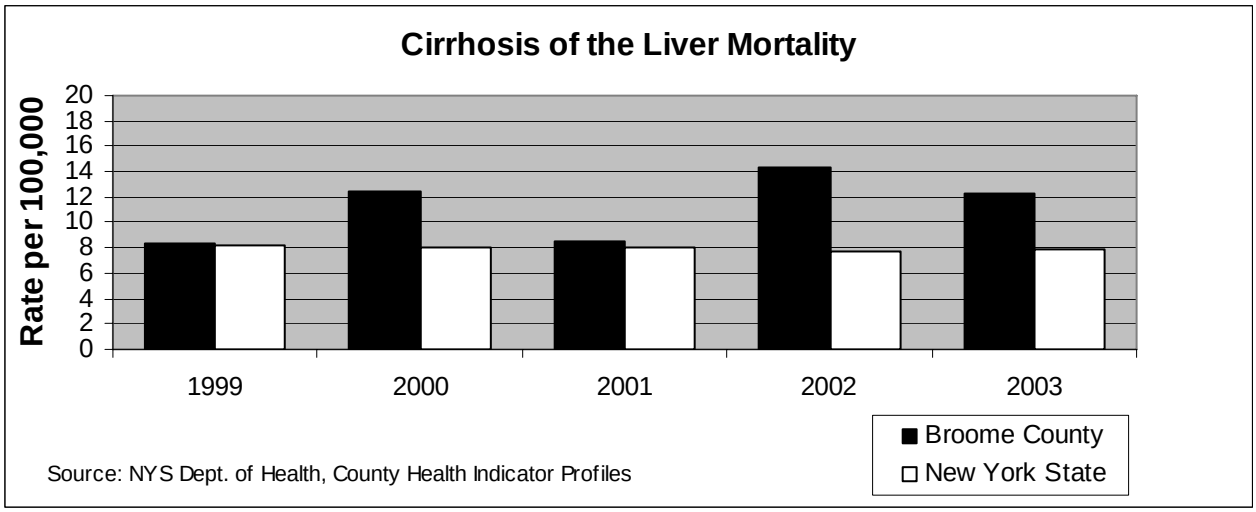
The following figures depict adult drug-related hospital diagnoses and adult alcohol-related hospital diagnoses for Broome County and New York State (excluding NYC). Broome County had higher rates of adult drug-related hospital diagnoses than New York State (excluding NYC) across years. These rates for both Broome County and New York State (excluding NYC) have remained relatively stable across the years assessed. Trends for adult alcohol-related hospital diagnoses in Broome County were similar to that of New York State (excluding NYC). Broome County showed a significant decline in alcohol-related hospital diagnoses from 1996 to 1997.





Risk Indicator: Cirrhosis Mortality

Cirrhosis, a disease of the liver, is most often related to a history of substance use. The following figure shows cirrhosis mortality rates for Broome County and New York State (excluding NYC) from 1999 through 2003. Cirrhosis mortality rates for Broome County surpassed New York State (excluding NYC) in all years. As shown, Broome County experienced a 49% increase in cirrhosis mortality rates in 2000 followed by a 79% increase in 2002 (each peak was followed by a decline in the subsequent year).



Risk Indicator: Crime Rates (Property & Violent Crimes)

Another indicator of family history of problem behavior is adult crime rates. As shown in the table below, the OASAS PRISMS 2003 Report indicated that Broome County had higher levels of arrests than New York State (excluding NYC) for property crime and other types of arrests such as arson, kidnapping, and sex offenses across all years surveyed. These rates suggest that Broome County youth may be experiencing exposure to more adult crime than youth in New York State (excluding NYC).

Adult Arrests for Broome County and New York State*					
Property Crime Arrests (Rate per 10,000 Total Population)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	71	81.6	73	80.6	69.3
New York State*	64.8	63.5	57.6	53.6	49.7
Other Arrests - Arson, Kidnapping, Sex Offenses (Rate per 10,000 Total Population)					
	1996	**1997**	**1998**	**1999**	**2000**
Broome County	283.4	275.3	289.5	246.3	229.8
New York State*	220.5	217.1	211.5	196.5	190.3
* excluding NYC Source: OASAS PRISMS 2003 Report					

More recent rates for crimes known to police (property, violent, and firearm-related index crimes) were reported for 1995 and 2002 in the Broome County Community Health Assessment Report, 2005-2010. The table below depicts the change in rates for these types of crimes. The New York State rates for both property and violent index crimes known to police were higher than those in Broome County for years 1995 and 2002. The rate for property index crimes seemed to decline across years 1995 and 2002. The index rates for violent and firearms-related crimes remained relatively stable across years 1995 and 2002. New York State data were not available for firearm-related index crimes.

Adult Index Crime Rates					
Property Index Crimes (Rate per 1,000 Total Population)					
	1995		2002		New York State (2002)
	Number	Rate	Number	Rate	Rate
Broome County	6,590	31.6	5,820	29.1	23.1
Violent Index Crimes (Rate per 1,000 Total Population)					
	1995		2002		New York State (2002)
	Number	Rate	Number	Rate	Rate
Broome County	420	2	468	2.3	4.9
Firearm-Related Index Crimes (Rate per 1,000 Total Population)					
	1995		2002		New York State (2002)
	Number	Rate	Number	Rate	Rate
Broome County	31	0.1	43	0.2	N/A
Source: Broome County Community Health Assessment Report, 2005-2010					

Summary for Family History of Problem Behavior:

- Broome County has higher rates of high school graduates (including equivalency) compared to New York State and national levels. Broome County also has higher rates of individuals with high school diplomas and Associate Degrees compared to New York State and national levels.
- Broome County has lower percentages of individuals earning Bachelor's Degrees than New York State and the nation.
- It is estimated that 15.6% of Broome County youth, ages 12 through 17 are experiencing chemical dependence problems.
- Alcohol is the primary drug of abuse for most of the individuals seeking alcohol and substance abuse treatment in Broome County.
- Over half of the OASAS clients seeking alcohol and substance abuse treatment are children of alcoholics and/or substance abusers.
- Broome County substance-related hospitalization rates have remained relatively consistent across years 1997 through 2001.
- Cirrhosis-related deaths in Broome County increased by 49% in 2000 and again by 79% in 2002.
- The New York State rates for both property and violent index crimes known to police were higher than those in Broome County for years 1995 and 2002.

7. RISK FACTOR: FAMILY MANAGEMENT PROBLEMS

Family management problems range from poor communication about behavioral expectations of children to harsh punishment practices and may influence the susceptibility of youth to use substances. According to the OASAS Prevention Risk Indicator Services Monitoring System (PRISMS) 2003 Report, the category of Family Dysfunction is higher in Broome County than that of New York State (excluding NYC).

Risk Indictor: Reported Child Abuse and Neglect

Child abuse (e.g. physical abuse, sexual abuse) and neglect are indicators of family dysfunction. Child abuse is related to poorer outcomes for children, including academic failure, depression, and other behavioral disorders such as substance abuse. Child abuse is probably underreported given that it typically occurs in private.

According to the OASAS PRISMS Report (2003), Broome County experienced significantly more foster care admissions than New York State (excluding NYC) in years 1998, 1999 and 2000 (see table below). Compared to New York State (excluding NYC), high rates of children were in foster care within Broome County. Also, high rates of child protective service reports were reported in Broome County, which may indicate that considerable incidents of child abuse and neglect are occurring and/or that rigorous attempts to control occurrences of child abuse or neglect are being made. Although less than a fourth of these reports were transferred into actual indicated cases, reports of child abuse/neglect to child protective services can be a useful indirect gauge of family management problems. Divorce rates, which may be another useful indicator of family management problems, are presented compared to New York State (excluding NYC).

Broome County Family Dysfunction Indicators		
Family Dysfunction Indicators	**Broome County**	**New York State***
Rate per 10,000 Youth Population, Ages 0-17		
Foster Care Admissions		
1998	44.2	28.1
1999	44.1	27.4
2000	37.5	25.9
Children in Foster Care		
1998	86.9	49.6
1999	89.6	48.9
2000	75.9	45.8
Child Protective Service Preventative Service Openings		
1998	91.3	74.1
1999	92.9	72.9
2000	96.6	67.9
Child Protective Service Indicated Cases		
1998	119.1	101.3
1999	107.6	91.9
2000	93.1	88.4
Child Protective Service Mandated Reports		
1998	273.5	182.1
1999	246	179.3
2000	241.5	181.4
Child Protective Service Total Reports Received		
1998	490.8	331
1999	439.7	320.3
2000	451.1	323.2
Divorces		
1998	34.1	31.3
1999	38.4	32.6
2000	36.6	30.7
* excluding NYC Source: NYS OASAS PRISMS 2003 Report		

The actual number of child abuse and neglect reports received by the Broome County Department of Social Services in 2001, 2002 and 2003 is presented in the table below. The reports for child abuse and sexual abuse steadily increased across years 2001 through 2003, whereas the reports for neglect steadily decreased. It is interesting to note that a substantially greater amount of child neglect cases were reported compared to child abuse and sexual abuse. It is unclear whether or not this observation

is in part related to more aggressive efforts to reduce neglect (leading to increased reporting) or just a reflection of the more covert nature of neglect in general (instances of neglect might be easier for others to observe and report).

Actual Reported Cases of Child Abuse and Neglect (Broome County)			
	2001	**2002**	**2003**
Abuse Reports	157	174	189
Neglect Reports	2,283	2,194	1,969
Sexual Abuse Reports	149	167	196
Source: Broome County Community Health Assessment Report, 2005-2010			

Percentages of indicated reports of child maltreatment, backed by credible evidence, for Broome County, and New York State (excluding NYC) are presented below for 1996, 2000 and 2003. According to the New York State Central Register, the percentage of indicated reports for Broome County decreased in 2000 relative to 1996 (see table below). This decrease may reflect a decline in child maltreatment or a slight increase in reluctance on the part of individuals to report suspected child abuse. The percentage of child abuse and maltreatment reports for Broome County that were indicated increased in 2003 relative to the percentage for 2000.

Indicated Reports of Child Abuse and Maltreatment			
	1996	**2000**	**2003**
Brome County	28.0%	25.4%	28.6%
New York State*	31.8%	30.5%	28.7%
* excluding NYC Source: NYS Touchstones/KIDS COUNT 2002 Data Book and 2005 Data Book			

Risk Indicator: Family Attitudes toward Problem Behavior

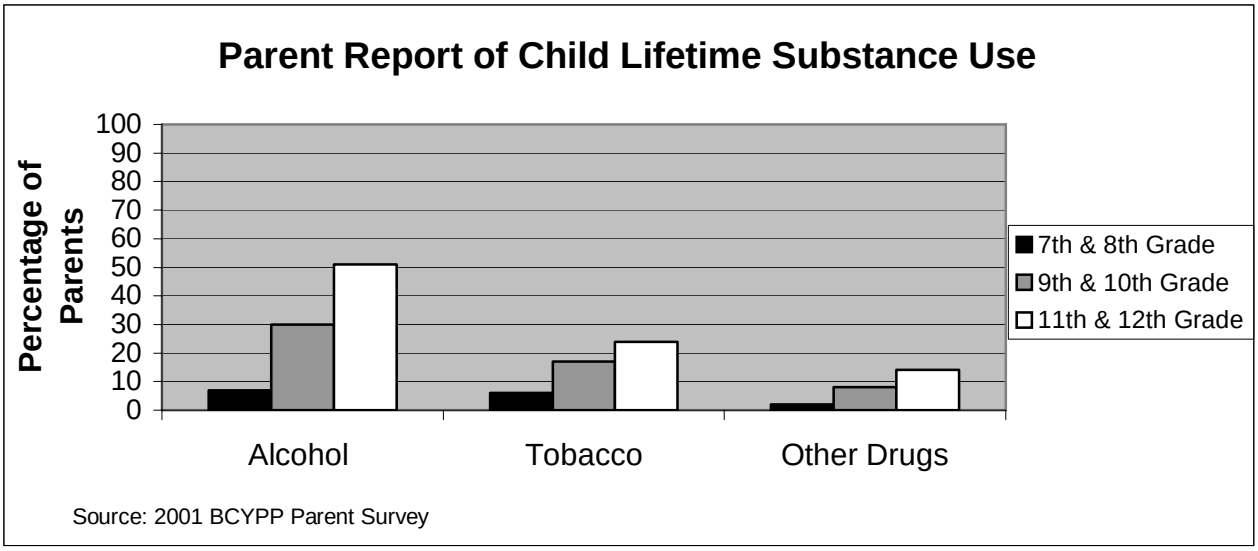
Parental attitudes and behavior are strongly associated with youth substance abuse. For the purpose of assessing parental attitudes toward substance use and related problems, the KYDS Coalition mailed a survey to a sample of approximately 4000 parents from the four target school districts. This survey was called the 2001 Broome County Youth Prevention Partnership (BCYPP) Parent Survey. Of these mailed surveys, 1064 (28%) were returned, which was a high response rate for a one time mailing. These returned surveys provided an important source of information about parental attitudes towards the problem behaviors targeted by the KYDS Coalition. The methodology of the parent survey is worth noting in that the parents who returned the surveys may have been representative of a special subgroup who is actively involved in their child's lives and whose children may have actually had lower rates of

substance use. Finally, it is important to note that the survey asked questions about good parenting attitudes and may have elicited a response bias. A copy of the 2001 BCYPP Parent Survey is provided in Appendix C.

Parents in Broome County endorsed negative attitudes towards substance use across four school districts (i.e. Binghamton, Johnson City, Union-Endicott, and Maine-Endwell). Most of the parents (86% - 99%) reported that they were opposed to substance use, including alcohol, prior to age 21. However, attitudes toward alcohol use were more variable, with the majority of parents (63%) indicating that it would be acceptable for their child to drink "At age 21." As one would expect, parental acceptance of child alcohol use prior to age 21 increased with grade level, with a greater percentage of parents (18%) of high school juniors and seniors indicating that it was acceptable for their child to drink in "Supervised" or "Responsible" situations compared to 11% and 12% of the parents of middle school and early high school students.

Most parents perceived that there would be a "Great" (70%) or "Moderate" (27%) risk for harm associated with alcohol use for individuals less than 21 years of age. Moreover, the majority of parents rated marijuana use (81%), tobacco use (89%) and other drug use (97%) as having a "Great" risk for harm. Of the parents who did not indicate that a "Great" risk for harm was associated with drugs other than alcohol, 15% and 10% of the parents endorsed that marijuana and tobacco use, respectively, had a "Moderate" risk for harm. Less than 1% of the parents reported that they perceived "No Risk" associated with alcohol, tobacco, and marijuana use.

The majority of parents endorsed that their child either "Never" or only "Once or twice" had used substances such as alcohol (92%), tobacco (94%) and other drugs (98%).



Summary for Family Management Problems:

- Broome County's rates for 1998 through 2000 are higher than that of New York State (excluding NYC) in the following areas:
  - -Foster Care Admissions
  - -Children in Foster Care
  - -Child Protective Service Preventative Service Openings
  - -Child Protective Indicated Cases
  - -Child Protective Service Mandated Reports
  - -Child Protective Service Total Reports Received
  - -Divorces
- Although neglect cases have declined in recent years, a substantially greater amount of these cases were reported compared to child abuse and sexual abuse.
- Parents primarily endorsed negative attitudes toward substance use and reported an understanding of the risks involved in substance use among youth.

8. RISK FACTOR: FAMILY CONFLICT

Family environments that are characterized by frequent arguments and physical conflict are commonly associated with poor outcomes in children, such as conduct problems and substance use. Both orders of protection and divorce rates can provide a window for assessment of family discord, although not a perfect one, since many of these behaviors are not reported.

Risk Indicator: Domestic Violence

Since family and domestic violence occurs behind closed doors, it tends to be underreported. Domestic violence rates may be calculated from reports of police responding to incidents called in by victims of violence or concerned individuals who suspect or witness violence. However, these rates are influenced by legal policies regarding criteria for arrest. Since 1996, police across New York State have been required to complete a standardized report to record responses to domestic violence calls (NYS Division of Criminal Justice Services). From 1997 through 2000, approximately one out of three suspects on the scene at the time of an officer response was arrested. In New York State, average rates of domestic violence have been near 85 per 10,000 residents compared to rates of 59 per 10,000 of other violent crimes (Fernandez-Lanier, Chard-Wierschem, & Hall, 2001). The table below shows the actual counts of domestic violence reporting in Broome County in comparison to New York State averages. The county incidence refers to the domestic violence reports within the county; whereas, the criminal incidence refers to those reports that deemed criminal. The average of domestic violence reports within Broome County exceeded the average for New York State in 1997 and 2000.

Domestic Violence Reporting Practices
(Rate per 10,000)

	County Incidence		Criminal Incidence	
	1997	2000	1997	2000
Broome County	204	214	106	99
New York State Average	133	144	73	85

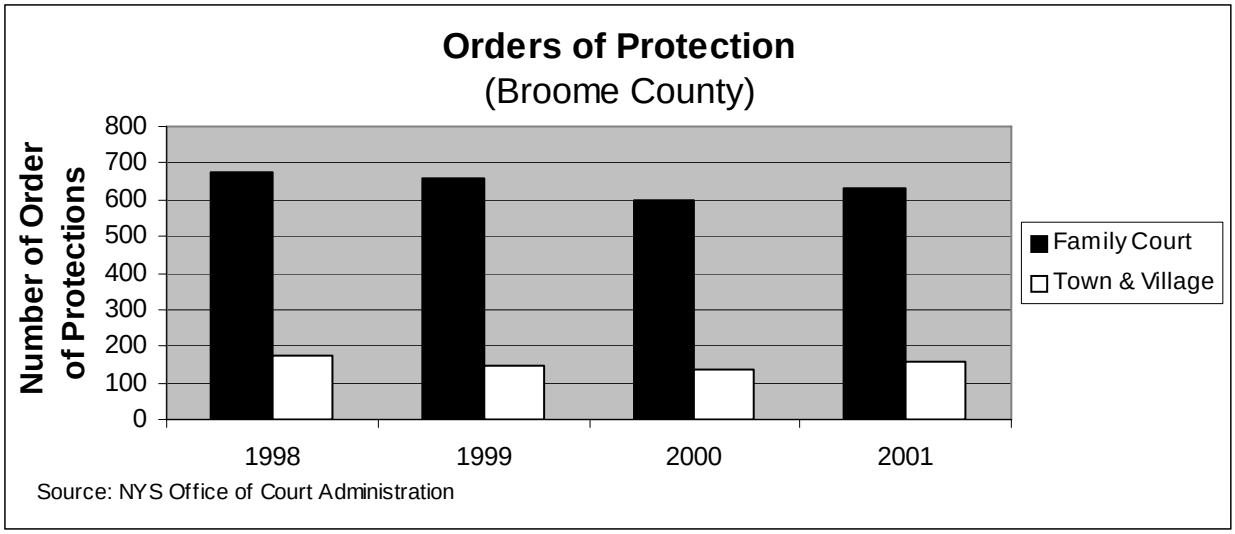
Source: NYS Division of Criminal Justice Services

Risk Indicator: Orders of Protection

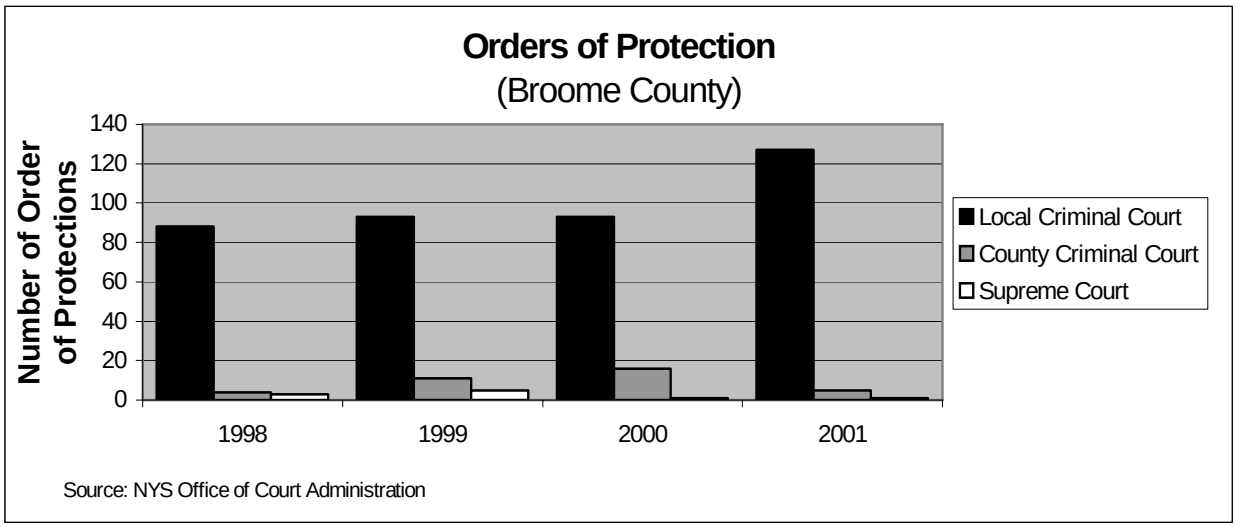
When an individual reports a family member for violence or harassment, a local court may issue an order of protection. Orders of protection issued by family or other legal courts specify conditions of behavior to be observed by a particular person. The

following charts show the number of orders of protection issued in Broome County in a variety of court settings for 1998 through 2001.

In family court, orders of protection are perhaps better indicators of family management difficulties compared to orders issued by other courts. In the figure below representing orders of protection issued by the family court as well as the town and village court, the orders issued by the family court significantly exceeded those issued by the town and village court. Numbers of orders of protection have remained relatively stable across years 1998 through 2001.



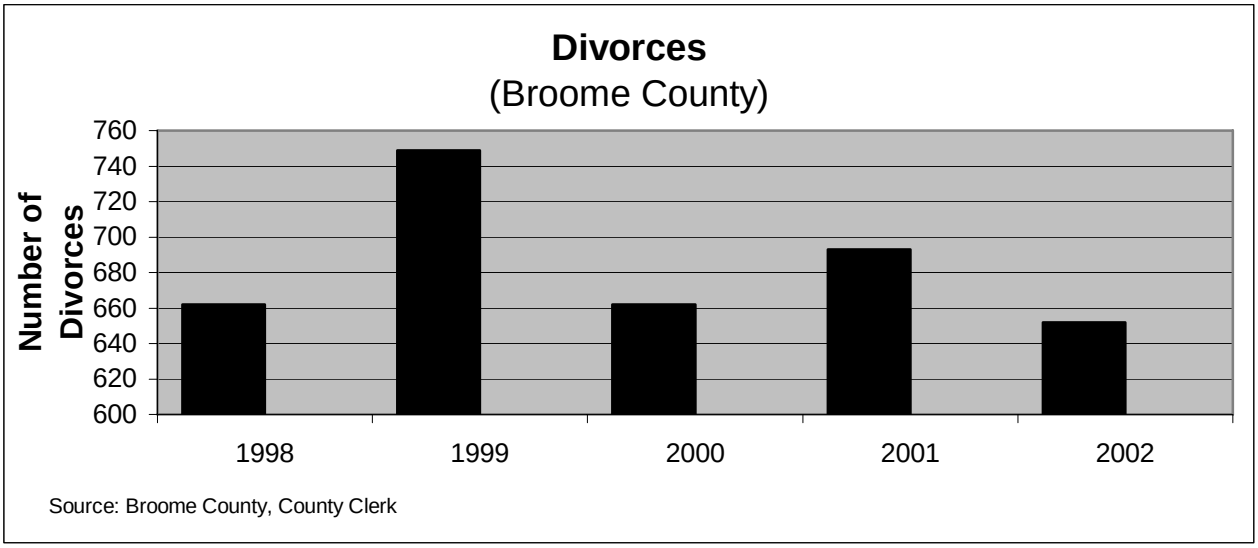
The next highest source of orders of protection, following those issued in family courts, comes from local criminal courts. Orders of protection in the local criminal court have remained relatively stable across years 1998 through 2000. However, in 2001, the number of orders of protection issued by the local criminal court reached a peak of over 120.



It is important to note that orders of protection may be issued in different courts in response to the same incident. Hence, each of the preceding numbers may not be representative of a separate event. Orders of protection may also be issued for harassment or threats by individuals not related to the victims.

Risk Indicator: Divorce

The following figure presents the number of divorces in Broome County between 1998 and 2002. Apart from 1999, when a greater number of divorces were finalized, the numbers have remained roughly consistent.



Summary for Family Conflict:

- There were more orders of protection issued by the local criminal and family courts across years 1998 through 2001.
- Although the number of orders of protection has remained relatively constant of recent years, there was a sharp increase in 2001 for local and criminal court. Coinciding with this increase was a decrease in orders of protection issued through the county criminal and supreme courts, which may be indicative of a shift in primary court responsibility for issuance of such orders.
- The number of divorces in Broome County peaked in 1999.

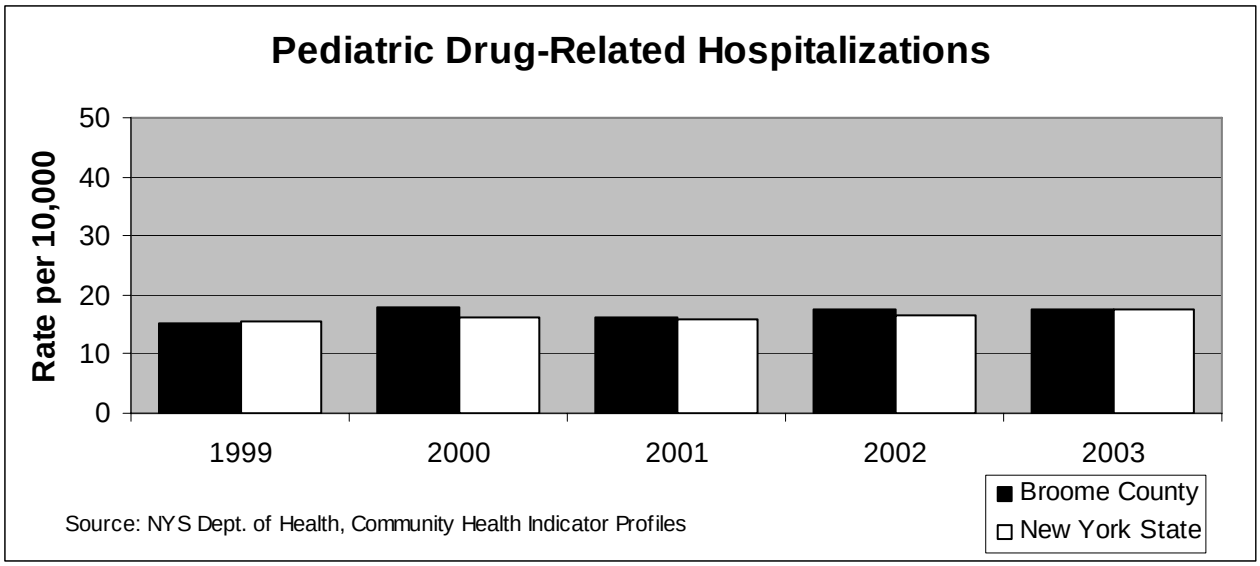
9. RISK FACTOR: EARLY AND PERSISTENT ANTISOCIAL BEHAVIOR

Problem behaviors frequently emerge in adolescence. However, various antecedents for the development of problem behaviors may be present within one's environment much earlier on (e.g. early childhood, etc.). Early behavioral problems are strongly associated with the development of subsequent antisocial behaviors, including substance use. By examining rates of early problem behavior, a community may elect to target reduction and prevention of these behaviors prior to adolescence.

Risk Indicator: Pediatric Drug-Related Hospitalizations

Prenatal exposure to drugs may have long-term effects on individuals developing under such circumstances. Although, many babies born with prenatal exposure to drugs recover quite well, many go on to develop subtle, but significant, deficits later. The types of deficits that tend to emerge in early childhood include problems with maintaining attention, focus and concentration for long periods of time. These abilities are particularly pertinent to classroom activities and may lead to children with such problems being classified as having difficulties (see Children Classified with Disabilities section below).

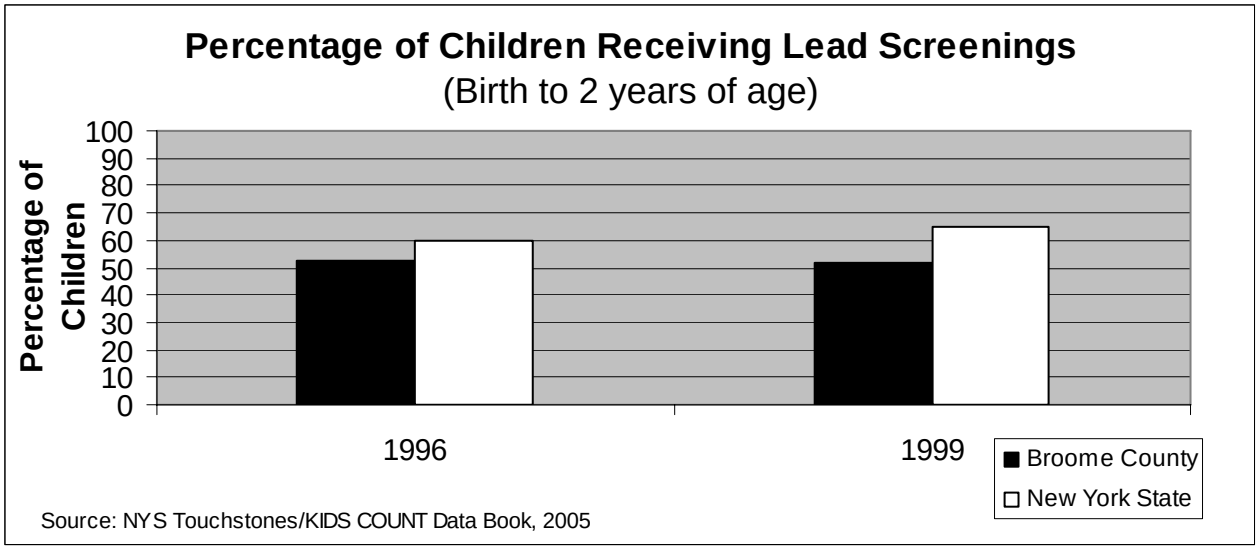
The yearly prevalence of babies admitted to the hospital under drug-related conditions is presented in the graph below. As shown, the Broome County rate of pediatric drug-related hospitalizations was similar to that for New York State (excluding NYC). Across years 1999 through 2003, the rates for pediatric drug-related hospitalizations were roughly the same. Broome County rates ranged from a low of 15.1 in 1999 to a high of 17.8 in 2000. Rates in between 15.1 and 17.8 were observed for years 2001 through 2003.



Risk Indicator: Childhood Lead Poisoning

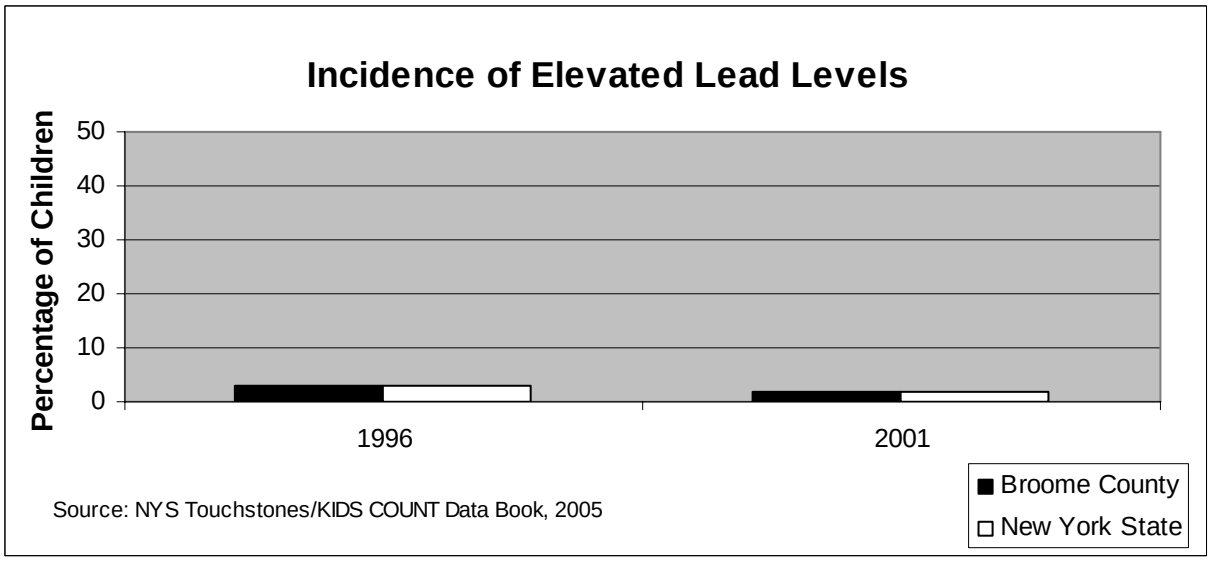
Childhood lead poisoning is a serious health concern that can have detrimental effects on a child. The children most at risk from exposure to lead are those under age six. Behavior problems, learning disabilities, and lowered intelligence can be contributed to by exposure to even small amounts of lead. Behavior problems, learning disabilities, and/or lowered intelligence can put youth at risk for developing subsequent antisocial behavior. Unchecked lead poisoning can advance to more severe health problems including seizures, kidney impairment, and neurological damage (New York State Touchstones/Kids Count Data Book, 2005). The most common source of lead exposure for children under the age of six is lead-based paint. Elevated lead content may also be found in other items that are brought into the home, including: some types of candy, traditional medicines, ceramic products, and metallic trinkets.

The graph below depicts the percentage of children in Broome County compared to New York State (excluding NYC) who had undergone lead screening. Approximately 53% of children in Broome County received lead exposure screens in 1996 and about 52% in 1999. In 1996, the percentage of children in New York State (excluding NYC) being screened for lead exposure was approximately 60%. This percentage increased to 65% in 1999. As noted, the percentage of children in Broome County receiving screens for lead exposure slightly decreased across years 1996 through 1999, whereas the percentage across these years increased in New York State (excluding NYC).



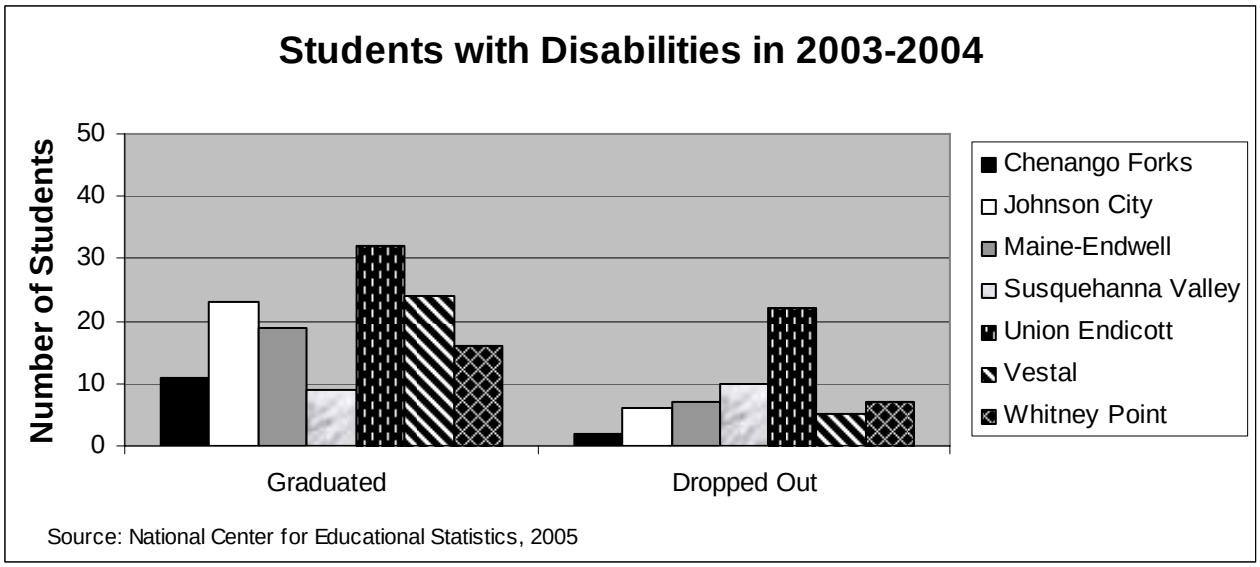
Decreases in incidence of elevated lead levels were observed for both Broome County and New York State (excluding NYC). In Broome County, the incidence of elevated lead exposure decreased from 2.9% in 1996 to 1.7% in 2001. In New York State (excluding NYC), the incidence of elevated lead levels decreased from 3% in 1996 to 1.7%. These declines may be in part related to the widespread education of the danger associated with use of lead paint and reductions in US housing lead hazards.

Worth noting is that only a little more than half of the children in Broome County are receiving screens for elevated lead levels, thus not all potential cases are being detected and treated.



Risk Indicator: Children Classified with Disabilities

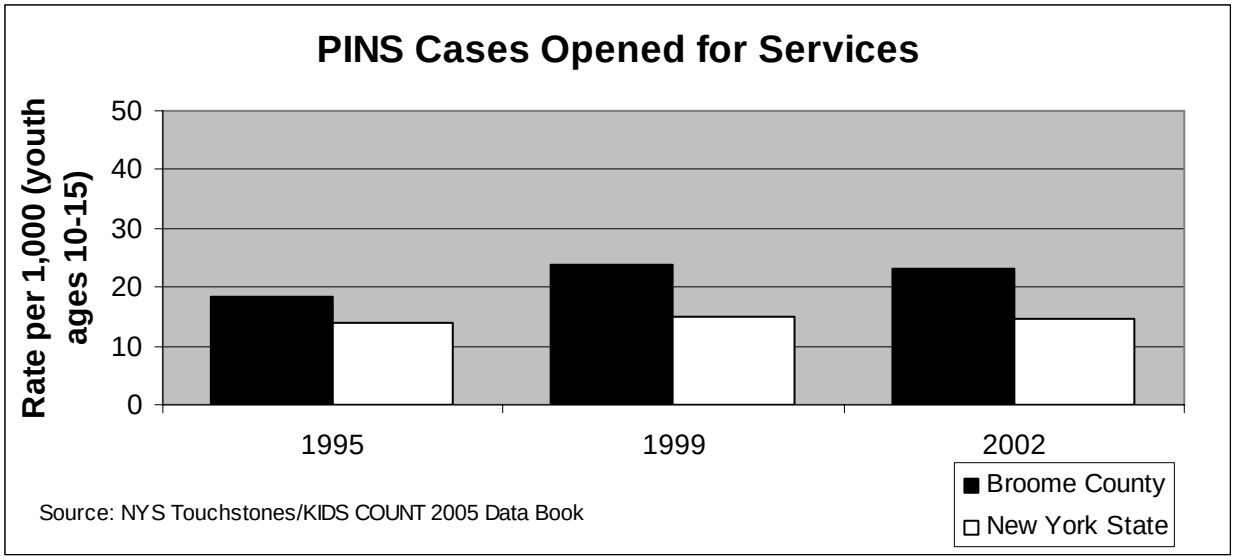
Children classified with disabilities (e.g. learning disability, emotional problems) are at greater risk for problem behavior initiation. The following chart presents the number of students classified with a disability that graduated from high school or dropped out in 2003-2004 in each of the target school districts. Students with a disability were more likely to drop out of Union-Endicott and Susquehanna Valley school districts than from Vestal and Chenango Forks. The extent to which the students from the first two school districts have more severe problems than the other districts is unknown.



Risk Indicator: Person in Need of Supervision

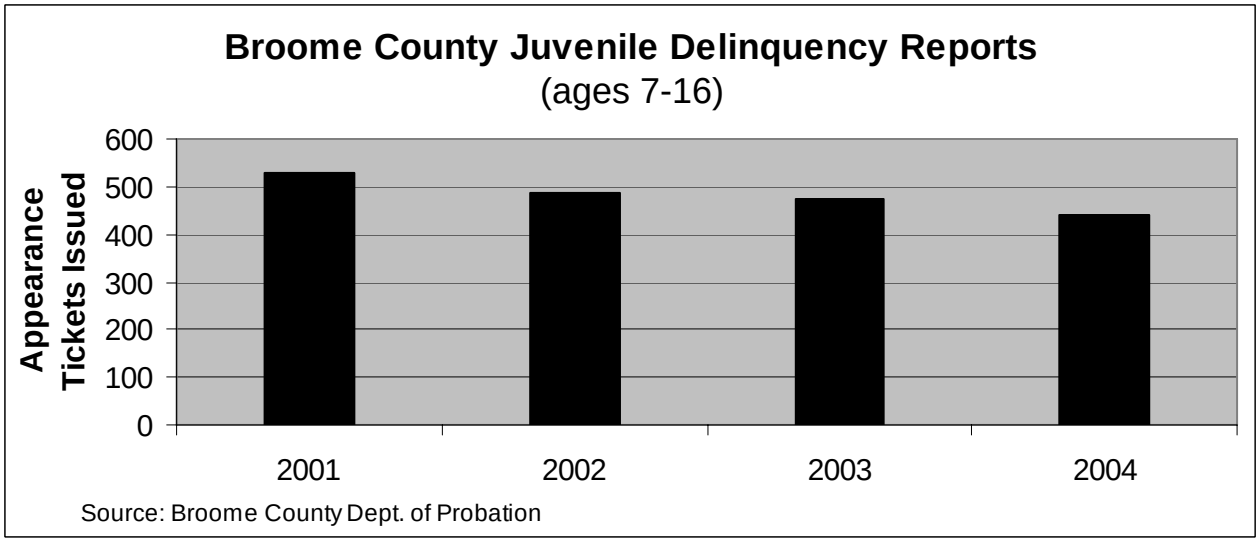
Persistent conduct problems in children often indicate early antisocial behavior. The number of Persons in Need of Supervision (PINS) provides an index of non-criminal misconduct problems that were deemed serious enough to report for youth ages 10-15 years, which are defined by truancy, persistent disobedience, and incorrigibility. Typically, parents or school officials file these complaints with the local probation department in order to receive help from family court with managing these behaviors.

Broome County rates of youth with non-criminal conduct problems increased by 28% from 1995 to 1999, and surpassed the rates reported for New York State, excluding NYC, (New York State Touchstones/KIDS COUNT 2005 Data Book). This increase may reflect growing numbers of youth exhibiting problem behaviors or a decreasing tolerance of problem behaviors by parents and/or schools. Given that these data may suggest that youth problem behaviors in Broome County are increasing, this issue should be addressed on family, school, and community levels.



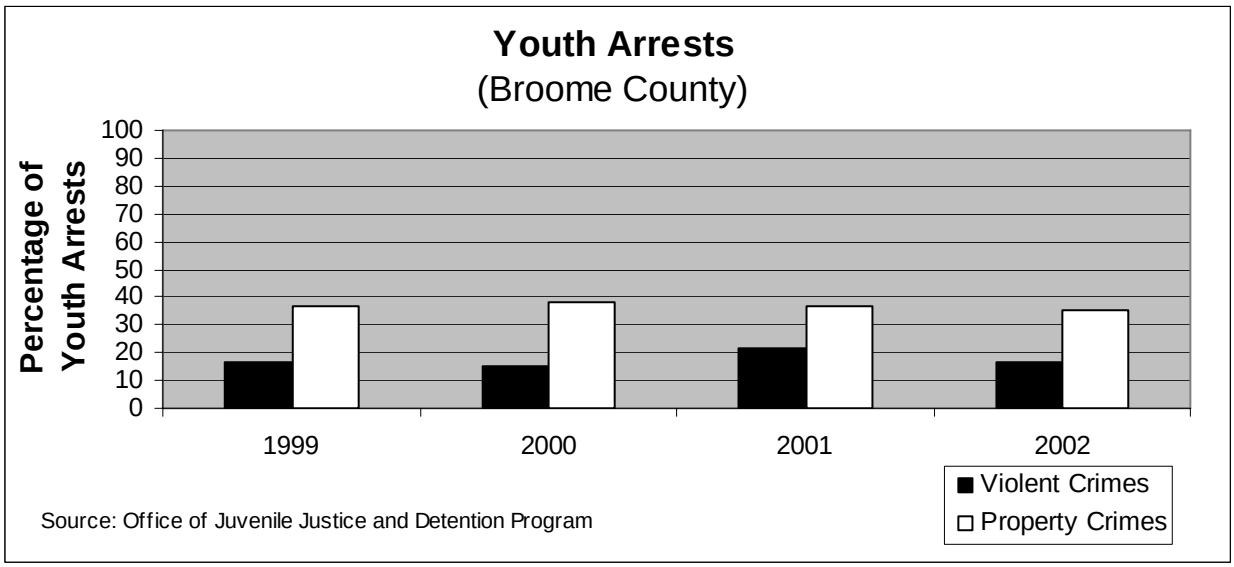
Risk Indicator: Juvenile Delinquent Reports

The following graph presents the number of cases of juveniles (ages 7–16) who were apprehended by police and issued an appearance ticket. The appearance ticket can result in petition or a referral to the County Attorney's office for possible prosecution as a juvenile delinquent. The graph suggests that the rates of serious crimes committed by Broome County youth have experienced a steady, though gradual, decline over the years 2001 through 2004.

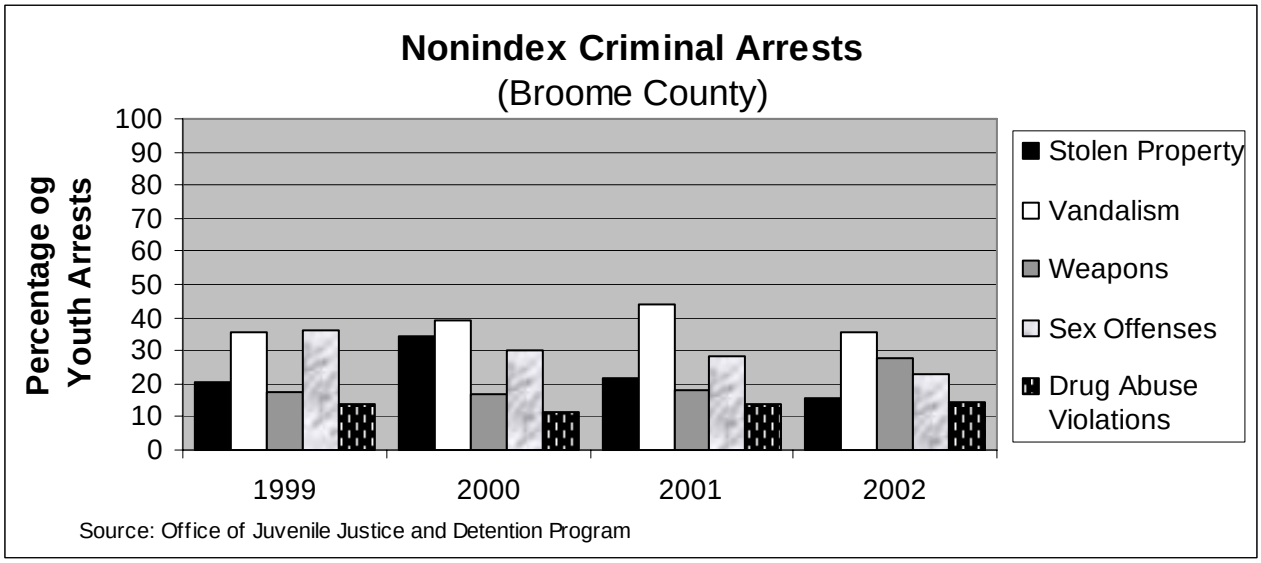


Risk Indicator: Youth Arrests

Early and persistent antisocial behavior of youth can be roughly gauged through assessment of juvenile arrests. The graph below shows the percentages of arrests among juveniles in Broome County across years 1999 through 2002. These juvenile arrest data are separated into categories for violent crimes and property crimes. Examples of the crimes included in the violent index include murder, forcible rape, robbery, and aggravated assault. Those examples included in the property index are burglary, larceny/theft, motor vehicle theft, and arson. Across all years, percentages of crimes were higher for property crimes compared to violent crimes among Broome County youth.



The graph below shows the percentages of Broome County youth involved in other types of criminal activities leading to arrest. As shown, it appears that the three most frequent non-index criminal arrests occurring among Broome County youth are for vandalism, stolen property, and sex offenses. The percentages of arrests for drug abuse violations appear to be the lowest category among those presented.



Risk Indicator: Intoxicated Youth Drivers Involved in Auto Accidents

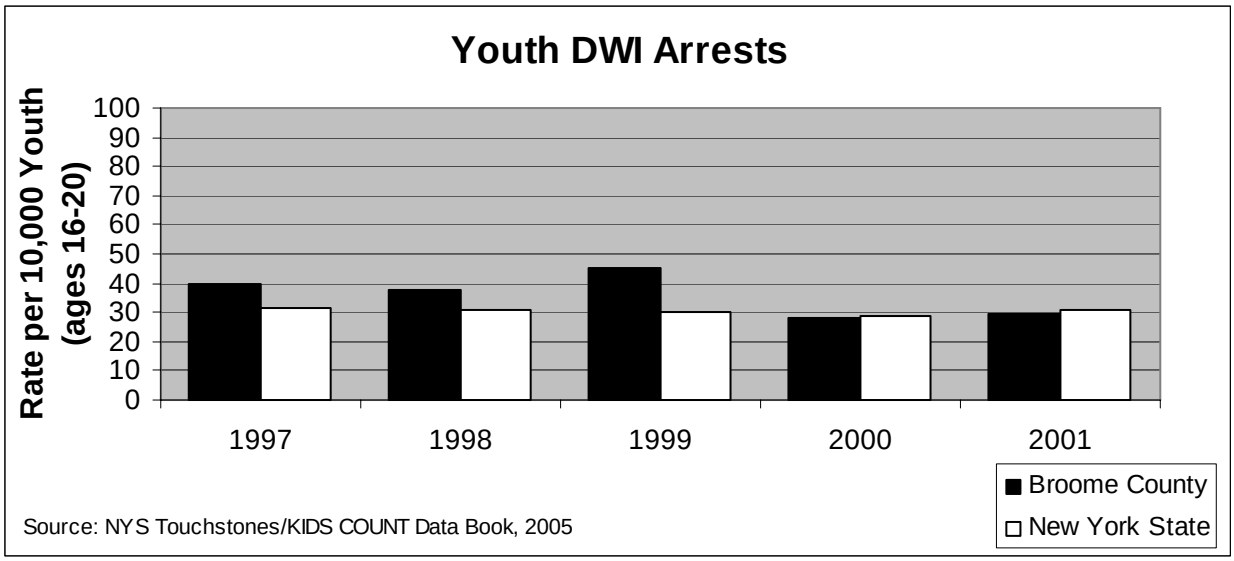
The Broome County Health Assessment Report indicated the number and rate (per 10,000 youth ages 16-20 years of age) of intoxicated youth involved in auto accidents for years 1995 and 1999. This report also provided the comparison rate for New York State (excluding NYC) for 1999. As shown, the rate of intoxicated youth involved in alcohol-related accidents tripled from 1995 to 1999. The rate for Broome County in 1999 was more than double that for New York State (excluding NYC). According to a report issued by the Broome County Stop DWI (2001), the number of youth drivers (less than 21 years of age) involved in alcohol-related crashes for 1999 was 33 and for 2000, 31. In addition, the Broome County Stop DWI presented information on the number of young adult drivers (age 21–29) arrested for alcohol related accidents. In 1999, the number of young adult drivers involved in alcohol-related accidents was 82, whereas in 2000, the number was 59. It is important to note that the problem of youth involvement in alcohol-related accidents does not end with adolescence, but perhaps, continues on into adulthood.

Youth Involved in Alcohol-Related Accidents (per 10,000 Total Population)			
	Broome County		New York State*
	Number	Rate	Rate
1995	9	6.1	N/A
1999	29	19.4	8.3

* excluding NYC
Source: Broome County Community Health Assessment Report, 2005-2010

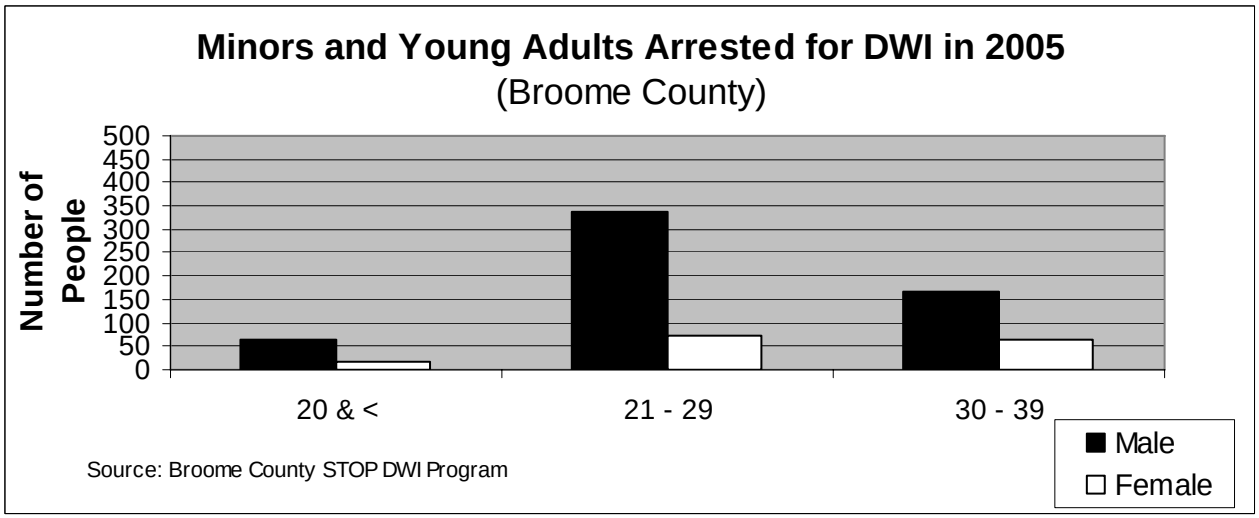
Risk Indicator: Minors and Young Adults Arrested for DWI

The following figure depicts Broome County and New York State (excluding NYC) DWI arrest rates for youths (ages 16–20) from 1997 through 2001. Broome County rates surpassed those for New York State (excluding NYC) during years 1997 through 1999, with a peak of DWI arrests in 1999. A notable decrease in DWI arrests was observed in Broome County for years 2000 and 2001 compared to previous years. In these latter years, Broome County rates were similar to that of New York State (excluding NYC).



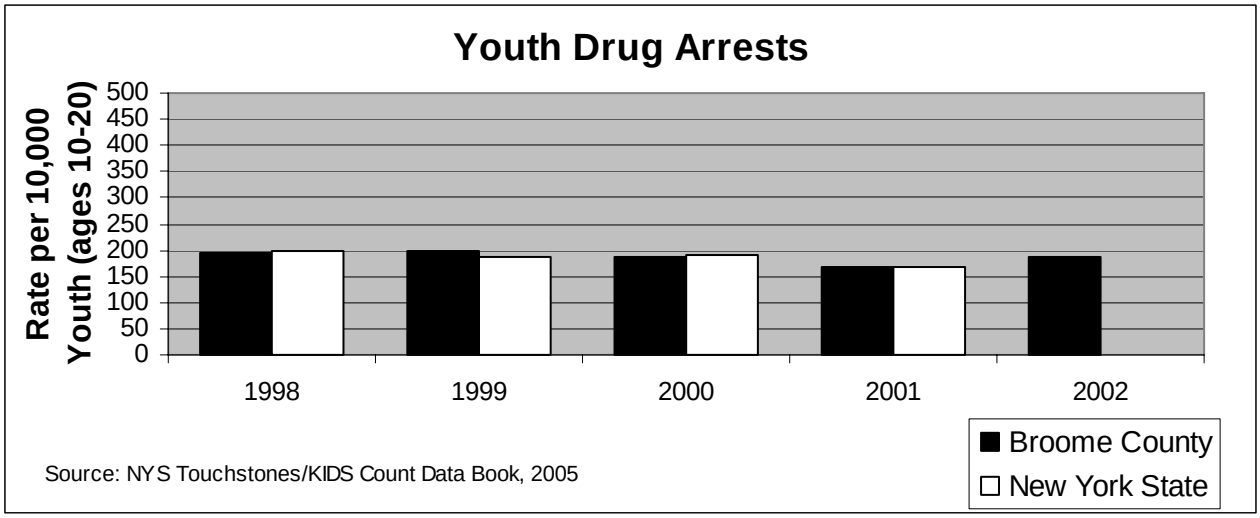
DWI arrests vary significantly as a function of sex and age. As shown in the graph below, males were significantly more likely to be arrested for DWI compared to females in 2005. This difference is very apparent in the 21-29 age cohort. Rates of DWI arrests vary considerable across the age groups presented, with the highest amount of DWI arrests occurring in the 21-29 age range. This elevated number of young adults being arrests for DWI in Broome County is particularly concerning. Firstly,

such elevations in young adulthood might serve as an indicator for youth exposure to DWI. Secondly, these elevations might be an indirect indicator of the potential prevalence of adolescents who may later develop DWI practices; thus, emphasizing the need to address this issue earlier in its development.



Risk Indicator: Youth Drug Arrests

The rates of youth drug arrests indicate early initiation of substance involvement. The following figure depicts Broome County and New York State (excluding NYC) youth drug arrests (ages 10–20) for 1998 through 2002. Broome County showed a relatively stable trend in youth drug arrests across these years. Compared to New York State (excluding NYC), Broome County had elevated rates of youth arrests for drug use, possession, and sale in 1999. The rate per 10,000 youth for Broome County in 1999 was 199.7, whereas it was 187.9 in New York State (Touchstones/KIDS COUNT 2005 Data Book). New York State (excluding NYC) data were not available for comparison in 2002.



Summary for Early and Persistent Antisocial Behavior:

- Childhood deficits associated with early exposure to drugs include problems with maintaining attention, focus, and concentration for long periods of time. Broome County rates for pediatric drug-related hospitalizations ranged from a low of 15.1 in 1999 to a high of 17.8 in 2000.
- Although the incidence of elevated lead exposure decreased across years 1996 to 2001 in Broome County, still only approximately half of Broome County children are being screened for elevated blood lead levels.
- A greater number of students with disabilities drop out of high school in Union-Endicott and Susquehanna Valley compared to Vestal and Chenango Forks school districts.
- Broome County rates of youth with non-criminal conduct problems (PINS cases opened), increased by 28% from 1995 through 1999 and remained relatively stable from 1999 through 2002.
- Broome County PINS rates are higher than rates of New York State (excluding NYC).
- A gradual decrease in the rates of serious crimes committed (juvenile delinquency reports) by Broome County youth was observed from 2001 through 2004.
- Among Broome County youth, percentages of crimes are generally higher for property crimes compared to those for violent crimes.
- The three most frequent non-index criminal arrests occurring among Broome County youth are for vandalism, stolen property, and sex offenses.
- The rate of intoxicated youth involved in alcohol-related accidents tripled from 1995 to 1999.
- A decrease in DWI arrests was observed in Broome County among youth (ages 16–20) for years 2000 and 2001 compared to previous years.
- Males were significantly more likely to be arrested for DWI compared to females.
- DWI arrests occurring in the 21 through 29 age range are the highest across all age ranges, especially for males.
- Broome County rates for youth DWI arrests were similar to New York State (excluding NYC) in 2000 and 2001.
- Broome County yearly rates for youth drug arrests is similar to that of New York State (excluding NYC), with the exception of 1999 where Broome County slightly surpassed the rate for New York State (excluding NYC).

10. RISK FACTOR: ACADEMIC FAILURE

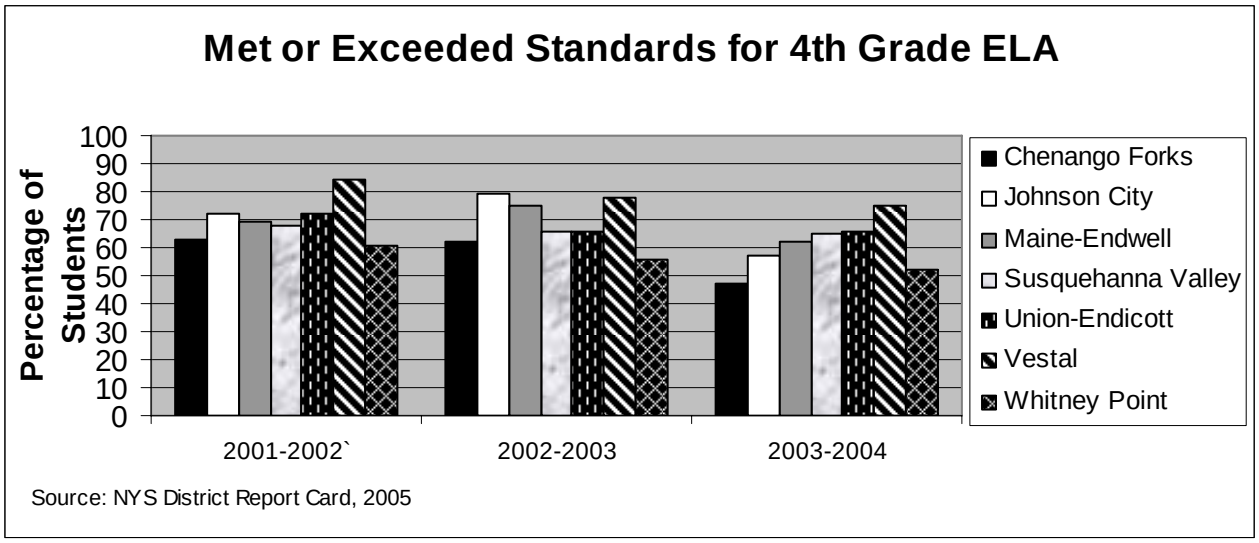
Academic performance is strongly related to youth substance abuse. Compared to weaker students, students with better performance are more likely to refrain from substance use. Although the direction of this relationship is not always clear, or whether other indices of risk mediate this association, rates of academic achievement comprise a meaningful measure of community risk.

Risk Indicator: English Language Arts and Math Test Scores

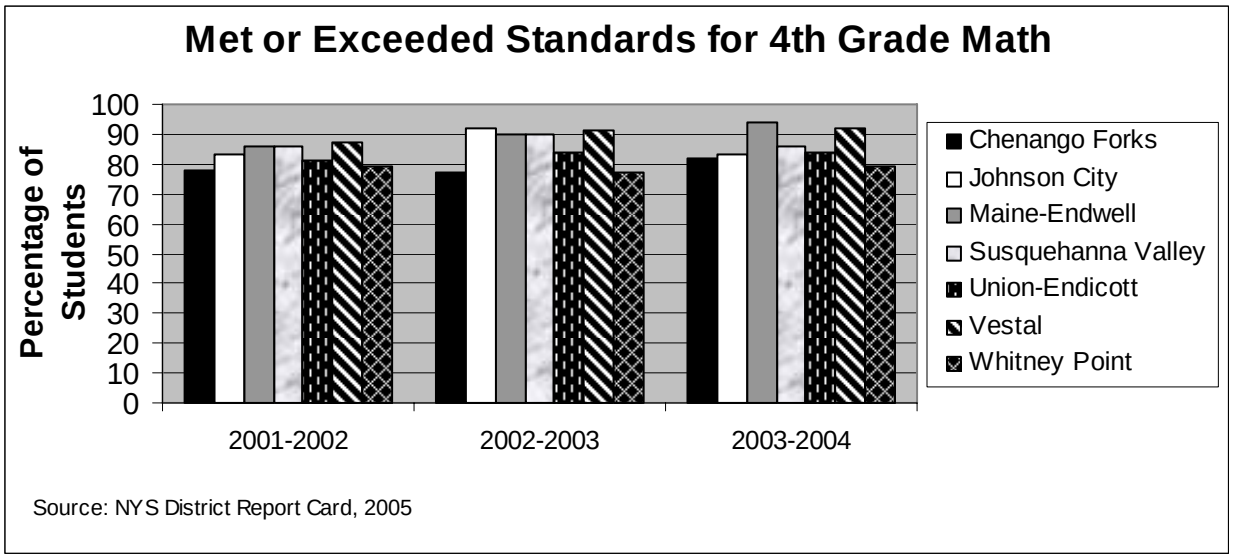
The following graphs depict the combined percent of 4th and 8th graders who achieved scores of a level 3 or 4 on the English Language Arts (ELA) and Mathematics tests in each of the target school districts. The levels for the ELA and math tests are as follows:

Level 1: Substantially below standards
Level 2: Below standards
Level 3: Meets standards
Level 4: Substantially above standards

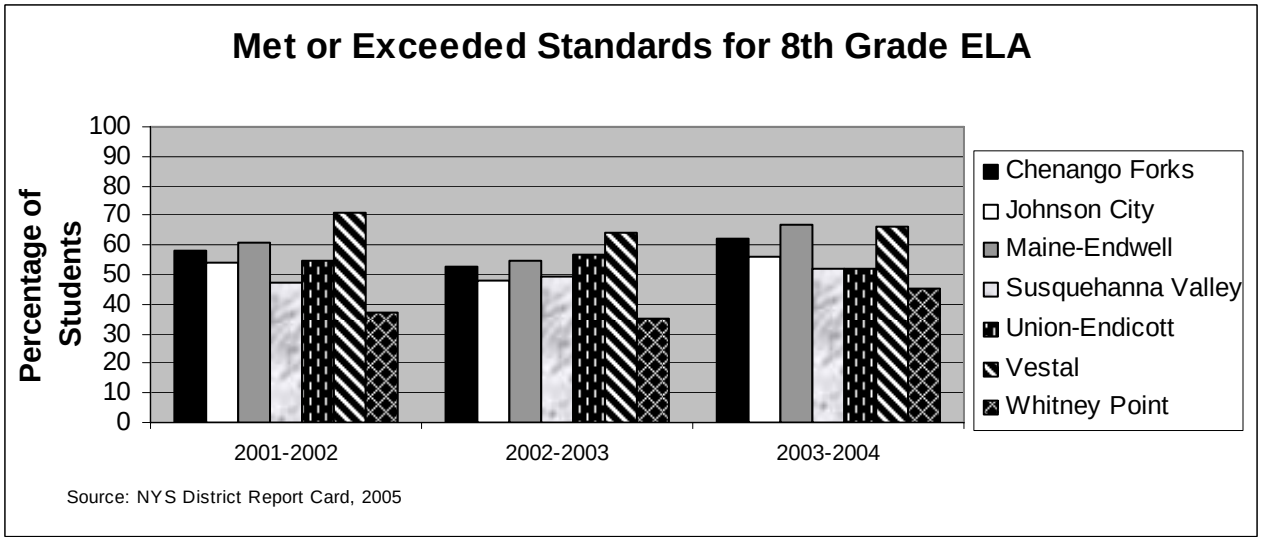
The following figure presents the combined percent of 4th graders who met or exceeded the standards for reading and writing skills on the ELA test. All but two districts (Johnson City and Maine-Endwell) showed a steady decline in the percentage of students meeting or exceeding standards from 2001-2002 to 2003-2004. Nearly three-quarters of Vestal 4th graders met or exceeded standards for ELA in 2003-2004, while fewer than half of the students from Chenango Forks did so. The percentage of Susquehanna Valley students meeting or exceeding standards for ELA remained relatively stable across years; whereas percentages for Vestal and Whitney Point experienced declines.



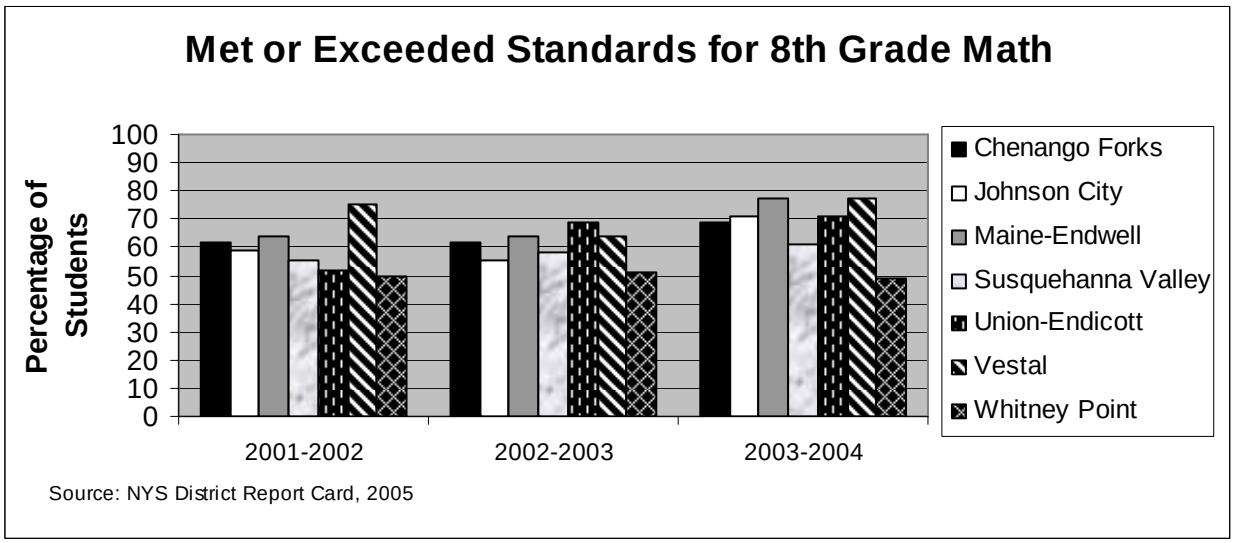
The following figure depicts the proportion of 4th graders who met or exceeded standards for their grade level on the standardized math test. Over 90% of students in Maine-Endwell and Vestal school districts performed at or above standards; whereas 75% of the 4th graders belonging to other school districts performed as well.



The figure below shows the combined percentage of 8th graders who met or exceeded standards on the ELA test. Less than 75% of 8th grade students in all school districts met or exceeded standards on the ELA exam. Overall, Maine-Endwell and Vestal had the most students meeting or exceeding standards across the years assessed, while Whitney Point had the fewest. Improvements in scores across the 2001-2002 through 2003-2004 school years were noted for Susquehanna Valley.



The following graph illustrates the proportion of 8th graders who met or exceeded standards on the math test for their grade level. The majority of school districts improved from 2001-2002 through 2003-2004. In 2003-2004, over three quarters of students in Vestal and Maine-Endwell met or exceeded standards. The lowest percentages of students meeting or exceeding standards were found in Whitney Point which remained at or near 50% across yearly administrations.



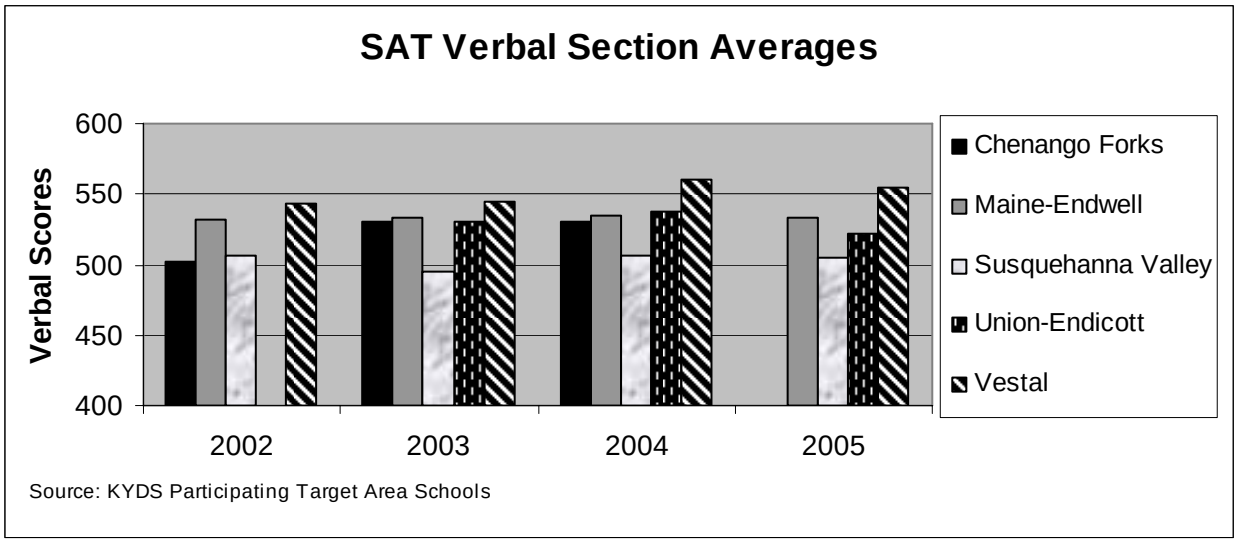
Risk Indicator: Standardized Achievement Test Scores

The Standardized Achievement Test (SAT) results for a given school district provides an index of academic achievement for college bound students relative to their peers across the state and nation. The SAT consists of a verbal and a math section. In addition to the importance of the actual SAT scores is the percentage of students taking the exam for a given year. This important value results from individual students deciding not to take the SAT as well as schools demonstrating different practices in encouraging students to take the SATs (e.g. not encouraging those students who are performing poorly to take the exam). Thus, the percentage of students taking the SAT may serve as another indirect indicator of academic failure. Districts that are more selective in choosing who will be encouraged to sit for the exam may have higher SAT averages than those districts not practicing such restrictions.

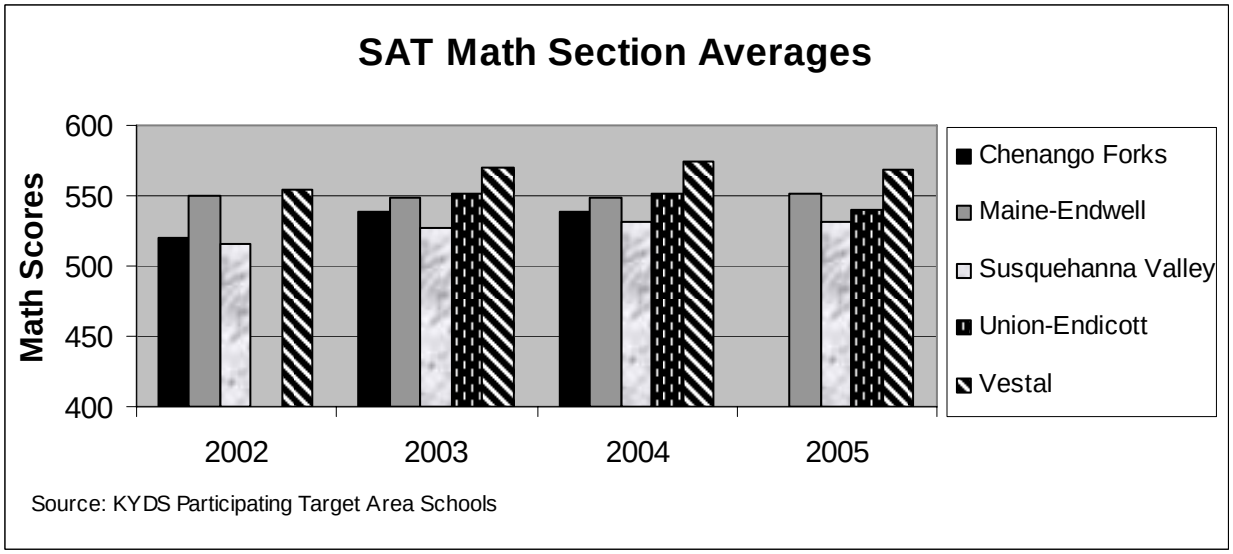
Five of the participating school districts provided information about their SAT scores including: Chenango Forks, Maine-Endwell, Susquehanna Valley, Union-Endicott, and Vestal (other participating school districts did not have this information at the time of request). The schools with the highest reported percentages (of those presenting data) of students taking the SAT exam are Vestal (percentages ranging from 85-89 across years 2002 through 2005) and Maine-Endwell (percentages ranging from 70-74 across years 2002 through 2005). The school with the lowest percentage of students taking the SAT (of those reported) was Susquehanna Valley, in which

approximately 38% – 60% of students took the exam across years 2002 through 2005. New York State averages for taking the SAT are approximately 79% – 82% (National Center for Educational Statistics).

Locally, several trends have emerged on the verbal academic achievement section. Verbal score averages across all schools have remained relatively consistent from 2002 through 2005. The schools with the highest verbal averages (of those presenting data) appear to be Vestal, Maine-Endwell, and Union-Endicott. Of the schools that presented data, the school with the lowest averages is Susquehanna Valley. Data for Chenango Forks (2005) and Union-Endicott (2002) were unavailable at the time of request.



Similar to the SAT verbal section results, students from Vestal, Maine-Endwell and Union-Endicott had higher averages, whereas Susquehanna Valley consistently produced the lowest math averages across the years assessed.



Risk Indicator: Students Entering GED Programs

Those students leaving a program leading to a high school diploma (traditional schooling) to enter General Education Development (GED) programs (leading to a high school equivalency diploma) may be, or are at risk for, experiencing academic difficulties and/or other problems relating to a diminished ability to maintain enrollment in traditional schooling. In these cases, alternate schooling, such as a GED program, may be more appropriate to fulfill one's educational goals. The table below shows the number of students entering GED programs for each of the target school districts. The schools with the highest aggregated (across years) amount of students entering GED programs are Union-Endicott, Maine-Endwell and Vestal. During the 2003-2004 school year, Union-Endicott experienced a dramatic increase from the previous year in students entering GED programs. This increase reflected an extra 50 students entering GED programs compared to the previous year. The school with the lowest aggregated amount of students entering GED programs was Johnson City. Interestingly, yearly totals for students entering GED programs more than doubled across years. These totals included students entering into GED programs across all target school districts for each year. This may be reflective of an increased amount of students seeking alternate education.

Target School Students Entering GED Programs			
	2001-2002	**2002-2003**	**2003-2004**
Chenango Forks	2	7	9
Johnson City	1	3	10
Maine-Endwell	9	8	11
Susquehanna Valley	0	9	11
Union-Endicott	8	7	57
Vestal	0	11	16
Whitney Point	1	9	12
Yearly Totals	21	54	126
Source: NYS District Report Card, 2005			

Summary for Academic Failure:

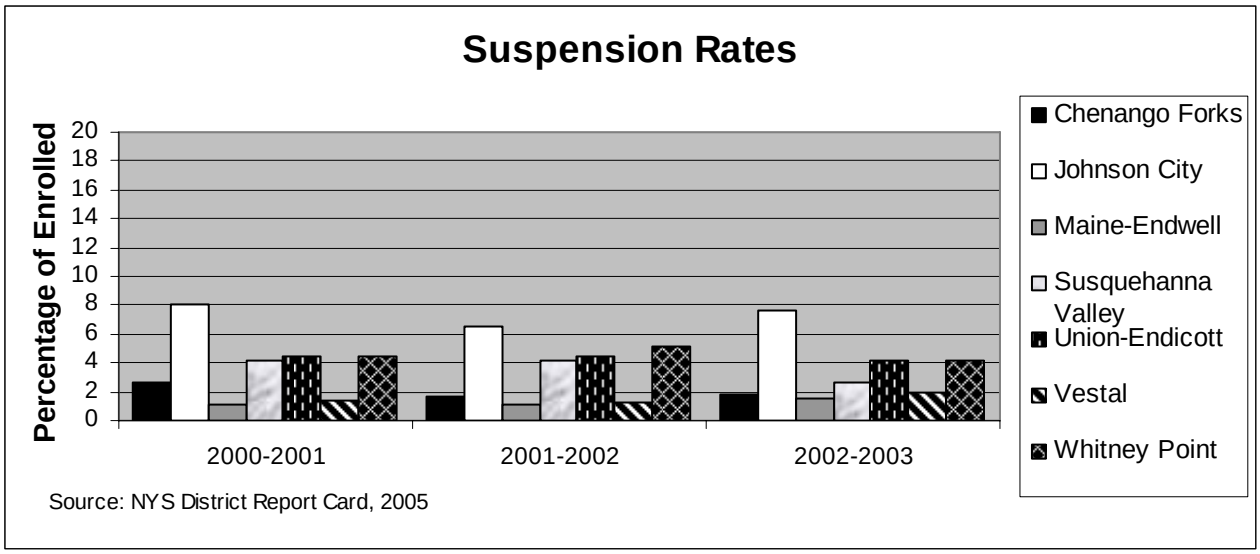
- Maine-Endwell and Vestal tended to achieve test scores above the other target areas.
- Whitney Point school district tended to achieve lower scores in both 4th and 8th grade ELA and Math scores compared to other districts.
- Across all schools, 4th and 8th graders appeared to perform better on the math test than the ELA test.
- The schools with the highest verbal and math SAT averages are Vestal, Maine-Endwell, and Union-Endicott.
- Susquehanna Valley has the lowest verbal and math SAT averages.
- Yearly totals, including all target schools, for students entering GED programs more than doubled across years 2001-2002 through 2003-2004.

11. RISK FACTOR: LOW COMMITMENT TO SCHOOL

Beyond academic achievement, there are additional factors within the school domain that influence the likelihood of youth substance use. The extent to which students feel invested in their schools and are positively reinforced at school for prosocial behavior is related to substance use. Those students who are more involved in school activities are less likely to engage in early substance use whereas those who are uncommitted to school are more likely to initiate problem behavior.

Risk Indicator: Suspension Rates

Suspension rates provide an index of low school commitment, given that this punishment is used to discourage antisocial behavior in school. Unfortunately, suspension rates also reflect time spent away from school for students involved in such punishment. The figure below compares suspension rates for the target school districts from the academic school year 2000-2001 through 2002-2003. Johnson City's suspension rates were higher than those of the other school districts across all years. Maine-Endwell and Vestal had the lowest suspension rates among all schools. Rates for each district, across years, remained relatively stable.

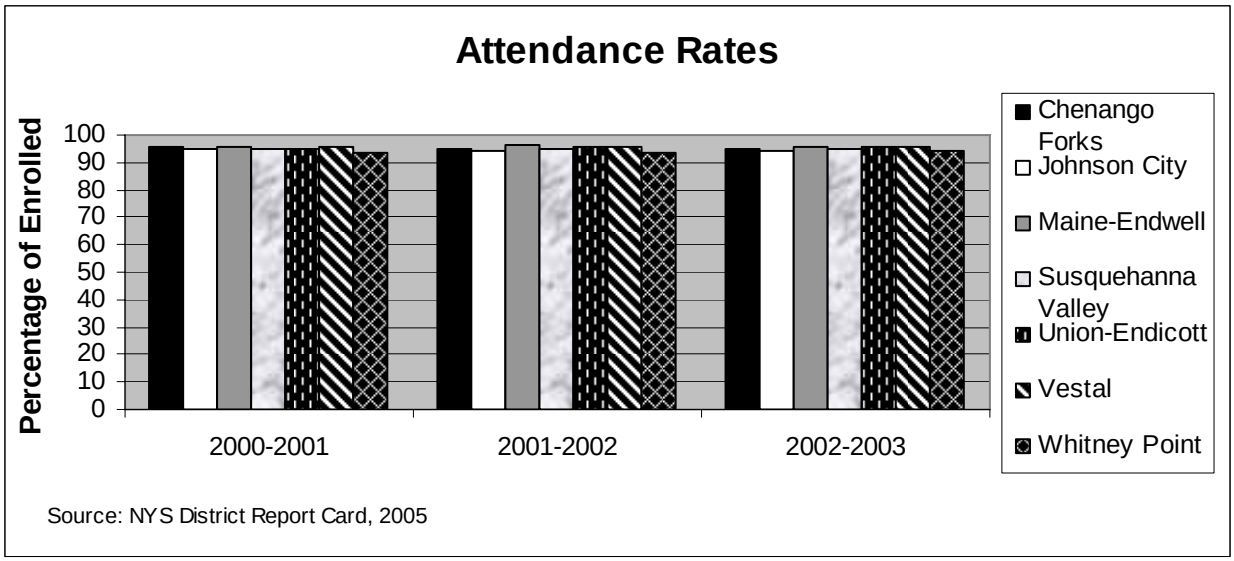


Risk Indicator: Attendance Rates

Another indicator of commitment to school is student attendance. According to New York State law, all children ages 6-16 that are physically and mentally able are required to attend school daily. Unexcused absences (i.e. without reasonable explanation) are unlawful. State aid to schools is dependent, to some extent, on

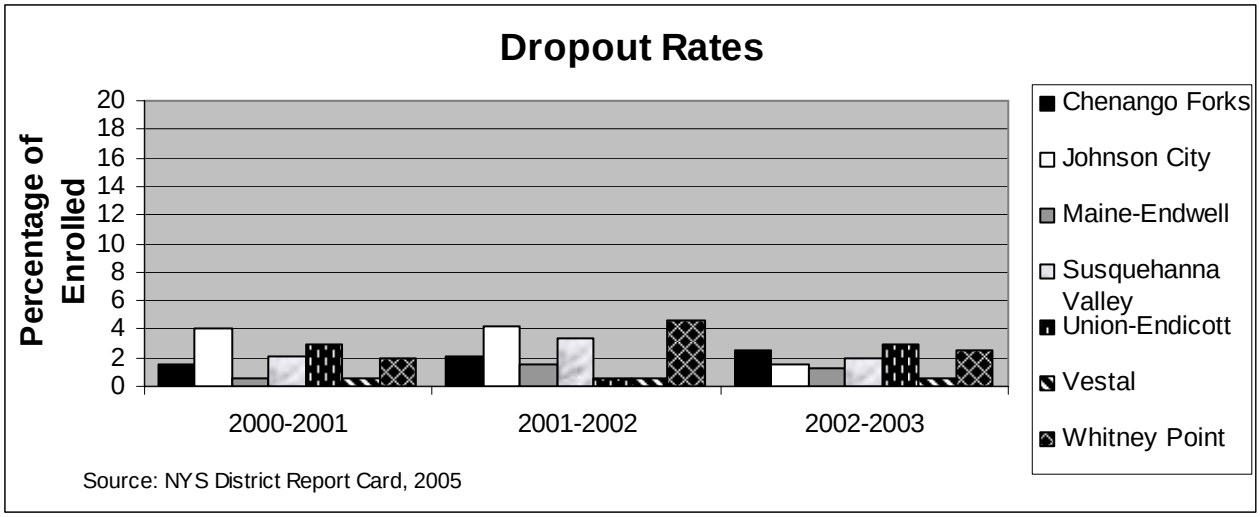
attendance rates. Attendance rates are calculated by dividing the number of days school was in session by the number of student attendance days if every student was present each day.

The attendance rates for the target school districts were nearly equivalent across years. Although attendance rates are high for each of the school districts, suggesting high school commitment, those rates do not account for skipping classes and leaving the building after attendance is taken. Schools with open campuses (e.g. multiple exits, students being able to leave the school grounds for lunch) may not have the resources to monitor these departures. It may be relatively easy for students who leave during their lunch period to take the rest of the day off. Verbal reports from school personnel indicate that skipping out of school after being counted and cutting classes is difficult to control. Individual class attendances were not obtained.



Risk Indicator: Dropout Rates

Dropout rates are another indicator of low commitment to school. The following figure presents dropout rates for the academic years 2001-2002 through 2003-2004. The dropout rates appeared relatively stable for each school district. Vestal reported a very low level of dropouts for each of the school years. A substantial decrease from 4% in 2002-2003 to 1.5% in 2003-2004 for Johnson City was noted.



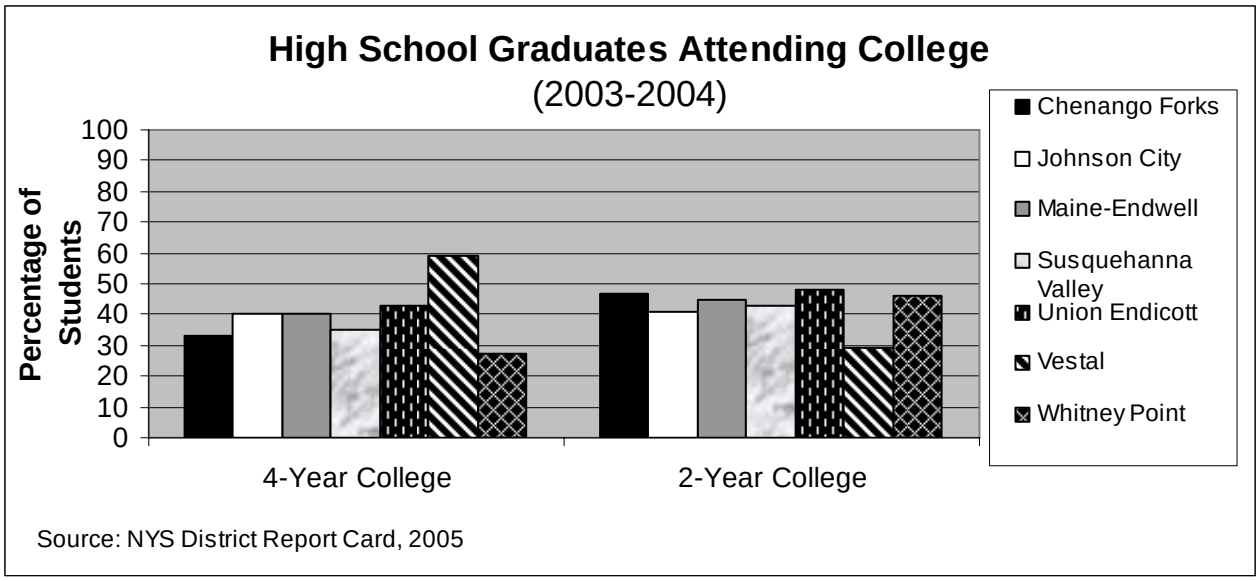
Risk Indicator: Seniors with Intent to Attend College

The amount of students planning to attend college following high school is an indirect indicator of commitment to school. Students not planning to attend college are, perhaps, those who are also not as committed to school. The table below shows the number and percentage of students intending to enroll in college among all Broome County public schools compared to New York State. The Broome County rate of students intending to attend college increased in 2002-2003 compared to the 1995-1996 baseline. The Broome County 2002-2003 rate for seniors intending to enroll in college was higher than that for New York State.

Seniors Intending to Enroll in College (Public Schools)			
	Broome County		**New York State**
	Number	Percentage	Percentage
1995-1996	1,491	80.6	N/A
2002-2003	1,738	87.4	82.1
Source: Broome County Community Health Assessment Report, 2005-2010			

The graph below reflects the percentage of students, among target school districts, who will be attending either a 4-year college or a 2-year college. The percentage of students attending college was roughly similar across school districts. However, a notable difference was observed in the percentage of students planning to attend a 4-year college for Vestal and Whitney Point school districts. Vestal school district was the only district, among the target school districts, to produce over 50% of students planning to attend a 4-year college. Whitney Point produced the lowest amount.

Across target school districts, similar percentages were observed for students planning to attend a 2-year college. Vestal school district had a slightly lower percentage of students planning to attend a 2-year college compared the other target school districts.



Summary for Low Commitment to School

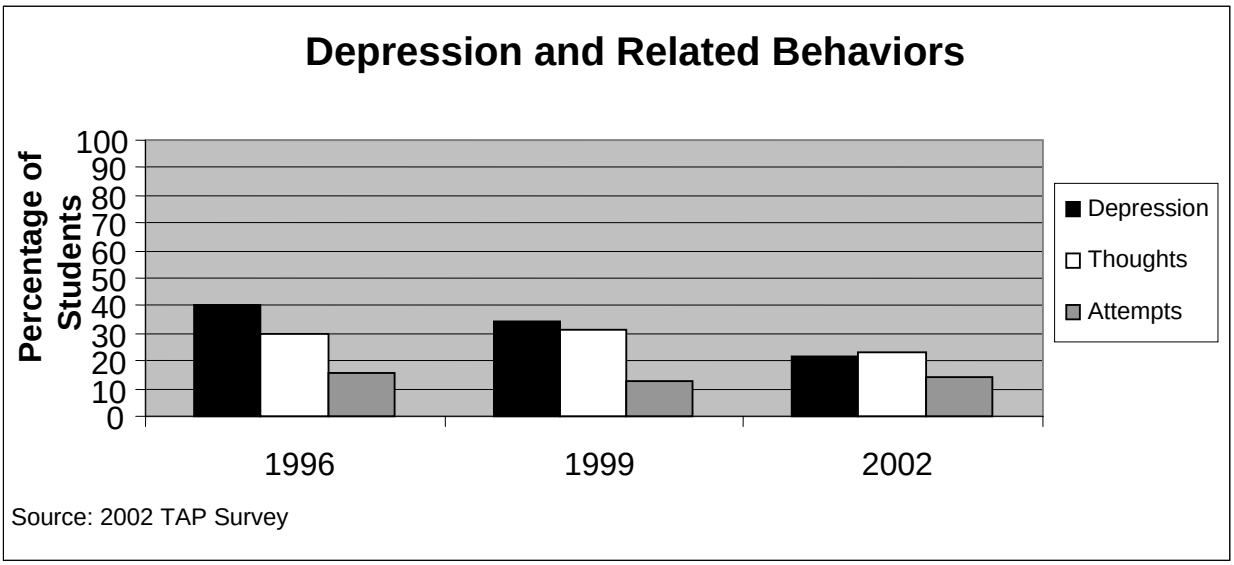
- Suspension rates are higher in Johnson City compared to the other target school districts.
- School attendance rates are relatively the same across years and target school districts.
- There was an increase each year in dropout rate for Chenango Forks.
- Vestal has shown the lowest dropout rate (0.5%) across all three reported academic years.
- The Broome County rate of students intending to enroll in college increased in 2002-2003 in comparison to the 1995-1996 rate.
- The Broome County 2002-2003 rate for seniors intending to enroll in college was higher than the rate for 1995-1996 and higher than that for New York State (in 2002-2003).
- Vestal school district was the only district, among the target school districts, to produce over 50% of students planning to attend a 4-year college.
- Whitney Point had the lowest percentage, compared to other target school districts, of graduates planning to attend a 4-year college.

12. RISK FACTOR: ALIENATION AND REBELLIOUSNESS

Individuals who report feelings of alienation or rebel against their environments are more likely to engage in deviant behavior including substance abuse. However, the direction of the relationships between either alienation or rebelliousness and substance use is unclear. Some individuals who feel extremely alienated may numb unpleasant feelings that accompany isolation with alcohol or other drugs. Conversely, alcohol and drug abuse can lead to feelings of alienation and/or desires to rebel. It is most likely that both scenarios are true: the association is both bi-directional and strong, hence a good index of a community's risk.

Risk Indicator: Depression and Related Behavior

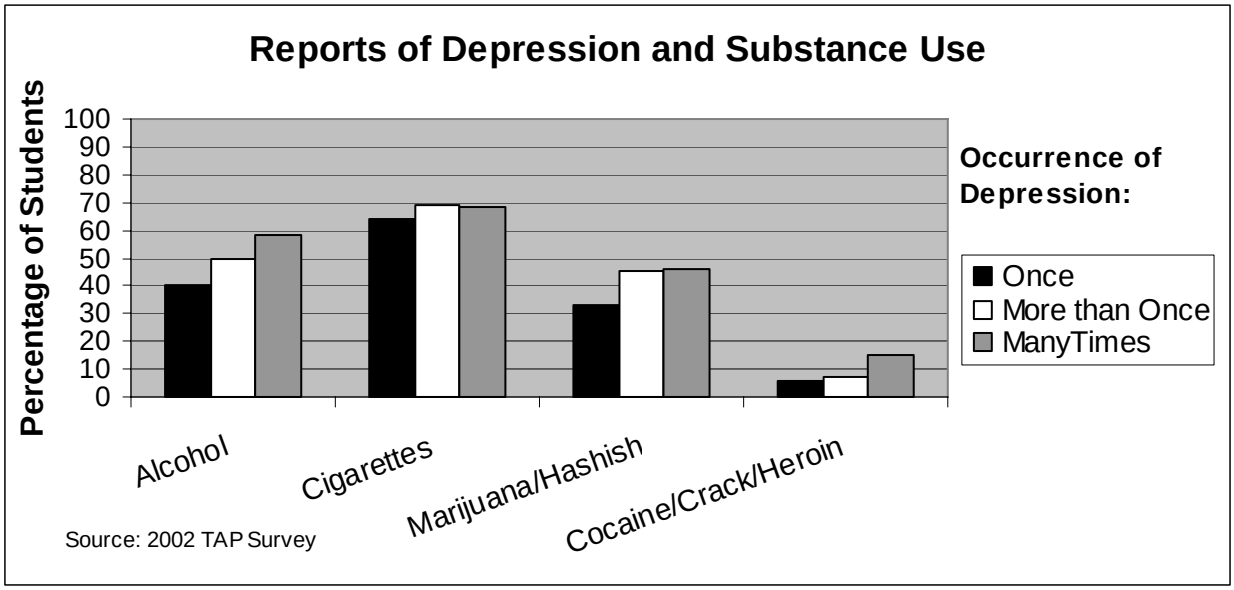
The following figure presents the percentage of students who reported feelings of depression in the past six months, suicidal thoughts, and suicide attempts by Broome County youth on the Teen Assessment Project (TAP) survey in 1996, 1999 and 2002. The TAP survey was developed for the purpose of obtaining youth reports about their lives. In 2002, the TAP survey was administered to approximately 1,200 students in participating Broome County schools.



In general, the TAP results indicate the presence of depressive symptoms rather than a diagnosis of depression. Due to the nature of self-report measures, rates may be related to transient distress rather than disorder itself. In addition, the questions used to assess depression do not discriminate well between depression, anxiety, and other forms of emotional distress. Therefore, it is likely that many of these students would not meet criteria for a diagnosis of major depression.

Based on the 2002 TAP survey results, less than 1/3 (approximately 22%) of the students reported feeling depressed in the past six months. The percentage of Broome County students reporting depressive symptoms is elevated compared to the national prevalence of depression in adolescents, which is 8.3% (National Institute of Mental Health, 2005). Approximately 23% of the students completing the 2002 TAP survey reported experiencing thoughts of suicide during the past six months. Although this percentage is concerning, the rate for reported suicide attempts (14%) appears particularly noteworthy.

Two additional indices may provide insight into emotional and substance use problems among youth in the community, proportion of students labeled as "emotionally disturbed," and the rate of youth ATOD-related diagnoses. The following figure presents rates of substance use by those who reported being depressed on the 2002 TAP survey. Based on the students' self-reports, it appears that as occurrences of depression and/or depressive symptomatology increase, substance use increases correspondingly. The substances more likely to be used by this group of students are cigarettes and alcohol.



Risk Indicator: Youth Mental Health Diagnoses Associated with Alcohol and Substance Abuse (ASA)

Some mental health conditions may occur in relation to alcohol and substance abuse. Experience of these co-occurring conditions can contribute significantly to an individual's sense of social separation or alienation. The NYS OASAS PRISMS 2003 Report presents information on the rate of youth (per 10,000 population, age birth-20) who reportedly had ASA-related mental health diagnoses in 1997 and 1999. Within Broome County, the rate of youth receiving ASA-related mental health diagnoses

significantly increased from 1997 (23.7) to 1999 (32.4). Although the average rates for New York State (excluding NYC) were much higher than those for Broome County, there was not much of an increase between 1997 (44.7) and 1999 (45.2).

Risk Indicator: Youth Probation Court Mandates - Alcohol

Mandated court appearances for alcohol-related juvenile probation cases are an indicator of youth rebelliousness against social laws (i.e. underage drinking). The NYS OASAS PRISMS 2003 Report presents information on the rate (per 10,000 population, age 16-20) of youth who had alcohol-related probation cases and were mandated to appear in court. As shown in the table below, the rate for Broome County youth was similar to the average rate for New York State (excluding NYC) in 1996, but increasingly surpassed New York State (excluding NYC) in subsequent years. By 2000, the Broome County rate for alcohol-related probation cases that were court mandated was significantly higher than that of New York State (excluding NYC) compared to rates for 1996. Both Broome County and New York State (excluding NYC) experienced an increase in rates between years 1996 and 1997. The rate by which Broome County increased in 1997 was almost double that of 1996. It appears that youth alcohol-related court mandates is an increasing concern for Broome County.

Youth Probation Cases (Court Mandates for Alcohol-Related Offenses; rate per 10,000)		
	Broome County	**New York State***
1996	53.9	55.1
1997	105	91.8
1998	120	96.1
1999	131.1	96.7
2000	135.1	98.3
* excluding NYC Source: NYS OASAS PRISMS 2003 Report		

Risk Indicator: Suicide Rates

An important indirect indicator of perceived sense of alienation is suicide rates. According to Joiner and colleagues (2005) two important risk factors for suicide completion can be identified as dysregulated impulse control and propensity to intense psychological pain, such as social isolation and hopelessness. Thus, those individuals who feel alienated from their environment (physical and social), in combination with the other variables mentioned, are more likely to be at risk for committing suicide.

Broome County had a total of 4 youth (ages 15-19) completed suicides across years 2000 through 2002 (2000-2002 Vital Statistics Data). The rate of suicide completion as of August 2004 was 8.5 among youth in Broome County. This rate was

higher than that of New York State, which was 5.5 for the entire state. The table below depicts the suicide numbers and rates (per 100,000 total population) within Broome County and New York State (excluding NYC) for years 1999 through 2003. The Broome County suicide rates were lower than those for New York State (excluding NYC) for most of the years presented, except for 2002 and 2003. Interestingly, the Broome County rate for 2002 was twice that of 2001.

Completed Suicides				
	Broome County		New York State*	
	Number	Rate	Number	Rate
1999	12	6.0	816	7.5
2000	13	6.5	854	7.8
2001	10	5.0	836	7.6
2002	20	10.0	814	7.4
2003	17	8.5	745	6.7

* excluding NYC
Source: NYS Dept. of Health, County Health Indicator Profiles

Another factor associated with suicide probability is the acquired ability to inflict injury upon oneself. As of August, 2004, the rate of Broome County youth inflicting self-harm was 89.1 (2000-2002 SPARCS Data). Across years 2000 through 2002, a total of 42 youth had reportedly engaged in self injurious behaviors. Though still elevated, the rate of self-inflicted injury among Broome County youth was lower than that of New York State as of August, 2004. The rates of self-inflicted injury among the total population for Broome County and New York State were markedly lower than those for the youth subgroup. As of August, 2004, the rate of reported self-inflicted injury for the total population was 48.3 in Broome County, and 41.9 for the entire New York State (2000-2002 SPARCS Data).

Risk Indicator: Childhood Obesity

As stated in the Broome County Community Health Assessment Report (2005-2010), "the most immediate consequence of overweight as perceived by children themselves is social discrimination" (p. 84). Such social discrimination may lead to feelings of alienation, and may be associated with the subsequent development of emotional problems such as poor self-esteem and depression.

Obesity among youth is an increasing concern for health and mental health professions. The percentage of obese children has increased across the nation from 11% in the late 80's/early 90's to 16% in more recent years (Broome County Community Health Assessment Report, 2005-2010). In addition, percentages of obesity among young children (ages 2-4) are increasingly becoming a concern. Childhood obesity can lead to increased bodyweight in adolescence as well as in adulthood. During the years 2000 through 2002, there were a total of 2,137 children (ages 2-4) who were classified as overweight. In Broome County, this sum translates into 12.4% per 100 children tested for obesity (Broome County Community Health Assessment Report, 2005-2010).

Summary for Alienation and Rebelliousness:

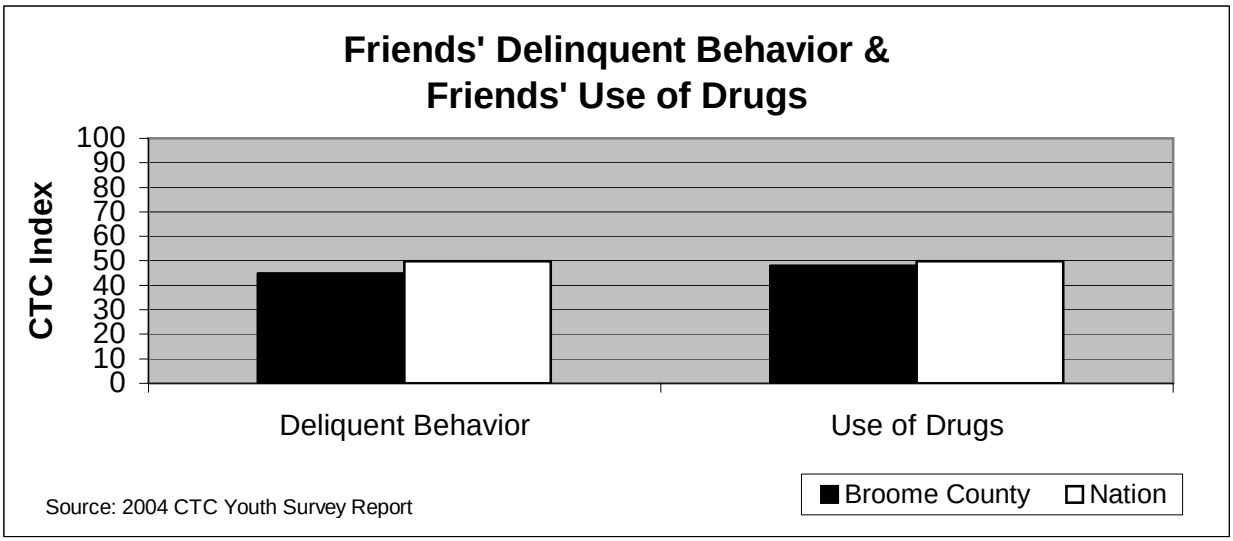
- Across TAP survey administrations, the proportion of students endorsing feelings of depression, thoughts of suicide, and actual suicide attempts generally decreased.
- Generally, increases in experiences of depression/depressive symptoms correspond to increases in substance use.
- Cigarettes and alcohol are more likely to be used by students reporting depression/depressive symptoms compared to other substances.
- The rate of youth receiving alcohol and substance abuse-related mental health diagnoses in Broome County significantly increased from 1997 (23.7) to 1999 (32.4).
- The Broome County rate for alcohol-related probation cases that were court mandates was significantly higher than that of New York State (excluding NYC). Both Broome County and New York State (excluding NYC) experienced a significant increase in rates between years 1996 and 1997.
- The Broome County suicide rates were lower than those for New York State for most of the years presented, except for 2002 and 2003.
- The rate of suicide completion as of August, 2004 was 8.5 among youth in Broome County and was 5.5 for youth within New York State.
- The rates of self injurious behavior among the total population for Broome County and New York State were significantly lower than those for the youth subgroup.
- The percentage of obese children has increased across the nation from 11% in the late 80's/early 90's to 16% in more recent years.

13. RISK FACTOR: FRIENDS WHO ENGAGE IN PROBLEM BEHAVIOR

Peers may have the strongest influence on an adolescent's development. Among teens, the higher the prevalence of peers using substances, the higher one's own substance use tends to be. In addition, youth groups (i.e. gangs) that engage in violent or aggressive acts are likely to influence individual members to participate in behaviors not necessarily likely of the individual if isolated from the group.

Risk Indicator: Friends' Delinquent Behavior

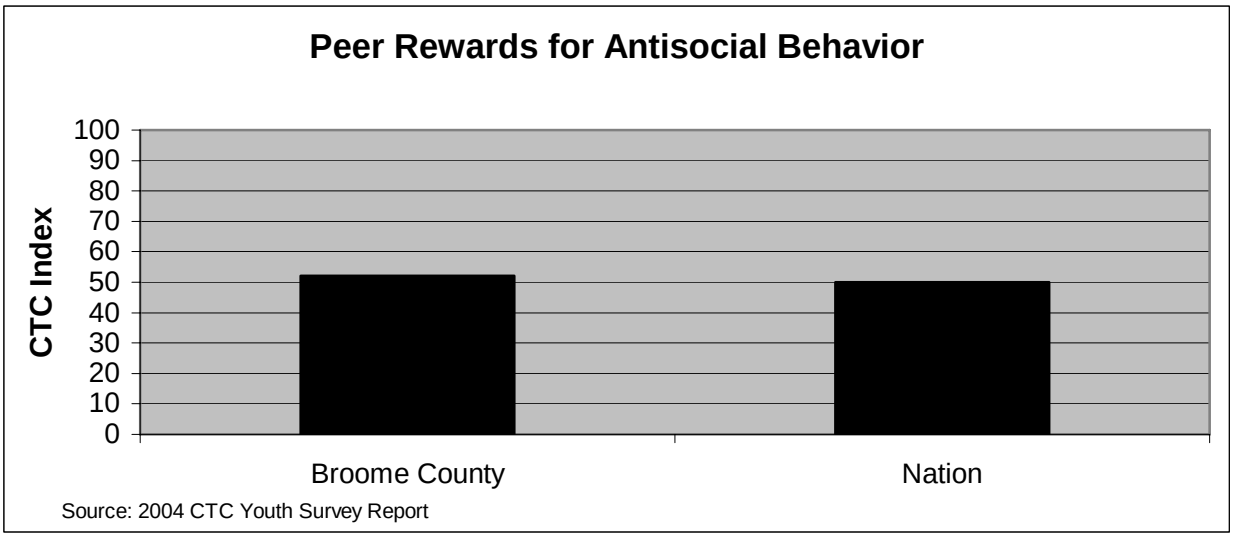
In order to tap into peer group substance use, the KYDS Coalition administered the Communities That Care (CTC) Youth Survey (charts report 2004 data), which provided two risk factor indices of friends' involvement in problem behaviors: friends' delinquent behavior and friends' use of drugs. A series of questions relating to these variables comprised these scales including "In the past year, how many of your four best friends have been suspended from school?" and "In the past year, how many of your best friends have used marijuana?" Broome County's scores were slightly below the normative average for both friends' delinquent behavior and friends' use of drugs.



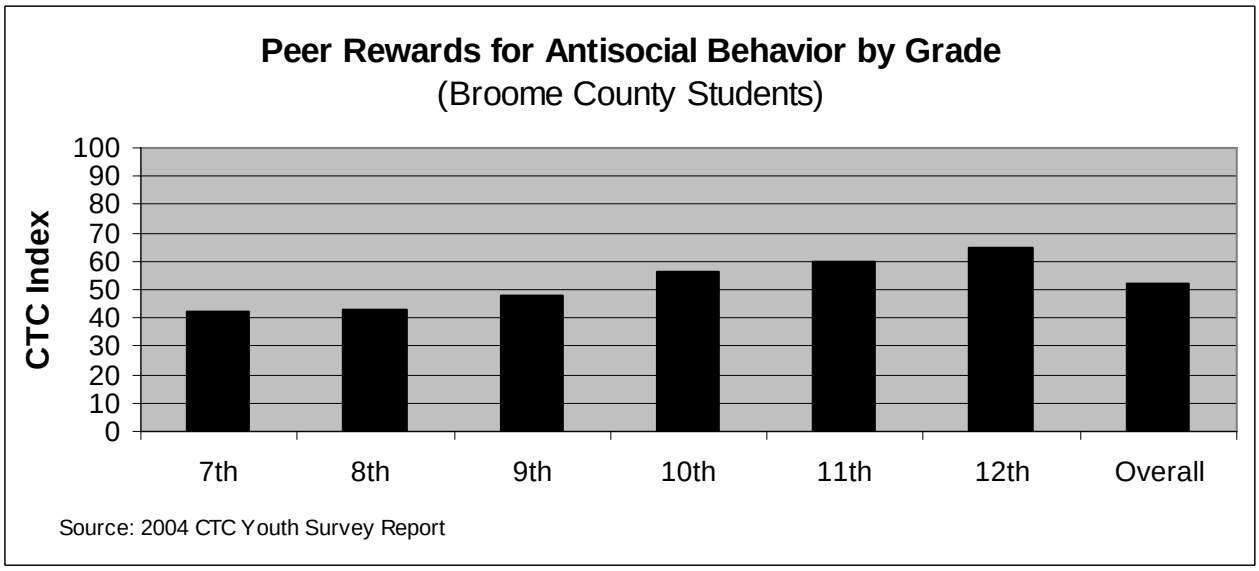
Students' perceptions of their peer groups' social norms are also an important predictor of involvement in problem behaviors. When students feel they get positive feedback from their peers for using alcohol, tobacco and other drugs, or for getting involved in delinquent behaviors, they are more likely to behave accordingly (Channing Bete Company).

The following chart represents peer rewards for antisocial behavior and is measured by questions like "What are the chances you would be seen as cool if you

smoked marijuana?" Overall, Broome County (52) had a higher score than the normative average (50) for peer rewards for antisocial behavior.



The following chart shows Broome County students' reports for peer rewards for antisocial behavior across grades 7 through 12. As grade increased so did the score. Broome County students reported below the normative sample in grades seven through nine and then surpassed the normative sample in grades 10 through 12 with a high score of 65 in the 12th grade.



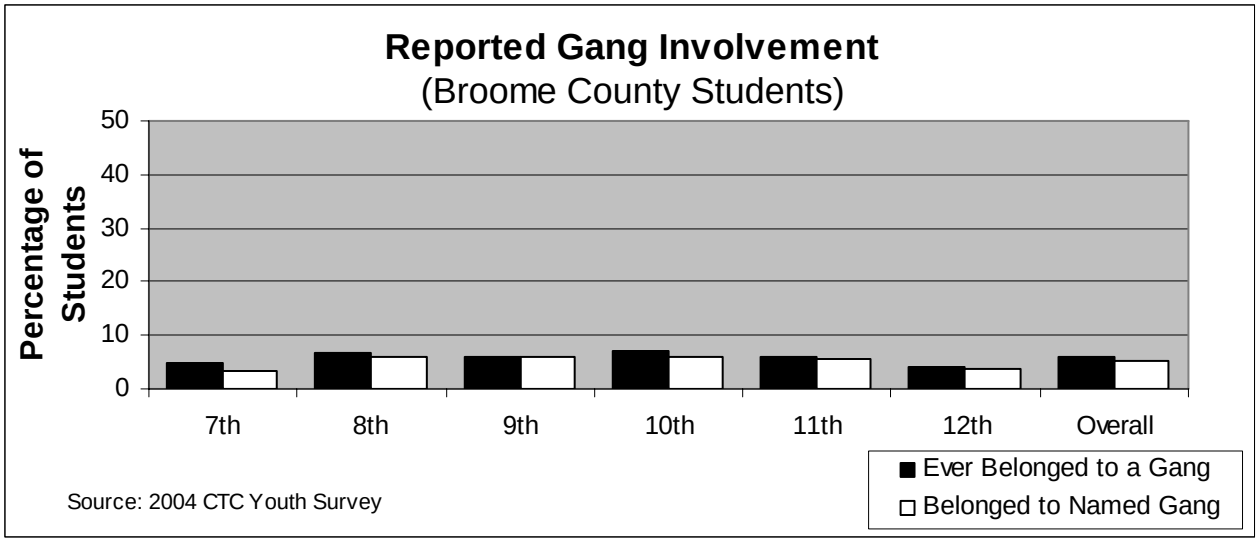
Risk Indicator: Gang Involvement

Yearly, almost 400,000 violent crimes are committed by gang members across the nation (Harrell, 2005). With widespread gang involvement across the nation, it is not surprising that such involvement is an increasing issue within Broome County. In an article dated February 10, 2003, a reporter for the Press & Sun-Bulletin stated that approximately 300 gang members lived within Broome County. The reporter also stated that in 2002, there were 121 confirmed cases of individuals belonging to gangs and 129 non-confirmed cases of individuals likely to belong to a gang in the Broome County Jail, which represents approximately 8% of that population.

Individuals at risk for gang involvement may include those who are seeking protection, struggling with identity development, performing poorly in school, fascinated with media images of gangs, and/or in search of belongingness, among other reasons. As part of the solidarity required for gang involvement, these at-risk youth who are involved in such groups may be engaging in activities not likely of the individual if he/she were not involved in a gang.

Broome County Gang Prevention is a local outreach program that targets at-risk youth. According to a representative of Broome County Gang Prevention, of the at-risk youth who have been targeted by the program, 60% of the cases have been referred for substance abuse, 84% of the cases live in single parent households, 42% have been identified as having a learning disability, and 68% engage in chronic truancy. Many of the youth involved with the Broome County Gang Prevention Program were identified through probation officer or parent observations of high risk gang involvement signs, or youth admitting to being involved in a gang. Given the program's recent development, Broome County Gang Prevention currently works only with youth living in Binghamton neighborhoods. The program expects to gradually expand to including youth living in other Broome County neighborhoods in the future.

Youth gang involvement was assessed among Broome County students on the 2004 CTC Youth Survey. The 2004 CTC Youth Survey asked students about the age at which they began engaging in gang involvement. The overall average age of onset (grades seven through twelve) for gang involvement among this sample of Broome County students is 13. In addition, students were also asked if they ever belonged to a gang and if they belonged to a gang with a name. The chart below shows the percentage of youth who indicated gang involvement by grade level. The grades with the highest reported gang involvement are 8th, 9th, 10th, and 11th.



Summary for Friends who engage in Problem Behaviors:

- Broome County youth reported fewer cases of friends engaging in delinquent behavior and drug use compared to CTC normative sample averages.
- Students' perceptions of peer rewards for antisocial behaviors were higher in Broome County compared to the CTC normative sample.
- Broome County student perceptions of peer rewards for antisocial behaviors increased across grade levels and went from a low of 42 in the 7th grade to a high of 65 in the 12th grade.
- Individuals at risk for gang involvement may include those who are mainly experiencing personal, social, and/or academic problems.
- According to the Press & Sun-Bulletin, approximately 300 gang members lived within Broome County in 2003.
- According to the 2004 CTC Youth Survey, the overall average age of onset (grades seven through twelve) for gang involvement among Broome County students is 13.
- The grades in Broome County with the highest reported gang involvement are 8th, 9th, 10th, and 11th.

14. RISK FACTOR: EARLY INITIATION OF PROBLEM BEHAVIOR

Early age onset of problem behavior, such as substance use, frequently predicts subsequent problem severity. Hence, communities with individuals initiating substance use, among a host of other problem behaviors, at earlier ages are at greater risk for the development of later difficulties with substance abuse and associated problem behaviors.

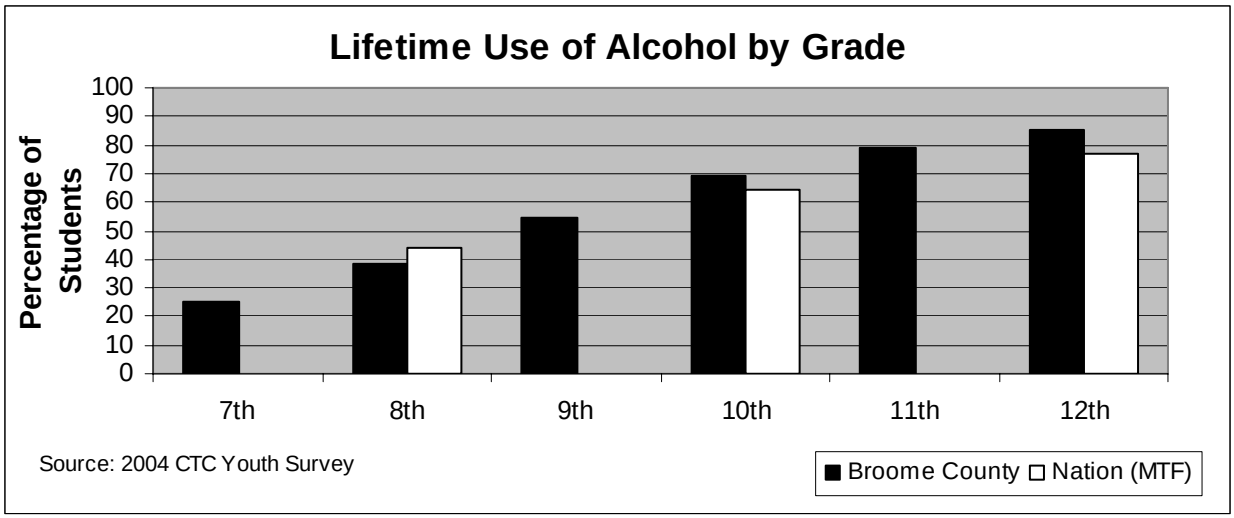
Risk Indicator: Trends in Exposure to Drug Use

"Trends in Exposure" refers to the relative prevalence of substance use on a community level. The greater the substance use in a community, the higher the risk for substance use and other problem behaviors among youth.

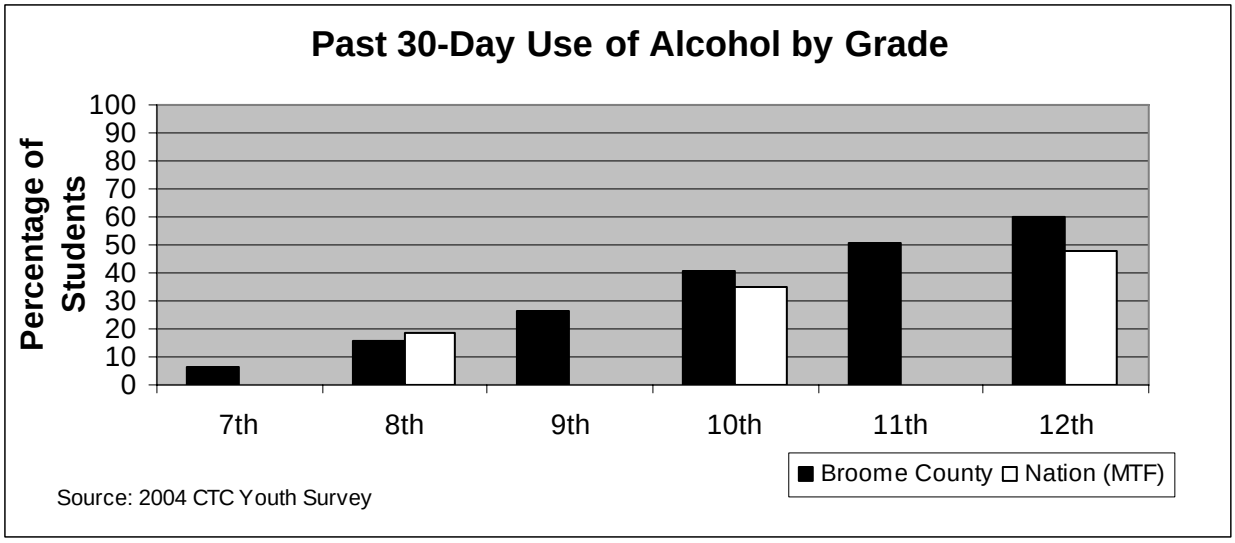
The Communities That Care (CTC) Youth Survey, administered in December 2004, provides the most recent data regarding substance use by Broome County adolescents. Broome County youth self-reports for prevalence of substance use are presented in the following sections. The self-reports for 8th, 10th and 12th grades are compared to national results derived from the Monitoring the Future Survey (MTF); which provides a valuable reference point for evaluating the severity of drug use behavior. Additional 2004 CTC Youth Survey substance use data are presented in Appendix D.

Alcohol Use

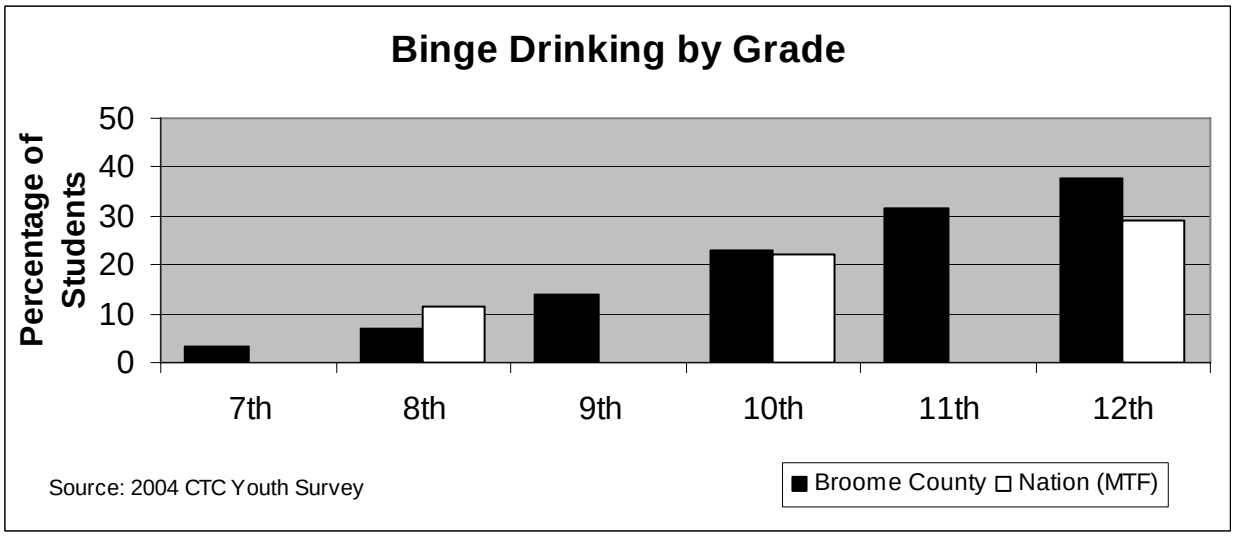
The most frequent substance used by Broome County youth is alcohol. The figure below shows the percentages of students 7th through 12th grade who reported having ever tried alcohol (lifetime use) in Broome County. Eighth, 10th and 12th grade reports were compared to national survey results (MTF). Across grade levels, Broome County estimates were higher than national estimates with the exception of the 8th grade.



The proportion of adolescents that reported substance use in the last month (30-day use) may provide a better estimate of substance use beyond experimentation. The results for past 30-day use were relatively similar to that of lifetime use. A slightly greater proportion of Broome County 12th graders reported 30-day use compared to their national counterparts (MTF).

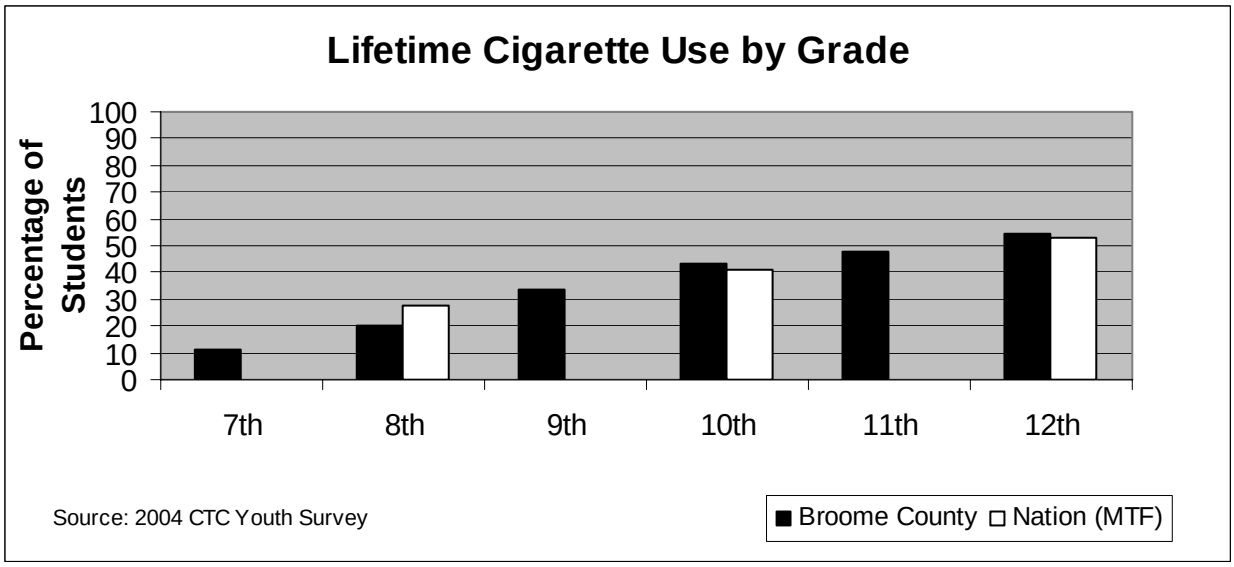


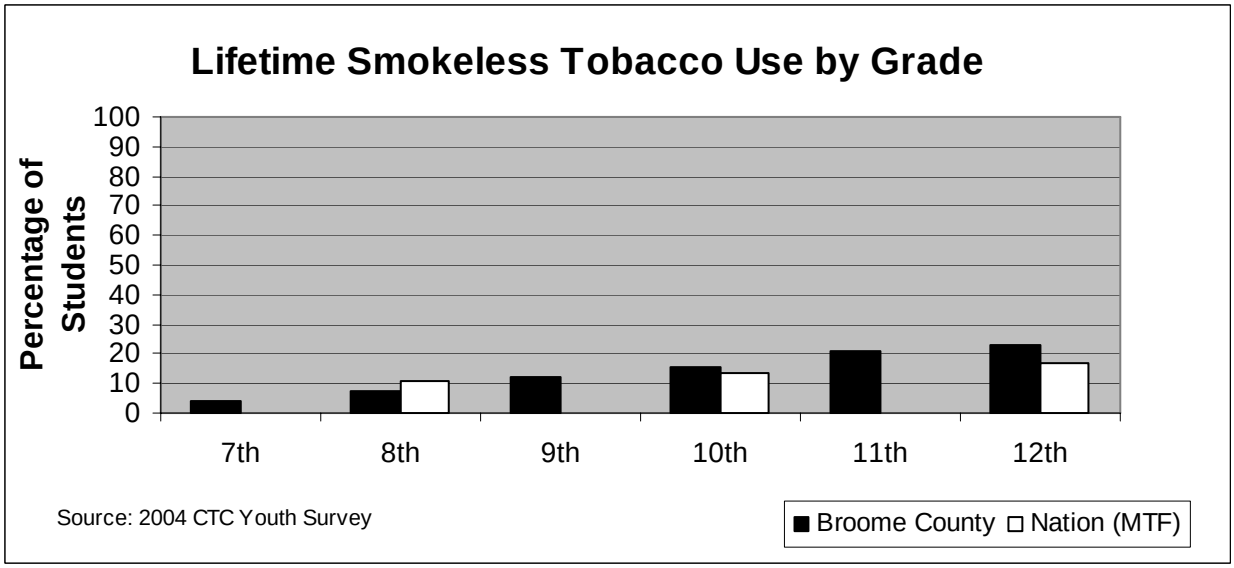
Binge drinking, defined as consuming five or more drinks on one occasion, in the past two weeks, may provide an index of early alcohol abuse. The 2004 CTC Youth Survey asks a question that assesses past 2-week binge drinking. Fewer 8th graders reported binge drinking in Broome County compared to 8th graders across the nation (MTF). However, a larger proportion of 10th and 12th graders in Broome County indicated binge drinking in the past 30 days compared to national samples (MTF) of 10th and 12th graders. Broome County youth may have a steeper transition into binge drinking behavior than youth across the nation (MTF).



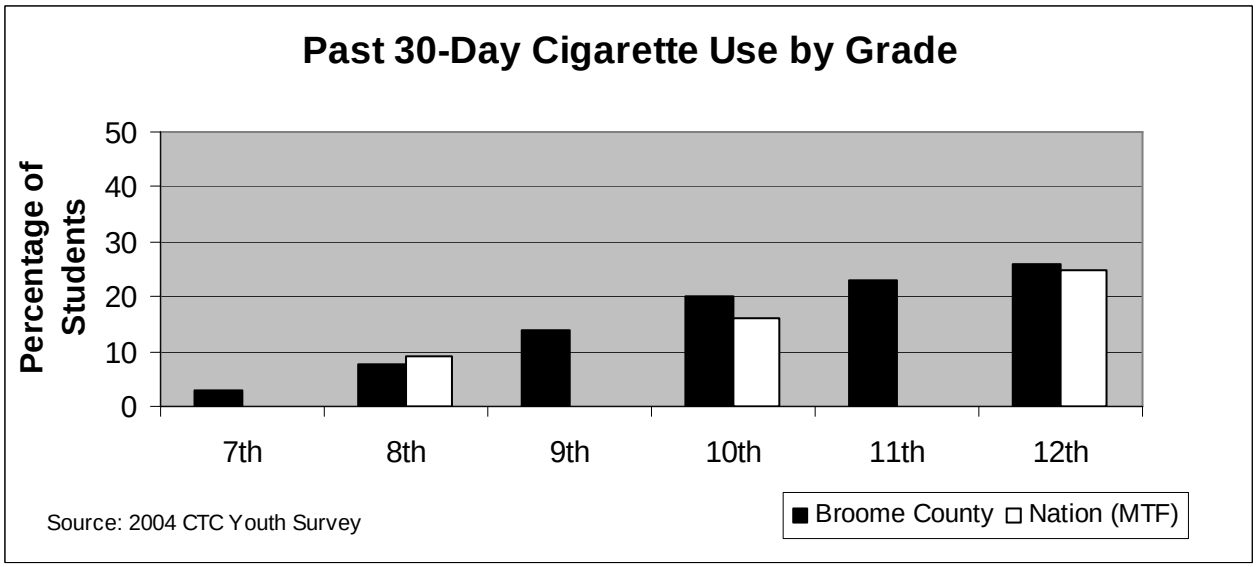
Tobacco Use

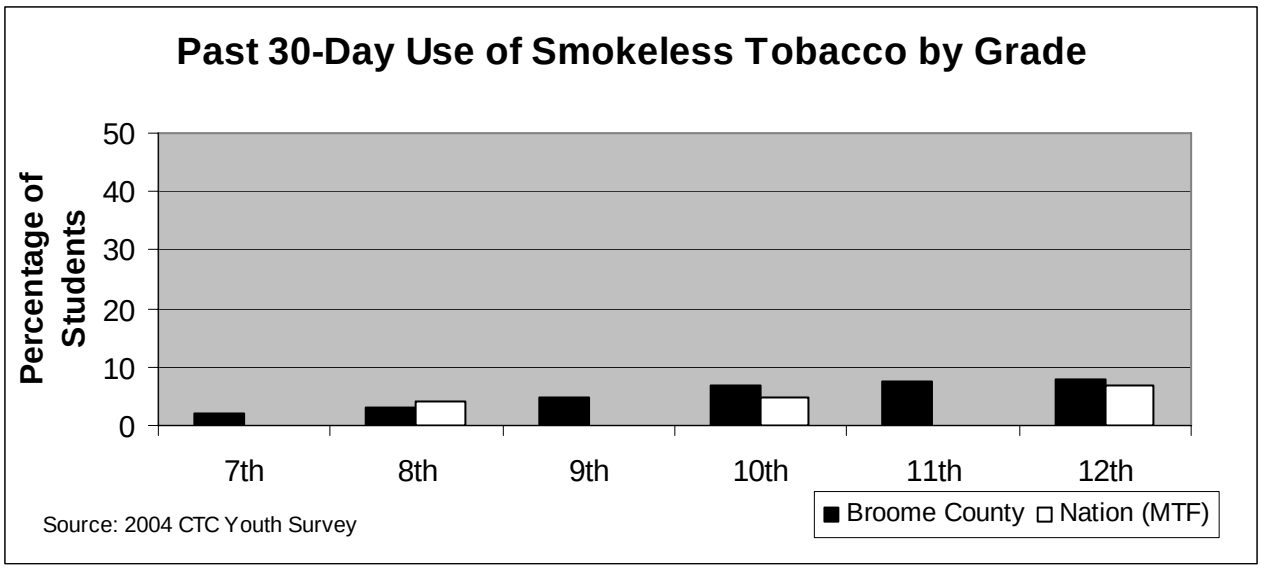
Data collected using the 2004 CTC Youth Survey are displayed in the following figures for both tobacco as smoked in cigarettes and smokeless tobacco. Notably fewer 8th graders reported having ever tried cigarettes in Broome County compared to 8th graders in the national sample (MTF). A slightly higher percentage of Broome County 8th and 10th graders reported tobacco use of any kind compared to youth across the nation (MTF). As with all other substances, Broome County reports of tobacco use increased with grade level.





The following figures present reported rates of cigarette use and use of smokeless tobacco in the past 30 days for Broome County and the national sample (MTF). The trends depicted below are consistent with the patterns in the lifetime use data.

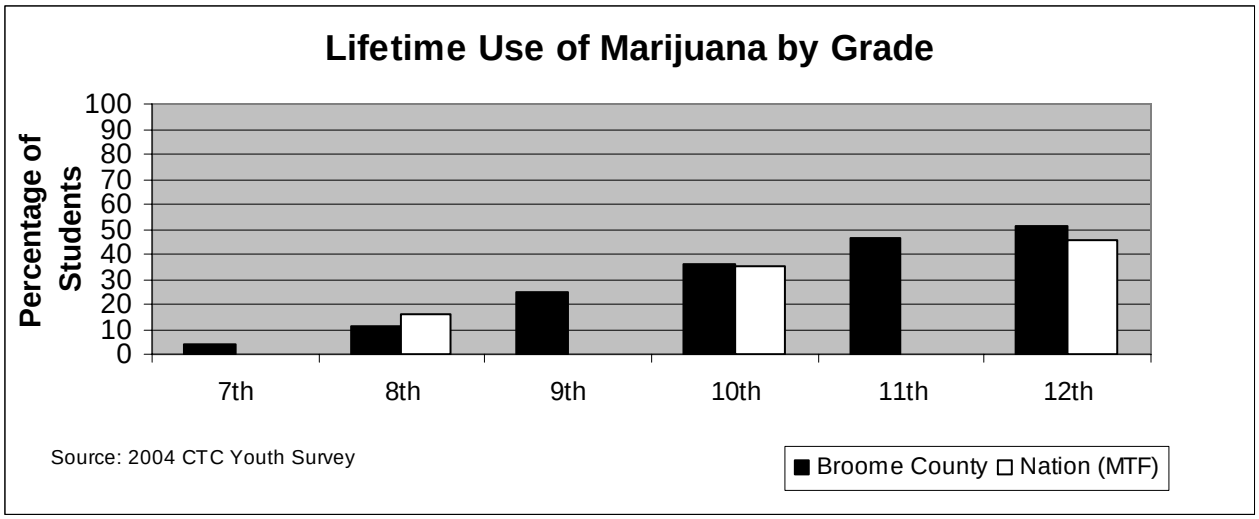




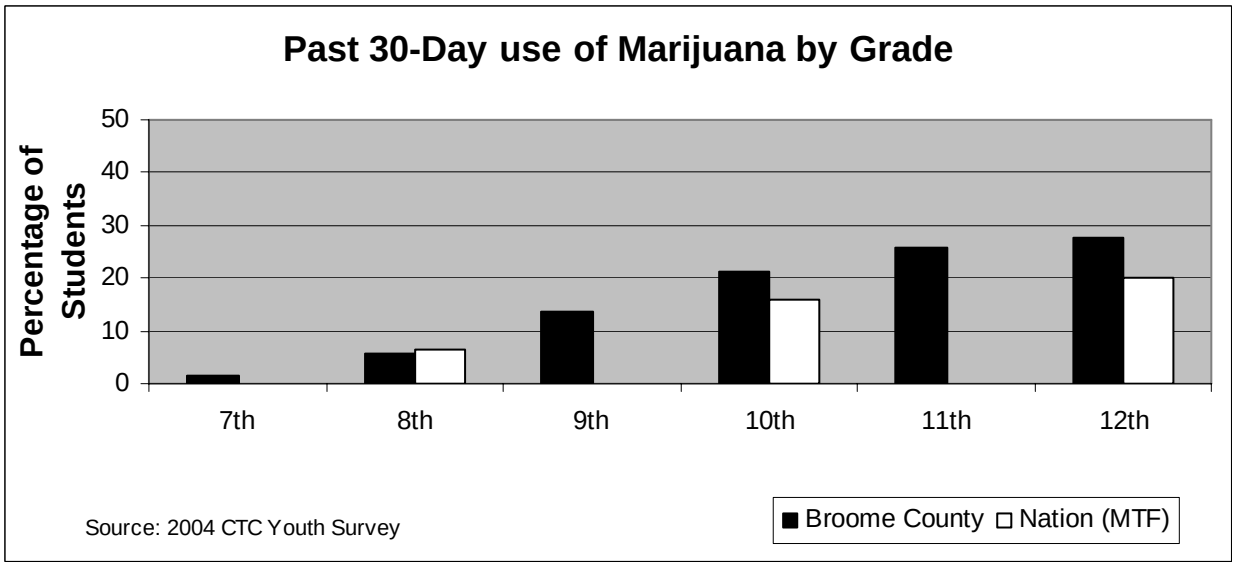
Marijuana

Questions pertaining to marijuana use were also included on the 2004 CTC Youth Survey. The following figure depicts the proportion of Broome County youth who reported having tried marijuana (lifetime use) compared to youth across the nation (MTF). Consistent with tobacco use data, the percentage of Broome County 8th graders that reported lifetime use of marijuana was less than that of the national sample (MTF). By the 10th grade, the rate of lifetime marijuana use in Broome County was only slightly

higher than the national average and by the 12th grade, exceeded the national average (MTF).

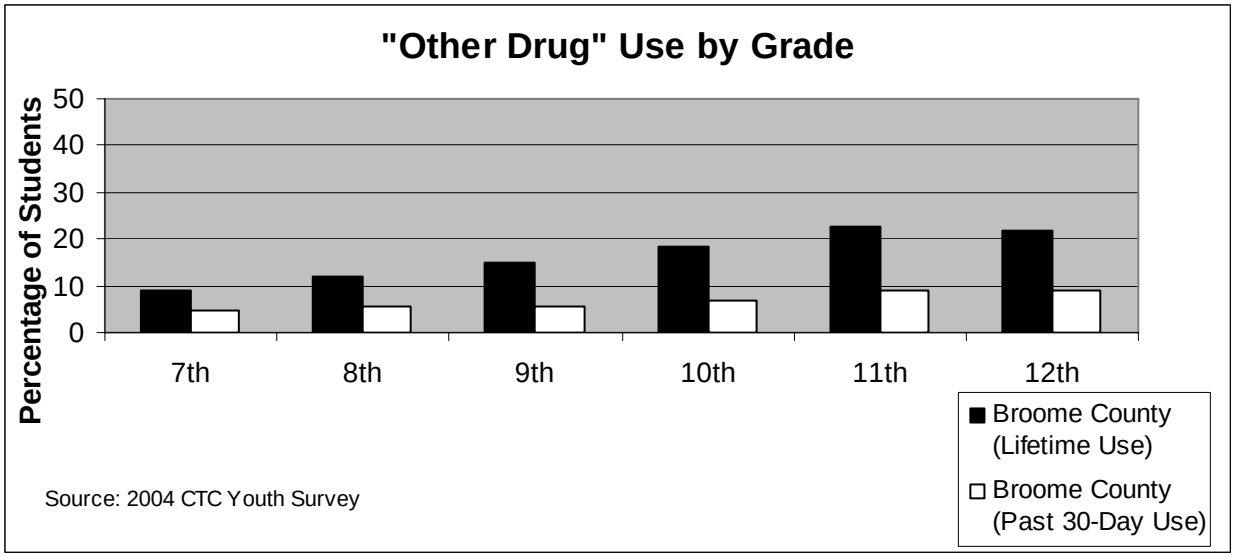


The following figure depicts the proportion of students in the local and national samples (MTF) that reported marijuana use during the past 30 days. Similar to the lifetime use results, a slightly lower percentage of Broome County 8th graders reported smoking marijuana in the past 30 days compared to the national sample. The 10th and the 12th grade reports clearly surpassed the national averages for these grades. The apparent marijuana use increase across grades resembled the binge drinking findings for Broome County.



Other Drug Use

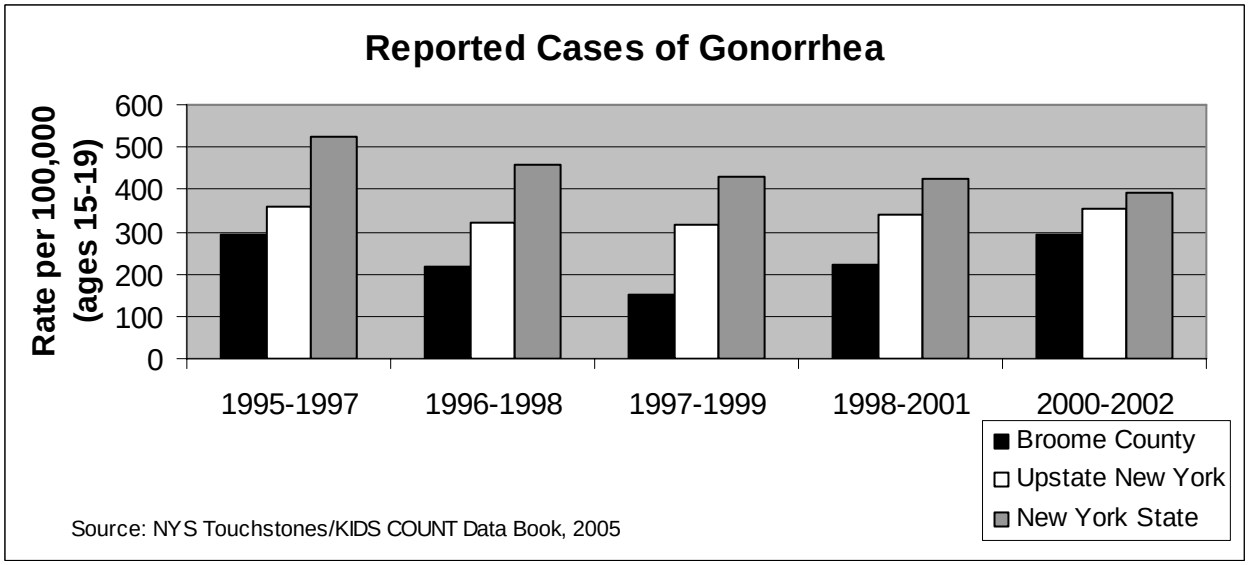
Drugs other than alcohol, tobacco, and marijuana include Ecstasy, methamphetamine, cocaine, LSD/Psychedelics, and heroin. The figure below presents lifetime and past 30-day use of these substances in Broome County. National estimate comparisons were not available. As with other substances, use of "other drugs" increased as grade level increased.



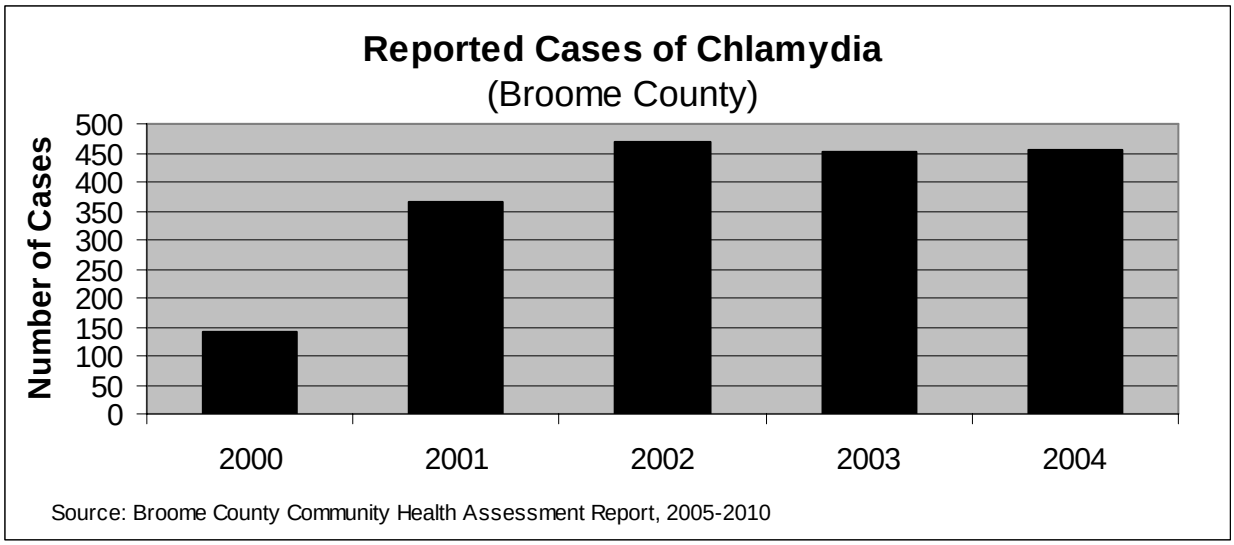
<u>Risk Indicator: Prevalence of Sexually Transmitted Diseases</u>

Frequently occurring in conjunction with substance use, early and irresponsible sexual activity is another form of adolescent problem behavior. For this reason, prevalence rates for sexually transmitted diseases in youth can serve as an indicator of risky behavior. Broome County had zero reported cases of Syphilis among youth (ages 15-19) since 1995, which is less than the New York State (excluding NYC) averages (New York State Kids' Well-being Indicators Clearinghouse).

As shown in the chart below, the prevalence of Gonorrhea in youth ages 15-19 substantially decreased across 3-year periods of 1995-1997 through 2000-2002 (NYS Department of Health). The following figure presents 3-year average rates of Gonorrhea in youth for Broome County, Upstate New York, and New York State (excluding NYC). Across all time periods, Broome County rates were lower than upstate and state averages. Whereas, New York State (excluding NYC) averages for reported cases of Gonorrhea has experienced a decline since 1995, the reported averages for Broome County declined over years 1995-1998 but then increased over years 1999-2002. Upstate New York averages of reported cases of Gonorrhea have remained relatively stable over recent years.



The most common sexually transmitted disease in Broome County is Chlamydia (Broome County Community Health Assessment Report, 2005-2010). There have been approximately 450 new infections per year since 2002. Many cases of Chlamydia are asymptomatic, and thus, go undetected. If this disease is left untreated, it can lead to pelvic inflammatory disease. In 2003, there were 175 youth in Broome County afflicted with Chlamydia. The Broome County rates for Chlamydia are presented for years 2000 through 2004. As shown in the graph below, the number of reported cases of Chlamydia increased dramatically in recent years compared to 2000.



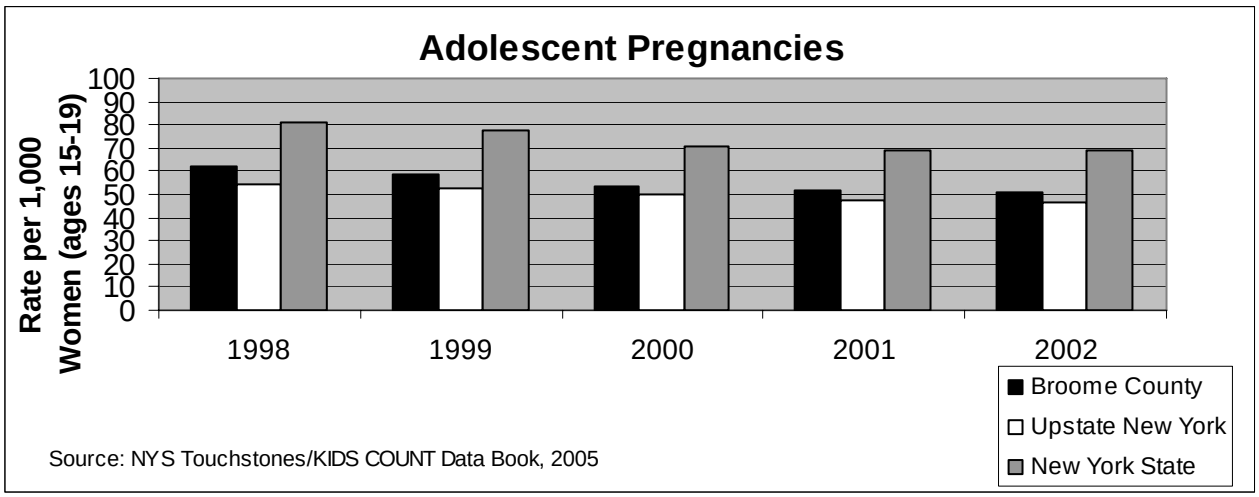
The most serious and incurable disease presented in this section is Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS). In 2001 through 2003, a total of 39 Broome County residents suffered from AIDS-related morbidity (NYS Dept. of Health, County Health Indicator Profiles). Across years 2000

through 2003, there were a total of 93 individuals living with HIV (diagnosed cases) in Broome County and a total of 112 living with AIDS (diagnosed cases). Across years 1995 through 2001, there was an 84% increase of cumulative AIDS cases in Broome County compared to an 80% increase in New York State, excluding NYC (NYS Dept. of Health). The table below shows the number and percent of individuals living with HIV and AIDS in Broome County by age group from 1983 through June of 2003. The lowest numbers and percentages of HIV/AIDS cases are observed in the age groups under 25 and over 50. The highest age group afflicted with these conditions is the 30-49 cohort.

Broome County HIV/AIDS Cases – Diagnosed Through June 2003				
	Living with HIV		Living with AIDS	
	Number	Percentage	Number	Percentage
Age < 13	4	3.5	0	0
13-19	3	2.7	3	2.3
20-24	6	5.3	6	4.5
25-29	17	15.1	9	6.7
30-49	77	68.1	100	74.6
50 <	6	5.3	16	11.9
Source: NYS Dept. of Health				

Risk Indicator: Adolescent Pregnancy

Early initiation of sexual behavior may be another form of problem behavior. Evidence for such behavior is reflected in the rate of teen pregnancies. The figure below indicates the rate of pregnancies per thousand women ages 15-19 from 1998 through 2002. In Broome County, this rate has remained relatively stable with a hint of a slight decline. The rates of adolescent pregnancy are higher for Broome County than Upstate New York and significantly lower than that of New York State across all years.



In the graph below are the adolescent pregnancies by age group for Broome County and New York State (excluding NYC). As shown, Broome County rates of adolescent pregnancies for both age groups were slightly higher than that for New York State (excluding NYC), with the exception of the rates for 1999 and 2003. The rates of adolescent pregnancies among women 15-19 years old gradually declined across years 1999 through 2003.

Adolescent Pregnancies by Age (Rate per 1,000 women)				
	Broome County		**New York State***	
	Ages 10-14	Ages 15-19	Ages 10-14	Ages 15-19
1999	0.8	53.6	1.0	51.4
2000	1.3	53.4	1.0	49.7
2001	1.2	51.3	0.9	47.5
2002	1.1	49.6	1.0	45.1
2003	1.4	41.2	0.9	43.2

* excluding NYC
Source: NYS Dept. of Health, County Health Indicator

Summary for Early Initiation of Problem Behavior

- Broome County estimates for lifetime use of alcohol, past 30-day use of alcohol, binge drinking, lifetime cigarette and smokeless tobacco use, and past-30 day cigarette and smokeless tobacco use increased with grade level and were higher than national estimates (MTF) with the exception of the 8th grade estimates according to the 2004 CTC Youth Survey.
- Broome County estimates for lifetime marijuana use and past 30-day use increased with grade level. These estimates were higher than national estimates in the 12th grade, similar to national estimates in the 10th grade and less than national estimates in the 8th grade.
- Broome County lifetime and past 30-day estimates for "Other Drug" use (Ecstasy, methamphetamine, cocaine, LSD/Psychedelics, and heroin) increased with grade level.
- Adolescents in Broome County have not reported any cases of Syphilis since 1995.
- Broome County rates for Gonorrhea have remained below that of Upstate New York and New York State (excluding NYC) since 1995. Broome County rates declined from years 1995 through 1998 and then increased from years 1999 through 2002.
- Across years 2000 through 2003, there were a total of 93 individuals living with HIV (diagnosed cases) in Broome County and a total of 112 living with AIDS (diagnosed cases).
- Broome County rates for adolescent pregnancies have gradually declined since 1998. These rates have remained above Upstate New York and below New York State since 1998.

- Across years 2000 through 2002, Broome County rates of adolescent pregnancies for both age groups 10-14 and 15-19 were slightly higher than that for New York State (excluding NYC).

V. SUMMARY OF FINDINGS

In conclusion, there are several characteristics of Broome County and local communities that place Broome County youth at risk from early initiation of problem behavior. The following points highlight risk indicators discussed in the preceding sections in which Broome County either deviated from state or national norms, or in which target areas differed from each other in ways that are meaningful to the prevention of substance use. Areas in which Broome County data were comparable to national averages are not repeated. A risk-focused approach to prevention programming involves targeting weaker areas of the community in order to reduce risk and enhance protection.

Availability of Drugs

- Despite the observance of a decline in usage over recent years, marijuana still appears to be the most commonly used illicit drug.
- Broome County has a higher rate of on-premise alcohol outlets than it does off-premise liquor, wine, beer, and wine cooler outlets.
- Students in grade 10, 11 and 12 report above average perceptions of parents' opinions about alcohol tobacco and other drug use compared to the Communities That Care normative sample.

Community Laws and Norms Favorable Towards Drug Use and Crime:

- The percentages of felony drug arrests in Broome County are higher than New York State (excluding NYC) and lower than New State (excluding NYC) for misdemeanor drug arrests.

Transitions and Mobility:

- Broome County has shown a decline in population each year since 2000.
- The schools with the most fluctuations in students entering and leaving across years were Vestal and Whitney Point school districts.
- On average, more students entered the school district than left in three (Johnson City, Union-Endicott, and Vestal) out of the five target school districts that presented data.

Community Disorganization:

- Alcohol-related hospital diagnoses rates in Broome County have been higher than New York State (excluding NYC) rates across years 1996 through 2000.
- Broome County has higher rates of adult drug-related arrests and hospital diagnoses than New York State (excluding NYC), which may expose youth to a greater level of antisocial behaviors in their local communities.

- Broome County has higher adult probation cases (drug use at offense and drug-related court mandates) than New York State (excluding NYC).
- Broome County has a shortage of both psychiatrists and trained dual disorder mental health care providers.

Economic Deprivation:

- Broome County percentages were higher than New York State (excluding NYC) for youth living below the poverty level.
- The percentage of families living below the poverty line is higher in Endicott Village and Johnson City Village than Broome County, New York State and the nation.
- The target school districts with the highest numbers of youth living in low income families are Union-Endicott and Johnson City.
- Percentages for Broome County youth receiving food stamps and receiving public assistance decreased from 1995 to 2000, then showed an increase from 2000 to 2003.
- Whitney Point and Johnson City have the highest percent of students who are eligible for the free lunch program.
- Whitney Point has the highest percentage of students eligible to receive reduced lunch amongst target school districts and Vestal has the lowest.

Family History and Involvement in Problem Behavior:

- Broome County has lower percentages of individuals earning Bachelor's Degrees than and the nation.
- It is estimated that 15.6% of Broome County youth, ages 12 through 17 are experiencing chemical dependence problems.
- Cirrhosis-related deaths in Broome County increased by 49% in 2000 and again by 79% in 2002.
- The New York State rates for both property and violent index crimes known to police were higher than those in Broome County for years 1995 and 2002.

Family Management Problems:

- Broome County's rates for 1998–2000 are higher than that of New York State (excluding NYC) in the following areas:
  -Foster Care Admissions
  -Children in Foster Care
  -Child Protective Service Preventative Service Openings
  -Child Protective Indicated Cases
  -Child Protective Service Mandated Reports
  -Child Protective Service Total Reports Received
  -Divorces

Early and Persistent Antisocial Behavior

- Although the incidence of elevated lead exposure decreased across years 1996 to 2001 in Broome County, still only approximately half of Broome County children are being screened for elevated blood lead levels.
- Broome County rates of youth with non-criminal conduct problems (Persons In Need of Supervision cases opened), increased by 28% from 1995 through 1999 and remained relatively stable from 1999 through 2002.
- Broome County PINS rates are higher than rates of New York State (excluding NYC).
- Among Broome County youth, percentages of crimes are generally higher for property crimes compared to those for violent crimes.
- The rate of intoxicated youth involved in alcohol-related accidents tripled from 1995 to 1999.

Academic Failure:

- SAT scores in Broome County varied across target school districts.
- Fourth and eighth graders appeared to perform better on the math test than the English Language Arts test.

Low Commitment to School:

- Suspension rates are higher in Johnson City compared to the other target school districts.
- School attendance rates are relatively the same across years and target school districts.
- There was an increase each year in dropout rate for Chenango Forks.
- Whitney Point had the lowest percentage, compared to other target school districts, of graduates planning to attend a 4-year college.

Alienation and Rebelliousness:

- Generally, increases in experiences of depression/depressive symptomatology correspond to increases in substance use.
- Students reporting depression/depressive symptoms were more likely to use cigarettes and alcohol compared to other substances.
- The rate of youth receiving Alcohol and Substance Abuse-related mental health diagnoses in Broome County significantly increased from 1997 (23.7) to 1999 (32.4).
- The Broome County rate for alcohol-related probation cases that were court mandates was significantly higher than that of New York State (excluding NYC).
- The percentage of obese children has increased across the nation from 11% in the late 80's/early 90's to 16% in more recent years.

Friends Who Engage in Problem Behavior

- Broome County youth reported fewer cases of friends engaging in delinquent behavior and drug use compared to the Communities That Care normative sample.
- Broome County students' perception of peer rewards for antisocial behaviors increased across grade levels.

Early Initiation of Problem Behavior:

- Broome County estimates for lifetime use of alcohol, past 30-day use of alcohol, binge drinking, lifetime cigarette and smokeless tobacco use, and past-30 day cigarette and smokeless tobacco use increased with grade level.
- Broome County lifetime marijuana and past 30-day marijuana use increased with grade level.
- Broome County lifetime and past 30-day estimates for "Other Drug" use (Ecstasy, methamphetamine, cocaine, LSD/Psychedelics, and heroin) increased across grade levels.
- Broome County rates for adolescent pregnancies have gradually declined since 1998. These rates have remained above Upstate New York and below New York State since 1998.
- Across years 2000 through 2002, Broome County rates of adolescent pregnancies for both age groups 10-14 and 15-19 were slightly higher than that for New York State (excluding NYC).
- According to the 2004 CTC Youth Survey, the overall average age of onset (grades seven through twelve) for gang involvement among Broome County students is 13.

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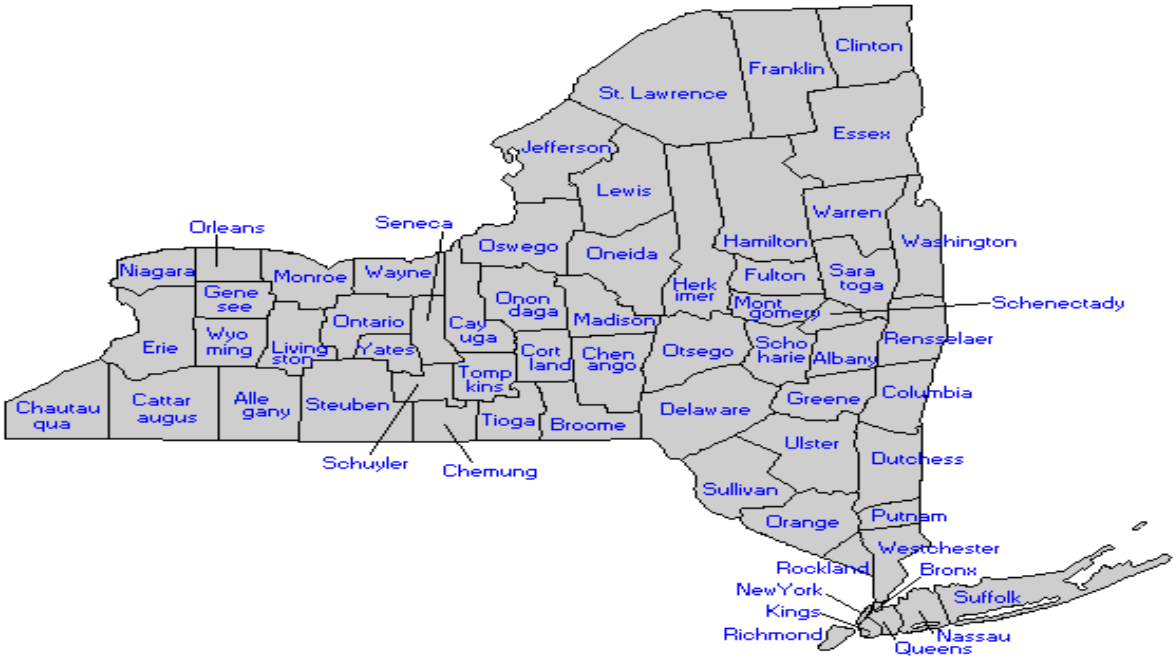
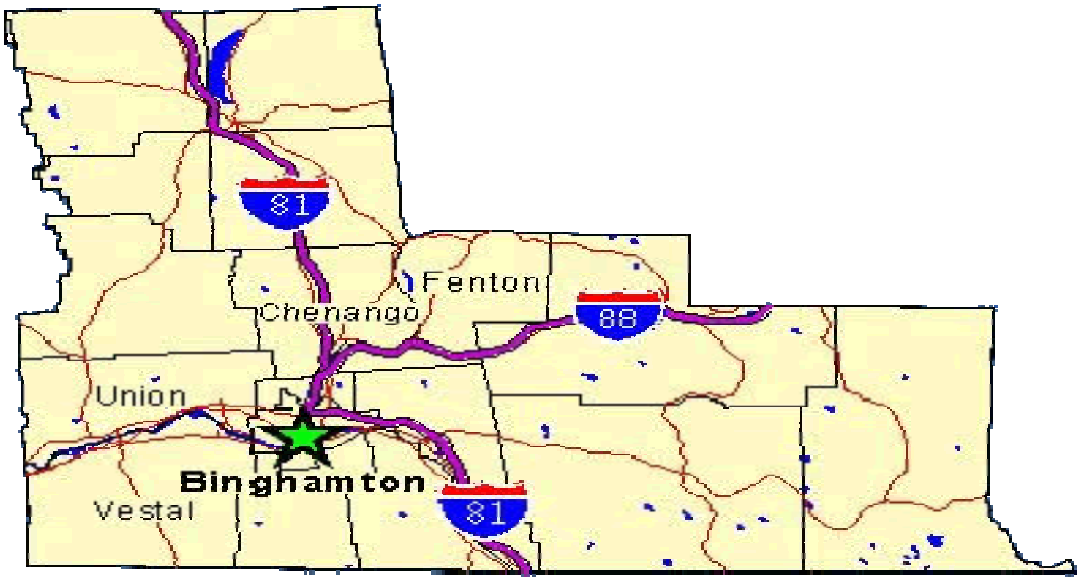
1. APPENDIX A. BROOME COUNTY MAPS

New York State Counties[1]

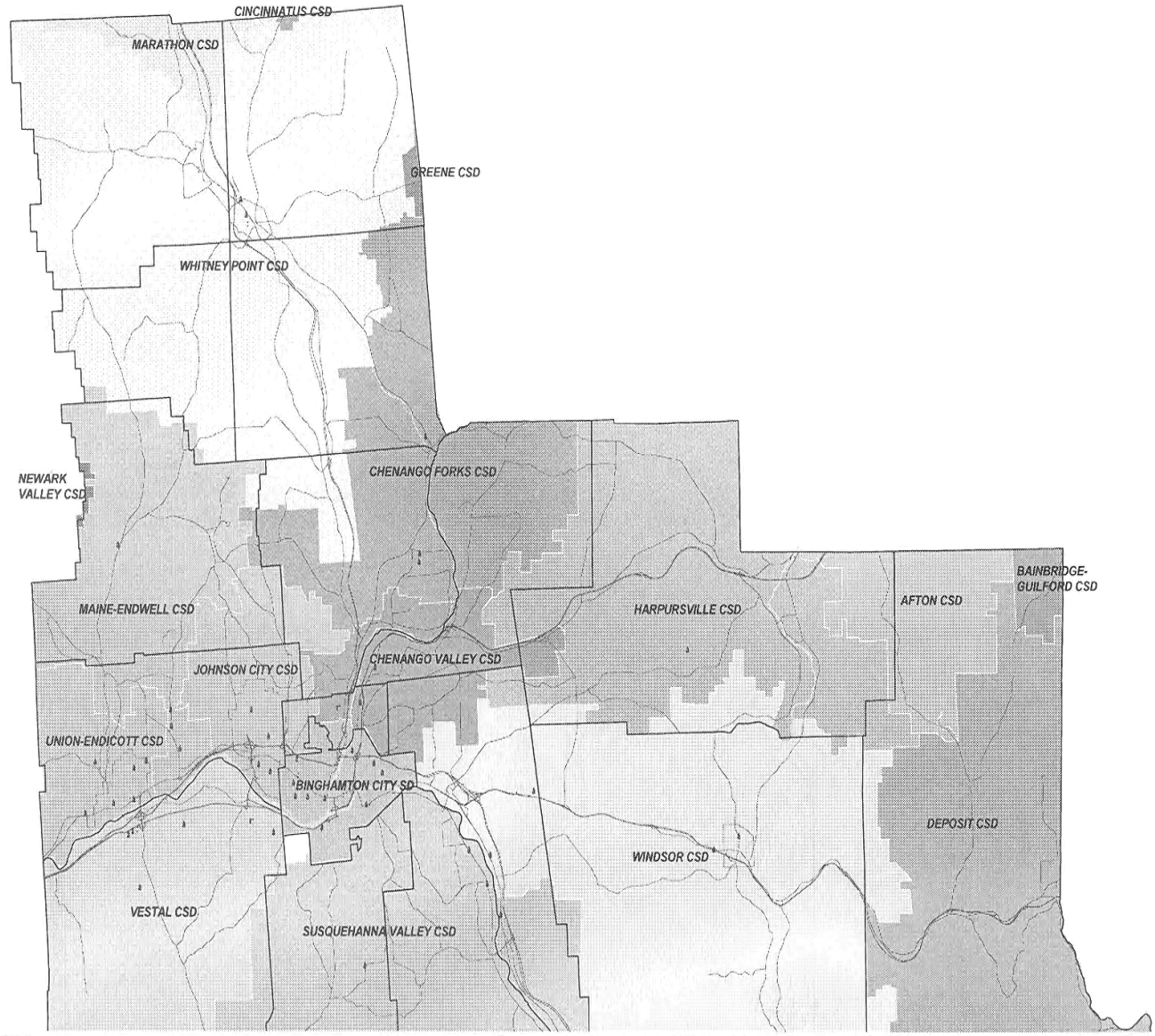


Broome County, NY[2]



[1] http://www.nysl.nysed.gov
[2] http://www.nysegov.com/map-NY.cfm?displaymode=normal&fontsize=100&contrst=lod&countyName=broome

<u>Broome County School District Target Areas</u>: Chenango Forks, Johnson City, Maine-Endwell, Susquehanna Valley, Union-Endicott, Vestal, Whitney Point[3]



[3] http://www.gobroomecounty.com/planning/_pdf/educfac.pdf

2. Appendix B. 2004 Communities That Care Youth Survey

These questions ask for some general information about you. Please mark the response that best describes you.

How old are you?
- ◯ 10
- ◯ 11
- ◯ 12
- ◯ 13
- ◯ 14
- ◯ 15
- ◯ 16
- ◯ 17
- ◯ 18
- ◯ 19 or older

What grade are you in?
- ◯ 6th
- ◯ 7th
- ◯ 8th
- ◯ 9th
- ◯ 10th
- ◯ 11th
- ◯ 12th

Are you:
- ◯ Female
- ◯ Male

What do you consider yourself to be? (choose all that apply)
- ◯ White
- ◯ Black or African American
- ◯ American Indian/Native American, Eskimo or Aleut
- ◯ Spanish/Hispanic/Latino
- ◯ Asian or Pacific Islander
- ◯ Other (Please specify: _____)

What is the language you use most often at home?
- ◯ English
- ◯ Spanish
- ◯ Another language (Please specify:_____)

This section asks about your experiences at school.

Putting them all together, what were your grades like last year?
- ◯ Mostly F's
- ◯ Mostly D's
- ◯ Mostly C's
- ◯ Mostly B's
- ◯ Mostly A's

During the LAST FOUR WEEKS, how many whole days have you missed because you skipped or "cut"?
- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4-5
- ◯ 6-10
- ◯ 11 or more

How often do you feel that the schoolwork you are assigned is meaningful and important?
- ◯ Almost always
- ◯ Often
- ◯ Sometimes
- ◯ Seldom
- ◯ Never

How interesting are most of your courses to you?
- ◯ Very interesting and stimulating
- ◯ Quite interesting
- ◯ Fairly interesting
- ◯ Slightly dull
- ◯ Very dull

How important do you think the things you are learning in school are going to be for your later life?
- ◯ Very important
- ◯ Quite important
- ◯ Fairly important
- ◯ Slightly important
- ◯ Not at all important

Now, thinking back over the past year in school, how often did you:	Never	Seldom	Sometimes	Often	Almost always
Enjoy being in school?	○	○	○	○	○
Hate being in school?	○	○	○	○	○
Try to do your best work in school?	○	○	○	○	○

	NO!	no	yes	YES!
In my school, students have lots of chances to help decide things like class activities and rules.	○	○	○	○
Teachers ask me to work on special classroom projects.	○	○	○	○
My teacher(s) notices when I am doing a good job and lets me know about it.	○	○	○	○
There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	○	○	○	○
There are lots of chances for students in my school to talk with a teacher one-on-one.	○	○	○	○
I feel safe at my school.	○	○	○	○
The school lets my parents know when I have done something well.	○	○	○	○
My teachers praise me when I work hard in school.	○	○	○	○
Are your school grades better than the grades of most students in your class?	○	○	○	○
I have lots of chances to be part of class discussions or activities.	○	○	○	○

These questions ask about your feelings and experiences in other parts of your life.

Think of your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have:	None	1	2	3	4
Smoked cigarettes?	○	○	○	○	○
Tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	○	○	○	○	○
Used marijuana?	○	○	○	○	○
Used LSD, cocaine, amphetamines, or other illegal drugs?	○	○	○	○	○
Been suspended from school?	○	○	○	○	○
Carried a handgun?	○	○	○	○	○
Sold illegal drugs?	○	○	○	○	○
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	○	○	○	○	○
Been arrested?	○	○	○	○	○
Dropped out of school?	○	○	○	○	○
Been members of a gang?	○	○	○	○	○

What are the chances you would be seen as cool if you:	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
Smoked cigarettes?	○	○	○	○	○
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	○	○	○	○	○
Smoked marijuana?	○	○	○	○	○
Carried a handgun?	○	○	○	○	○

The next section asks about your experience with tobacco, alcohol, and other drugs. It also asks some other personal questions. Remember, your answers are confidential. This means your answers will stay secret.

Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?

- ◯ Never
- ◯ Once or twice
- ◯ Once in a while but not regularly
- ◯ Regularly in the past
- ◯ Regularly now

How frequently have you used smokeless tobacco during the past 30 days?

- ◯ Never
- ◯ Once or twice
- ◯ Once or twice per week
- ◯ About once a day
- ◯ More than once a day

Have you ever smoked cigarettes?

- ◯ Never
- ◯ Once or twice
- ◯ Once in a while but not regularly
- ◯ Regularly in the past
- ◯ Regularly now

How frequently have you smoked cigarettes during the past 30 days?

- ◯ Not at all
- ◯ Less than one cigarette per day
- ◯ One to five cigarettes per day
- ◯ About one-half pack per day
- ◯ About one pack per day
- ◯ About one and one-half packs per day
- ◯ Two packs or more per day

On how many occasions (if any) have you:	40 or more occasions	20 to 39 occasions	10 to 19 occasions	6 to 9 occasions	3 to 5 occasions	1 or 2 occasions	0 occasions
Had alcoholic beverages (beer, wine or hard liquor) to drink–more than just a few sips–in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Had alcoholic beverages (beer, wine or hard liquor) to drink–more than just a few sips–during the past 30 days?	◯	◯	◯	◯	◯	◯	◯
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?	◯	◯	◯	◯	◯	◯	◯
Used cocaine in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Used cocaine during the past 30 days?	◯	◯	◯	◯	◯	◯	◯
Used marijuana (weed, pot) or hashish (hash, hash oil) in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Used marijuana (weed, pot) or hashish (hash, hash oil) during the past 30 days?	◯	◯	◯	◯	◯	◯	◯
Used derbisol in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Used derbisol during the past 30 days?	◯	◯	◯	◯	◯	◯	◯
Used heroin in your lifetime?	◯	◯	◯	◯	◯	◯	◯
Used heroin during the past 30 days?	◯	◯	◯	◯	◯	◯	◯

On how many occasions (if any) have you:	40 or more occasions	20 to 39 occasions	10 to 19 occasions	6 to 9 occasions	3 to 5 occasions	1 or 2 occasions	0 occasions
Used LSD (acid) or other psychedelics (peyote, PCP) in your lifetime?	○	○	○	○	○	○	○
Used LSD (acid) or other psychedelics (peyote, PCP) during the past 30 days?	○	○	○	○	○	○	○
Used Ecstasy in your lifetime?	○	○	○	○	○	○	○
Used Ecstasy during the past 30 days?	○	○	○	○	○	○	○
Used methamphetamine (meth, crystal meth, crank) in your lifetime?	○	○	○	○	○	○	○
Used methamphetamine (meth, crystal meth, crank) during the past 30 days?	○	○	○	○	○	○	○
Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, in your lifetime?	○	○	○	○	○	○	○
Used prescription pain relievers, such as Vicodin®, OxyContin® or Tylox®, without a doctor's orders, during the past 30 days?	○	○	○	○	○	○	○
Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, in your lifetime?	○	○	○	○	○	○	○
Used prescription tranquilizers, such as Xanax®, Valium® or Ambien®, without a doctor's orders, during the past 30 days?	○	○	○	○	○	○	○
Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, in your lifetime?	○	○	○	○	○	○	○
Used prescription stimulants, such as Ritalin® or Adderall®, without a doctor's orders, during the past 30 days?	○	○	○	○	○	○	○

How many times in the past year (12 months) have you:	40+ times	30 to 39 times	20 to 29 times	10 to 19 times	6 to 9 times	3 to 5 times	1 or 2 times	Never
Been suspended from school?	○	○	○	○	○	○	○	○
Carried a handgun?	○	○	○	○	○	○	○	○
Sold illegal drugs?	○	○	○	○	○	○	○	○
Stolen or tried to steal a motor vehicle such as a car or motorcycle?	○	○	○	○	○	○	○	○
Been arrested?	○	○	○	○	○	○	○	○
Attacked someone with the idea of seriously hurting them?	○	○	○	○	○	○	○	○
Been drunk or high at school?	○	○	○	○	○	○	○	○
Taken a handgun to school?	○	○	○	○	○	○	○	○

Have you ever belonged to a gang?

- ○ No
- ○ Yes

If you have ever belonged to a gang, did that gang have a name?

- ○ No
- ○ Yes
- ○ I have never belonged to a gang.

Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ○ None
- ○ Once
- ○ Twice
- ○ 3-5 times
- ○ 6-9 times
- ○ 10 or more times

How old were you when you first:	Never have	10 or younger	11	12	13	14	15	16	17 or older
Smoked marijuana?	○	○	○	○	○	○	○	○	○
Smoked a cigarette, even just a puff?	○	○	○	○	○	○	○	○	○
Had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	○	○	○	○	○	○	○	○	○
Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	○	○	○	○	○	○	○	○	○
Got suspended from school?	○	○	○	○	○	○	○	○	○
Got arrested?	○	○	○	○	○	○	○	○	○
Carried a handgun?	○	○	○	○	○	○	○	○	○
Attacked someone with the idea of seriously hurting them?	○	○	○	○	○	○	○	○	○
Belonged to a gang?	○	○	○	○	○	○	○	○	○

How often do you attend religious services or activities?

- ○ Never
- ○ Rarely
- ○ 1-2 times a month
- ○ About once a week or more

I like to see how much I can get away with.

- ○ Very false
- ○ Somewhat false
- ○ Somewhat true
- ○ Very true

	NO!	no	yes	YES!
Sometimes I think that life is not worth it.	○	○	○	○
At times I think I am no good at all.	○	○	○	○
All in all, I am inclined to think that I am a failure.	○	○	○	○
In the past year have you felt depressed or sad MOST days, even if you feel OK sometimes?	○	○	○	○
It is all right to beat up people if they start the fight.	○	○	○	○
I think it is okay to take something without asking if you can get away with it.	○	○	○	○
It is important to be honest with your parents, even if they become upset or you get punished.	○	○	○	○
I think sometimes it's okay to cheat at school.	○	○	○	○

I ignore rules that get in my way.

- ○ Very false
- ○ Somewhat false
- ○ Somewhat true
- ○ Very true

I do the opposite of what people tell me, just to get them mad.

- ○ Very false
- ○ Somewhat false
- ○ Somewhat true
- ○ Very true

How many times have you done the following things?	Once a week or more	2 or 3 times a month	About once a month	Less than once a month	I've done it, but not in the past year	Never
Done what feels good no matter what.	○	○	○	○	○	○
Done something dangerous because someone dared you to do it.	○	○	○	○	○	○
Done crazy things even if they are a little dangerous.	○	○	○	○	○	○

Sometimes we don't know what we will do as adults, but we may have an idea. Please tell me how true these statements may be for you.

When I am an adult:	YES!	yes	no	NO!
I will smoke cigarettes.	○	○	○	○
I will drink beer, wine, or liquor.	○	○	○	○
I will smoke marijuana.	○	○	○	○

These questions ask about how you would act in certain situations. They also ask your opinion about certain things.

You're looking at CDs in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- ○ Ignore her.
- ○ Grab a CD and leave the store.
- ○ Tell her to put the CD back.
- ○ Act like it's a joke, and ask her to put the CD back.

It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ○ Leave the house anyway.
- ○ Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out.
- ○ Not say anything and start watching TV.
- ○ Get into an argument with her.

You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ○ Push the person back.
- ○ Say "Excuse me" and keep on walking.
- ○ Say "Watch where you're going" and keep on walking.
- ○ Swear at the person and walk away.

You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ○ Drink it.
- ○ Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else.
- ○ Just say "No, thanks" and walk away.
- ○ Make up a good excuse, tell your friend you had something else to do, and leave.

How wrong do you think it is for someone your age to:	Not wrong at all	A little bit wrong	Wrong	Very wrong
Take a handgun to school?	O	O	O	O
Steal anything worth more than $5?	O	O	O	O
Pick a fight with someone?	O	O	O	O
Attack someone with the idea of seriously hurting them?	O	O	O	O
Stay away from school all day when their parents think they are at school?	O	O	O	O
Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	O	O	O	O
Smoke cigarettes?	O	O	O	O
Smoke marijuana?	O	O	O	O
Use LSD, cocaine, amphetamines or another illegal drug?	O	O	O	O

How much do you think people risk harming themselves (physically or in other ways) if they:	Great risk	Moderate risk	Slight risk	No risk
Smoke one or more packs of cigarettes per day?	O	O	O	O
Try marijuana once or twice?	O	O	O	O
Smoke marijuana regularly?	O	O	O	O
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	O	O	O	O

These questions ask about the neighborhood and community where you live.

	Very easy	Sort of easy	Sort of hard	Very hard
If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?	O	O	O	O
If you wanted to get some cigarettes, how easy would it be for you to get some?	O	O	O	O
If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	O	O	O	O
If you wanted to get some marijuana, how easy would it be for you to get some?	O	O	O	O
If you wanted to get a handgun, how easy would it be for you to get one?	O	O	O	O

	YES!	yes	no	NO!
If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?	O	O	O	O
If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?	O	O	O	O
If a kid carried a handgun in your neighborhood, would he or she be caught by the police?	O	O	O	O

	Not wrong at all	A little bit wrong	Wrong	Very wrong
How wrong would most adults (over 21) in your neighborhood think it was for kids your age:				
To use marijuana?	○	○	○	○
To drink alcohol?	○	○	○	○
To smoke cigarettes?	○	○	○	○

	5 or more adults	3 or 4 adults	2 adults	1 adult	None
About how many adults (over 21) have you known personally who in the past year have:					
Used marijuana, crack, cocaine, or other drugs?	○	○	○	○	○
Sold or dealt drugs?	○	○	○	○	○
Done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	○	○	○	○	○
Gotten drunk or high?	○	○	○	○	○

	YES!	yes	no	NO!
If I had to move, I would miss the neighborhood I now live in.	○	○	○	○
My neighbors notice when I am doing a good job and let me know.	○	○	○	○
I like my neighborhood.	○	○	○	○
There are lots of adults in my neighborhood I could talk to about something important.	○	○	○	○
There are people in my neighborhood who are proud of me when I do something well.	○	○	○	○
I feel safe in my neighborhood.	○	○	○	○
I'd like to get out of my neighborhood.	○	○	○	○
There are people in my neighborhood who encourage me to do my best.	○	○	○	○

	Yes	No
Which of the following activities for people your age are available in your community?		
Sports teams	○	○
Scouting	○	○
Boys and girls clubs	○	○
4-H clubs	○	○
Service clubs	○	○

	YES!	yes	no	NO!
How much do each of the following statements describe your neighborhood:				
Crime and/or drug selling	○	○	○	○
Fights	○	○	○	○
Lots of empty or abandoned buildings	○	○	○	○
Lots of graffiti	○	○	○	○

The next few questions ask about your family.

How wrong do your parents feel it would be for you to:	Not wrong at all	A little bit wrong	Wrong	Very wrong
Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	○	○	○	○
Smoke cigarettes?	○	○	○	○
Smoke marijuana?	○	○	○	○
Steal anything worth more than $5?	○	○	○	○
Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	○	○	○	○
Pick a fight with someone?	○	○	○	○

Have you changed homes in the past year?

○ No
○ Yes

How many times have you changed homes since kindergarten?

○ Never
○ 1 or 2 times
○ 3 or 4 times
○ 5 or 6 times
○ 7 or more times

Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

○ No
○ Yes

How many times have you changed schools (including changing from elementary to middle and middle to high school) since kindergarten?

○ Never
○ 1 or 2 times
○ 3 or 4 times
○ 5 or 6 times
○ 7 or more times

Has anyone in your family ever had a severe alcohol or drug problem?

○ No
○ Yes

Have any of your brothers or sisters ever:	I don't have any brothers or sisters	No	Yes
Drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	○	○	○
Smoked marijuana?	○	○	○
Smoked cigarettes?	○	○	○
Taken a handgun to school?	○	○	○
Been suspended or expelled from school?	○	○	○

	NO!	no	yes	YES!
The rules in my family are clear.	○	○	○	○
People in my family often insult or yell at each other.	○	○	○	○
When I am not at home, one of my parents knows where I am and who I am with.	○	○	○	○
We argue about the same things in my family over and over.	○	○	○	○
If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	○	○	○	○
My family has clear rules about alcohol and drug use.	○	○	○	○
If you carried a handgun without your parents' permission, would you be caught by your parents?	○	○	○	○
If you skipped school, would you be caught by your parents?	○	○	○	○

	Never or almost never	Sometimes	Often	All the time
My parents notice when I am doing a good job and let me know about it.	○	○	○	○
How often do your parents tell you they're proud of you for something you've done?	○	○	○	○

	NO!	no	yes	YES!
Do you feel very close to your mother?	○	○	○	○
Do you share your thoughts and feelings with your mother?	○	○	○	○
My parents ask me what I think before most family decisions affecting me are made.	○	○	○	○
Do you share your thoughts and feelings with your father?	○	○	○	○
Do you enjoy spending time with your mother?	○	○	○	○
Do you enjoy spending time with your father?	○	○	○	○

	NO!	no	yes	YES!
If I had a personal problem, I could ask my mom or dad for help.	○	○	○	○
Do you feel very close to your father?	○	○	○	○
My parents give me lots of chances to do fun things with them.	○	○	○	○
My parents ask if I've gotten my homework done.	○	○	○	○
People in my family have serious arguments.	○	○	○	○
Would your parents know if you did not come home on time?	○	○	○	○

These questions ask for more information about your friends.

	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
Think about your <u>four best friends</u> (the friends you feel closest to). In the past year (12 months), how many of your best friends have:					
Participated in clubs, organizations or activities at school?	○	○	○	○	○
Made a commitment to stay drug-free?	○	○	○	○	○
Liked school?	○	○	○	○	○
Regularly attended religious services?	○	○	○	○	○
Tried to do well in school?	○	○	○	○	○

You may be asked to answer some additional questions. If so, those questions will be handed to you on a sheet of paper or written where everyone taking the survey can see them. In the spaces that follow, record your answer to each additional question.

1.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
2.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
3.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
4.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ

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3. Appendix C. 2001 Broome County Youth Prevention Partnership Parent Survey

BROOME COUNTY
YOUTH PREVENTION PARTNERSHIP
State Incentive Cooperative Agreement (SICA) Project

Instructions: Please fill out the questions below for your child in the **8th grade**.

Date: _____/_____/_____

Age of child in **8th grade**: _____

Your relationship to child:

___ Parent ___ Grandparent ___ Guardian

Child's grades (during current year: September 2000 – June 2001):

___Mostly 90-100 ___ Mostly 80-89 ___ Mostly 70-79 ___ Mostly 65-69 ___ Mostly below 65

Child's ethnicity:

___ Caucasian ___ Asian / Pacific Islander ___ Native American

___ African American ___ Hispanic ___ Other: _____
(please list)

Please answer the following questions by checking the appropriate box:

	Never	When They Are 21	Before 21 With Adult Supervision	Before 21 If Being Taught Responsible Use	Before 21
1. When do you think it is acceptable for your child to use alcohol?	☐	☐	☐	☐	☐
2. When do you think it is acceptable for your child to use tobacco?	☐	☐	☐	☐	☐
3. When do you think it is acceptable for your child to use marijuana?	☐	☐	☐	☐	☐
4. When do you think it is acceptable for your child to use other drugs?	☐	☐	☐	☐	☐

	No Risk	Slight Risk	Moderate Risk	Great Risk
5. How much do you think people under 21 risk harming themselves if they smoke cigarettes?	☐	☐	☐	☐
6. How much do you think people under 21 risk harming themselves if they smoke marijuana?	☐	☐	☐	☐
7. How much do you think people under 21 risk harming themselves if they drink beer, wine, or hard liquor?	☐	☐	☐	☐
8. How much do you think people under 21 risk harming themselves if they use illegal drugs or take drugs when they are not sick?	☐	☐	☐	☐

	Not likely	Somewhat Likely	Most likely	Definitely
9. If your child drank alcohol without your permission, how likely is it that you would know?	☐	☐	☐	☐
10. If your child skipped school, how likely is it that you would know?	☐	☐	☐	☐
11. If your child carried a handgun without your permission, how likely is it that you would know?	☐	☐	☐	☐
12. If your child did not come home on time, how likely is it that you would know?	☐	☐	☐	☐

	Never	Occasionally	Usually	Always
13. How often do you ask your child what he/she thinks before making decisions that affect him/her?	☐	☐	☐	☐
14. How often do you tell your child you are proud of them for something they have done?	☐	☐	☐	☐
15. How often does your child attend a religious service or activity?	☐	☐	☐	☐
16. How often do you ask your child if he/she has done his homework?	☐	☐	☐	☐
17. How often do you ask your child to call you if he/she is going to be late?	☐	☐	☐	☐
18. How often do you attend a recreational activity with your child at school or in the community?	☐	☐	☐	☐
19. If your child is not at home, how often do you know where he/she is?	☐	☐	☐	☐
20. How often do members of your family have serious arguments?	☐	☐	☐	☐
21. How often do members of your family insult or yell at each other?	☐	☐	☐	☐
22. How often do members of your family fight about the same issues over and over again?	☐	☐	☐	☐

	Very Wrong	Wrong	A Little Wrong	Not Wrong
23. How wrong do you feel it would be for your child to drink alcohol regularly?	☐	☐	☐	☐
24. How wrong do you think it would be for your child to smoke cigarettes?	☐	☐	☐	☐
25. How wrong do you think it would be for your child to smoke marijuana?	☐	☐	☐	☐
26. How wrong do you think it would be for your child to steal anything worth more than $5?	☐	☐	☐	☐
27. How wrong do you think it would be for your child to pick a fight with someone?	☐	☐	☐	☐
28. How wrong do you think it would be for your child to draw graffiti on buildings or property without the owner's permission?	☐	☐	☐	☐

	Never Uses	Used Once or Twice	Uses Occasionally	Uses Frequently
29. How would you describe your child's alcohol use?	☐	☐	☐	☐
30. How would you describe your child's tobacco use?	☐	☐	☐	☐
31. How would you describe your child's other drug use?	☐	☐	☐	☐

	Yes	No	Don't Know
32. Is your child's alcohol use a problem?	☐	☐	☐
33. Is your child's tobacco use a problem?	☐	☐	☐
34. Is your child's other drug use a problem?	☐	☐	☐
35. Has anyone in your family ever had a severe alcohol or drug problem?	☐	☐	☐

Do you have any additional comments?

_____

_____

_____

_____

_____

_____

_____

PLEASE RETURN SURVEY BY JUNE 15, 2001

A return-addressed stamped envelope has been provided to you.
If you do not use the provided envelope, the address is included below.

Attention: Terry Cole, Project Coordinator
Broome County Mental Health Department – SICA
One Hawley Street
Binghamton, NY 13901

Please feel free to contact Terry Cole with any questions at 607-778-1162.

4. Appendix D. 2004 Youth Survey Substance Use Data: Lifetime Prevalence & 30-Day Use

Table Lifetime Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the "Monitoring the Future" Study

	Broome County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Alcohol	--	25.0	38.3	54.4	69.5	78.8	85.5	58.5	43.9	64.2	76.8
Cigarettes	--	11.2	20.0	33.8	43.4	47.9	54.4	35.1	27.9	40.7	52.8
Smokeless Tobacco	--	3.9	7.5	12.4	15.5	21.1	22.9	13.9	11.0	13.8	16.7
Marijuana	--	4.1	11.6	24.5	35.7	46.1	51.5	28.8	16.3	35.1	45.7
Inhalants	--	8.2	10.2	11.7	13.0	14.3	11.2	11.5	17.3	12.4	10.9
Ecstasy	--	0.6	1.6	2.5	4.5	6.8	8.7	4.1	2.8	4.3	7.5
Methamphetamine	--	0.9	1.9	1.4	3.1	3.5	5.4	2.6	2.5	5.3	6.2
Cocaine	--	0.8	2.1	3.6	4.8	8.1	10.8	5.0	3.4	5.4	8.1
LSD/Psychedelics	--	0.6	2.4	2.9	4.4	8.9	9.4	4.7	3.5	6.4	9.7
Heroin	--	0.7	1.3	1.3	1.9	3.4	3.1	1.9	1.6	1.5	1.5
Any Illicit Drug (Other than Marijuana)	--	8.8	12.1	15.1	18.4	22.8	21.8	16.5	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data is only available for 8th, 10th and 12th graders.

[1] Johnston, O'Malley, Bachman and Schulenberg (2004b).

Table . Past-30-Day Use of Alcohol, Tobacco and Other Drugs for Surveyed Youth Compared to the "Monitoring the Future" Study

	Broome County								Monitoring the Future[1]		
	6th %	7th %	8th %	9th %	10th %	11th %	12th %	Overall %	8th %	10th %	12th %
Alcohol	--	6.6	15.9	26.7	40.5	50.9	60.0	33.3	18.6	35.2	48.0
Binge Drinking	--	3.2	6.9	14.1	23.0	31.4	37.7	19.3	11.4	22.0	29.2
Cigarettes	--	2.9	7.6	13.9	20.0	23.0	25.9	15.5	9.2	16.0	25.0
Smokeless Tobacco	--	2.1	3.1	4.8	6.8	7.6	7.9	5.4	4.1	4.9	6.7
Marijuana	--	1.4	5.7	13.8	21.4	25.6	27.8	15.9	6.4	15.9	19.9
Inhalants	--	4.3	3.8	3.7	3.4	3.9	3.3	3.8	4.5	2.4	1.5
Ecstasy	--	0.5	0.5	0.8	0.9	1.9	2.0	1.1	0.8	0.8	1.2
Methamphetamine	--	0.6	0.3	0.3	1.5	1.5	1.7	1.0	0.6	1.3	1.4
Cocaine	--	0.3	1.1	1.8	2.8	2.9	4.0	2.1	0.9	1.7	2.3
LSD/Psychedelics	--	0.2	1.1	1.0	1.1	2.3	1.9	1.3	1.0	1.6	1.9
Heroin	--	0.3	0.1	0.3	1.1	1.8	1.1	0.8	0.5	0.5	0.5
Any Illicit Drug (Other than Marijuana)	--	4.8	5.4	5.6	7.0	8.8	8.8	6.7	--	--	--

Note: The symbol "--" indicates that data are not available because students were not surveyed, the drug was not included in the survey, or a comparable aggregate calculation was not available. *Monitoring the Future* data is only available for 8th, 10th and 12th graders.

[1] Johnston et al. (2004b).